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Title: Interpreting and Translation Procedure

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Overarching policy: [Interpreting and Translation Policy](#)

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1 Introduction

This procedure should be used by Trust staff for the purposes of booking and working with interpreting, translation service providers.

Following this procedure will help the Trust to:-

- Ensure everyone gets fair and equal access to Trust services
- Ensure that Trust staff can communicate effectively with patients and their carers
- Ensures the Trust meets its responsibilities under The Human Rights Act 1998 and The Equality Act 2010
- Minimise the risk of complaint and litigation against the Trust

This procedure describes what you need to do to implement the Interpreting and Translation Policy.

This procedure supports OJTC as set out in the overarching [Interpreting and Translation Policy](#).

2 Purpose

Following this procedure will help the Trust to:-

- Diagnose, assess and provide care and treatment to patients, staff must be able to communicate effectively and understand both what a patient says and how any words are said and communicated. A staff member who cannot understand the patient is unable to provide care in the same way and of the same standard than if the service user communicated using English. The patient would receive a poorer service.
- Meet the healthcare needs of patients and their carers. By doing this, the Trust complies with relevant legislation. By ensuring that Trust staff can communicate effectively with patients increases the opportunity for and likelihood of recovery.
- Ensure that Trust staff are able to fully acknowledge the importance of, and provide access to, a professional translation, interpretation or British Sign Language (BSL) interpreting service once a need has been identified for the patient and/or their carer.
- Meet the requirements of the Equality Act 2010, the Human Rights Act 1998, CQC standards

3 Who this procedure applies to

- All Trust staff

4 Related documents

This procedure describes what you need to do to implement the Interpreting and Translation policy



The [Interpreting and Translation Policy](#) defines the processes for booking and working with an interpreter which you must read, understand and be trained in before carrying out the procedures described in this document.

5 Working with Interpreters and Translators

5.1 Assessing Need

A language/ communication needs assessment should be carried out prior to the first appointment. However, this might not always be possible. If this is the case it should be done on initial assessment and should include carer or family members. The need for an interpreter may become clear when the first meeting takes place. Confirmation about which language a person speaks and reads (this could be different) should be taken from the referral source as well. However, this may not be possible in emergency situations. Some patients, families and carers, while they speak a certain amount of English, may prefer to have an interpreter present during appointments and admissions. This is to ensure that they understand everything about what is being discussed; sometimes families and carers are not aware that they can have access to an interpreter; staff should inform them about the availability of this service. Although a patient, carer or family member may speak a certain amount of English, at times of stress or distress they may have a reduced understanding or ability to express themselves using English language and an interpretation provision must be made.

If the choice of the patient is to use a family member or carer, for the interpretation of day-to-day issues only (please note this does not include clinical interventions). It is the responsibility of the staff member to make a decision, based upon a risk assessment, to rely upon family members to accurately interpret the conversation from the patient.

If there is any concern at any stage that the patient and family are not able to communicate about their needs, then a professional interpreter should be booked.

Staff should be aware that in some cases cultural perspectives on mental health and stigma may prevent a patient from openly discussing their mental health needs in front of a carer or family member.



Day to day issues include: Asking about food, asking if the patient would like something to read etc. An interpreter must always be booked for Clinically Significant Events.

Staff that have concerns about 'day to day issues' being interpreted by a family member or carer can consider using the telephone or video interpreting if they are in any doubt as to what the patients' needs are, consideration could also be given to the use of video interpreting if the patients' health is such that a telephone interpreter is unsuitable, staff should use face to face interpreting services to ensure that patients' needs are met.

Staff should refer to the best practice guidelines (appendix 1) and ensure that confidentiality is not compromised, vital information is not censored, and internal family dynamics are not jeopardised.

Information can be translated in a variety of different languages and formats including large type, brail and audio depending upon the communication need. Communication needs should be assessed alongside language needs and the appropriate translator/service should be arranged. People with disabilities include: the deaf and hard of hearing, the blind and sight impaired, and patients with speech problems.

5.2 Assessment and Review

Patients that speak a language other than English or communicate using BSL should have **daily access** to an interpreter. **It is the responsibility of staff to make sure that the patient does not feel isolated and uninformed during their care.** The patient will have a **better experience and opportunity for recovery** if they are **fully engaged** and **involved** throughout their care

An interpreter should be available during initial assessment and at all subsequent reviews. Staff will ensure that sufficient time will be set aside for these meetings. It is good practice to ask the patient if they would like to rebook the same interpreter. You may feel that there has been a positive outcome and rapport between the interpreter, the patient or their carer from any previous interpreting sessions.

