



A study of Translation & Interpretation Services in Central Bedfordshire

6 March 2025

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Executive Summary

Visit Overview

Staff, and volunteers from Healthwatch Central Bedfordshire (HWCB) conducted a total of twelve initial visits across nine selected healthcare providers in Central Bedfordshire between mid-September 2024 and mid-November 2024. These included:

- ◆ Six Primary Care Providers (GP surgeries, Pharmacies, Optometrists, and a Dental practice).
- ◆ Three departments within a Secondary Care Provider (Bedford Hospital).

- ◆ One Cambridgeshire Community Services (CCS) community clinic.
- ◆ One East London Foundation Trust (ELFT) community mental health clinic.

A second round of visits was conducted between December 2024 and January 2025 to six of the same Providers (excluding two Pharmacies and a Dental practice) to assess the implementation of recommendations made during the initial visits and observe any further developments.

Objectives and Approach

During the initial round of visits, HWCB staff and volunteers engaged with both clinical and non-clinical staff to gather valuable insights into the translation and interpretation services provided across BLMK.

This engagement was facilitated through a structured set of questions aimed at understanding key aspects of service provision and identifying areas for improvement. The discussions focused on:

- ◆ **Access Procedures:** Exploring how staff accessed translation and interpretation services, including their awareness of the commissioned provider and the ease or challenges of the process.
- ◆ **Service Utilisation:** Assessing the frequency of service use and whether staff perceived the service as being utilised sufficiently to meet patient needs.
- ◆ **Staff Experiences and Challenges:** Gathering feedback on staff experiences with the service, including any difficulties encountered when interpreters or translators were unavailable or when services were delayed.
- ◆ **Complex Communication Needs:** Identifying specific communication challenges staff faced, particularly with patients requiring simultaneous translation and interpretation or those with additional needs, such as hearing impairments.
- ◆ **Suggestions for Improvement:** Collecting staff recommendations for enhancing the quality, accessibility, and efficiency of translation and interpretation services within their respective settings.
- ◆ **Training and Development Needs:** Identifying gaps in knowledge or skills and discussing potential training or development opportunities to better equip staff in supporting patients with diverse communication needs.



This structured approach provided a comprehensive understanding of how translation and interpretation services are currently utilised and perceived, while also uncovering opportunities for targeted improvements to better support both staff and patients across BLMK.

In addition to conducting interviews, HWCB staff and volunteers carried out structured observations of the working environments. These observations specifically assessed the availability and clarity of signage directing residents to translation and interpretation services, as well as staff interactions with patients who required such support.

Findings and Reporting

BLMK ICB colleagues initially contacted all Providers to seek their permission for Healthwatch and the ICB to visit their services and to explain the purpose; to observe how translation and interpretation services are accessed and to assess activity in this area. The letter also included a draft version of the proposed questionnaire and observation form to be used during the visit.

Following each visit, HWCB compiled a summary report including observations, staff comments, and recommendations. These reports were shared with the respective Providers to encourage improvements and address identified gaps.



Visit Outcomes

During the initial visits, HWCB staff and volunteers completed twelve visits across various providers, as follows:

- ◆ Two GP surgeries
- ◆ Two Pharmacies
- ◆ One Dental practice
- ◆ Three wards at Bedford Hospital
- ◆ Two Optometrists
- ◆ One ELFT community mental health clinic
- ◆ One CCS community clinic

The duration of each visit was approximately 1-2 hours. However, due to Central Bedfordshire's predominantly white British population, no patients or service users requiring translation or interpretation support were observed during these visits.

Follow-Up Visits

The second round of visits focused on observing staff-patient interactions and assessing the implementation of HWCB's initial recommendations.

Summary

HWCB provided each healthcare provider with a summary of findings and recommendations following each visit. These visits offered valuable insights into the utilisation of translation and interpretation services and highlighted opportunities for improvement to better meet the needs of diverse patient populations.

