NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

TRUST PROCESSES AND PROCEDURES FOR INTERPRETING AND TRANSLATION SERVICES

Reference Number: POL-CL/2233/18	Version: 1.5	Status: Final	Author: Rob Ridge
			Job Title: General manager - FM

Version / Amendment History	Version	Date	Author	Reason
	1.1	Sept 2017	Rob Ridge	Original
	1.2	Nov 2017	Rob Ridge	Comments from Patient Experience Group
	1.3	Jan 2018	Rob Ridge	Comments from TDG
	1.4	Oct 2019	Rob Ridge	Merging of Derby and Burton Hospitals
	1.5	Feb 2023	Rob Ridge	Policy Review

Intended Recipients: All staff who come into contact with patients.

Training and Dissemination: Dissemination via Trust Intranet.

To be Read in Conjunction With: Trust Policy for Inclusion

In Consultation With and Date:

Equality, Diversity, and Inclusion - December 2022
Patient Experience Group - January 2023
EMBRACE and Filipino Staff Network - January 2023

EIRA stage one Completed	N/A	
Stage two Completed	N/A	

Approving Body	Trust Delivery Group - December 2019 **Minor Amendments approved by Simon Crowther May 2023**
Date of Issue	June 2023
Review Date and Frequency	Every 3 years
Contact for Review	Rob Ridge, General Manager Facilities
Executive Lead Signature	Simon Crowther, Executive Chief Financial Officer, and Deputy CEO

Contents

Section		Page

TRUST POLICY AND PROCEDURES FOR INTERPRETER AND TRANSLATION SERVICES

1.   **Introduction**

The Trust is committed to ensuring that everyone for whom spoken English is not their first language receives the support and information they need to communicate with health care staff and to access health services. This will allow service users to make informed decisions about the care they or the person they are responsible for receive.

Equality Legislation and national guidance indicate that organisations should provide interpreters where they are required. The Equality Act (2010) states that public organisations have a duty to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups; and foster good relations between different groups. Fulfilling this duty involves equal access to services and to positive health outcomes for those whose first language is other than spoken English.

The NHS constitution pledges to offer 'easily accessible, reliable, and relevant information in a form people can understand. This will enable people to participate fully in their own healthcare decisions and to support them in making choices. This will include information on the quality of clinical services where there is robust and accurate information available' NHS Constitution (DoH, March 2013).

2.   **Purpose and Outcomes**

The aim of the policy is to provide a framework to support communication with service users and carers who are non-English speakers, people for whom English is a second language and people with hearing or visual impairment.

The policy sets out clear standards across the organisation to promote good practice and minimise risks which stem from communication barriers, and it covers the use of face to face (including via British Sign Language and video relay), telephone interpreting, video and written translation services in accordance with identified need.

The policy has been developed with the support of the Patient Experience Group.

3.   **Definitions**

The definition of terms used and their meaning within the context of the document is to clarify interpretation and is not an exhaustive list. For the purpose of this policy the following definitions have been used;

Interpreting	Interpreting is an oral or visual/gesture of communication from one language into another. It includes community languages and sign language
	(It should be noted that interpreting is quite different to advocacy and should not be used as a form of advocacy which involves the advocate speaking up for or acting on

behalf of the service user)

Telephone Interpreting	Telephone interpreting is where the interpreter delivers the interpreting over the phone.
Video Interpreting	Video interpreting is where the interpreter delivers the interpreting via a video link.
Translation	The conversion of written word from one language to another. (It should be noted that as for all people, some people whose first language is not spoken English, may not be able to read information in their first language)
Advocacy Service	An advocacy service is provided by an advocate who is independent of social services and the NHS, and who isn't part of a patient's family or one of their friends. An advocate's role includes arguing a patient's case when they need them to, and making sure the correct procedures are followed by health and social care services. Being independent means they are there to represent the patient's wishes without giving their personal opinion and without representing the views of the NHS or the local authority.

4. Key Roles and Responsibilities

4.1 Chief Executive

The Chief Executive has overall responsibility for the management and provision of interpreter services.

4.2 Executive Director of Finance & Performance

The Executive Director of Finance & Performance is the nominated Executive Director for Risk Management and has board level responsibility for ensuring that there is clear and effective monitoring of all aspects of Patient Experience.

