

Healthwatch Reading recommendations for enhancing interpreter and translation services



Trustwide Action Plan

Healthwatch Recommendation	Problem	Action to be taken	Measurement of success	By Whom	Action Deadline	Status/date completed
1. Accessibility						
1.1 Provide training for all staff involved with vulnerable groups, especially those who are dealing with people for whom English is not their first language. (Unable to mandate.)	<ul style="list-style-type: none"> Staff don't understand how interpretation services work and how to access them. 	<ul style="list-style-type: none"> All information currently available on Workvivo Interpreting & Translation page. https://royalberkshire.workvivo.com/pages/144/interpreting-and-translation-services Produce poster / presentation for Trust induction to make new staff aware of processes. Continue to promote Deaf awareness training 	<ul style="list-style-type: none"> All staff know how to arrange interpreters (monitor Interpretation & Translation Workvivo page hits – Communications) Reduced Datix raised Reduced patient complaints 	Patient Information Manager (PIM)	01/05/25	
1.2 Ensure systems allow people to request language support when scheduling appointments.	<ul style="list-style-type: none"> Interpreters not booked when patients need them. 	<ul style="list-style-type: none"> Regular reminder to staff on how to flag on EPR when an interpreter is needed (noting correct language and dialect). New AIS/RA webpage features Word360 link for patients to check/request an interpreter. Page also features BSL video on how to get help or request interpreter. Once webpage live, publicise in other languages (multi-lingual posters for hospital and GPs). 	<ul style="list-style-type: none"> All staff know when to arrange interpreters (monitor AIS/RA page hits – Comms) All patients know how to check whether interpreter booked and how to request one. Reduction in complaints and Datix reports. 	Chief Nursing Information Officer (CNIO) PIM	Ongoing 01/05/25	
1.3 Guarantee timely provision of interpreters in the appropriate language and dialect and allocate sufficient time for patient appointments with interpreters.	<ul style="list-style-type: none"> Interpreters not booked when needed. Double appointments not always booked to compensate for interpreting. 	<ul style="list-style-type: none"> Reminder/training for staff on how to flag accurate language/dialect on EPR when an interpreter is needed. Include advice on dedicating sufficient time in induction document, along with other best practice guidance on working with interpreters (do's and don'ts). Promote use of digital interpreting, WoWs, telephone, video 	<ul style="list-style-type: none"> Appropriate language support is provided Sufficient time allotted for patients who need language support Reduction in complaints and Datix reports. 	CNIO PIM	Ongoing 01/05/25	
1.4 Offer information in accessible formats - patient information leaflets, consent forms, health guidance are available in multiple languages - in written or in audio etc. Offer telephone and video interpreting services for	<ul style="list-style-type: none"> Patients who do not speak or read English cannot understand written information given by clinicians. 	<ul style="list-style-type: none"> Continue to offer this service for all patient information leaflets, reports etc. Promote Reachdeck on Trust website. Consent forms – who leads of these? Are they produced nationally? Can they be made available in different languages and formats centrally? We currently use interpreters when patients who do not speak English are being consented. 	<ul style="list-style-type: none"> Patient documents are available in appropriate formats. 	Specialty leads / PIM Communications Consent lead tbc	TBC	

