

INTERPRETING AND TRANSLATION POLICY	Policy Register No: 09127A Status: Public
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Consulted With	Individual/Body	Date
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Author/Contact for Information	Sarah Moon, Specialist Midwife for Guidelines and Audit
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1.0 Purpose

- 1.1 The purpose of this document is to describe the essential practices and processes for the provision of interpretation and translation services. It will raise awareness of interpretation and translation needs including encouraging staff to proactively plan for service users needs and ensure that staff have the knowledge of how to access interpretation and translation services.
- 1.2 All staff involved in the assessment, treatment and care of patients should ensure that everything possible is done to deliver an equal service to all, overcoming any barriers to communication that may exist.
- 1.3 There are legal as well as moral obligations to provide interpreting services to people who do not speak or understand English.

2.0 Introduction

- 2.1 This policy ensures that measures are in place to support communication with non-English speakers, people for whom English is a second language, people who use sign language, for those who are deaf, blind or partially sighted and for those who have learning disabilities.
- 2.2 This document sets out the clear and stringent standards we have set for translation and interpreting services. These standards are in place to ensure that the Trust provides a good service and minimises risks stemming from poor communication.
- 2.3 It sets out what patients and clients, staff and translators can expect when using translation and interpreting services.

3.0 Aims and Objectives

- 3.1 This policy applies to all staff who deliver Trust services. It provides details of how an interpreter can be accessed 24 hours per day and gives guidance for staff working with an interpreter. The aim of the policy is to ensure that the Trust fulfils its legal and moral obligations to provide access to trained interpreters in a timely and sensitive manner for service users.
- 3.2 Whilst this policy deals with the use of a professional interpreter to fulfil clinical and legal needs, it is acknowledged that there are day to day communication needs that are necessary to enhance the quality of life of service users who are inpatients and who may be particularly vulnerable due to their potential cultural and linguistic isolation. The document will aid in the need for language support and the requirements throughout the patient's pathway.

4.0 Definitions

- 4.1 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.

4.2 Translation is defined as the written transmission of meaning from one language to another, which is easily understood by the reader. This includes the conversation of written information into Braille and audio.

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

5.0 Accountabilities and Responsibilities

5.1 Chief Executive

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

5.2 Lead Managers and Matrons

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

- The Big Word
Both face-to-face and telephone interpreting (booking forms can be found on the Trust Intranet)
- Deaf Blind UK
- Royal Association for Deaf People
- Action on Hearing

5.3 Staff

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

- Recognise that a language need exists
- Assess which language is being spoken via the Language Indicator Prompt System (LIPs) books available within wards and departments
- Assess and make provision for that need 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.

5.4 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.

5.5 General Practitioners

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

5.6 Outpatient Department

The Outpatient Department is responsible for providing an interpreter for service users identified by General Practitioners or via other means and arranging for the interpreter to attend 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.

5.7 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.

5.8 Accident and Emergency Department

The Accident and 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.

5.9 The Lead Manager for Outpatient Services

The Lead Manager for Outpatient Services is responsible for:

- checking the booking forms received from staff against invoices received
- keeping a record of interpreters booked for telephone interpretation or face to face interpretation
- authorising payment
- support all staff who require further information or have problems booking

6.0 When should an Interpreter be used?

6.1 The ability to communicate with healthcare staff is fundamental to clinical care. Ideally, the referring practitioner will have highlighted the need for language support and this need will be flagged throughout the patient's pathway.

6.2 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.

6.3 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) 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.

7.0 Who Can Interpret?

7.1 Fully Trained Interpreters

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 both local residents and asylum seekers/refugees.

7.2 Staff Members

7.2.1 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.

7.2.1 Clinical information, medical terminology or decision-making about clinical care should always be done through the authorised interpreting services.

7.2.3 The only exception is in an emergency when 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 the interpreter and permission from the patient will be sought. The preference is always to use an accredited interpreter/ service

7.3 Relatives, Carers and Friends

7.3.1 Parents, children, relatives, carers and friends may be able to interpret for service users but staff must be aware that interpretation undertaken by people involved with the service user may become distorted, so it is not an appropriate way of communicating confidential information

7.3.2 There may also be sensitive or confidential medical issues which the service user does not want their family to know. If a patient insists that a relative, carer or friend is used for interpreting then it must be made clear to the interpreter that information is repeated verbatim. For these reasons, relatives, carers and friends do not make the best interpreters.