It is also good practice to identify the need to book a different interpreter especially if the patient identifies that need or you feel that the interpreter and the patient have not gelled. Staff should also be aware of the importance of putting individuals at ease, utilising an interpreter who is familiar to the patient or carer may provide added reassurance and help reduce any anxieties they may have.

If a member of staff feels it would make a positive and therapeutic difference to use the same interpreter on more than one occasion then it is advisable where possible, to ask the patient if this is what they would like to do.

When considering rebooking an interpreter staff will need to consider that this is done promptly in order to secure a preferred interpreter. The interpreter will need as much prior notice as possible. All bookings should be made through the officially designated contact points by telephone



Under no circumstances should the patient become the interpreter for their family or their carer

5.3 Care Planning and interventions

An interpreter should be present when the care plan is drawn up. Patients have a right to be involved in the compilation of their plan (Autonomy and informed choices about their care). Unless this is undertaken in a language that they understand, their care plan is unlikely to contribute to effective care and treatment.

The care plan should take account of language and communication needs of the patient, including arrangements by which interventions will be delivered. This should include an indication of when an interpreter is required to be present. In particular, an interpreter should be available at the introduction of new interventions and at all clinically significant events.

5.4 Interpreting for a Carer

If a carer is present at any meeting at the patients request, and that carer's first/preferred language is not English, then an interpreter should be provided. This provision should be made regardless of whether the patient's preferred language is English.

Full details of interpreting service providers can be found by on the Equality Diversity Inclusion and Human Rights Intranet page <https://intranet.tevv.nhs.uk/equality-and-diversity/>

Staff should contact the Equality Diversity Inclusion & Human Rights Team if they need assistance or advice if an interpreter is unavailable **0191 3336267**

5.5 Considerations when booking an interpreter

Trust staff must only use the Trusts contracted interpreting provider. Further information can be found on the intranet. If a member of staff is finding it difficult to access a language, meet patient need, unable to access links to information on the intranet or there are other issues with the Trusts interpreting and translation services. They must contact the Equality Diversity Inclusion & Human Rights Team in the first instance on **0191 3336267** to discuss what other options are available. Trust Staff are responsible for making all bookings. The details of how to book can be found by on the Equality Diversity Inclusion and Human Rights Intranet page <https://intranet.tevv.nhs.uk/equality-and-diversity/>

Staff will also be required to complete the Trust form: 'Interpreting services quality audit and evaluation questionnaire', which is an audit questionnaire that enables the Trust to monitor the quality of the interpreting service.

Staff must make sure that they book interpreting services as *far in advance as possible. Always allow sufficient time (usually double) for the appointment as a meeting involving an

interpreter takes longer due to the additional communication. Ensure that the meeting finishes on time as it is likely that the interpreter will have another appointment to go to.

*** If you need an interpreter very urgently (the same day) then follow the same procedure as booking a planned appointment but informing the interpretation and Translation service that it is an urgent appointment.**



When booking interpreting and translation services staff must not divulge the patient's users name to the interpreting provider. If you need further advice please contact the EDIHR Team

5.6 Choosing and interpreter – Trust Staff Considerations

Family members including children, acquaintances and non-clinical staff **must not** be asked to act as interpreters at clinically significant events or called upon as ad hoc interpreters.

Although it is recognised that family members and friends are often readily available, to help with everyday matters, provide transport, and do not require payment. It is important to be aware that family members/carers may lack appropriate language skills and knowledge of medical terminology. This can lead to significant errors in communication, confidentiality can be compromised, vital clinically significant information may be censored and internal family dynamics jeopardized.

Using neighbours, friends or relatives to interpret means an unbiased, independent interpretation cannot be ensured. The patient may be inhibited or embarrassed to speak frankly in front of their carers and relatives. Professional interpreters are provided with training in interpreting skills and the importance of maintaining confidentiality and neutrality.

Children under the age of 18 years must not be asked to interpret on behalf of family members even if it is just for day-to-day issues. Asking children to interpret is unacceptable. Using children may stop them from attending school, could change the relationship between children and parents and could also have an adverse effect on the mental well-being of the child.

Staff should seek assurance from the interpreter and translation provider to ensure that they can be flexible enough to accommodate appointments running late and can be available at short notice if necessary.