Provider	Type / Ward / Dept.	Location	1st visit date	No of interv iews	2 nd visit date
Secondary Care					
BHFT Bedford Hospital	Acute Assessment Unit	Bedford	15 th Nov 2024	5	17 th Jan 2025
BHFT Bedford Hospital	Riverbank	Bedford	22 nd Oct 2024	7	17 th Jan 2025
BHFT Bedford Hospital	Outpatients	Bedford	15 th Nov 2024	7	17 th Jan 2025
ELFT					
	Beacon House	Dunstable	24 th Sept 2024	6	30 th Jan 2025
CCS					
Primary Care					
Barton Surgery	GP	Barton le Clay	25 th Oct 2024	3	22 nd Jan 25
Priory Gardens Surgery	GP	Dunstable	7 th Oct 2024	6	23 rd Jan 2025
Specsavers Bells Brook	Optometry	Biggleswade	27 th Sept 2024	4	17 th Dec 2024
Specsavers Market square	Optometry	Biggleswade	27 th Sept 2024	3	17 th Dec 2024
Jardines	Pharmacy	Biggleswade	8 th Nov 2024	3	-
Cheeseman's	Pharmacy	Amphill	14 th Nov 2024	2	-
Queensbury Practice	Dentistry	Dunstable	17 th Sept 2024	7	-

Providers visited with dates and number of staff members interviewed



First Visits

Providers

During the initial stages, we encountered difficulties in establishing contact with certain Pharmacies, specifically Alders, Tesco Pharmacy, and Peak Pharmacy. Despite repeated attempts via email and phone, we either received no response or were informed that approval from their respective head offices would be required. Additionally, these Providers cited winter pressures as a reason for declining visits, expressing concerns about potential disruptions to their operations.

As a result, we substituted alternative Providers. While we acknowledge that these substitutions may not have fully aligned with the original brief, they were necessary to proceed with the project.

Further challenges arose due to outdated or unmonitored email addresses for some Pharmacies. In certain cases, respondents indicated they had not received the communication from the ICB, which may have further contributed to delays or non-responses.



Main themes

1. Limited Need for Translation and Interpretation Services Observed During our Visits

No service users or patients requiring translation or interpretation support were encountered, despite expectations that this could present a challenge in the area. Although several patients from diverse ethnic backgrounds accessed the services, none indicated a need for translation or interpretation assistance.

2. Awareness of Translation and Interpretation Service Providers

The majority of healthcare providers and staff demonstrated a good level of awareness regarding their respective translation and interpretation (T&I) service Providers. However, exceptions were noted at Jardines Pharmacy, Cheeseman's Pharmacy in Ampthill, and Specsavers in Biggleswade. Notably, Specsavers operates as a franchise and utilises 'Language Line' rather than 'D.A. Languages.'

3. Use of Additional Service Providers for Specific Needs

One Specsavers branch in Biggleswade reported utilising 'Access Bedford' to provide British Sign Language (BSL) services, highlighting an alternative approach to meeting the needs of patients with hearing impairments.

4. Positive Feedback on 'D.A. Languages' Services

Feedback from healthcare staff indicates that 'D.A. Languages' is highly regarded, with consistent praise for the quality and reliability of their services. This reflects positively on the service's impact on improving communication for patients requiring language support.

5. Comprehensive Staff Knowledge in Hospitals

Hospital visits yielded particularly positive findings, with staff demonstrating a comprehensive understanding of translation and interpretation services and a willingness to utilise them when required. Clear guidance was available, ensuring staff felt confident in accessing and deploying these services effectively.

6. Concerns Over the Use of Relatives as Interpreters

Some staff noted that relatives were occasionally used as interpreters for patients, despite recognising this practice as inappropriate and potentially compromising confidentiality. Staff consistently offered professional translation and interpretation services as an alternative, though these services were not always accepted by patients or their families.

7. Interest in Formal Recognition for Bilingual Staff

Bilingual staff expressed a strong interest in receiving formal recognition and training to support translation and interpretation services. Staff emphasised that such training should be integrated into their core working hours to ensure it aligns with their roles and responsibilities without creating additional burdens.