remote consultations / appointments.		• Promote use of digital interpreting, WoWs, telephone, video				
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2. System coding							
2.1 Review existing coding system and create universal codes for 'interpreter required' and 'preferred language' for when people engage with health and social care services.	Interpreters not booked when patients need them.	<ul style="list-style-type: none"> Remind/train to staff on how to flag on EPR when an interpreter is needed (and to make note of correct language and dialect). 	<ul style="list-style-type: none"> All staff know when to arrange interpreters. 	CNIO / EPR Team	July 2025		
2.2 Ensure coding system can record flagged people's language preferences and interpreter needs on their health / system records.	Interpreters not booked when patients need them.	<ul style="list-style-type: none"> Remind/train to staff on how to flag on EPR when an interpreter is needed (and to make note of correct language and dialect). 	<ul style="list-style-type: none"> All staff know when to arrange interpreters. 	CNIO / EPR Team	July 2025		
2.3 Ensure interpreter services are automatically booked when language codes are identified by frontline staff.	Interpreters not booked when patients need them.	<ul style="list-style-type: none"> Currently done manually by CAT teams or admin staff – investigate integration into EPR with Word360 systems. <p>Promote patient checking and booking or appts on website for pts to check.</p>	<ul style="list-style-type: none"> Automatically book interpreter via EPR 	IM&T Sam Dewett and Word360 Rahul Mohanachandran	July 2025		
2.4 Standardise system coding across primary care, secondary care, and LAs	Lack of synchronicity.	<ul style="list-style-type: none"> Need system wide support 					
2.5 Provide mandatory system training for NHS staff/LA staff on coding interpreter needs correctly on patient records and how to check the systems for peoples' interpreter /language requirements.	Staff unaware of how to record patients' communication needs on systems.	<ul style="list-style-type: none"> Need system wide support 					
3. Access to interpreters							
3.1 Develop patient held card to indicate requirement for an interpreter when accessing health and social care services.	Patients need help to indicate when they need language support.	<ul style="list-style-type: none"> RBFT card drafted. Difficulty with adopting cross organisations as each has different interpreting provider. <div style="text-align: center;">  Interpreter cards_feb25.pdf </div> <ul style="list-style-type: none"> New AIS/RA webpage has Word360 link so that patients can check/request interpreters plus BSL video on how to get help or request interpreter 	<ul style="list-style-type: none"> Patients can indicate easily when they need an interpreter at the RBH All patients know how to check if interpreter booked and how to request one. 	PIM for RBFT PIM	01/05/25		

		<ul style="list-style-type: none"> Once webpage live, need to publicise this in other languages (multi-lingual posters for hospital and GP surgeries). Reduction in complaints and Datix reports. 			
4. Information and awareness					
4.1 Educate people about their rights to request an interpreter or translated information at health and social care settings.	Patients unaware that they can request interpreter or translation.	<ul style="list-style-type: none"> Ensure existing posters on requesting interpreters and getting leaflets translated available on noticeboards on all wards and outpatient areas. To be included in best practice guidance on new induction document. 	<ul style="list-style-type: none"> All patients have access to an interpreter and translated documents when needed. 	Patient Experience Team PIM	Updated monthly 01/05/25
4.2 Disseminate this information regularly to people, e.g. by making patient information leaflets, posters and health guidance available in multiple languages at different healthcare settings.	Patients unaware that they can request interpreter or translation.	<ul style="list-style-type: none"> Utilise Healthwatch to disseminate existing posters to relevant groups. 	<ul style="list-style-type: none"> Reduce issues about interpreting raised with Healthwatch. 	Healthwatch Reading	TBC
4.3 Provide training for NHS staff to prevent the use of relatives or children acting as interpreters. (Unable to mandate.)	Staff unaware of 'rules' around using interpreters.	<ul style="list-style-type: none"> Already included in policy and on communication needs flowchart. To be included in best practice guidance on new induction document. Raise awareness of video interpreting for emergency or short notice situations (so relatives aren't used, including children) Promote deaf awareness training 	<ul style="list-style-type: none"> Reduction of issues raised with Healthwatch. 	PIM	Ongoing 01/05/25
5. Co-production: NHS, Local Authority, and Voluntary and Community sector					
5.1 Develop strong, trust-based partnerships with the voluntary and community sector to support awareness of interpretation services and to ensure the effective distribution of translated materials.	System partners unaware of services available at RBFT.	<p>Work with Reading Voluntary Action to highlight systems and processes available for interpreting and translation in RBFT</p> <p>Work with Healthwatch to disseminate service provision.</p>	<ul style="list-style-type: none"> Reduction of issues raised with Healthwatch 	Associate Chief Nurse (ACN)	July 2025
5.2 Explore/scope need to develop comprehensive community interpreting service by leveraging resources from both public and health sectors, establishing a shared bank of local community interpreters, and partnering	Lack of cohesive service across organisations.	<ul style="list-style-type: none"> Need system wide support 			