5.7 Considerations for 'Face to Face' interpreting

It is best practice to ensure the interpreter has a good understanding of the situation and has as much information as possible before the meeting, this helps the interpreter mentally prepare for the session.

When booking an interpreter staff should build in adequate briefing time. This should be reflected in the amount of time given to the whole session. If briefing time is not planned into the session as a whole, it is likely that the interpreter will have to leave to go to their next appointment.

Once the services of an interpreter have been arranged, it is important to build up a good working relationship with them.

5.8 Interpreter briefing – Preparation for the meeting

Prior to the interpreting session taking place, it is essential that a ten to fifteen minute briefing takes place, this should include:



Interpreters should not be accessing the patient's home unless they are accompanied by a member of staff at all times.

- The name of the person requiring their services so the interpreter can declare if they are known to them. They may also be able to give advice on the pronunciation of the patient's name
- If the interpreter states that the patient is known to them it may be necessary to consider using a different interpreter, the patient, family or carer may have concerns about confidentiality. Staff should seek feedback from the patient, family or carers if they have any concerns about the interpreter being used
- Full details of when, where and to whom they must report on arrival, and whether they are required to convey similar details to the person(s) requiring their services
- The respective roles of the people involved in the meeting
- Any relevant background information, including foreseeable problems or conflicts
- The actual purpose of the meeting; that is what information is required from the patient and what information has to be conveyed to them
- Details of any confidentiality issues
- Details of any technical terms or specialist vocabulary that may be used
- Remind the interpreter that their notes will be disposed of (by staff) at the end of the appointment
- Ensure the interpreter is able and willing to assist in the appointment and understands its purpose. The patient or carer should be informed about the role and purpose of the interpreter assuring complete confidentiality with any information that is discussed
- Clarify the respective roles and expectations and the necessity of not only a word for word translation of replies, but also how it is said (such comments may need to be shared by the interpreter once the interview is ended)
- Discuss any special concepts or terminology to be used in the interview. Ask the interpreter if they have any suggestions to make on protocol or social observance that may assist in the course of the interview

5.9 During the meeting

- Allow time to organise the seating and make introductions. The interpreter will also need some time to introduce themselves to the client
- Use straightforward language as far as possible, speaking directly to the patient

- Check that the interpreter understands the meaning of what you are saying and that the patient has understood correctly
- Allow sufficient time in between sentences so that the interpreter has the opportunity to interrupt if necessary for clarification
- Be alert to non-verbal communication

Consider:

- The responsibility for the interview is that of the health care professional
- The pressures on the interpreter, allow them enough time
- The pressures on the patient, allow them time to express themselves
- The meeting will be and feel lengthier and may be quite tiring because of the extra communication

5.10 When an interpreter is present during a meeting, it is important to remember the following points:

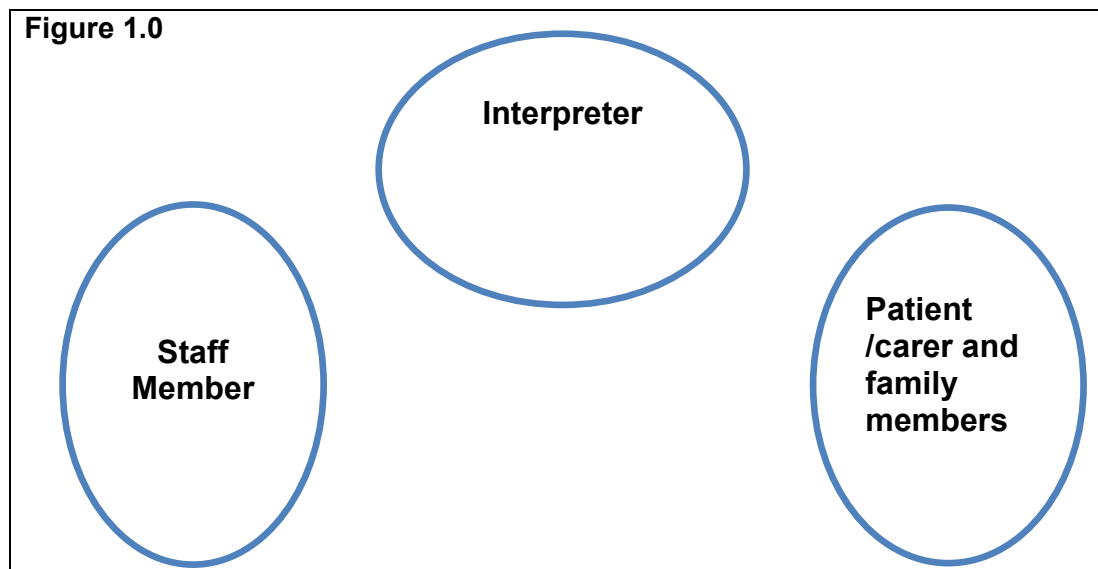
- Expect the meeting to take much longer than usual. The interpretation process and cultural differences must be accommodated
- The interpreter may need to clarify what is said, comment on the patient's reaction to or understanding of what they are told, and identify and resolve cultural differences
- It is likely that the patient will view this meeting as an opportunity to ask lots of questions that they have previously been unable to ask. It may even be necessary to take a short break if the meeting is very long
- Ensure that the interview will not be disturbed. All parties need to concentrate, particularly the interpreter
- Establish for the understanding of everyone, the names and roles of all those who are present
- Explain that the interpreter is there to give a full and unbiased interpretation of everything that is said by those present, and will respect full confidentiality
- Ensure that any notes that are made to assist their work are destroyed at the end of the meeting to preserve confidentiality
- Address the patient directly as would occur without the presence of an interpreter, rather than asking the interpreter to address them for you
- If the interpreter identifies cultural differences, discuss them with the patient so that it is their view and not that of the interpreter that you establish