8. Lack of Patient-Facing Signage on Translation and Interpretation Services

Across all providers, there was a notable absence of visible signage informing service users and patients about the availability of Translation and Interpretation services. This gap may limit awareness and access for patients who would benefit from these services.

Recommendations

Based on the feedback, insights, and intelligence gathered from our observations and discussions with providers, we have identified several key recommendations to enhance the provision and accessibility of Translation & Interpretation (T&I) services. To enhance service delivery, we recommend the following:

Enhance Awareness and Accessibility of Translation & Interpretation Services

- ◆ Although no immediate need for Translation and Interpretation (T&I) services was observed, providers should ensure that these services remain readily available for those who require them.
- ◆ Regular audits should be conducted to assess the ongoing demand for T&I support, ensuring that services align with the evolving needs of the local population.

Strengthen Awareness of T&I Services Among Community Providers

- ◆ Targeted training and awareness initiatives should be provided to healthcare providers, particularly in rural areas such as Cheeseman's Pharmacy in Biggleswade, to ensure they are fully aware of available T&I services.
- ◆ A standardised approach to T&I services should be encouraged across all providers to minimise gaps in service provision.

Maintain and Expand High-Quality Interpretation Services

- ◆ Given the positive feedback on 'D.A. Languages', commissioners should continue working with this provider while exploring opportunities to expand or enhance service provision where needed.
- ◆ Providers should be encouraged to offer feedback regularly to maintain high standards and address any emerging challenges.

Reduce Reliance on Family Members for Interpretation

- ◆ Healthcare providers should emphasise the importance of using professional interpreters rather than family members to ensure confidentiality and accuracy.
- ◆ Clear guidance should be provided to staff to sensitively encourage patients to use professional interpreters when needed.

Improve Visibility of Translation and Interpretation Services for Patients

- ◆ Clear and consistent signage should be introduced across all healthcare settings to inform patients about the availability of T&I services.
- ◆ Information should be displayed in multiple languages and formats, including digital screens and printed materials, to ensure accessibility.

By implementing these recommendations, healthcare providers can enhance inclusivity, patient experience, and service quality, ensuring that T&I services are effectively utilised to support all service users.



With healthcare staff, patients, and the public, we have identified key areas for improvement in the assurance of inclusivity, and address the challenges highlighted, we recommend the following actions:

Awareness Community-Based Providers

Engaging and awareness should be provided to community-based providers, particularly at Jardines Pharmacy, Cheeseman's Pharmacy in Ampthill, and Specsavers in Biggleswade. Providers should have a clear understanding of available services and how to access them. A standardised approach should be developed across all providers to minimise discrepancies in service provision.

Promote Alternative Communication Support Services

- ◆ Providers should be encouraged to explore and adopt additional service providers where appropriate, such as 'Access Bedford' for British Sign Language (BSL) services, to ensure inclusivity for patients with hearing impairments.
- ◆ A centralised resource outlining available translation and interpretation services, including BSL support, should be developed and shared with healthcare providers.

Reliance on Members as Interpreters

Providers should reinforce the use of professional interpreters and members, ensuring patient accurate communication. Guidance should be issued to staff on how to encourage patients to use available T&I services where required.

Develop a Formal Recognition and Training Programme for Bilingual Staff

- ◆ Targeted training and awareness initiatives should be provided to community-based healthcare providers, particularly at Jardines Pharmacy, Cheeseman's Pharmacy in Ampthill, and Specsavers in Biggleswade, to ensure they have a clear understanding of available T&I services and how to access them.
- ◆ A standardised approach should be encouraged across all providers to minimise discrepancies in service provision.

Encourage a Proactive Approach to T&I Service Promotion

- ◆ Healthcare providers should actively inform patients about translation and interpretation services during registration and appointments, rather than waiting for patients to request them.
- ◆ A patient-friendly information campaign should be developed, ensuring those who need language support are aware of their rights and available services.

experience, and service efficiency, ensuring that Translation and Interpretation services are effectively



Conclusion

The findings from our visits indicate that while translation and interpretation (T&I) services are generally well-understood and positively regarded by healthcare providers, several areas for improvement remain. Notably, the anticipated demand for T&I services among patients was not observed, despite the diverse demographics of service users. However, ensuring continued accessibility and awareness of these services remains essential.