4.3 Director of Estates and Facilities Management

The Director of Estates and Facilities Management is responsible for overseeing the management and monitoring of the Facilities Services Contracts, which includes the provision of interpreter services.

4.4 Clinical and non-clinical Directors, Divisional Directors and Service Managers

It will be a line management responsibility to ensure compliance with this policy. Line Managers must ensure that all staff under their direct control are made aware of the details necessary to comply with this policy.

4.5   Trust Staff

All Trust staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to the attention of their managers.

Staff must also:-
- Recognise that a language or communication needs exists
- Inform service users and carers that an interpreter can be arranged
  at no cost to them
- Assess which language is being spoken
- Assess and make provision for language need by liaising with the service user or carer, where appropriate
- Arrange interpreting or translating services as soon as the need becomes apparent
- Liaise with the interpreting service or agency to arrange for an interpreter following the necessary booking arrangements
- Define or explain complex terminology or acronyms
- Accurately document within the service user's clinical records, the language and dialect used and any hearing or visual impairment or learning difficulties needs identified
- Staff must not reveal the PIN number provided for accessing telephone interpreting services to the service user or any person not employed by the Trust.
- Staff should use the appropriate PIN number that has been issued to the appropriate service, location, department, or unit in which the service is required

4.6   Interpreter Service

Interpreter service is responsible for advising staff on the appropriate use and types of interpretation (i.e. telephone, video link or face to face) and the booking of all face to face interpreters and document translation requests during office hours. See section 6.4 for out of hours access.

4.7   Interpreter Agency

The specialist agency contracted by the Trust to provide appropriately qualified and competent face to face (including video relay) interpreters, telephone interpreters and translation services.

4.8   Interpreters

A suitably qualified and experienced person responsible for assisting in the interview, interpreting accurately, maintaining confidentiality, advising on cultural differences, declaring if they are known to the service user, where appropriate. The interpreter is not responsible for conducting the interview, giving advice, or acting as an advocate.

The interpreter is expected to facilitate communication between people who do not have a language in common. Interpreters follow a professional code of practice which stipulates that confidentiality, respect and accuracy are maintained.

4.9   Quality Review Group

Quality Review Group will receive bi-monthly reports on the performance of the service and compliance with the policy.

5   Implementing the Policy and Procedures

5.1   Who arranges an Interpreter?

We ask GPs and those making a referral to let us know if their patient has any personal needs including the need for an interpreter. Also, the patient administration system alert section will identify if a patient who has previously been seen at the hospital requires an interpreter.

Check the referral details for request for an interpreter, if the booking is by Choose and Book check the special fields to see if the need has been identified.

For follow – up attendances and current patients - Check patient administration system, has the need for an interpreter been identified?

5.1.1. Imaging Inpatient Referrals

When a patient is referred for an Imaging examination where they will attend as an inpatient, the ward must make arrangements for an appropriate interpreter to come with the patient for their Imaging examination.

5.1.2   Imaging Outpatient Referrals

When a patient is referred for an examination where they will attend as an Outpatient, the Imaging Department will arrange for an interpreter providing that the referral clearly states that an Interpreter is required and provides details of the language (including British Sign Language) needed.

5.2   How to decide if an interpreter is needed

It is vital that staff identify on the patient notes that an Interpreter has been used for any future appointments. However, there may be no previous request for an interpreter, or it is not clearly indicated as required on the document you currently have e.g. a referral form or case notes. You may meet the service user or carer and then realise an interpreter is required. If you are not sure whether an interpreter should be used or not, try the following:

➢ Ask an open question that requires the person to answer in a sentence. Avoid

closed questions, that can be answered 'yes or no' or a very familiar question such as 'age or where do you live?'

➢ Ask the person to repeat a message that you have just given them, in his or her own words. If the person cannot articulate a sentence in English or cannot relay back to you the message you have given them, then an interpreter is most likely required.

An interpreter should be used:

➢ Where there are concerns regarding the safeguarding of a patient and their ability to express themselves fully if a family member, carer or friend is present

➢ When the person has a limited use or understanding of English

➢ When the person has a limited use or understanding of English and consent to treatment is required from the patient

➢ When there is a concern that the person does not understand the clinical information given in English

➢ When the person is D/deaf, has a hearing impairment or uses sign language

➢ When we know someone needs an interpreter from information such as referral form and case notes, we already have.

