

Title: Interpreting and Translation

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|--|--------------------------|------------------------|--|
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| Authors Name: | | | |
| Authors Job Title: | Systems Manager | | |
| Authors Division: | Patient Services | | |
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| Policy to be followed by (target staff): All staff | | | |
| To be read in conjunction with the following documents: | | | |
| CQC Fundamental standards: Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 17 – Good governance | | | |

Disclaimer – For clinical policies only

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the policy, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Policy Statement

This policy puts in place a framework for the provision of an interpreter’s service within Milton Keynes University Hospital NHS Foundation Trust to ensure it meets the statutory mandatory requirements of legislation and regulation as below:

The Trust is 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.

Regulatory and legislative requirements related to Patient Information

The Department of Health and Social Care (updated 2023) NHS Constitution describes the purpose, principles and values of the NHS and illustrates what staff, patients and the public can expect from the service. Since the Health Act came into force in January 2010, service providers and commissioners of NHS care have had a legal obligation to take the Constitution into account in all their decisions and actions.

This policy is underpinned by **CQC Regulation 9 Person Centred Care** and NICE guidelines CG138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services **including the associated legislation**.

The Patient Accessible Information Standards (DCB1605) was released in June 2015 and the Trust aims to implement this standard to ensure service user needs are identified, recorded flagged, shared and met, under the Health and Social Care Act 2012, by 31 July 2016.

Requirements of this standard are that Healthcare providers:

- Identification of needs
- Recording of needs
- Flagging of needs
- Sharing of needs
- Meeting of needs

Purpose and scope

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The purpose of this policy is to ensure measures are in place to support people (staff, service users, and their carers), with information and/or communication support needs relating to an impairment, disability and/or sensory loss, or for people for whom English is a second language. This includes other languages, 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.

The intention of this policy is:

- To meet legislative and regulatory requirements as identified in section 4 of this policy specifically Patient Accessible Information Standard, CQC Regulation 9 person centred care.
- To “make reasonable adjustment” in order to communicate appropriately to accommodate the needs of disabled people in line with the Equality Act (2010).
- To raise awareness of the provision of translation, interpretation and accessible information services.
- 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.
- To encourage recording of such requirements as stated in the Accessible Information Standards
- 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’.

All MKUHFT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them

Abbreviations used

MKUHFT – Milton Keynes University Hospital Foundation Trust

BSL – British Sign Language

CQC – Care Quality Commission

NICE – National Institute for Health and Care Excellence

Definitions

Interpreting is 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 signed and visual language. Interpreting can be face to face or via telephone/video.

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 audio.

Service User is defined as the person who uses the services within the Trust, for example a patient.

1.0 Roles and Responsibilities:

1.1 Chief Executive

The Trust is responsible for ensuring that there is access to a registered and qualified interpreter service. This is currently provided by independent organisations.

1.2 Director of Corporate Affairs

Accountable Executive Director responsible for overseeing the process for Interpreting and Translation Services for the Trust

1.3 Lead Managers and Lead Nurses

Lead Managers and Lead nurses are responsible for ensuring that staff are aware and implement this policy and for bringing any issues which may affect implementation to the attention of the policy lead (the Director of Nursing). It is important to note that we have reached agreement with the following organisations to provide interpreting services and other providers should not be used:

- AA Global Language Services Ltd – contract expiry 9th October 2027

1.4 Heads of Service/ Bleep Holders/Nominated Lead

Key point of contact for staff requesting access to Interpreting and Translation Services

1.5 Purchasing and Supplies Manager

Responsible for overseeing purchase and supply of Interpreting and Translating Services and monitoring associated charged costings and quality of service. People's language needs are constantly changing and for this reason, this policy will be regularly reviewed in line with trends on requests for interpreting recorded by the Trust's Purchasing and Supplies Department.

1.6 Communications Department/Compliance and Audit Manager/Library Services

Responsible for overseeing the Translation requests for patient information leaflets.
Responsible for maintaining the Trust intranet and internet pages where information is shared.

1.7 Information Governance Manager

Responsible for overseeing any external request for access to patient case notes and the security of the information.

1.8 Responsible referring clinician / Clinician in charge of care

Responsible for ensuring that staff acknowledge individual needs identified at referral and ensure the appropriate communication is made to arrange appointments and resource support for patient attendance.