Overall, healthcare staff demonstrated a strong awareness of their respective T&I service providers, with hospitals, in particular, showing comprehensive knowledge and confidence in accessing support when needed. Positive feedback was consistently received regarding the quality of D.A. Languages, reinforcing its value in facilitating effective communication for non-English-speaking patients. However, during our visit to Bedford Hospital, we were informed that the contract with D.A. Languages is due to end within the next few weeks and will be replaced by Absolute Translations. As part of this transition, 'Translator on Wheels' will be introduced as a new feature of the service, offering mobile translation support within the hospital. Gaps in awareness were identified in some community-based providers, including Jardines Pharmacy, Cheeseman's Pharmacy in Ampthill, and Specsavers in Biggleswade, where differing service providers such as Language Line were used.

An alternative approach was observed at Specsavers in Biggleswade, where Access Bedford was utilised to support British Sign Language (BSL) users, highlighting the importance of ensuring services cater to a broad range of communication needs. Additionally, concerns were raised about the occasional reliance on relatives as interpreters, a practice that could compromise patient confidentiality and the accuracy of medical discussions. While staff consistently encouraged the use of professional interpreters, some patients and families opted not to use these services.

There was also a strong interest among bilingual staff in receiving formal recognition and training to support T&I services. Staff emphasised the need for such training to be integrated within their standard working hours to avoid additional workload pressures.

One key area for improvement is the lack of patient-facing signage informing service users about the availability of Translation and Interpretation services. The absence of visible information may prevent patients from accessing the support they require. Increasing signage and awareness initiatives across all healthcare settings could help bridge this gap and ensure that all patients, regardless of language barriers, can confidently navigate and engage with healthcare services.

In conclusion, while translation and interpretation services are widely recognised and valued by healthcare staff, efforts should be made to enhance visibility, formalise bilingual staff support, and ensure consistent provider awareness across all healthcare settings. Addressing these gaps will further strengthen inclusivity and ensure equitable access to healthcare services for all patients.



Full Report



Introduction

Effective collaboration between healthcare, local councils, and voluntary organisations is essential to improving health outcomes and ensuring services meet local needs. Integrated Care Systems (ICSs) were established to drive this joined-up approach, with a focus on prevention, reducing health inequalities, and improving overall care quality.

The Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB) is responsible for planning NHS services and allocating resources to improve population health. It works in partnership with hospitals, mental health and community health providers, local authorities, voluntary sector organisations, and Healthwatch – the independent champion ensuring patient voices shape care.

In April 2022, BLMK ICS commissioned the Denny Review, a rapid evidence review highlighting local health inequalities and identifying actions to address them. One key recommendation was the need for consistent, legally compliant translation and interpretation services, ensuring all residents can access healthcare without language barriers.

To assess current provision, in March 2024, BLMK ICB commissioned all local Healthwatch organisations to conduct visits across primary, secondary, and community care providers.

These visits focused on observing how staff support patients requiring translation and interpretation services and evaluating the accessibility of these services, particularly in high-footfall and deprived areas.

Within Central Bedfordshire, translation and interpretation services are delivered by:

- ◆ Primary Care (GPs, Dentists, Pharmacies, Optometrists): D.A. Languages (spoken translation) and Language Empire (BSL interpretation)
- ◆ Secondary Care (Bedfordshire Hospitals NHS Foundation Trust): D.A. Languages
- ◆ Community Health (Cambridgeshire Community Services NHS Trust): D.A. Languages
- ◆ Community Mental Health (East London Foundation Trust): Language Shop.

This place-based report, prepared by Healthwatch Central Bedfordshire (HWCB), presents findings from visits conducted between September 2024 and January 2025, highlighting key observations and recommendations.

A separate joint report provides a wider analysis of translation and interpretation services across Bedfordshire, Luton, and Milton Keynes.