➢ When there are concerns that the service user or carer, family or friend is unable to express themselves fully and freely due to language barriers or conflict of interest

5.3   How to decide if a face to face interpreter is required

Please see Appendix D

5.4   What language does the person speak

It is important not to make assumptions about the language that the person speaks. But where only the ethnicity is stated or information is sparse, you may need to check further to ensure a correct match. There may be sensitivities around inter-ethnic, regional, political tensions and all efforts should be made to accommodate the service user's sensitivities and preferences, such as asylum seekers who may have been victims of torture. For guidance, please see 'choose your language' document which is available via the interpreter's page on Net-i. If unsure, please check with the service user or contact the Interpreter Service or Agency for assistance.

6   Types of Interpreting

Telephone

Face to Face (including video relay)
Attend Anywhere (video consultation)
British Sign Language (BSL, including video relay, SignLive)
Translation
Staff volunteer communicator register

6.1   Emergencies

For emergency assessment or in high risk situations, a face to face interpreter may not always be available; the clinician/member of staff should use telephone interpreting, the volunteer communicator register or video link interpreting until a qualified, trained interpreter is available. If a service user or family refuses to use a professional interpreter then this decision should be confirmed through a telephone interpreting service or face to face with an interpreter and recorded in the service user's notes.

6.2   Electronic interpretation and translation tools or applications

The use of 'electronic' interpretation and translation tools such as 'Google translate' are not permitted. There is currently no research or evidence to validate the use of such tools for medical treatment, diagnosis or terminology.

6.3   Telephone Interpreting

The Trust advocates the use of telephone interpreting. Telephone interpreting provides access to over 6000 interpreters covering over 350 languages. Access is almost instant and is available 365 days a year, 24 hours a day. It provides the following advantages:

• Greater confidentiality than face to face interpreters
• Greater communication between the professional and the patient
• Instant access to many languages
• Ability to change interpreter instantly should the need arise
• Ability to match gender and culture
• Reduced costs (per minute not hour)
• Access to more appropriately qualified interpreters
• Establish the language spoken

For further clarification please follow: https://neti.uhdb.nhs.uk/az-nc-efm-interpreter-serviceson Net-i :

https://neti.uhdb.nhs.uk/az-nc-efm-interpreter-services

Examples of when telephone interpreting should be used

• In an Emergency

- Mild Mental Health Bookings
- Bookings under 30 minutes
- Bookings that require utmost confidentiality
- Bookings where the client is unhappy with the presence of an interpreter
- Bookings discussing non-sensitive information

Please appendix D for "Is telephone interpreting appropriate" flow chart. For further advice and assistance contact the Interpreter service or agency.

6.3.1 Talking to someone over the telephone who does not speak English that is not presently with you

If you want to call someone, for example a relative and they speak another language, go through the telephone access procedure but tell the operator the person you wish to speak to is not with you. Give them their telephone number and you can communicate through the telephone interpreter in a three way conversation.

Telephone interpreting can also be used to contact a non-English speaking patient regarding their appointment or to provide further information.

6.4 Face to Face Interpreting

Please see Appendix D.

6.4.1 Delays

Ensure that persons requiring face to face interpreters including British Sign Language are prioritised or seen at the start of clinics to minimise the risk of the interpreter bookings being delayed. An interpreter may have to leave for a later appointment if delayed in a clinic.

6.4.2 Appointment times

Please ensure you allow enough time for the appointment. Failure to do so could result in the interpreter having to leave at the end of the designated time to honour another appointment. Equally please do not book more than the allotted time required.

6.4.3 Cancellations

It is important to inform the interpreter service or agency office as soon as possible if a face to face interpreter is no longer required or a patient did not attend. This may allow for the interpreter to be directed to another patient to avoid the Trust incurring penalty charges.

6.4.4 Patient or Person did not attend (DNAs)

When an interpreter attends for an appointment, but the patient/person did not attend the Trust is charged irrespectively. Staff may ask the interpreter to make contact over the telephone in their presence to enquire as to why the person did not attend and where appropriate make arrangement for the re-scheduling of the appointment.