7.3.3 When a child cannot understand or speak English, parents must not be asked to interpret for the child; an external interpreter must be used. In exceptional emergency situations, clinicians can use their judgement to ask parents to interpret whilst external interpretation can be arranged.

7.3.4 Patients who require interpreters to provide information regarding procedures that are required, will be provided with an Interpreter that is approved by the Trust. Patients' friends or relatives may not act as interpreters when consent is required from the patient to undergo a surgical procedure. The information that is given to the patient in this circumstance must be accurate and given in full; and may not be interpreted in another way. For this reason only approved interpreters may be used.

The only exception is when urgent surgical intervention is required and no approved interpreter can be provided. The Operating Consultant will decide in the best interests of the patient who may provide services as an interpreter.

7.4 Children

- 7.4.1 Children under 18 should not be used as interpreters. Interpreting is a serious responsibility and particularly in a health care setting should not rest on a child.
- 7.4.2 Service users who bring children to act as interpreters should be discouraged and offered the service of a qualified interpreter.
- 7.4.3 Staff should only ask a child for basic information in a case of emergency.

8.0 Translation Services

- 8.1 Access to translated material does not replace an interpreter, but can act as a backup to reinforce information given verbally. An interpreter can be used to translate the information to the patient, with an opportunity to discuss any questions that may arise.
- 8.2 **Factors to consider when making a booking** - when making an appointment for someone needing an interpreter, allow sufficient time for everything to be repeated in each language, try to allow time for everything to be spoken twice. To assist with the provision of continuity of care, if acceptable to the service users and interpreter, the same interpreter should be booked to maintain continuity for the first and subsequent appointments if possible.
- 8.3 Consideration should also be given to sex, age and class of the interpreter and to any implications of religious, ethnic or political differences with any relevant information passed to the interpreting services prior to the booking being made.
- 8.4 For additional booking information
(Refer to Appendix 1)
- 8.5 **Booking an Interpreter: telephone** - Telephone Interpreters should be used in all cases excluding where exceptions require face to face, provided by The Big Word.
- 8.6 Instructions and tips on how to book a telephone interpreter can be found on the intranet, including department access codes and all language codes. For further information please contact the Head of Outpatients and Patient Access.
- 8.7 **Booking a Face-to-Face Interpretation: routine or emergency** - once a booking form has been completed it is to then be faxed to 0870 748 8111. The booking forms can be found on the intranet, under clinical pages.
(Refer to Appendix 2)
- 8.8 Once the form has been faxed, a file copy must be kept. The Big Word will confirm the appointment by return fax.

9.0 Cancellations

- 9.1 If an interpreter needs to be cancelled by MEHT, give as much notice as possible. Late notice may still incur a charge.

10.0 Appointment Letters

- 10.1 Staff may need an interpreter to contact a patient to tell them that they will be receiving an appointment letter and what it will say. The interpreter can confirm the date, time and location with the patient and help with basic information using one of the methods above.

11.0 Sign Language Interpreter

The Royal Association for the Deaf (RAD) provide the Trust with interpreters for people with hearing difficulties. The RAD can be contacted directly on 0845 688 2626 (Monday to Friday 08:30 to 17:00) or on their emergency 24hrs no 07974 325563.

12.0 Other Services

RNID also offer support for deaf people
(Refer to Appendix 4)

MEHT Audiology department
(Refer to Appendix 5)

13.0 Translation Service

- 13.1 This service is provided by The Big Word. Staff should contact the translation service on 08007573025 and ask for 'Document Translation', they will provide an email address and the required documents should be scanned and emailed.. The translated document will be returned by email.

14.0 Explanation of Rights

- 14.1 Rights should be explained as far as possible in a way that the service user understands, which includes the use of appropriate language and the provision of translated materials.
- 14.2 Service users have the right to be involved in the compilation of their care plan. Therefore an interpreter should be present when a care plan is being drawn up. Ideally an interpreter should be available at the introduction of new interventions and significant clinical meetings.