The staff member should sit facing the patient and direct questions at them, not to the interpreter, who should be seated to one side, halfway between the patient and staff

member. In this way, the interpreter should be perceived as impartial, and their presence may eventually be forgotten. See *Fig.1.0*



Children under the age of 18 years old should never be asked to interpret for anyone. This includes patients, carers and family members



- Avoid speaking too quickly and using incomplete sentences. Do not be offended if the interpreter picks up on this – it is a very common habit! In fact, working with an interpreter may help to improve communication skills in general.

5.11 Interpreter debriefing – After the meeting

- It is useful to have a debriefing session, during which the interpreter may be able to give additional feedback. There will also be the chance to clarify any aspects of respective roles in order to improve performance in future meetings. The interpreter may ask that a time sheet is signed in respect of their services
- Discussion about the interview with the interpreter may be needed as they may wish to say things that could not be said during the interview
- There may be a need to check that your understanding of non-verbal communication is correct, you may wish to discuss this with the interpreter
- If there has been good rapport established, staff should consider using the same interpreter for the patient/carer in follow up meetings enabling the patient / carer to get to know and trust the interpreter
- Collect and dispose of interpreter notes in the confidential waste bins provided



Staff must always ensure interpreter briefings take place in an appropriate location away from public earshot. Staff should never discuss patient or carer's interpretation needs or any other aspect of their care in public places where they are likely to be overheard.

5.12 Non-written Patient Consent

One reason for working with an interpreter is to seek consent from a patient who speaks a language without a written version. Non-written patient consent has validity issues, and the following points must be considered:

- It is vital that the patient fully understands what they are being asked to do, and all the issues pertaining to the consent
- The patient understands what they have agreed to; this must be checked by reiteration
- Their decision must be recorded fully in writing
- The act of giving non written consent must be formally witnessed

5.13 Telephone Interpreting – Access and Use

Telephone interpretations have limitations within a mental health setting. It should be used in cases of emergency when a professional face to face interpreter cannot be booked to attend within a reasonable time given the acuity of the patient or to clarify the day to day needs of the patient. It should also be used when access to a specific language is only available via telephone interpretation consideration could also be given to the use of video interpreting in these circumstances

During the telephone call, carry out the call as if the person could speak English. Remember that the interpreter is not there as a participant, but as a 'communication tool'. Pause after every sentence to allow the interpreter to finish speaking. Check that the patient understands each point before moving on to the next. After the telephone call, document that telephone interpreting has been used within the patient's clinical records.

5.14 Payment of Translation and Interpretation Services

Any person making a booking for either telephone, video or face to face interpreting must have their team cost code to make a booking. This enables the Trust to monitor, audit and analyse the usage and cost of face to face, video and telephone interpreters across each service and for the trust as a whole. Invoices are paid centrally and regular audits are carried out by the finance department to ensure costs are allocated correctly

5.15 Written Translations

Written information may not always be the best way of getting information across to non-English speaking patients, carers or family members. It should be ascertained which language the patient reads before ordering a translation as this can be different to the language that is spoken.