6.4.5   Interpreter did not attend

If an interpreter fails to attend for an appointment, please contact the interpreter service or agency who will contact the interpreter to find out the reasons why they did not attend or if they are delayed elsewhere.

6.5   British Sign Language

Nationally there is a shortage of fully qualified British Sign language Interpreters. Derbyshire has the second largest deaf community outside of London and as a result does benefit from having a higher number of fully qualified British Sign Language interpreters working in the area. However, it should be recognised that additional considerations regarding the lead time when requesting and booking of British Sign Language interpreters wherever possible should be taken into account e.g. ensuring requests for bookings are made well in advance of hospital appointments to ensure that British Sign Language interpreters can be scheduled to attend.

Not all D/deaf or hard of hearing people use British Sign Language and an interpreter may not be the most appropriate option, always confirm with the D/deaf person about their communication preferences.

Note
The use of pen and paper/notes is not appropriate for many D/deaf patients as they do not read or write English
There are other forms of communication that a D/deaf person may prefer including;
Sign Supported English
Lip speaking note takers
Speech-to-text reporter's electronic note-takers
Deafblind communicator guides and interpreters hearing loop systems

SignLive

SignLive is a British Sign Language interpreting on demand service through video link. SignLive app is available on Trust iPads on wards and an iPad can be obtained from PALS, Patient Advice and Liaison Service.

6.6   Attend Anywhere

Attend Anywhere is a web-based platform that offers video consultation appointments to patients. Interpreters are provided with a video link to attend

appointments.

7   The use of Relatives, Carers and Friends as Interpreters

7.1   The use of staff or volunteers as Interpreters

Staff or volunteers who do not have an accredited interpreting qualification may be used to identify language or to help communicate basic information e.g. personal history, menu choices etc. but this must be with the consent of the service user, and preferably through the staff volunteer communicator register. Complex clinical information, medical terminology or decisions made about clinical care should always been done through a qualified interpreter, except in an emergency. Consideration should also be given to matching gender and age of the interpreter with the service user or carer. Registered medical, nursing and Allied Health Professional staff may interpret on medical matters if they are fluent in the language concerned.

The Trust advocates that professional interpreting is used where possible before relying on carers, family, or friends. There could be some disadvantages in using untrained interpreters, such as friends and family members of the service user or bilingual staff who are not trained to do interpreting.

7.2   Staff volunteer communicator register

The volunteer communicator register is a formal way for staff to volunteer themselves to become a volunteer 'unqualified communicator' during their working hours for emergency/short notice appointments only. This gives staff the opportunity to support without feeling pressured to do so. This also gives staff guidelines around what they are to communicate and when to request a qualified interpreter. If you would like to sign up to be a volunteer communicator or for more information, please contact the Facilities Management Office based at the Royal Derby Hospital site.

7.3   Relatives, Carer and Friends

Relatives, carers, and friends MUST NOT routinely be asked or expected to interpret including British Sign Language. If used, there is an increased risk of inaccuracy, partiality and compromised confidentiality. Similarly, carers may wish to speak confidentially with staff about the needs of the service user or their own needs.

If a member of staff chooses to go against this, outside of the volunteer communicator register, and has a family member/member of staff to interpret, they must take the responsibility/assurance that what they are having translated is accurate.

Inaccuracy and inadequacy of interpretation

Vital information from the service user may be left out as untrained interpreters

might not fully understand the service user or might change the information given based on lack of knowledge. They may not be willing to say that they do not understand something that you or the service user has said. They may not have the same level of expertise in both languages, nor have all the skills that professional interpreters are trained in.

Lack of Confidentiality

Family members and lay people may not fully understand the need for strict confidentiality. Furthermore, if a family member is interpreting, the service user might feel forced not to disclose issues about family problems or conflicts which might be the origin of the current crisis. Their presence may have an impact on the interviewee's right to privacy and confidentiality; this may also deter the interviewee from expressing him or herself fully and freely.

Lack of Impartiality or Conflict of Interest

A relative may 'side' with the practitioner or the service user, or not pass on information they do not agree with. Interpretation by people such as family and friends may be inaccurate and impartial this could be for a number of reasons, for example; language skills, emotional involvement and conflict of interest.