Methodology

In July 2024, BLMK ICB developed an observation tool and questionnaire, which was reviewed and refined with input from local Healthwatch organisations, including Healthwatch Central Bedfordshire (HWCB).

In September 2024, BLMK ICB distributed a letter explaining the purpose of the visits to Primary and Secondary Care providers, along with Local Pharmaceutical, Optical, and Medical Committees. A list of suggested providers was provided, though HWCB identified the need for adjustments to better reflect deprived areas in Central Bedfordshire. Substitutions were made in agreement with BLMK ICB.

Site Selection and Visits

HWCB conducted visits across Primary Care, Community Services, and Hospital Settings, prioritising high-footfall and diverse demographic areas. Due to challenges in contacting some providers, alternative sites were selected where necessary.

The final list of visits undertaken by HWCB included:

- ◆ GP Surgeries – Barton GP Surgery (Barton le Clay), Priory Gardens (Dunstable).
- ◆ Dental Practices – Queensbury Dental Practice (Dunstable).
- ◆ Pharmacies – Cheeseman’s (Amphill), Jardine’s (Biggleswade).
- ◆ Community Health Clinics – iCASH (CCS, Grove Hub, Dunstable), Beacon House CMHT (ELFT, Grove Hub, Dunstable).

- ◆ Bedford Hospital – Acute Assessment Unit (AAU), Riverbank Children’s Ward, Outpatients.
- ◆ Optometry – Specsavers (Biggleswade, Bells Brook & Market Square).

While Non-Executive Directors (NEDs) and Hospital Governors were invited to attend visits, none participated. However, Bedford Hospital visits were supported by the Patient Experience Matron, and all visits were accompanied by HWCB’s CEO, Project Lead, Chair, and volunteers.

Reporting and Follow-Up

Following each visit, summary reports with recommendations were sent to providers for action before a follow-up visit. HWCB also obtained and distributed User Guidance from D.A. Languages to Providers needing additional support or training in using the service effectively.





Findings of Visits

The following sections provide a detailed account of observations and staff interviews conducted during the initial and, where applicable, follow-up visits as part of the Translation & Interpretation (T&I) project. These insights include direct feedback from individuals, key findings, and recommendations for improvement to enhance service accessibility and effectiveness.

Dental Practice

Queensbury – First Visit

Queensbury Dental Practice is located in Dunstable and was visited on 17th September 2024. Seven staff members were interviewed, including six clinical staff and one non-clinical staff member.

Observations

During the visit, no clear or visible signage was observed in multiple languages or accessible formats to guide residents to translation and interpretation services.

The waiting area was noted to be well-lit, bright, and clean, with seating available for eight individuals. The entrance features double doors that can be fully opened. While there is a small, raised edge at the entrance, staff indicated that it does not pose an issue for wheelchair users; however, no wheelchair users were observed during the visit by the HWCB representative.

Staff were not seen utilising translation or interpretation services, nor supporting patients with access to these services during the visit.

Staff Interviews

When staff were asked if they knew who provided their translation and interpretation services and how to access the account, six staff members indicated that they had heard of 'D.A. Languages', while one had not. However, none of them were aware of the specific process for accessing the service. One staff member mentioned being aware of 'Language Empire' for written materials, while two others noted familiarity with 'D.A. Languages' but in the context of a different care setting.

When asked about their approach to assisting someone who needs translation or interpretation services, one staff member explained that a list of telephone numbers for contacting services is available at reception. In such cases, they would refer the matter to the Practice Manager if further assistance were required.

Several staff members remarked that patients who are hard of hearing or do not speak English are often accompanied by friends or family members to assist with communication. One staff member said, ***“They (the patients) are usually very good at lip reading.”***

When staff were asked what their experience was of using the translation and interpretation services, five members of staff had had no experience, and two staff members were aware of ‘D.A. Languages’ but this was due to a previous role, adding, ***“in an area of greater diversity”*** but had not used the service in the Dental surgery.