with the voluntary sector to achieve this.						
5.3 Enable secure and efficient data sharing amongst NHS trusts, LAs, and voluntary organisations to maintain a centralised, up-to-date database of community interpreters, ensuring consistency, accessibility, and smooth service delivery.	Lack of data sharing across organisations.	<ul style="list-style-type: none"> Need system wide support 				
5. Co-production: NHS, Local Authority, and Voluntary and Community sector						
5.4 Ensure accredited training, quality standards, a Quality Charter, and safeguarding measures are put in place for interpretation service providers.		<ul style="list-style-type: none"> RBFT currently has a contract with Word360 who are a fully accredited organisation. https://www.word360.co.uk/why-us/our-achievements 			Complete	
6. Cultural sensitivity and people's rights						
6.1 Mandatory training for front-line staff on unconscious bias and for the awareness of people's rights and cultural sensitivities.	Staff unaware of people's rights and cultural sensitivities.	<ul style="list-style-type: none"> Link in with 'Up the anti' programme.launch April 25 	<ul style="list-style-type: none"> Reduction of issues raised with Healthwatch. 	Learning and Development /	TBC	
6.2 Establish transparent and effective pathways for people to escalate discrimination concerns relating to interpretation services, ensuring timely resolution & accountability.	Patients unaware of how to escalate discrimination concerns.	<ul style="list-style-type: none"> Escalate via PALS Leaflets currently available in top 5 languages 	<ul style="list-style-type: none"> Reduction in PALS and Complaints re interpreting. 	PALS	complete	
6.3 Ensure accredited training, quality standards, a Quality Charter, and safeguarding measures for NHS staff and contracted interpretation service providers.		<ul style="list-style-type: none"> Word360 are full accredited – see https://www.word360.co.uk/why-us/our-achievements 	<ul style="list-style-type: none"> Fully accredited service provision. 	Word360	Complete	
7. Inclusive language to change the narrative						
7.1 Change terminology used internally and externally in health and social care settings e.g. instead of using 'ethnic minority,' use the term 'ethnically diverse		<ul style="list-style-type: none"> Work with Communication teams Check all policies. Patient Experience Team currently use 'Ethnically Diverse Community' and will continue to educate and challenge regarding terminology. 	<ul style="list-style-type: none"> Reduction of issues raised with Healthwatch. 	Comms Policy Team Patient Experience Team Patient Experience Team	October 25	

communities to promote a positive and inclusive narrative.		<ul style="list-style-type: none"> • Socially accepted language adjusted as required. • To be included in guidance for Trust induction. 		& Healthwatch PIM		
8. Additional HW recommendations						
8.1 Sharing next steps, such as creating a factsheet for the community to help disseminate information to various groups and enhance overall awareness.	Healthwatch unaware of initiatives regarding interpreting services.	<ul style="list-style-type: none"> • Work with Healthwatch to ensure services meet the needs of our community 	<ul style="list-style-type: none"> • More awareness of rights and services available to patients • Reduction of issues raised with Healthwatch. 	PE Team / Healthwatch / ACN	.Ongoing	
8.2 Translation of letters to comply with new regulations for providing written appointment information in languages other than English.	Creates barriers for individuals whose first language is not English.	<ul style="list-style-type: none"> • Currently done manually by CAT Teams and admin staff. EPR involvement needed to tie in with patients' communication needs. 	<ul style="list-style-type: none"> • Patients get letters in preferred language and format. 	EPR Team / CAT teams	October 25	
8.3 Language used in letters too complex.	Patients not understanding instructions or key info – leading them to use tools such as ChatGPT to 'translate'.	<ul style="list-style-type: none"> • Ensure clinical staff follow national guidance on letters https://www.england.nhs.uk/professional-standards/medical-revalidation/ro/info-docs/roan-information-sheets/quality-improvement-best-practice-for-clinical-letters/ and Outpatients letter standard - PRSB 	<ul style="list-style-type: none"> • Letters in plain English (or translated where necessary) with complex medical terminology explained. 	ACN / CNIO	October 25	