



NHS Tayside

Communication

Interpretation and Translation Policy

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1. Purpose and Scope

Purpose:

- 1.1 NHS Tayside is committed to providing excellent health care services. We ensure that all patients and staff can access our services effectively and efficiently, that communication is not a barrier to services for people who cannot communicate in English, are deaf or hearing impaired deaf blind, partially sighted or blind.

This policy is therefore a commitment to the development of efficient communication strategies to enable NHS Tayside to deliver services that are responsive and equitable for all patients and staff.

Scope:

- 1.2 This policy applies to all NHS Tayside staff, in all settings where NHS Tayside provides care and in all contracts where NHS Tayside supplies care unless specific contract specifications apply.

2. Statement of policy

- 2.1 NHS Tayside recognises that there are members of the community who cannot speak in English and others that have other communication needs. This may be a barrier to accessing services and communicating with staff that work within the health service.
- 2.2 This policy enables patients and staff to access services fairly and equitably and to ensure that service delivery is responsive to clients needs and of a high quality.
- 2.3 Local protocols and procedures will be followed regarding Interpretation and Translation.
- 2.4 Local measures will be implemented to address the communication difficulties of clients and facilitate equitable access to services and information.
- 2.5 NHS Tayside will:
 - Ensure staff are able to respond to individual requests/needs for interpretation/translation when providing services for those who cannot speak in English, are deaf or hard of hearing/have hearing difficulties.

- Ensure that all staff are aware of how to access interpretation and translation services 24 hours a day, 7 days a week.
- Encourage and enable all patients to receive information in a language that is understood, when the patient cannot communicate in English, by the use of appropriate interpreting or translation services.

2.6 A registered interpreter will be accessed, based on the following levels of priority:

Level 1. Access to a telephone interpretation service

Level 2. Access to a registered interpreter for face-to-face interpretation from an approved partner (under a service level agreement)

2.7 If a registered interpreter is not available and the consultation cannot be rebooked for when an interpreter will be present then the following levels of interpreting may be considered.

Level 1. Use of a bilingual member of staff in exceptional circumstances and in a voluntary capacity. (Appendix-2)

Level 2. In exceptional circumstances the use of a family member or friend (over the age of 16 years) would be acceptable. However there may be situations where a young person may be asked for information to establish facts.

These are preferred stages; however patients' choices should be taken into consideration.

3. Responsibilities and Organisational Arrangements

3.1. Staff will ensure that the details are obtained from the patient to ensure that an appropriate interpreter can be arranged. Such details will include the required language (including required dialect where appropriate), and preferred gender of interpreter.

3.2. Wherever possible, and with the patient's consent, request the same interpreter if it is a long standing assignment (e.g. ante - natal clinics) to ensure continuity of care and patient confidence.

Instruction on how staff should respond to individual requests and needs are detailed in the attached appendices: -

- **Appendix 1 Vital Signs – Interpretation and Translation services**

- **Appendix 2 Guidelines for staff and managers requesting other members of staff who have volunteered to interpret within NHS Tayside**
- **Appendix 3 Flow chart of access to interpretation and translation Services**

4. Monitoring

- 4.1 The aim of monitoring is to ensure that across NHS Tayside efficient interpreting and translation services are provided for all our patients.
- 4.2 The lead group or directorate for interpreting and translation support will monitor the expenditure on interpreting and translation services across NHS Tayside. Usage patterns across NHS Tayside will also be monitored and analysed.
- 4.3 Services will be provided under a Service Level Agreement (SLA) with Language Line Services, Dundee City Council, and registered British Sign Language (BSL) interpreters. These SLA's will include a clear framework for monitoring and quality assurance.

5. Review of the Policy

- 5.1 This policy will be reviewed at a minimum every two years. Revisions may be made in the light of changes in local demographics, technology, service delivery models, national policy and legislation.