One person said, ***“I’ve never had to use the service”*** and another person said, ***“It is rare that we get someone that does not speak English, they usually bring someone into the practice to help. If they are on the phone, they would pass onto someone else who speaks better English.”*** Another staff member said, ***“I’ve never had to use the service.”***

When staff were asked how frequently they used a translation and interpretation service. All staff members said, they had, ***“never”*** had to contact them.

When staff were asked if they thought they should be using it more frequently based on patient needs, five staff members said, ***“no”*** and one staff member commented, ***“only one occasion was translation required however a member of staff spoke the same language”*** and another said, ***“not really, people seem happy to bring a family member – I think it’s more personal.”*** Two staff members said, ***“yes”*** and commented, ***“If it was needed.”***

Staff were asked if there are there any languages / dialects / communication needs / written materials etc that they had found more challenging to access compared to others. Five staff members said they, ***“did not know.”***

Comments made by staff include, ***“There are staff that speak different languages here”, “It’s more difficult on the phone. It is rare that the conversation lasts very long especially at the moment as we are not taking on new NHS patients. It is usually the older patients that don’t speak as much English and would have a family member to support them.”***

When staff were asked what they thought may work better in their setting for the translation and interpretation services, five staff members did not provide an answer, although one person said that knowing how to access the service would be useful. One staff member added that customers should be able to feel confident that they can access the service in a timely manner and that it’s free.

One staff member also said that the NHS forms for new patients and the medical history form that the surgery sends out via text (or completed in the surgery via the Clinipad), could be in different languages.

When staff were asked if they had any training and development needs that would support them to make better use of translation and interpretation services, for example cultural competency training, they indicated that it would be useful although one staff member was more hesitant and explained it may not be a good use of resources if it had to be done face to face.

One staff member mentioned 'IsoPharm' (training software) that has a module on translation and interpretation with CPD points, and other suggestions included having core awareness for staff through workshops / video, and demos with the incentive of gaining CPD credits. One person said, ***"we could have an online awareness training seminar; we would need trainers to come in."*** Additional staff comments included the following, ***"There should be concerns for patients about accessing the service at the same time as their appointment and being confident in the knowledge that staff are handling it."*** ***"Any work about these services should involve providers and not be a top-down process."***

HWCB Recommendations:

- 1. Engage with the Regional Dental Foundation Training Scheme** to explore whether their training programmes include effective communication strategies for students on work placements within dental practices.
- 2. Minimise reliance on family members or friends** as interpreters to ensure patient confidentiality and accurate communication.
- 3. Provide comprehensive training for all staff** to enhance their understanding and utilisation of translation and interpretation services, ensuring equitable access to care for all patients.
- 4. Enhance signage within the dental surgery** to clearly inform patients about the availability of translation and interpretation services, fostering greater awareness and accessibility.
- 5. Actively promote the use of language support services** to encourage regular dental visits, reducing the tendency for patients to delay seeking care until dental issues become more severe or critical.

Queensbury – Second Visit

Despite multiple attempts to contact staff at Queensbury Pharmacy to schedule a follow-up visit and assess progress on our recommendations, we were unable to secure a response. As a result, the second visit did not take place, which is disappointing, as it limited our ability to evaluate any improvements or further support needs.



GP Practices

Barton – First Visit

HWCB visited the practice on 25th October 2024. Three non-clinical staff were interviewed (Reception, back-office staff & Pharmacy Dispenser). Clinical staff were unavailable for interviews as they were supporting patients.

Observations

Clear and visible signage directing residents to translation and interpretation services was not observed; however, a hearing loop was present in the reception area. Although no individuals with mobility issues were observed during the visit, the waiting area was spacious, with adequate seating, all in good condition.

Staff Interviews

Staff were asked whether they knew the procedures for accessing translation and interpretation services, including the Provider of these services and how to access the account.

Non-clinical staff said they book 'D.A Languages' for face-to-face pre-bookable interpreters and translators on behalf of the clinical staff and one staff member said, ***"for immediate purposes."***

The receptionist indicated she used 'Language Empire' for deaf patients requiring BSL, adding ***"We email with details of the patient and organise an interpreter – on average a couple of times per month,"*** plus they also use Google translate and family members.