1.9 Specific Departments

1.9.1 Outpatients Department

Is responsible for providing an interpreter for service users identified by General Practitioners or via other means and arranging for an appropriate interpreting solution to be available for an outpatient appointment. The department should follow the booking arrangements set out within this policy and complete a record within the patients notes of the language or dialect used.

1.9.2 Inpatient Department

The department should follow the booking arrangements set out within this policy and complete a record within the patients notes of the language or dialect used.

1.9.3 Emergency Department

The Emergency Department is responsible for being aware of the procedure for booking the emergency interpreting services via the emergency booking arrangements set out within this policy (Appendix 1).

1.10 All Staff

Staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to their Manager. They also need to:

- Recognise the Patient Accessible Information Standard requirements and that language needs exist
- Assess and make provision for individual needs in liaison with the service user
- Liaise with the interpreting service to arrange for an interpreter following the booking arrangements set out within this policy
- Accurately record within the service users notes the language or dialect used.

1.11 Interpreters

The interpreter is responsible for assisting in the interview, interpreting accurately; keeping all information obtained in the interpreting session confidential and explaining cultural differences where appropriate.

1.12 General Practitioners

The General Practitioners are responsible for notifying the Trust of an interpreting need prior to a planned admission.

2.0 Implementation and dissemination of document

This policy will be available on the Trust Documentation page of the Trust intranet and disseminated to all staff.

3.0 Processes and procedures

3.1 Why use an Interpreter?

Considering the need for an Interpreter

- When considering the need for an interpreter for people whose first language is not English or for deaf and hearing impaired people, it is important to remember the following points: -
 1. People have a right to communicate in the language of their choice. For deaf and hearing impaired people, this may include qualified sign language interpreters, lip speakers or note takers.
 2. Deaf people will need access to communication support whenever discussions are likely to be complex, lengthy and important.
 3. It is the hospital's responsibility to ensure that patients/clients and the public accessing services are able to express their needs, requirements, opinions and views using their preferred language.

3.1.1 Limitations to using translated materials

- People may not always be literate in their first language, so translation alone may not be enough. This is where illustration can be useful, or use of other information methods e.g. face to face contact through an Interpreter would be a better option. Evidence suggests that 'settled communities' develop their own language which may be localized from their mother tongue making a 'text book' translation of a document for them just as difficult to understand as an English one.
- Long and complex documents will take much longer to translate which may not be financially viable. It may be more sensible to provide contact information in other languages about local groups which can provide support where people can speak in their first language to understand the information being provided.
- In some situations, translations are less helpful than a face-to-face meeting through an interpreter.
- Evidence suggests that there is no guarantee that people will read a translated document especially if the subject matter is unfamiliar to them.

3.2 When should an Interpreter be used?

Ideally, the referring practitioner will have highlighted the need for language support and this need will be flagged and shared throughout the patient's pathway.

Service users should be made aware that an interpreter can be provided for their communication needs. The service user's verbal agreement should always be sought before an interpreter is used and their agreement documented in their notes. Staff must check that the service user has no objection to the particular interpreter they intend to use.

An interpreter should be used when:

- A patient does not understand any English
- When a patient may be able to speak some English but whilst under distress, their understanding becomes impaired
- When a patient has a sensory impairment (deaf/deaf-blind/blind) and requires specialist support
- When a patient has a learning difficulty impairment and requires specialist support
- When important clinical information is to be given or consent obtained.

3.3 Who are classified as interpreters/translators and who should not be used as an interpreter/translator

The Trust only uses authorised and appropriately trained interpreters. They all follow a code of practice which includes the requirement that information is kept confidential. The external interpreting service offers in excess of forty languages and dialects to meet the needs of service users.

3.3.1 Children should not be used as interpreters

It is not appropriate for children to interpret sensitive or difficult information and the Trust has taken a decision not to allow this practice. If the nature of information to be interpreted is difficult or/and sensitive, please refer the matter in the first instance to the Duty Hospital Manager who will take further advice and manage the individual situation.

- Their understanding and interpreting ability cannot be guaranteed
- They may miss school
- Parents may not feel able to speak freely through a child
- The practice can cause long-term damage to the family relationships
- Staff should only ask a child for basic information in a case of emergency.

3.3.2 Spouses/partners, relatives, carers and friends should not be used as interpreters: -

- They may have their own agenda
- The service user may or may not feel able to speak freely
- The untrained interpreter may add or omit information
- They may have difficulty with medical terminology
- They often have great difficulty in giving bad news

3.3.3 Staff members

Staff members who are not registered with an accredited interpretation provider may be used to identify language or help communicate basic information e.g. ward routine, menu choice etc but this must be with the consent of the patient.