Advice giving or advocacy

Often with an understandable wish to be 'helpful' or 'supportive', friends and family may misinterpret the practitioner's instructions or advise the service user what to say. By not using a trained interpreter, you risk the chance that a family member, or friend does not understand the difference between interpretation and advocacy.

7.4   Domestic Violence, Abuse and Child Abuse

The majority of domestic abuse and child abuse is perpetrated by family members or adults known to the child/adult. Children under 16 MUST NOT be used as interpreters. Best practice suggests that service users should be interviewed by staff and interpreters only (i.e. no one else present in the room) when any questions are asked about fears of harm/risks at home. Within children's and adolescents' services, it may not be always possible not to have a family member present. Where possible, it is best practice for service users to know in advance the name of an interpreter to be used by the Trust in order to veto anyone who is known to the family.

When a child cannot understand or speak English, parents must not be asked to interpret for the child; an external interpreter must be used. In exceptional emergency

situations, clinicians can use their judgement to ask parents to interpret whilst external interpretation can be arranged.

7.4.1   Children

Children under 16 MUST NOT be used as interpreters. Service users who bring children to act as interpreters should be strongly discouraged and offered the assistance of a qualified interpreter or an alternative appointment. Interpreting, particularly in health care settings, is a serious responsibility and should not rest with a child. Staff should only ask a child for basic information in a case of emergency. In such instances, where a child has been used, the reasons should be clearly documented in the service user's case notes.

7.5 Interpreting – Refusal of a patient to use an interpreter

There will be occasions where a patient may refuse the use of an interpreter / telephone interpreting in favour of family members, friends etc. This is, of course, acceptable the majority of the time, but it must be verified that the individual understands the consequences of this, and a note must be made on the patient's case note/EPR record that this is the case. The patient must also be aware that they can reverse this decision at any point and request a professional interpreter. In the case of asking for consent, the clinician must be assured that the patient has understood clearly the risks associated and be comfortable in this fact, if any doubt occurs, then they are to refer to the Telephone interpreting line or Face to Face interpreter for further support or confirmation.

The preferred method is for an interpreter to be present, but not active in the conversation, but used as a vessel to ensure that the information exchange is as clear as possible, and to verify the conversation to ensure that no safeguarding issues arise, and that the patient is in receipt of the full information in order to give informed consent.

8 Working with face to face Interpreters

Guidance and tips on how best to work with face to face interpreters can be found in **Appendix A**

9 Translation services

Where appropriate the translation of patient information, letters and documents should be made available to service users and carers into their own language or readable format (including large print, braille etc.). The provision of translated material should be used as a means of supplementing or reinforcing information and not a substitute for providing telephone or face to face interpreting. The translation of such documents must be done so in accordance with the Trust's Information Governance guidelines and undertaken via the Trust's Interpreter Service or Agency.

The use of 'electronic' interpretation and translation tools such as 'Google translate' are not permitted. There is currently no research or evidence to validate the use of such tools for the translation of medical treatment, diagnosis, or terminology.

10   Interpreter and translation for staff

The provision of interpreter or translation services is not just confined to service users or carers there may be requirements for interpreter and translation services to be provided to staff and/or others. For example it may be necessary to provide a D/deaf member of staff with additional support when undertaking mandatory or essential to role training.

11   Information Governance and the use of Interpreting Services

Staff must adhere to information governance standards when using interpreting and translation services.

12   Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Method:	Bi monthly review of Interpreter Agency fulfilment KPIs Bi-monthly review of early/late cancellation
Report Prepared by:	General Manager Facilities
Monitoring Report presented to:	Quality Review Committee
Frequency of Report	Bi-Monthly

13   References

a. The NHS constitution – the NHS belongs to us 2013
b. Equality Act 2010
c. Public Sector Equality Duty 2011
d. Health and Social Care Act 2012
e. Human Rights Act 1998
f. European Convention for the Protection of Human Rights and Fundamental Freedoms 1950
g. United Nations Convention on the Rights of the Child 1989

h. UN Convention on the Rights of Persons with Disabilities 2005
i. Social Value Act 2013
j. NHS England Accessible Information Standard (ISB 1605)

APPENDIX A

Guidance and tips on how best to work with face to face interpreters

Preparation

➢ Brief the interpreter on the background to the case and any terminology you expect to use. Provide any additional information that may be useful. This should be done before the meeting with the service user and/or family where possible.