6. Key Contacts

- Interpretation and Translation services lead
- Equality & Diversity Manager
- Dundee CHP lead
- Perth and Kinross Lead
- Angus CHP lead
- Clinical Governance team

7. Policy Strategy Checklist

This checklist must be completed and forwarded with policy to the appropriate forum/committee for approval:

POLICY /STRATEGY AREA: Governance

POLICY/ STRATEGY TITLE: Interpretation and translation policy

LEAD OFFICER: Margaret Simpson and Nick Townell

Why has this policy /strategy been developed?		To improve the care of patients who require assistance with communication.	
Has the policy/ strategy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		Yes, Race Equality Scheme, the Patient Rights Bill and Equally Well Report (Ministerial Task Force).	
Has a risk control plan been developed? Who is the owner of the risk?			
Who has been involved/consulted in the development of the policy?		Director of Nursing and Patient Services, Associate Director of Workforce, Clinical Governance Coordinator, Interpretation & Translation Operational Group members, I&T Project Manager, Clinical Governance Facilitator.	
Has The policy been assessed for Equality and diversity in relation to:-		Has the policy been assessed For Equality and Diversity not to disadvantage the following groups:-	
Race/Ethnicity	Yes	Minority Ethnic Communities	Yes
Gender	Yes	(includes Gypsy/Travellers, Refugees & Asylum Seekers)	Yes
Age	Yes	Women and Men	Yes
Religion/Faith	Yes	Religious & Faith Groups	Yes
Disability	Yes	Disabled People	Yes
Sexual Orientation	Yes	Children and Young People	Yes
		Lesbian, Gay, Bisexual & Transgender Community	Yes
Does the policy contain evidence of the Equality & Diversity Impact Assessment Process?			

<i>Is there an implementation plan?</i>	Yes
Which officers are responsible for implementation?	Clinical Governance Coordinator, Interpretation & Translation Operational Group members, I&T Project Manager, Clinical Governance Facilitator.
When will the policy/ strategy take effect?	June 2009
Who must comply with the policy/ strategy?	All NHS Tayside employees.
How will they be informed of their responsibilities?	Please see implementation plan.
Is any training required?	Yes, awareness sessions can be provided on request.
If yes, has any been arranged?	Ongoing
Are there any cost implications?	No
If yes, please detail costs and note source of funding	No cost
Who is responsible for auditing the implementation of the policy?	Local managers
What is the audit interval?	Every 4 th episode of use of the services in that unit
Who will receive the audit reports?	Equality and Diversity
When will the policy be reviewed and by whom? (please give designation)	Clinical Governance Coordinator, Interpretation & Translation Operational Group Members, I&T Project Manager, Clinical Governance Facilitator.

Name: -----Date: -----

8. Implementation plan

IMPLEMENTATION PLAN

	Action	Responsibility	Progress
1.	The Policy will be circulated to all Clinical and Non-Clinical Group Managers, Clinical Leads, Chairs of Clinical Governance Groups and CHP Managers to cascade to staff.	I&T Project Manager, Clinical Governance Facilitator	
2.	The Policy will be made available on the Staffnet for information in the Policy section.	Alison Davie	
3.	Staff will be made aware of the policy:- Existing Staff: Staffnet when the Policy is launched Training to be incorporated into existing raising awareness training sessions Training to be provided for clinical and administration staff. Local induction	I&T Project Manager, Clinical Governance Facilitator, Clinical governance team Local managers	
4.	Implications of the Policy will be discussed with staff and service users	I&T Project Manager, Clinical Governance Facilitator and Clinical governance team at training for raising awareness sessions.	