15.0 Before the Interview

- 15.1 Give the interpreter as much advance warning as possible, a minimum of 48 hours unless the situation is an emergency.
- 15.2 Interpreters must always be given the name of the member of staff who will meet and brief them on arrival.
- 15.3 The name of the patient must be given so that the interpreter can say if they are known to them in a way that may compromise their impartiality .
- 15.4 Staff should welcome the interpreter, brief them on pertinent issues e.g. aggressive or Deaf patients, and give them an appropriate place to sit whilst awaiting the interview.

- 15.5 Staff should not rely on always being able to read non-verbal signals accurately across a culture. In some cultures it is discourteous to make direct eye contact. Check before the interview and if necessary during it. A smile means the same in any language.
- 15.6 Do not leave the interviewer alone with the patient.
- 15.7 Book a quiet space. Interpreters have to hear and be heard (sign interpreters have to be seen).

16.0 During the Interview

- 16.1 Consecutive interpreting: One party speaks and then the interpreter repeats in the language of the listener.
- 16.2 Simultaneous interpreting: The interpreter whispers their interpretation in the language of the listener while the speaker is talking. This is used when a party has a long speech that is better not interrupted i.e. an explanation of the service or description of feelings from the patient.
- 16.3 Arrange the seating. Sign interpreters/ lip speakers sit next to you as you face the member of the public. For all other interpretations, you and the member of the public face each other and the interpreter sits between you at the end of the table.
- 16.4 Look at and address the patient directly, i.e. 'What is your name?' rather than 'can you ask her what her name is'?
- 16.5 Introduce yourself by name and ask for the name of the member of the public. Try to get the prefix and pronunciation right.
- 16.6 Explain who you are and what your job is. There are often no direct equivalents of some services in other countries (France has no Health Visitors for example).
- 16.7 Allow the interpreter to introduce him or herself and to explain the interpreter's role as being there to give an impartial, complete and confidential interpretation of everything that is said by everybody in the room.
- 16.8 The interpreter will probably also explain that s/he will only intervene and explain the reason for doing so to both parties, if s/he needs to:
- 16.9 Clarify something that has been said before interpreting it.
- 16.10 Alert one of the parties that, in spite of an accurate interpretation, the other might not have fully understood, alert both parties to a missed cultural inference,
- 16.11 Ask for accommodation to the interpreting process – for instance, if someone is talking too quietly or fast.
- 16.12 S/he will also explain that s/he will be making notes to aid recall. These will be destroyed after the interview. Notes will not be taken by a BSL interpreter
- 16.11 Behave as you would if you shared the same language, recognising and respecting individual backgrounds.

- 16.12 Conduct the entire interview yourself. Do not ask the interviewer to fill in a form or explain a procedure. The interviewer is not qualified to know what information to look for or how to process information received.
- 16.13 Ask the patient directly if you are not sure of relevant culture based facts, attitudes or perceptions. Do not ask the interviewer.
- 16.14 Explain fully structures and procedures which may not be within the information framework of the person you are talking to.
- 16.15 Express yourself clearly and unambiguously. The interpreter will tell you if you are saying too much or speaking too quickly.

17.0 After the Interview

- 17.1 Summarise what has been decided and clarify the next practical steps to be taken – when, where and how. Make any appointments while the interpreter is there. For consistency see if the same interpreter can be booked for any further appointments
- 17.2 Add information on language need to the patient's medical record.
- 17.3 Be aware of any contentious or distressing issues. De-brief the interpreter but do not expect the interpreter to offer an opinion about the client or their circumstances.
- 17.4 If staff need to discuss any aspect of work with an interpreter before or after an interview, please ring the 'Big Word' contact details via the Trust's Intranet front page.

18.0 Equality and Diversity Issues

- 18.1 It is important that the Trust has a robust system in place to ensure that all service users who do not speak English as their main language receive all necessary assistance to allow equal access to services. Consideration will be given to sex, age and ethnicity of the interpreter and to any implications of religious, ethnic or political differences whenever possible.

Disability

- 18.2 Service users with disabilities may also need assistance with interpreting and translation.

