

ACCESSIBLE INFORMATION POLICY (including Translation and Interpretation Services) (ED3)

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1 Policy Statement

- 1.1 This policy aims to outline the translation, interpretation and accessible information services available to staff, patients, carers, relatives and the public to ensure that no individual or group is excluded from services/information for any reason.
- 1.2 South Devon Healthcare NHS Foundation Trust (SDHFT) and Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) (the Trusts) aim to improve access to information formats such as ‘easy read’, braille, British Sign Language, and non-English languages. This may also include sending an email rather than offering printed advice, so it can be read by voice software. Ensuring that information is available to all in the most appropriate format for their needs, is an aim of NHS England’s proposed ‘Accessible Information Standard’.
- 1.3 The ability to communicate appropriately is fundamental to clinical care. The need for relevant communication support should therefore be highlighted at the outset of care and will need to be highlighted throughout the patient’s care pathway.

2 Introduction

- 2.1 The Trusts are committed to ensuring that every individual receives the information they need to access services in a format which is accessible to them. Appropriate communication with healthcare staff to make informed decisions about their care and treatment is essential, with particular regard to issues surrounding consent and the Mental Capacity Act 2005.
- 2.3 This policy is intended to ensure measures are in place to support people (staff, patients, service users, and their carers or parents), with information and/or communication support needs relating to an impairment, disability and/or sensory loss, or for people whom English is a second language. This includes, foreign language, British Sign Language and those who require information available in easy-read, large print, braille or audio etc. This policy describes arrangements for both telephone based and face-to-face interpreting and for the translation of written material.

3 Equality and Diversity Statement

- 3.1 The Trusts are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (see Appendix 1 for Equality and Diversity Policy ED1 for definitions) as governed by the Equality Act 2010: Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the

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Trusts will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

- 3.2 The Trusts are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the [Equality and Diversity Policy \(ED1\)](#).

4 Roles and Responsibilities

- 4.1 This policy applies to all employees of SDHFT and TSDHCT, students, workers, and all volunteers and persons working under the terms of an honorary contract. Where the Trusts' services are provided by external contractors, sub-contractors, agencies, temporary workers or third parties on the basis of a specification set by the Trusts, these parties are responsible for adhering to the Trusts' Equality and Diversity Policy whilst providing services on behalf of the Trusts.
- 4.2 All staff have a responsibility to ensure that they are communicating with colleagues, patients, carers and the public in a way which is effective and ensures that you have been understood. It is therefore the responsibility of all staff to ensure that they are aware of the relevant translation, interpretation and accessible information services available and how to access them.
- 4.3 The Trusts' Procurement and Contracts team, together with the Equalities and Patient Experience team will ensure that effective Translation and Interpretation Services are upheld and monitored in accordance with the terms of agreement.
- 4.4 It is thus the responsibility of all staff to:
- Identify and record individual need – This means finding out if someone has any information or communication needs and recording them if they do.
 - Sharing and checking individual needs – This means passing on information about someone's needs to people who are looking after them. It also means checking their needs are met every time they come to the service.
 - Take action/ meeting their needs – This means making sure that the person's needs are met, for example sending them information in the right format or providing the communication support they need (i.e. arranging for translation/interpretation services).

5 Aims and Objectives

- 5.1 The Trusts aim to improve people's health and wellbeing. The Trusts aims to make sure that people can understand the information they are given about their health and social care. The Trusts also want everyone to be able to get involved in decisions that affect them.

- 5.2 The core aims of this policy are outlined as follows:
- To raise awareness of the provision of translation, interpretation and accessible information services across SDHFT and TSDHCT.
 - To ensure staff have appropriate knowledge of how to accommodate the diverse information and communication needs of our service users.
 - To raise awareness of information and communication needs and to encourage staff to proactively plan for these needs.