9. Rapid Impact Checklist

<p>Which groups of the population do you think will be affected by this proposal? Non-English speaking people and people with communication needs, (deaf and deaf/blind)</p> <ul style="list-style-type: none"> minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers) women and men people in religious/faith groups disabled people older people, children and young people lesbian, gay, bisexual and transgender people 		<p>Other groups:</p> <ul style="list-style-type: none"> people of low income people with mental health problems homeless people people involved in criminal justice system staff <p>All of these groups</p>
<p>N.B. The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.</p>		<p>What positive and negative impacts do you think there may be?</p> <p>Which groups will be affected by these impacts?</p>
<p>What impact will the proposal have on lifestyles? For example, will the changes affect:</p> <ul style="list-style-type: none"> Diet and nutrition? Exercise and physical activity? Substance use: tobacco, alcohol or drugs? Risk taking behaviour? Education and learning, or skills? 	<p>See below</p>	
<p>Will the proposal have any impact on the social environment? Things that might be affected include</p> <ul style="list-style-type: none"> Social status Employment (paid or unpaid) Social/family support Stress Income 	<p>Positive impact on family members who will not be required to act as interpreters, they will now be able to access an interpretation and translation service within healthcare. Service users will know they have easier access to professional interpreters; this should improve communication, trust in the service provided and less risk of mistakes when interpreting.</p>	
<p>Will the proposal have any impact on</p> <ul style="list-style-type: none"> Discrimination? Equality of opportunity? Relations between groups? 	<p>Positive impact in that we are eliminating inequality to access healthcare services for people who are non-English speaking and have other communication needs, so that care is provided to meet the individual needs of the patients and care is planned appropriately</p>	
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> Living conditions? Working conditions? Pollution or climate change? Accidental injuries or public safety? Transmission of infectious disease? 	<p>Positive impact because the service providers/staff will be able to communicate with people who have communication needs and will able to support them through their patient journey and experience whilst using our services</p> <p>Patients and visitors will have access to information in different languages so that key messages such as the importance of hand washing and infection control can be communicated</p>	
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> Health care Transport Social services Housing services Education 	<p>Improved access to interpretation and translation services within healthcare settings.</p> <p>Delivering high quality individualised patient care at point of contact</p> <p>Interpretation and Translation service which is quality assured and consistent for all staff across NHS Tayside wide Communication barriers will be addressed to ensure that patient safety and risk is identified within clinical care.</p> <p>For example translation of relevant leaflets/documents to give access to information for the patient and visitors.</p>	

Rapid Impact Checklist: Summary Sheet

POSITIVE IMPACTS (NOTE THE GROUPS AFFECTED)

- Positive impact on all groups of people who are Non- English speaking and people with communication needs
- Help to reduce, any inequality in accessing services at point of contact, by addressing communication barriers
- Helping to improve patient experience and patient journey by providing high quality services and a high standard of care
- Meeting the individual clinical needs of patients by addressing communication barriers
- Providing information that is available in different languages to meet the needs of patients [the way this information will be accessible will be crucial to alleviate inequality]

NEGATIVE IMPACTS (NOTE THE GROUPS AFFECTED)

ADDITIONAL INFORMATION AND EVIDENCE REQUIRED

Any feedback or complaints re interpretation and translation service will be monitored and taken into consideration on annual review of the policy.

Develop a log system for identifying and preventing complaints at early stage.

To work with Dundee City Council to develop a monitoring system for clear audit trails.

‘A test of change’ pilot to be done with staff using ‘Alert stickers’ in identifying specific individual patient needs including special communication needs.

RECOMMENDATIONS

Interpretation and translation policy will be reviewed in one year from date of approval in the first instance and then on alternate years.

If there are any changes in national policy or legislation these will be implemented and the policy updated as and when required to take these into consideration

Service Level Agreements are regularly monitored , and if there are any changes to service level agreements the interpretation and translation policy will be updated if needed

The usage of interpretation and translation services are monitored through invoices for each of the Community Health Partnership's, Secondary Care Services and Independent Contractors, for clear audit trails.

There are training and raising awareness sessions available for all staff on how to access and use the service.

There will be targeted training on deaf awareness for frontline staff who have identified this as a training need within their department or area of work

FROM THE OUTCOME OF THE RIC, HAVE NEGATIVE IMPACTS BEEN IDENTIFIED FOR RACE OR OTHER EQUALITY GROUPS? HAS A FULL EQIA PROCESS BEEN RECOMMENDED? IF NOT, WHY NOT?

No adverse/negative impacts have been identified for any equality groups

Manager's Signature:

Date:

2. SCOTTISH EXECUTIVE HEALTH DEPARTMENT/NHSSCOTLAND PFPI/FAIR FOR ALL EQUALITY AND DIVERSITY IMPACT ASSESSMENT TOOL **(USE SEPARATE SHEETS WHERE NECESSARY TO GIVE DETAILS)**

Complete at start of process

ORGANISATION NHS Tayside			DEPARTMENT Nursing and Patient Services
PERSON RESPONSIBLE Director of Nursing			SECTION Clinical Governance
DATE –June 2009			TIMESCALE FOR IMPACT ASSESSMENT DUE DATE June 2009
NAME OF POLICY OR FUNCTION Policy for Interpretation and translation services Has the policy or function been assessed for relevance to the General Duty under the Race Relations (Amendment) Act 2000? <input checked="" type="checkbox"/>	POLICY FUNCTION NEW EXISTING	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ASSOCIATED POLICIES OR FUNCTIONS- Service level agreement's will impact on interpretation and translation policy OWN ORGANISATION- PARTNER ORGANISATIONS- Service level agreements with Dundee City Council