Visual impairment

- 18.3 Service users who are visually impaired will, where possible, have access to information in an appropriate format to meet their needs e.g. Braille or audio information.
(Refer to Appendix 7)

Hard of Hearing or Deaf

- 18.4 Service users who are hard of hearing or deaf may require someone who is able to use sign language or a lip speaker. If an interpreter is required ascertain if the person requires British Sign Language, Sign Supported English or their preferential signed

language. The Trust currently has hearing loops provided in all department receptions, main waiting areas, discharge lounges and in the atrium. (Refer to Appendix 6 and 7)

Learning Disabilities

- 18.5 Service users who have learning disabilities can be communicated with and wards and departments should consider the communication requirements specific to their areas and develop the resource accordingly.

19.0 Equality Impact Assessment

- 19.1 The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.
- 19.2 In order to meet these requirements, a single equality impact assessment is used to assess all its policies/guidelines and practices. This policy was found to be compliant with this philosophy.

20.0 Training and Dissemination

- 20.1 No formal training is needed regarding this policy. The policy will be made available on the Trust's internet and intranet and a copy will be sent to all senior managers, general managers and ward sisters for dissemination within their departments.

21.0 Monitoring Compliance with this Policy

- 21.1 It is essential that requests for and use of interpreters is monitored, therefore all copies of bookings of interpreters should be sent to the Head of Outpatients and Patient Access.
- 21.2 The implementation of this policy will be monitored by staff, Managers and Clinicians on an ongoing basis, who will be responsible for informing the policy author of any issues affecting the compliance to this policy. This information will be fed back to and collated by the General Manager of Outpatients, Planned Care.

22.0 Review

- 22.1 This policy will be subject to review every 3 years or earlier in response to local or national initiatives.

23.0 References

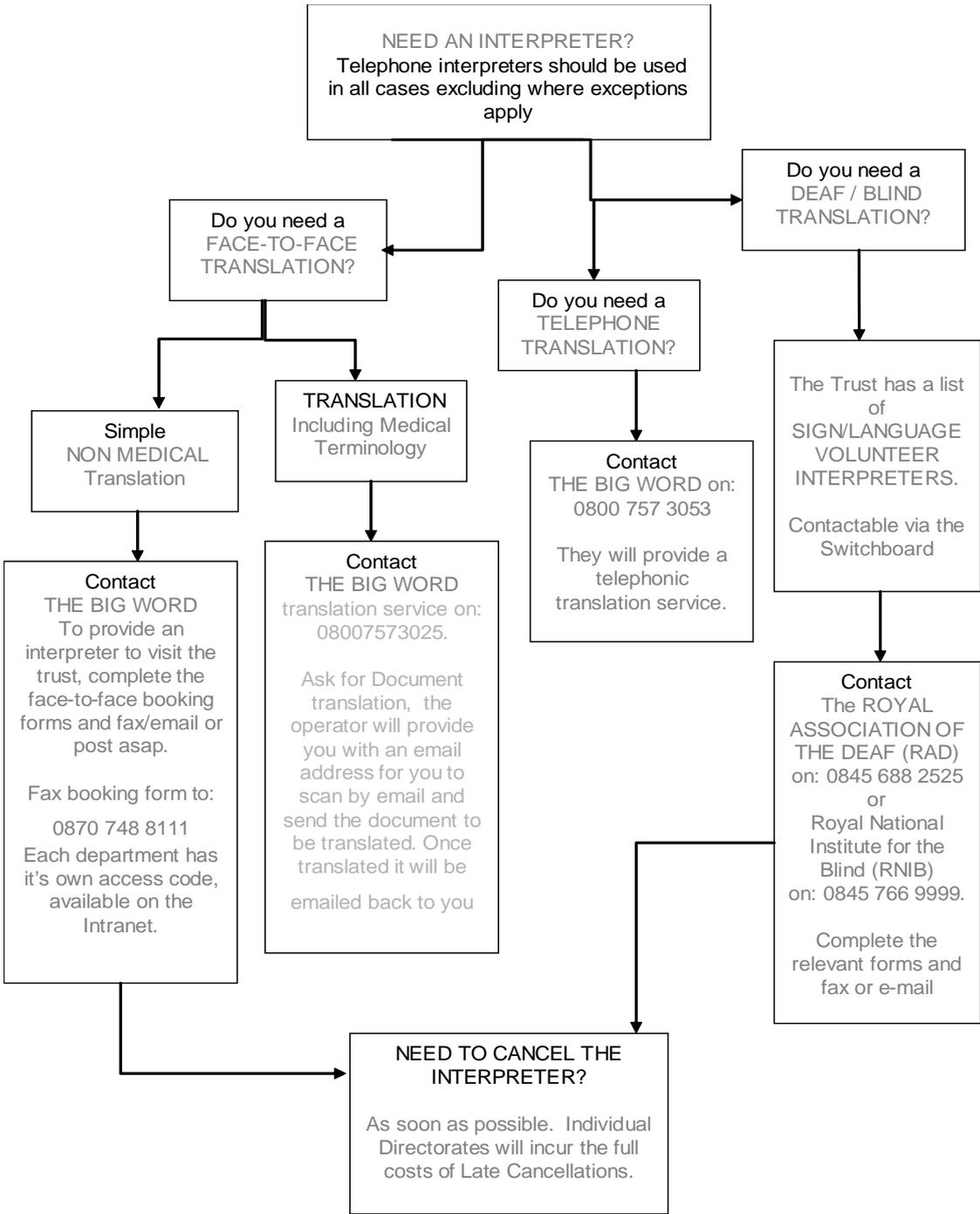
The Disability Discrimination Act (2005) Healthcare Standards C7e, C18, C13a and C562