Clinical information, medical terminology or decision-making about clinical care should always be done through the authorised interpreting services, the only exception is in an emergency. Registered medical, nursing and Allied Health Professional staff may interpret on medical matters if they are fluent in the language concerned. Consideration will be given within reason on gender of

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the interpreter and permission from the patient will be sought. The preference is always to use an accredited interpreter/ service

All of the above could lead to a detrimental outcome with the interpretation received by the patient/client and hence affect understanding and decision making which could impact on that person's care. This detrimental outcome could leave the Trust liable to litigation.

The Trust uses accredited services who provide insured, trained Interpreters and translators familiar with health information and insured in their activities so there is protection to both the Trust and its patients.

3.4 Meeting individual needs

All Trust patient information should be written in an easy read format, to make it easier for all patients to understand.

It is a **legal requirement** under the Patient Accessible Information Standard requirements that people with visual and/or other sensory disabilities or learning disabilities might need alternative formats and styles of information. If interpreting or translation is required this should be clearly recorded in patients' notes for flagging, sharing and meeting Individual needs.

3.4.2 People who are deaf/have a hearing loss

- May require support from staff to communicate, including to lip read
- Access to a loop system (for hearing aid users)
- A British Sign Language (BSL) interpreter
- To contact services via email or text message (as an alternative to telephone)

3.4.3 People who are blind or have visual loss

People who are blind or have visual loss may need:

- Information in large print, braille or audio format
- Information via email (to enable use of assistive technology such as a 'screen reader' which converts text to speech)
- To communicate, be contacted by and receive information via email, text message or telephone (as alternatives to written correspondence)

3.4.4 People who may be deaf/blind

People who are deaf/blind have a combination of sight and hearing loss, meaning that their needs are often highly individual. They may need the support of a deaf blind manual interpreter and information in braille, via email or in an audio format.

3.4.5 People with a learning disability

Everyone with a learning disability is likely to need some support to access services and communicate effectively, however, the level and type of support needed by individuals will vary significantly.

People with a learning disability may need information in an 'easy read' format, explained more simply, or using Makaton or presented in a more visual way (for example using pictures or video). They may use a communication tool or aid and/or have a communication passport. Some people with learning disabilities may need support from an advocate at appointments.

3.4.6 Languages

There is **no legal reason** for all materials to be translated into another language (Ministry of Housing, Communities & Local Government and The Rt Hon Lord Pickles (2013) Translation into foreign languages)

The top languages used in Milton Keynes in the 2021 Census were: Romanian, Polish, Tamil, Urdu, Spanish, Lithuanian, Telugu, Portuguese, Gujarati and Italian.

3.5 Role of the Interpreter

Interpreters are professionally trained staff. The actual act of interpreting is 'neutral'.

AA Global Language Service Ltd. ensures that the Interpreter has a full understanding of the situation and the extent to which the staff member wishes the interpreter to act as a cultural adviser and that the patient's/Client's linguistic, cultural, religious and life-style needs have been respected and met.

AA Global Language Service Ltd ensures that every Interpreter has undergone police checks and works to a Code of Conduct covering confidentiality, impartiality and conflict of interest. They provide insurance cover for all Interpreters quality of work.

3.6 How do I book an Interpreter /Sign Language expert/Lip speaker or note taker (see Appendix 1)

For Arranged Outpatients Appointments

It is the responsibility of MKUHFT to ensure that where there is a need for an Interpreter /Sign Language expert/Lip speaker or note taker this service is booked. This includes a patient's first appointment to our services. Since April 2008, General Practitioners have been asked to advise the Trust upon referral of a patient of any Interpreting requirements. All appointment letters from the Trust should include information on how a patient can let the Trust know if they require an interpreter in advance of their appointment. Any authorized member of staff can access the Trust's approved resource for Interpreting and Translation Services, AA Global Language Services Ltd.

In-patient Services

It is the responsibility of the Trust to ensure that where there is a need for an Interpreter /Sign Language expert/Lip speaker or note taker this service is booked. Any authorised member of staff can access the Trust's approved resource (AA Global Language Service Ltd.) by following the flow-chart in (Appendix 1.) Please check within your department who is the person nominated to process these requests.