Complete at end of process

DATE STARTED June 2009	DUE DATE DATE COMPLETED
SUMMARY OF OUTCOME OF IMPACT ASSESSMENT Adverse effects Not found <input checked="" type="checkbox"/> Found <input type="checkbox"/> Policy//Function amended to stop or reduce adverse effects <input type="checkbox"/> Consultation conducted <input type="checkbox"/>	
DATE DUE FOR REVIEW-June 2011	PERSON RESPONSIBLE FOR PUBLISHING RESULTS OF IMPACT ASSESSMENT- Interpretation and translation operational group lead/Equality & Diversity Steering Group
PERSON RESPONSIBLE FOR ARRANGING REVIEW- Interpretation and translation operational group lead/Equality & Diversity Steering Group	RESULTS DUE TO BE PUBLISHED June 2009
PERSON RESPONSIBLE FOR ARRANGING MONITORING Interpretation and translation operational group lead/Equality & Diversity Steering Group	
SIGNED	DATE

Use additional sheets if required

Note: some elements are required under the terms of the Race Relations (Amendment) Act 2000 shown here as RRAA.

1. Aim/Status
<p>(a) What is the aim/purpose of the policy*/function**?</p> <p>To improve the care of patients who require assistance with communication needs(Non-English speaking people and deaf and deaf/blind)</p>
<p>(b) Who is intended to benefit from this policy/function and in what way?</p> <p>Non-English speaking people and people with communication needs from all groups</p> <ul style="list-style-type: none"> • minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers) • women and men • people in religious/faith groups • disabled people • older people, children and young people <p>lesbian, gay, bisexual and transgender people</p>
<p>(c) How have they been involved in the development of this policy/function?</p> <p>The policy was consulted on by Interpretation and translation operational group lead/Equality & Diversity Steering Group and members from ethnic groups/disabled people</p>
<p>(d) How does it fit into broader corporate aims?</p> <p>Equality of access and Race Equality Scheme, under the race equality scheme NHS Tayside has made commitment within its action plan to promote equality and address communication barriers by providing interpretation and translation services.</p>
<p>(e) What outcomes are intended from this policy/function?</p> <p>Help to reduce any inequality in accessing services at point of contact, by addressing communication barriers and provide high quality safe patient care throughout patients' journey.</p>
<p>(f) What resource implications are linked to this policy and/or function?</p> <p>Interpretation and translation services, finance/budget, training resources, interpretation and translation lead and support group, members of staff</p>

*'Policies' should be taken to mean the full range of formal and informal decisions made by SEHD/NHSScotland in carrying out their duties and the ways in which they use their powers – or decide not to. It is important to include in any assessment of policy an examination of long-standing 'custom and practice' and management decisions as well as formal written policies.

**'Functions' are those strategic areas of work through which SEHD/NHSScotland deliver its operations e.g. Health Improvement, Significant Service Change, Finance, Public Health and Human Resources.

Complete (g) to (i) for new policies/functions only.		
(g) What research or consultation has been done? The policy was consulted on by Interpretation and translation operational group, Equality & Diversity Steering Group, with the members from Black and Minority Ethnic groups and disabled people, Dundee City Council, Equality and Diversity Dundee Partnership Group and Tayside Deaf Forum.		
(h) What stage is the policy/function at? completed		
(i) What is the target date for completion? June 2009		
2. Examination of Available Data		
DATA <i>(data collection could include consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic publications, consultants' reports, citizens' juries etc.)</i>		
(a) Are there any experts/relevant groups whom you can/should approach to explore their views on the issues? Interpretation and translation operational group lead/Equality & Diversity Steering Group and engaging with the members from ethnic groups and disabled people. deaf community ,public partnership(health) groups		
(b) What do we know from existing data, research consultations, focus groups and analysis available in-house?	(a) Quantitative Invoices usage of certain languages consultations,	(b) Qualitative Invoices Feedback Patient experience
(c) What do we know from existing data, research consultations, focus groups and analysis available externally?	(a) Quantitative Reports provided by service providers (language line, dundee city council)	(b) Qualitative Complaint forms or feedback