6 Provision of Services

6.1 Interpretation Services

6.1.1 Interpretation can be defined as the *oral* 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 (BSL), (which is a recognised language) and other sign languages. Interpreting can be provided by telephone (text) or face-to-face communication (including video-link). Here, it is also important to consider the understanding of information of those with a learning disability. In this case the role of the [Learning Disability Liaison Nurse](#) will be invaluable.

6.1.2 BSL services are available 24 hours a day, 7 days a week. Details of how to book an interpreter can be found in Appendix 1. Where the provision for BSL interpretation is unavailable, you may be able to communicate via text, images or in writing. However, bear in mind that if the individual's first language is not English, you should keep written messages simple, concise and to the point.

6.1.2 Use of Trust Staff

6.1.2.1 Staff members who are not registered with the Trust's accredited interpretation provider may be used to help communicate basic information (e.g. personal history etc) – this must be with patient/service user's consent. **Clinical information, medical terminology or consent about clinical care should always be done through the authorised interpreting services except in an emergency.** Please remember that a delay in providing interpretation may lead to an adverse outcome. Staff should adopt a common sense approach to interpretation and where they do not feel comfortable, [obtain professional services](#).

6.1.2.2 Staff with language skills may apply to work for an external approved interpreting agency. However, such arrangements would be outside of their normal working hours and must therefore comply with their Trust contractual responsibilities and any working time directives.

6.1.3 Use of Carers, Relatives and Friends

6.1.3.1 Whilst some carers, relatives and friends may be able to interpret, staff must be aware that interpretation undertaken by people involved with the /service user may be distorted (due to over-protectiveness, bias, conflicting interests, or lack of understanding of the clinical language. As such, this protection also applies to those caring for someone with a learning disability). It may not therefore, be an appropriate way of communicating confidential information. **For this reason, carers, relatives and friends should not be asked to interpret.** Even in the case of acute emergencies, staff should only use the accompanying person to elicit and communicate basic information.

6.1.3.2 In an emergency situation it may be necessary to use adult family members to help communicate basic information about care or personal history, they should not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care. This again applies to people with a learning disability and support from the [Learning Disability Liaison Nurse](#) should be sought as appropriate. In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patient/service user's 'best interests', and should not be delayed waiting for an interpreter. This should be fully documented in the patient/service users notes or referred to in the care record.

6.1.3.3 If the patient/service user refuses the use of a professional interpreter and asks for the use of family members or an interpreter they have brought with them, this request must be verified using a telephone interpretation service and documented in the patient notes (see Appendix 1 for list of providers).

6.1.4 Children

6.1.4.1 Children should not be asked to interpret. If the patient/service user brings a child (less than 18 years) to interpret, they should be discouraged from interpreting and the option of a professional interpreter offered. Even in the case of acute emergencies, staff should only use the accompanying child to elicit and communicate basic information.

6.1.4.2 When a child cannot understand or speak English, parents must not be asked to interpret for the child and an external interpreter must be used. Exceptionally, in an emergency situation, clinicians can use their judgement to ask parents to interpret whilst external interpretation provision is being arranged, bearing in mind child protection regulations.

6.1.5 Safeguarding

6.1.5.1 Where the concerns are about child or vulnerable adult protection, an approved external interpreter must be used, even for basic communication.

6.2 Translation Services

- 6.2.1 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 and may be extended to include the production of easy read information (see section 6.3).
- 6.2.2 The provision of translated material does not replace an interpreter, but can act as a backup to reinforce information being given verbally. You should bear in mind that **persons whose first language is not English might not be able to read their own language**. This should be verified before requesting translation of written materials. The use of an interpreter to describe the information to the patient, with an opportunity to discuss any questions may sometimes be a better approach. Similarly, easy read information should always be explained to the individual to ensure comprehension as far as possible.