***Please note that due to the shortage nationally of British Sign Language Interpreters we ask that you give as much time as possible in advance of a patient's appointment for bookings. If the patient requires a second appointment, we advise that this is arranged with the interpreter at the end of the first appointment session.**

3.7 Role of staff member during an Interpreting session

It is important that the staff member sets the scene for a successful meeting. At the pre-briefing session, the member of staff should:

- Provide background information on subject to be discussed.
- Indicate length of time proposed for the interview (should be twice as long as you would normally allow a discussion without an interpreter).
- Agree positioning of chairs within the room – the member of staff and patient should be seated directly facing one another. The Interpreter should be situated equal distance from both parties and out of their direct eye-line.

At the session, the staff member should: -

- Speak in clear, short sentences with pauses in between for the interpreter to interpret what is being said.
- Avoid jargon, abbreviations and specialist terminology wherever possible, letting the interpreter interrupt you if they need to clarify something.
- Be aware that the patient when speaking, may not leave pauses for the Interpreter to speak. In this circumstance the interpreter will switch to simultaneous interpreting. This may result in a slight loss of accuracy.
- Behave as you would if you shared the same language recognizing and respecting the individual's background.
- At the end of the interview, ensure the patient has understood everything that has been said. Summarize what has been decided and explain the next practical steps to be taken – when, where and how? Allow the patient to ask questions.
- Keep control of the interview yourself. Remember the role of the Interpreter.
- **Record the Patient's Communication needs in the nursing and medical notes.**
- **Record in patient's medical and nursing notes that an interview has taken place with the use of an Interpreter.**

3.8 If a patient refuses to use an Interpreter

Unfortunately, there may be patients who simply refuse to use an interpreter but, instead, wish to rely upon a spouse, child, member of the family or friend. The Trust cannot enforce a person to use an accredited interpreter, but the frontline member of staff dealing with the situation will need to **record accurately in the patient's notes** that the above **risks** for not using an accredited interpreter were explained and that the patient decision was not to follow the Trust's recommendations.

4.0 Procedure for requesting Translation services

4.1 What to translate?

4.1.1 Patient Information Leaflets

In line with the guidance published by Communities and Local Government Publications, the Trust aims to translate information which will be of most value and relevance to people. The Trust will therefore follow the guidance outlined within this document.

Uptake for support with these documents will be monitored and key information will be translated if considered a financially beneficial option instead of the face-to-face Interpreting Service. If you believe there is a need to translate a particular patient information leaflet, please contact in the first instance the Communications team or library who will discuss the options with you in more detail. Be aware that patient information leaflets are available on the trust Internet site which can be translated into more than 90 languages.

4.1.2 Patient Case Notes/Medical Records

The Trust has requests for contents of patient case notes/medical records to be translated and information relayed to a hospital in a different country. Request for Translation of information should be in the first instance raised with the **Divisional Bleep holder** who will liaise with the Trust's **Information Governance Manager** on a decision on the individual situation.

4.1.3 Larger Documents e.g. Policies etc.

The **decision to translate** a larger Trust document such as a Policy, Procedure etc. will be made on the basis of an Impact Assessment and with due consideration of section 3.1.1. Requests in the first instance should be directed to the Director of Corporate Affairs, Oak House.

4.2 Arranging for Translation Services

This service can be accessed by any authorised member of staff working on behalf of MKUHFT. Please follow the Booking Procedure (Appendix 1).

5.0 Finance

The **Patient Access** team have a central budget code for Interpreting and Translation expenditure. All interpreting and translation requests for the trust are directed to this team and would require approval if the charges quoted for the request are different to the agreed pricing due to various factors. Please contact the Patient Access team as per details below for further information on this if required.

- Nicola Jones (Patient Services Manager) -Nicola.Jones@mkuh.nhs.uk
- Tasmane Thorp (Deputy Operations Manager)-Tasmane.Thorp@mkuh.nhs.uk
- Namrata Kothari (Systems Manager)- Namrata.Kothari@mkuh.nhs.uk

References

- Department of Health & Social Care (updated 2023) NHS Constitution NHSE - The Accessible Information Standard
- Equality Act (2010)

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6.0 Governance

6.1 Document review history

| Version number | Review date | Reviewed by | Changes made |
|----------------|--------------|-------------|--------------|
| 1.0 | January 2019 | | NEW DOC |
| 2.0 | June 2023 | | |
| | | | |