(d) What gaps in knowledge are apparent?	(a) Quantitative Clear finance and audit trail	(b) Qualitative Complaint forms or feedback
(e) If there appear to be any potential difficulties of access or compliance with the aim of the policy/service, please describe these.	Policy has not been implemented at the moment and this data/info will be available when it is in use	
3. Rapid Impact Assessment (RIA) (See page 23)		
Having carried out the PRHIA screening process (see page 43), please answer the following questions;	<p>Have potential negative impacts been identified for racial or other equality groups? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>If yes, has a full Equality and Diversity Impact Assessment been recommended? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, are you satisfied that the conclusions of the RIA are accurate and comprehensive? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Signature of Manager: _____ Date: _____</p>	

4. Impacts		
(a) What is the likely impact (whether intended or unintended, positive or negative) of the initiative on individual service users or on the public at large? Positive impact on with communication needs (non –English speaking people., deaf people and deaf/blind people)		
(b) Is there likely to be a differential impact on any group? If yes, please state if this impact may be adverse and give further details (e.g. which specific groups are affected, in what way, and why you believe this to be the case).		
(i) Grounds of race, ethnicity, colour, nationality or national origins e.g. People of different ethnic background including minorities: Gypsy Travellers and Refugees/Asylum Seekers	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(ii) Grounds of sex or marital status: Women and Men	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(iii) Grounds of gender: Transgender or transsexual people	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(iv) Grounds of religion or belief: Religious/Faith or other groups with a recognised belief system	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(v) Grounds of physical or sensory impairment or mental disability: Disabled people	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(vi) Grounds of age: Older people, Children and Young people	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(vii) Grounds of sexual orientation: Lesbian, gay, bisexual	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(viii) Grounds of offending past	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(ix) Grounds of mental health	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details
(x) Other grounds (e.g. poverty, homelessness, immigration status, language, social origin)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Adverse? <input type="checkbox"/> Please give further details

<p>(c) Is the policy directly discriminatory? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no (under any discrimination legislation e.g. Sex Discrimination Act, Race Relations Act, Disability Discrimination Act, Religion or Belief Regulations, Sexual Orientation Regulations or relevant policy)</p>	<p>(d). (i) Is the policy indirectly discriminatory? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no (ii) if you said yes, is this objectively justifiable or proportionate in meeting a legitimate aim <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>(e). Is the policy intended to increase equality of opportunity by permitting positive action or action to redress disadvantage. <input checked="" type="checkbox"/> yes <input type="checkbox"/> no please give details</p>
<p><i>If you answered yes to Q3 (c) and no to Q3 (e), this is unlawful discrimination.</i></p> <p><i>If you answered yes to Q3 (d) (i) and no to Q3 (d)(ii) and no to Q 3 (e), this is unlawful discrimination.</i></p> <p>If the policy is unlawfully discriminatory, you must decide how to ensure the organisation acts lawfully.</p>		
<p>(f). If the policy is not directly or indirectly discriminatory, does it still have an adverse impact? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Please give details.</p>		
<p>5. Modifications</p>		
<p>In your consideration of the next questions, you should think about the following:</p> <ul style="list-style-type: none"> ▪ How does each option further or hinder equality of opportunity? ▪ How does each option challenge or reinforce stereotypes which influence equality of opportunity? ▪ What are the consequences for the group(s) and the public authority/organisation of not adopting an option more favourable to equality of opportunity? ▪ What are the social and economic costs and benefits of implementing each option? (For the group? For the public authority/organisation?) ▪ Will the benefits of implementing the change outweigh the costs? (proportionality) 		
<p>(a) If you answered yes to Q 3 (f) and the policy could have an adverse impact on any group, how could you modify the initiative to reduce or eliminate any identified negative impacts, or to create or accentuate positive parts of the development?</p>		
<p>(b) If you make these modifications, would there be impacts on other groups in society or on the ability of the initiative to achieve its purpose?</p>		