➢ Explain how you will conduct the session.

➢ Instruct the interpreter to repeat exactly what is said. Be aware that this will sometimes involve interpreting meaning, as a pure literal translation may not make sense in another language. If possible, discuss key words in advance, e.g. depression, anxiety or hallucinations.

➢ Forewarn the interpreter that some of the information that they may receive from the service user "may not make sense". They should provide a literal translation, as this could be an indication of the mental state of the service user.

During the Session

At the beginning of the session, check before the session starts for any time constraints. Ask the interpreter to introduce him/herself to those in attendance, introduce yourself to the interpreter, to your service user or carer and clearly explain your roles. Explain that the interpreter is bound by a confidentiality agreement and will not discuss the case with anyone external to the session.

➢ Explain the purpose of the meeting/ session, Talk directly to your service user or carer, maintain good eye contact (where culturally appropriate) while speaking and always address the services user or carer directly e.g. "How are you today?" Avoid the tendency to ask the interpreter questions, i.e. "How is he today?" and ask the interpreter to do the same when he/she interprets back to you.

➢ Observe the service user's or carer's non-verbal communication but bear in mind that gestures can mean different things in different countries or cultures. Ask the interpreter if appropriate.

➢ Speak clearly and slowly. Pause after each sentence, allow the interpreter to translate a manageable amount of information at a time.

➢ Speak in simple, plain English. Try to avoid jargon, medical terminology and acronyms where possible. Keep explanations simple. Longer, condensed and information packed sentences may make it difficult for the service user or carer to

understand.

➢   Pay attention to your own non-verbal communication. Be aware that interpreters are not trained to interpret behaviours.

➢   Do not ask interpreters for their opinion about any aspect relating to the service user or carer.

➢   Be aware the service user may relate more closely to the interpreter than to you. This is not unusual, as the service user or carer may feel vulnerable when they are concerned about their health, in an unfamiliar environment and not able to communicate directly.

➢   Generally, it is preferable for the interpreter to interpret and repeat sentences after the service user or carer has finished speaking. In some instances, this may not always be possible because of the service user's mental state, e.g. that the service user is speaking too fast. In these situations, you should intervene and request simultaneous interpreting.

➢   If the session is nearing the end of the booking time, the interpreter should advise if they need to leave on time. The interpreter may have other bookings that they need to travel to.

After the session you may wish to spend a few minutes to 'check in' with the interpreter to clarify aspects of understanding or debrief the interpreter without the service user or carer present. This is not compulsory and is entirely dependent on the practitioner but it is useful.

Working with an interpreter at a home visit

- If you book an interpreter for a home visit, especially for the first visit, it is advisable to book the interpreter to meet with you in your office to brief them and then go to the client's or patient's home together. This allows you to have a safe environment to brief the interpreter and to ensure the interpreter is not alone with the client or patient.
- For a follow up appointment, if you feel it is safe for the interpreter to work with you in the client or patient's house, you can book the interpreter to travel there directly. However, interpreters will wait for you outside the client's or patient's home – they are not allowed to enter on their own.
- We would therefore ask you to wait for the interpreter in front of the client's house and to give them the briefing either in your car or in the interpreter's car.
- If you are late or are not able to attend, it is essential that you inform the Interpreter service of the expected time of your arrival, or the interpreter will leave the location after waiting 20 minutes past the appointment time

APPENDIX B

Using Face-to-Face Interpreter including British Sign Language (BSL)

For Royal Derby Hospital and Florence Nightingale Community Hospital

Office Hours: Mon-Fri 9.00am – 5.00pm excluding Bank Holidays
Contact the Interpreter service on 01332 254617, email *dhft.InterpreterServices@nhs.net* or contact **07500976591** for emergency use. Provide full details of your request via the Net-i form. Details you will need to provide will include:

- Patient's name
- Patient's hospital number
- Language required
- Site (e.g. FNCH, RDH)
- Ward/clinic/area requiring the interpreter and date and time interpreter required
- Your name (person making the booking) and phone number
- State whether male or female interpreter required if necessary and any other cultural need

Out of Office Hours: Mon–Fri 5.00pm – 9.00am and Weekends Including Bank Holidays

If a patient arrives for an appointment or hospital admission attendance and they require an interpreter which has not been booked, the following process should be followed:

If you require a face-to-face interpreter, excluding British Sign Language (BSL) please call Capita Translation and Interpreting (Capita TI) on **0800 004 2000**. Please

state PIN 145694 and provide the information required just as you would with a normal booking.