A back-office staff member had heard of 'DA languages' but not 'Language Empire' saying, ***"I don't book the translators / interpreters however, I receive the email confirmation once reception have booked them. I do the referrals and include any communication requirements in the referral letter."***

The Pharmacy Dispenser was unaware there was a service provider and did not know the name of the Provider stating, ***"There's not much diversity here. If we have communication difficulties, we would ask reception to assist; I've been here a very long time and have always managed to communicate."***



When asked how frequently they use the translation and interpretation services, one staff member said, **“never”**, two staff members said they used ‘D.A Languages’ **“less than monthly”** and one member of staff said they used ‘Language Empire’ a couple of times per month. However, none of the staff members thought they should be using it more frequently based on patient needs, and one person said, **“its’ not applicable to my role.”**

When staff were asked about their experience of using the translation and interpretation services, for those staff that used the service, they agreed it was a positive experience. The receptionist who had used ‘DA Languages’ said, **“Brilliant website, very good. Not used that often however found really good.”** Regarding her experience of ‘Language Empire’ she said, **“a patient can ask for a pre-bookable appointment with a particular interpreter with a face-to-face option available and male / female options.”**

When asked what they would do if an interpreter was not available, they said, **“For pre-bookable appointments not a problem. We can also use Google translate and family member”**, and **“we usually have family members for support.”**

None of the staff reported finding any specific languages, dialects, communication needs, or written materials more challenging to access than others. However, the receptionist noted, **“Not at this particular surgery, but more so at Gooseberry Hill.”** The other two staff members indicated that the question was not applicable to their roles.

Staff did not offer any suggestions for an alternative translation and interpretation service as they felt the current service worked very well. One staff member said, **“DA. languages very good service. If a patient brings in a letter in a different language, we can get it translated.”**

Staff confirmed they did not have any training and development needs that would support them to make better use of translation and interpretation services, however the Pharmacy Dispenser would like a consulting room to make the best use of the service.

HWCB Recommendations:

- 1. Conduct a comprehensive review of signage** within the premises to ensure clear and visible information is provided to patients regarding the availability of translation and interpretation services. This should include multilingual displays where appropriate to enhance accessibility.
- 2. Ensure all staff are fully informed about the translation and interpretation services** available and are trained on the procedures for accessing them. This measure aims to minimise reliance on family members for language support, safeguarding patient confidentiality and ensuring effective communication. Particular attention should be given to ensuring pharmacy staff are equipped with this knowledge.

Barton – Second Visit

A follow-up visit was conducted by HWCB on 22nd January 2025, during which discussions were held with the Practice Manager and dispensary staff. Building on the recommendations from the initial visit, it was noted that three dispensary staff members were aware of the translation and interpretation service, although none had needed to utilise it since the previous visit.

Improvements were observed following the initial recommendations. A hearing loop sign has been installed on the inside of the reception entrance door, enhancing accessibility for patients with hearing impairments. Additionally, a sign is now prominently displayed on the reception desk, informing patients of the availability of a translator service.

Priory Gardens- First Visit

This practice is located within the Grove Health Hub in Dunstable and was visited by a HWCB staff member together with a HWCB volunteer.

The surgery was visited on 7th November 2024; Six staff members were interviewed, including one clinical staff and five non-clinical staff members. (Non-clinical staff arrange appointments via D.A Languages for the clinicians).

Observations

None of the three waiting areas had clear or visible signage directing residents to translation and interpretation services. However, a hearing loop was present in the reception area. No individuals with mobility issues were observed during the visit; however, the waiting area was spacious, with low noise levels and ample natural lighting. A lift is available for access to the surgery, located within the Grove Health Hub, which includes waiting areas Zones C and D. These areas were well-equipped with sufficient seating, all in good condition, and benefited from both natural and artificial lighting.