Race Relations Act (1976)
(As amended by the Race Relations (Amendment) Act 2000)

Human Rights Act (2000)

Sex Discrimination Act 1975-85

Booking Information



Face-to-Face Request Form

Appendix 2

To: UK Government Interpreting Team ukgovinterpreting@thebigword.com thebigword Link Up House Ring Road Lower Wortley, Leeds LS12 6AB	Contact 0800 757 3100 0870 748 8111 (fax) www.thebigword.com/client/UKGov/	Details:
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From		Invoice Address	
Contact Name		Contact Name	
Address		Address	
Contact Number		Contact Number	
Email Address		Email Address	
Fax Number		Fax Number	

PO number or cost centre code		
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Onsite Contact Name		Limited English Speaker (LES name)	
Venue Address		Your Reference no.	
Postcode		Language Required	
Contact Number		Appointment Date	
Any additional instructions		Start Time	
		Approximate duration	
		Nature of Appointment	

All assignments are treated in the strictest confidence. If you believe this assignment is particularly sensitive, please tick this box:	<input type="checkbox"/>
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Could a witness statement be required for this assignment?	<input type="checkbox"/>
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thebigwordGroup will source an interpreter for you when we receive this form. Once an interpreter has been sourced we will contact you with further details. Please note that if your pricing has been agreed in advance by a member of your senior staff we will take the booking as confirmed but some of our bookings may require a quote to be signed before go-ahead. If you do not know whether you should receive a quote please contact our project management team or your line manager.

thebigwordGroup – Other Services	Translation	Telephone Interpreting
Government Framework Reference:	05/GEN/25	912/CAG/0137
Tel:	0870 380 0711	0800 321 3025
Fax:	0870 458 0552	0870 748 8111
Email:	ukgov@thebigword.com	tis@thebigword.com

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Name: Translation and Interpreting Policy

Name of Assessors: Director of Nursing

1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	Yes/No/Possible	Comments
	Race	Yes	Needs are met by this policy
	Religion or belief		
	Disability – learning disabilities, physical disability, sensory impairment and mental health problems	Yes	Needs are met by this policy
	Gender	No	
	Sexual Orientation	No	
	Age	No	
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4	Is the impact of the policy/guidance likely to be negative?	No	
5	If so, can the impact be avoided?	NA	
6	What alternatives are there to achieving the policy/guidance without the impact?	No	
7	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this procedural document, please refer to it (name of author), together with any suggestions as to the action required to avoid/reduce this impact.



thebigword NHS Telephone Interpreting

thebigword is your sole supplier of telephone interpreting, a service which will enable you to help any client who may have limited English language skills.