6.3 Easy Read Information

- 6.3.1 Easy read is a way of presenting information so that people who have difficulty reading can understand it. In the UK, the average reading age is 9 and 1 in 5 people struggle to function in daily life with regard to understanding information. It is thus important to recognise that even where a person's first language is English, they may not be able to read/write. Easy read information typically supports people with a learning disability but can be useful for a range of people. Easy read information is best when tailored to the needs of the individual. It converts a document into a format that is understandable to the general population. It does this by using clear and simple language and a range of helpful graphics, images and symbols. The Trusts' support a license for Photosymbols which staff can access by contacting the Equalities team (details available in Section 9).
- 6.3.2 For further support and advice on how to produce Easy Read information, please contact the Total Communication Now team – details provided in the link below: <http://totalcommunicationnow.org/>

Total Communication Now is a community based service which promotes the use of all communication skills. They offer practical advice and support for anyone with a communication disability or difficulty, their family, carers or support staff. They can help make individualised visual resources for children or adults in order for them to become more independent communicators. They offer a personalised service on an appointment basis as well as providing opportunities for people to attend a range of workshops.

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6.4 All other accessible information requirements

- 6.4.1 The duty to make reasonable adjustments aims to remove barriers that prevent disabled persons from integrating fully into the designated environment. Employers are required to make reasonable adjustments to any of their provisions, criteria or practices that place a disabled person at a particular disadvantage.
- 6.4.2 All requests for accessible information (other than those mentioned above), including the production of braille, audio and video devices should be discussed with the Equality and Diversity Team in the first instance who will advise further.
- 6.5 Patients/service users and staff should be made aware that the organisation has access to professional translation, interpretation and accessible information services. The provision of such services, together with supporting information and contact details are outlined in Appendix 1.

7 Training and Awareness

- 9.1 The Trusts are committed to ensuring this policy and its sentiment is communicated to all staff, patients, and visitors and that the provision of accessible information is made accessible to all.
- 9.2 Every effort will be made to provide relevant training for employees to promote this policy. Staff will be made aware of their responsibility at mandatory training. Continual communication through external and internal websites together with social media will be used to promote this policy.

8 Contact Details

- 12.1 **Internal Contacts:**
- Equality and Diversity Team
Tel: (01803) 656676
Email: pfd.sdhct@nhs.net

9 Monitoring, Audit and Review Procedures

- 10.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.
- 10.2 The purpose of monitoring is to enable the Trusts to assess how effectively this policy is being implemented.

15. Appendix 1 – List of Services

South Devon Healthcare NHS Foundation Trust (SDHFT)

Service	Provider	Contact	Method
Non-English Language	Language Line	0800 169 2879 Use Client ID: 269349	Telephone
Non-English Language	Multi-Lingua	01392 435385 07951 948038 (24 hours) info@multilinguadevon.co.uk	Face-to-Face/ Written
British Sign Language	Deafinite	01392 494922 bookings@deafiniteinterpreters.co.uk	Face-to-Face
		01202 045802 (for emergency appointments booked out of hours – 24/7 hr service)	
Easy Read	(see iCare/ Contact for list of internal experts)		Written
All other requests	Seek advice from the Equality and Diversity Team (01803 656607 pfd.sdhct@nhs.net)		

Torbay and Southern Devon Health and Care NHS Trust (TSDHCT)

Service	Provider	Contact	Method
Non-English Language	The Big Word	0800 757 3053	Telephone/ Written
Non-English Language	Multi-Lingua	01392 435385 07951 948038 (24 hours) info@multilinguadevon.co.uk	Face-to-Face
British Sign Language	Deafinite	01392 494922 bookings@deafiniteinterpreters.co.uk	Face-to-Face
		01202 045802 (for emergency appointments booked out of hours – 24/7 hr service)	
Easy Read	(see iCare/ Contact for list of internal experts)		Written
All other requests	Seek advice from the Equality and Diversity Team (01803 656607 pfd.sdhct@nhs.net)		

NB: Staff must not contact other agencies or individuals outside of these arrangements, as the Trust does not hold a contract with other providers and there is no agreement in place regarding confidentiality and indemnity.