Offer the document in English so that the patient can choose to have it translated by a professional translator.

Staff will need to consider alternative methods of giving information especially when it is established that a person may have difficulty reading.



When booking an interpreter consider the time needed to brief and debrief each session before you book an appointment as it is vital to ensure a good service is provided.

A Translator can be asked to convert a written document onto a CD where the information is spoken. This type of information is very useful, especially for people who cannot read.

5.16 Translated Appointment Letters

A selection of translated appointment letters for adults and children can be found by accessing the Equality Diversity Inclusion and Human Rights Intranet page <https://intranet.tewv.nhs.uk/equality-and-diversity/>. The letters are available in 25 different languages. If the information is not available via links on the intranet page, contact the EDIHR Team for assistance tewv.eandd@nhs.net

5.17 Befriending and Advocacy Services

An interpretation service may need to be extended beyond clinically significant meetings especially on in-patient units when day to day communication needs need to be met. On in-patient wards the inclusion of befriending and advocacy services with access to relevant languages, can be used for patient's day to day needs. **The Advocacy service provider should provide interpreters on these occasions as they are commissioned to provide an independent service**

5.18 The Use of Staff as Interpreters

The cost of using professional interpreters is often cited as a barrier to using these services: what often is not examined is the cost of using untrained or ad hoc interpreters (family, friends, and other patients).

Potential liability costs, the cost of public bodies failing to meet the duties of The Equality Act 2010, the cost of poorer health care due to inadequate communications, and undesired health outcomes may be more expensive than providing well-trained interpreters.

In some instances, and before an interpreter has arrived it may be possible to use Trust staff in basic care and emergency situations only to interpret. Trust staff must not be asked to translate any complex terminology.

It is acknowledged and recognised that some staff have a fluent language skill other than English. Clinical staff may choose to use these language skills to communicate with a patient and their family/carers that have the same dialect and language. Clinical staff who use language skills other than English to communicate are a valuable asset to the therapeutic relationship.

Further to this, Trust staff who have knowledge and experience surrounding mental health care and should be supported to use their language skills when communicating with patients, carers and families during day to day events.

6 Terms and definitions

Term	Definition
Translation	<p>Translation is the written conversion of one language to another. Languages are complex and translation is very rarely word for word. Some meanings are intrinsic to the language, whereas other meanings have to be captured and expressed using linguistic devices. A translation is therefore an individual's view of the meaning of the source text. Any worthwhile translation should be written specifically for a target audience to ensure it is meaningful to the reader</p>
Interpretation	<p>The term 'interpretation' emphasises the exchange of connotative meaning between languages so that both affect and meaning are conveyed. The interpreter is someone who translates what has been said by one person into another person's language or dialect into a form – a second language – which is readily understood by another person. This should be to facilitate communication between two people or groups of people. Interpreters interact directly with the different parties involved. It is clearly a much quicker and less scrutinised process than translation, and it is therefore essential to have an experienced, impartial and totally trustworthy interpreter.</p> <p>There are two types of interpreting – simultaneous, where the interpreter speaks while the foreign-language speaker is talking, and consecutive, where the interpreter waits for appropriate pauses before speaking. Interpreters tend to specialise in one type, but some are able to do both.</p> <p>Simultaneous interpreting is often whispered and is particularly useful during a lengthy speech that is best not interrupted. A conversation or interview is usually best served by consecutive interpretation.</p>
British Sign Language Interpretation (BSL)	<p>British Sign Language (BSL) is an unspoken language and has evolved wherever communities of deaf people have come together. Each country has its own sign language, just the same as with spoken languages. There are other non-BSL forms of sign language which include Cued Speech, Paget-Gorman Sign</p>

	<p>System, Signed English and Sign Supported English. These may include the use of speech. These forms do not represent the natural language of deaf people and are usually used in training and education settings.</p> <p>BSL is the first or preferred language of nearly 70,000 deaf people in the United Kingdom, and is our fourth indigenous language. The Government recognised BSL as a language, in its own right, on 25th March 2003. (Many thousands of hearing people also use it.) BSL is not based on English. Its signs do not match each English word and it has its own grammatical structure. It is a very visual language which is constantly developing and changing, as does every living language.</p>
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7 How this procedure will be implemented

- This policy will be published on the Trust’s intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Information and regular updates will be published on the Trust Intranet, E-Bulletin and the Equality and Diversity pages.
- Information on how to contact interpreting and translation services will be made available on posters which will be displayed in all clinical areas.
- The Equality Diversity inclusion & Human Rights Team will provide advice, support and guidance to Trust staff when necessary.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
N/ A			