When you need an interpreter please follow the instructions below:

- 1 Dial **0800 757 3053 / 0800 694 5093**
- 2
 - Enter your access code, followed by the # key
Keep your access code here: #
(If required, enter your PIN number, followed by the # key)
 - Enter the language code from the list below, followed by the # key
- 3
 - Once connected stay on the line
 - Take note of the interpreter's identity number
 - Direct your conversation to the client and NOT the interpreter

702	Albanian	94	Farsi (Persian)	733	Latvian	755	Slovak
91	Amharic	95	French	734	Lingala	757	Somali
92	Arabic	4	German	735	Lithuanian	1	Spanish
727	Bahasa Indonesian	993	Greek	97	Mandarin	998	Swahili
706	Bengali	738	Gujarati	533	Mirpuri	762	Tagalog
17	Bosnian	994	Hindi	741	Nepali	729	Tamil
707	Bulgarian	724	Hungarian	796	Oromo	992	Thai
708	Burmese	995	Italian	98	Pashto	773	Tigrinya
93	Cantonese	96	Japanese	5	Polish	764	Turkish
780	Creole (Haitian)	3	Korean	996	Portuguese	709	Twi
710	Czech	520	Kurdish (Kurmanji)	749	Punjabi	765	Ukrainian
713	Dutch	730	Kurdish (Sorani)	750	Romanian	999	Urdu
712	Farsi (Afghan)	731	Kurdish (Bahdini)	997	Russian	516	Welsh

- i** Dial **700** followed by the # key if you cannot identify the language required.
Dial **0** followed by the # key for further assistance.
- i** If you have forgotten your access code or you have any questions following a call please contact:
 - General Service Queries: **0800 757 3025**
 - E-mail: **tis@thebigword.com**
 - Web: **www.thebigword.com/publicsector**
- If you have any questions please ensure that you have:
 - the interpreter's ID number
 - time of the call
 - language you required



TL_DH_NHS_BS_0411

ACTION ON HEARING

Action on Hearing can support deaf people by providing:

- British sign language interpreters
- Lip speakers
- Speech to text reports
- Interpreters for those both deaf and blind

Action on Hearing Communication Support Unit: 0845 685 8000
(Monday to Friday 09:00 to 17:00)

Emergency out-of-hours contact: 0700 341 8352

Action on Hearing Communications Services London and South East
The Plaza 100 Old Hall Street
Liverpool
L3 9QJ

Telephone: 0845 685 8000

Text phone: 0845 685 8001

Fax: 0845 685 8002

Email: communication.services@hearingloss.org.uk

ACTION ON HEARING INTERPRETING SERVICE

Voice: 0845 685 8000

Internet: www.actionhearingloss.org.uk

ROYAL ASSOCIATION FOR DEAF PEOPLE

**RAD Interpreting | Communicating with Deaf people
Corporate Supporters of ASLI**

Tel: 0845 688 2626 (24 hour service)

Fax: 0845 688 2627 (office hours only)

Textphone: 0845 688 2628(24 hour service)

SMS/ Mobile: 07974 325563 (24 hour emergency service)

E-mail [RAD Interpreting](mailto:RAD@royaldeaf.org.uk)

Office hours: Monday to Friday 8:00 to 17:30

Website: www.royaldeaf.org.uk

Reg'd Office: Century House South
 Riverside Office Centre
 North Station Road
 Colchester
 Essex CO1 1RE

DEAF BLIND UK

Information & Advice Line:

Telephone: 0800 132 320 (Freephone)

Textphone: 0800 132 320 (Freephone)

Fax: 01733 358 356

Email: info@deafblind.org.uk Monday to Thursday: 9am to 5pm and Friday: 9am to 4pm.

Interpreter bookings

**Voice & Text
calls: 01733 358100**

AUDIOLOGY DEPARTMENT

The Audiology department can help patients on the ward who have a hearing loss or additional communication needs.

Contact them if hearing aids are not working or being worn.

Audiology Department: 01245 513540
Internal: Ext 3540

The Trust has the following equipment that can be borrowed for use of patients:

Item	Location	No.
Communicator Listening Device	Audiology	
Portable Loop	Audiology Outpatients (Ophthalmology) A&E	
Fixed loop	Main Outpatient Desk via Audiology	
Fixed Text Phone	Audiology	

Communicator is for use without a hearing aid, it is just a simple amplifier

Loops are for use with hearing aids with a 'T' position

NB: During Audiology office hours, any member of staff may go to the Audiology Department to book out any piece of equipment they hold. Out of hours A&E will do the same.