6.2 Consultation History

| Stakeholders Name/Board | Area of Expertise | Date Sent | Date Received | Comments | Endorsed Yes/No |
|-------------------------|--------------------|-----------|---------------|---|-----------------|
| | Outpatient s | 31.01.19 | 31.01.19 | Changes made to process | Yes |
| | Outpatient s | 31.01.19 | 31.01.19 | Changes made to document and responsibilities | Yes |
| | Patient Access | 12.02.19 | | No comments received | |
| | Admission s | 12.02.19 | | No comments received | |
| | Procurement | 12.02.19 | | No comments received | |
| | Patient Experience | 12.02.19 | | No comments received | |

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| | Operations | 12.02.19 | | No comments received | |
| | Library and E-Learning Services Manager | | 09.04.19 | Referencing and legal updates | Yes |
| All service managers | Individual clinical specialties | 22/6/23 | 30/6/23 | Spelling error and booking link in appendix | Yes |
| | | | | | |

6.3 Audit and monitoring

| Audit/Monitoring Criteria | Tool | Audit Lead | Frequency of Audit | Responsible Committee/Board |
|--|----------------------|------------|--------------------|---------------------------------|
| Provision of interpreting and translation service requests | Provider KPI reports | | Monthly | Patient Access managers meeting |
| | | | | |
| | | | | |

6.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

| Equality Impact Assessment | | | |
|---|------------------|---------------------|------------------|
| Division | Patient Services | Department | Patient Services |
| Person completing the EqIA | | Contact No. | 01908995160 |
| Others involved: | | Date of assessment: | 6/7/2023 |
| Existing policy/service | | New policy/service | Yes |
| Will patients, carers, the public or staff be affected by the policy/service? | | Yes | |
| If staff, how many/which groups will be effected? | | All groups affected | |
| Protected characteristic | Any impact? | Comments | |
| Age | NO | | |
| Disability | NO | | |
| Gender reassignment | NO | | |
| Marriage and civil partnership | NO | | |

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| | | |
|--|--|--|
| Pregnancy and maternity | NO | |
| Race | NO | |
| Religion or belief | NO | |
| Sex | NO | |
| Sexual orientation | NO | |
| | | |
| What consultation method(s) have you carried out? | Email various departments for review and feedback | |
| How are the changes/amendments to the policies/services communicated? | Distribution of amended document to all teams | |
| Review date of EqIA | 1/7/2025 | |

Checklist for policy and guidelines documentation

By submitting a document for review/approval you are confirming that the document has been checked against the [checklist](#) below to ensure it meets the Trust standards for producing Trust Documentation (for support please contact your Governance Facilitator/Patient Safety Lead.

| Check | Tick |
|---|--------------------------|
| Latest template | <input type="checkbox"/> |
| Fonts should be Arial 14 for headers 12 for main body | <input type="checkbox"/> |
| Clear Title and replace with document title Font Arial 22 | <input type="checkbox"/> |
| Authors Job title: | <input type="checkbox"/> |
| Authors Division: | <input type="checkbox"/> |
| Department/Groups this document applies to: | <input type="checkbox"/> |
| Date of approval: | <input type="checkbox"/> |
| Review date: | <input type="checkbox"/> |
| Approval Group/approved by (according to policy requirements): | <input type="checkbox"/> |
| Last review date: | <input type="checkbox"/> |
| Unique Identifier: if known (new documents will be assigned at publication) | <input type="checkbox"/> |
| Status: Approved | <input type="checkbox"/> |
| Version numbers are the same throughout document | <input type="checkbox"/> |
| Scope: Who will use this document? | <input type="checkbox"/> |
| To be read in conjunction with the following documents: | <input type="checkbox"/> |
| Latest CQC fundamental standards referenced: Trust intranet page with fundamental standards | <input type="checkbox"/> |
| Footers completed to match main page : (on all pages) | <input type="checkbox"/> |
| References are updated (contact the library (Jayne Plant 3077) for help if required) | <input type="checkbox"/> |
| Consultation history includes key stakeholders required to embed document. Pharmacy are consulted if the document contains medication | <input type="checkbox"/> |
| Audit and monitoring criteria is completed and clear (where possible reference the relevant section of the policy) | <input type="checkbox"/> |
| Include full & correct consultation history | <input type="checkbox"/> |
| Dissemination should be clear | <input type="checkbox"/> |
| Check relevant hyperlinks work | <input type="checkbox"/> |

| | | | |
|---------------------------|------------------|-----------------|-------------|
| Completed by name: | Position: | Division | Date |
|---------------------------|------------------|-----------------|-------------|

Appendix 1: Booking Procedure Flowchart



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