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Currently Trust usage to ensure it meets the required standards	<p>EDIHR team receive weekly interpretation and translation usage from the provider and data will be reviewed at the EDIHR Steering Group.</p> <p>-Quarterly audits will be carried out across the Trust to ensure that services are adhering to the policy.</p> <p>-EDIHR team will carry out an annual communications campaign to ensure staff are aware of the policy.</p> <p>-The policy will be referenced at the Trust and local induction for new staff.</p>	EDIHR Steering Group on a quarterly basis

9 References

- [The Equality Act 2010 - Public Sector Equality Duty](#)
- [The Human Rights Act 1998](#)
- [The Care Quality Commission - Essential Standards of Quality and Safety](#)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	18 November 2025
Next review date	18 November 2028
This document replaces	Interpreting and Translation Procedure CORP-0038-001-v1.3
This document was approved by	People and Culture Policy Working Group
This document was approved	31 October 2025
This document was ratified by	Joint Consultative Committee
This document was ratified	18 November 2025
An equality analysis was completed on this policy on	28 October 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1.3	14 Dec 2022	Full review with minor changes: - <ul style="list-style-type: none"> • to names and job titles, • formatted into new template. 	Withdrawn
v1.4	18 Nov 2025	Full review with minor changes: - <ul style="list-style-type: none"> - References to the terminology 'service user' were updated to 'patient' - (Page 12) change made to the sentence 'Clinical staff who use language skills other than English to communicate are a valuable asset to the therapeutic relationship and this would also help to maintain confidentiality'. Removal of ... 'and this would also help to maintain confidentiality' was removed to enhance clarity of the sentence. - (Page 13) The sentence 'Please note, during clinically significant events it is expected that staff must be fluent in the service user's language before trying to communicate with them without the support and expertise of a professional interpreter. There is a risk that vital information could be missed or misinterpreted by the staff member' was removed as it could be interpreted as contradictory to what is being said in the rest of the procedure. - (Page 15) Section 8 - Change to method used from 'The EDIHR Team weekly review' 'EDIHR team receive weekly interpretation and translation usage from the provider'. - References to 'Attend Anywhere' were changed to 'video interpreting'. - References to Interpreter and Translation 'Guidance' were changed to 'Procedure'. - Contact details, job titles, names, job roles and address of service changes. 	Approved

Appendix 1 - Equality Analysis Screening Form – PLEASE UPDATE TO CURENT VERSION

Please note: [The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet](#)

Section 1	Scope
Name of service area/directorate/department	Equality Diversity Inclusion and Human Rights Team – People and Culture Directorate
Title	Interpreting & Translation Procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	The aim of the policy and procedure is to give Trust staff clear instruction on when to book an interpreter or translator to support service users and their carers to access Trust services in the same way as people who speak English, are not deaf or can read.
Start date of Equality Analysis Screening	7 October 2025
End date of Equality Analysis Screening	28 October 2025

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The policy and procedure positively benefit patients and their carers who use a language other than English, people who are deaf and deafened and communicate using British Sign Language and people who cannot read who may need support via the usage of CD, DVD or translated documents/leaflets which enables all patients and carers to have fair and equitable access to Trust services

<p>Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding and women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO
<p>Describe any negative impacts / Human Rights Implications</p>	
<p>Describe any positive impacts / Human Rights Implications</p>	<p>This policy will benefit the mental health and wellbeing of all protected groups, particularly people of different ethnicities and/or certain types of disabilities such hearing loss.</p>

<p>Section 3</p>	<p>Research and involvement</p>
<p>What sources of information have you considered? (e.g. legislation, codes of</p>	<p>Equality Act 2010 Human Rights Act 1998</p>

practice, best practice, nice guidelines, CQC reports or feedback etc.)	
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	<p>There was a consultation when this policy and procedure was originally written and only minor changes have been made to incorporate changes in technology to improve communication such as video interpreting.</p> <p>The interpreting service is continuously monitored to ensure that the service delivers, meeting people's needs. Feedback from the previous policy and previous and ongoing feedback from staff has been used to improve the process of using the interpreting service and to update this version of the procedure.</p>
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	None raised as part of this EIA – however “Working with Interpreters training” is available for staff to access in the Trust however it isn’t mandatory
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	Training		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
10.	Publication		
	Has the policy been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	