6. Further Research	
(a) Given the analysis so far, what additional research or consultation is desirable to investigate the impacts of the proposal on diverse groups?	
(i) new primary data? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Describe :Invoices, Finance reports ,training sessions Reports provided by service providers (language line, dundee city council)	(ii) secondary analyses of existing data? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no describe:
(b) What steps do you need to take to ensure that the right people are involved in this research? People with communication needs, members of staff, providers, public partnership (health) groups, black and minority ethnic community ,deaf community will be consulted Interpretation and translation lead and operational group, leads for community health partnerships (collecting data, training dept for people trained, complaints)	
7. CONSULTATION Under the Race Relations (Amendment) Act 2000 you are required to consult on the impact of new policies, functions and service change. The National Health Service Reform (Scotland) Act 2004 requires you to involve the public in service change (please refer to <u>Informing Engaging and Consulting Guidance (Draft)</u>, SEHD, 2004	
(a) What are the aims of consultation? Feedback and comments on the policy and any other changes required	
(b) What is the planned timescale? June 2009	(c) Who is responsible for managing the consultation? Interpretation and translation lead and operational group
(d) Whom do you need to consult? (e.g. what groups must be included? Consider beneficiaries, stakeholders and who may be affected.) Interpretation and translation operational group lead/Equality & Diversity Steering Group ,public partnership(health) groups ,community health partnership, independent contractors	

<p>(e) What methods of consultation are proposed? (these should be appropriate to the groups being consulted)</p> <p>e.g.</p> <p>surveys</p> <p>interviews</p> <p>use community venues</p> <p>informal meetings</p> <p>separate meetings for interest groups (young people, gypsy travellers etc)</p> <p>lay advisory group</p>	<p>(f) What methods are being considered to ensure full information and participation?</p> <p>e.g.</p> <p><input type="checkbox"/> Accessible formats</p> <p><input type="checkbox"/> Community languages?</p> <p><input type="checkbox"/> Oral information?</p> <p><input type="checkbox"/> Taking account of different needs?</p> <p><input type="checkbox"/> Taking account of different customs, festivals etc?</p> <p><input type="checkbox"/> Accessible venues, e.g. acoustics, transport, wheelchair accessible, loop/signing/translation facilities</p> <p><input type="checkbox"/> Use of advocates?</p> <p><input type="checkbox"/> Training or other support for potential participants</p> <p><input checked="" type="checkbox"/> Other – please give details</p> <p>Meetings and consultations with Interpretation and translation operational group lead/Equality & Diversity Steering Group and engaging with the members from ethnic groups and disabled people.</p> <p>deaf community ,public partnership(health) groups</p>
<p>(g) What other consultation exercises are planned? (can they be “joined up”?)</p>	
<p>(h) How will consultation outcomes be fed back into the process?</p> <p>Interpretation and translation operational group</p>	
<p>(i) Following consultation, what is the RECOMMENDATION?</p> <p><input type="checkbox"/> reject the policy/function</p> <p><input checked="" type="checkbox"/> introduce the policy/function</p> <p><input checked="" type="checkbox"/> amend the policy/function</p> <p>(an impact assessment should be made of any amended policy)</p> <p><input type="checkbox"/> other – please explain</p>	

8. Decision-making and Reports to Line Management/Board
(Repeat this section for each stage of the decision-making process.)

(a) Who will make the decision? (Essential to consider also in partnership developments).

Director of nursing

(b) Following consultation, what is the DECISION?

☐ reject the policy/function

☐ introduce the policy/function

☐ amend the policy/function

(an impact assessment should be made of any amended policy)

☐ other – please explain

9. Monitoring and Review

Under the RRAA some public authorities are obliged to monitor employment. There is also a requirement to monitor the impact of new policies and functions. This may be desirable for existing policies/functions and other groups.

(a) How will the implementation of the policy/function be monitored?

Two yearly

(b) How will results of monitoring be used to develop future policy/function and practice?

After implementation of this policy, feedback will be collated and policy will be amended and reviewed

(c) When is the policy/function due to be reviewed?

Date:

2011

10. Public availability of Report/Results

Under the RRAA there is a requirement to publish results of impact assessments, consultations and monitoring (employment monitoring must be published at least annually). This may be desirable for other groups.

What are the arrangements for publishing (note: to meet RRAA legislation, results should be available and accessible to anyone who wishes to access it)	(i) Result of the impact assessment	(ii) Result of the consultations	(iii) Employment Monitoring outcomes	(iv) Other Monitoring outcomes (e.g. service users, non users, stakeholder views)

10. Appendices

Appendix 1

Vital Signs – Interpretation and Translation Services

Vital Signs Issue 181 / August 2008

Interpretation & Translation Services

LANGUAGE LINE SERVICES

PLEASE ENSURE YOU USE CORRECT ID CODES

A 24-hour, 7 days a week hotline called Language Line Services (LLS) is available for non-English speaking patients using NHS Tayside services.