If you require a BSL interpreter, please text booking details to **07432891697.**

Please note: if you need the interpreter to be present (this can take more than an hour depending on the language requested and their location).

For Queen's Hospital Burton, Samuel Johnson and Sir Robert Peel Community Hospital

If you require a face-to-face interpreter, excluding British Sign Language (BSL) please call Capita Translation and Interpreting (Capita TI) on **0800 004 2000**. Please

state your unique PIN and request the information required just as you would with a normal booking.

For British Sign language please contact Assist directly during office hours 01785356835 or at assist@staffordshire.gov.uk For out of hours please text booking details to

07977007184

Please note: if you need the interpreter to be present (this can take more than an hour depending on the language requested and their location).

APPENDIX C

Using Telephone Interpreting Services

Telephone interpretation provides access to over 6000 interpreters covering over 350 languages. Access is almost instant (max 60 seconds) and provides the following advantages:

- Greater confidentiality than face to face interpreters
- Greater communication between the professional and the patient
- Instant access to many languages
- Ability to change interpreter instantly should the need arise
- Ability to match gender and culture
- Reduced costs
- Access to more appropriately qualified interpreters

Capita Translation and Interpreting is your sole supplier of telephone interpreting, a service which will enable you to assist any patient who may have limited or no English Language skills. **Telephone interpretation** services are available 24 hours a day, when you need an interpreter please follow the instructions below:

1
- Dial 0800 004 2000
- Select option 2
- Enter your six digit PIN

2
- Enter the three digit language code
- Wait to be connected to an interpreter

3
- Once connected, take a note of the interpreter's ID number and name
- Direct your conversation to the client, NOT the interpreter

PLEASE NOTE: Dual handsets are available. Please contact the Interpreter Services for more details.

Talking to someone over the telephone who does not speak English

If you want to call someone, for example a relative and they speak another language, go through the above telephone access procedure but tell the operator the person you wish to speak to is not with you. Give them their telephone number and you can communicate through the telephone interpreter in a three way conversation.

What to do if you have difficulty accessing the telephone service

In the rare event you experience difficulty or have forgotten the access code, please contact the Interpreter Service or Agency.

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

APPENDIX D

Is telephone interpreting appropriate?

Are you dealing with a patient who is having difficulty communicating in English?

Yes

No

Office Hours for Royal Derby and Florence Nightingale Hospital Interpreting Service Mon-Fri 09:00– 17:00

Out of Office Hours Mon-Fri 17:00-09:00 and Weekends including Bank Holidays

Is the patient hard of hearing / deaf?

Yes

No

Request face-to-face British Sign Language

For Royal Derby and Florence Nightingale Hospital this is provided by Communications Unlimited, contact the interpreter service during office hours ext. 88080 or at *dhft.InterpreterServices@nhs.net* If you need to contact the Interpreter Service urgently please call 07500976591. For out of hours Communications Unlimited please text booking details to 07812300280

For Queen's Hospital Burton, Samuel Johnson and Sir Robert Community Hospital this is provided by Assist, contact Assist directly during office hours 01785356835 or at *assist@staffordshire.gov.uk* For out of hours please text booking details to 07977007184

Or for emergencies use SignLive video link, where

Do you require an interpreter urgently, or is a face to face interpreter unavailable?

Yes

No

Use telephone Interpreting 0800 004 2000

Or video link

Are you dealing with a child, a patient with mental health issues, a patient with safeguarding concerns, breaking bad news, discussing end of life treatment or obtaining consent?

Yes

No

Request a face-to-face interpreter.

Will the consultation last more than 30 minutes, or do you have to manoeuvre patients for your appointment or have to show patients how to use a medical device?

Yes

No

Request a face-to-face interpreter.

Use telephone Interpreting 0800 004 2000

Taking pride in caring