Staffs are reminded to use the correct ID codes when accessing the **Telephone Interpretation Service**. A brief training line can be accessed by dialling (0845) 603 7942.

The interpretation service can be accessed by dialling (0845) 310 9900. The operator will ask for:

ACCESS CODE STARTING WITH- L, THE LANGUAGE FOR WHICH YOU NEED AN INTERPRETER, YOUR ORGANISATION NAME e.g. NHS TAYSIDE AND DEPARTMENT, YOUR FORENAME AND SURNAME.

- Angus CHP
L47029
- Dundee CHP
L47030
- Perth & Kinross CHP
L47031
- NHS Tayside Board
L47032
- Independent contractors e.g. GPs, dentists, etc.
L47033
- Secondary Care
L69154

Face-to-Face Interpretation and Interpretation for Deaf patients

23

A face-to-face interpretation and interpretation for deaf service is provided by Dundee City Council on (01382) 431563 and is requested by NHS Tayside staff: on approval of immediate line managers/supervisors.

Secondary care staff should contact interpretation and translation services lead x33329 (Mon-Fri office hours).

CHP staff should call Dundee City Council directly on (01382) 431563 or email translation@dundeecity.gov.uk.

Patient Information Leaflets and Letters Translation

For the translation of patient information leaflets contact Patient Information Coordinator on x36091.

For the translation of any other correspondence e.g. letters, referrals, hospital records, contact interpretation and translation services lead x33329.

Appendix 2

Guidelines for staff and managers requesting other members of staff interpreting, on a voluntary basis in exceptional circumstances as per interpretation and translation policy

Staff requesting other staff to interpret:

Ensure that alternative levels for accessing interpreting services have been attempted first. (Telephone interpreting service or Face to face service)

Ensure that staff (if asked to interpret) has agreement from their line manager (if available) to participate voluntarily in the interpreting.

Must acknowledge that the time used for interpreting will be impacting on that member of staff's usual role.

Staff who volunteer to interpret must:

Ensure they have agreement from their line manager.

Be aware of the potential impact that the time taken to interpret may have on their personal workload.

Provide interpreting in a non-judgemental, unbiased way, respecting and maintaining patient confidentiality.

Contact the interpretation and translation services lead to make them aware of having provided voluntary interpreting service

Line Managers must:

Ensure that the staff interpreting have the choice in providing interpreting and managing / prioritising their personal workload.

Ensure that there is a note of the interpreting request (department and name of staff requesting).

Interpretation and translation lead must keep record of staff who voluntarily provide interpreting service and monitor this usage.

Appendix - 3

Interpretation and Translation (I&T) Access For staff

Non-English speaking

Telephone Interpreting Service (Language Line Services, available 24hours/7days) – can be accessed by dialling (0845) 310 9900 and providing the correct ID code:

Angus CHP – L47029

Dundee CHP – L47030

Perth & Kinross CHP – L47031

NHS Tayside Board (Kings Cross only) – L47032

Independent contractors e.g. GPs,

Translation of Patient Information Leaflets – contact Patient Information Coordinator on ext. 36091 or email lesleymontgomery@nhs.net

Face to Face Interpreting (Mon/Fri, 9-5pm) -

Staff to contact Dundee City Council directly on 01382 431 563, email- translation@dundeecity.gov.uk or contact I&T lead on ext. 33329 or 32613,

Translation of other documents (letters, referrals etc) –

Staff to contact either I&T lead on ext. 33329 or 32613 or Dundee City Council directly on 01382 431563, email-translation@dundeecity.gov.uk If the language required is unavailable, or the translator is unavailable from Dundee City Council:
Contact Language Line Services:
Tel: 08009176564
Email: translation@languageline.co.uk
Fax: 08000853911

DEAF

Staff to contact Dundee City Council directly on 01382 431 563. or email- translation@dundeecity.gov.uk

BLIND (BRAILLE)

Translation of documents into Braille – Please contact Language Line Services:
Tel: 08009176564
Email: translation@languageline.co.uk
Fax: 08000853911

Deaf and Blind

Guide Communicators – Please contact Deaf Blind Scotland on 0141 777 6111 or email info@deafblindscotland.org.uk

For enquiries or further information, contact I&T lead on ext. 33329 or 32613, email pchima@nhs.net