Staff Interviews

Three staff members identified 'D.A. Languages' as the provider of translation services. One staff member was aware of the service but could not recall the name, while another was unfamiliar with it. Additionally, one staff member mentioned 'Language Empire', saying, ***"I book with Language Empire for an interpreter. If we are going to have a deaf patient, then a social worker tells us. I go onto the website using a login for Priory Gardens and book it myself."***

Staff confirmed that when a patient needs to use the translation and interpretation service, they would ask the person which service they required and access the service Provider. We were told that some non-clinical staff prebook the service Provider for patients requiring a face to face appointment with a clinician. The clinician will then contact the service Provider at the start of the appointment. A double appointment is utilised under these circumstances.

One staff member said, **“patient uses own phone or has someone with them”** and another explained, **“Ask them what their preferred language is as they don’t tend to ask for a translator. I book a double appointment for patients requiring a translator and a face-to-face appointment with a clinician, I record in the notes that they require a translator.”**

The frequency at which staff members used the translation and interpretation service varied quite dramatically, as follows:- ‘never’, ‘weekly’, ‘2-3 times per week’, ‘every 2-3 weeks’, ‘less than monthly’, ‘monthly to a couple of times per year’ (‘D.A. languages’). One staff member said, **“I have not used Language Empire this year”**, adding, **“if offered they usually opt for family members to accompany them instead. D.A Languages is used over the phone - I think patients prefer someone to be there with them.”**

Two staff members thought they should be using the service more frequently based on patient needs, because they **“cannot be sure that the family member is passing on the information correctly to the patient.”** Another staff member said, **“Yes – we have a lot of non-English speakers.”** Other staff members confirmed **“we use it when it is required.”**

All staff found that accessing ‘D.A Languages’ was an easy process and is easy to manage over the telephone. One person said that ‘Language Empire’ was also very good and they had only cancelled an appointment once with plenty of notice.

Should an interpreter not be available, staff confirmed they would use family and friends, bilingual staff, Google translate or reschedule if possible. One staff member added, **“Patients tend to use family and finds for support, or use Google translate.”** A receptionist added, **“Either use Google; no phone on front desk so would have to go into back office to use the phone to call the translation services.”**

When staff were asked about any languages, dialects, communication needs, or written materials they found more challenging to access, the overall response was that few challenges were encountered. However, one staff member mentioned that booking Romanian via Relay (‘Language Empire’) was ‘challenging,’ while another noted, **“I had to Google what Farsi is”**

More importantly one staff member said, **“If a patient brings in a report in non-English, the patient has to get it translated prior to the visit.”**

Suggestions to improve the translation and interpretation service for staff, in particular not having to use, or rely on, family members, included having someone in person at appointments, more patient awareness of the service and immediate access to the service, for example, via an online terminal.



Comments made included, ***“Having someone in person rather than over the phone. Family may not be “independent.”*** An example was given by one staff member, ***“we had a female, Asian lady, she came in with her husband for mental health assistance and she had concerns that he was cheating on her.”***

Most staff were generally happy with their level of training for this service, however one person said they had not received any training. Many confirmed that as part of their training new staff received a copy of the ‘D.A Languages’ information ***“it comes as part of a training package when we first started.”*** Another staff member said, ***“I feel competent, but I think further training would be a good idea.”*** Another person suggested, ***“Yes – a video or some kind of training to see how it works and get a better understanding of the full process, it would make us more efficient.”*** Although one staff member said, ***“No– but cultural training would help.”***

An additional comment was made by a staff member who was asked about using the waiting area for translation and interpretation services, who said, ***“the main reception isn’t really good enough as there is no privacy or confidentiality especially for people who may be upset or crying.”***

HWCB Recommendations:

- 1. Actively promote the use of language support services** to increase awareness and utilisation of translation and interpretation services within the surgery. This should include a multifaceted communication strategy using newsletters, posters, signage, the surgery’s website, and TV screens in waiting areas to ensure patients are fully informed about the available resources.
- 2. Address accessibility concerns raised by the Patient Participation Group (PPG)** regarding the hearing loop system at a local GP practice. The issue highlighted that since the installation of screens at reception, patients with hearing loss are experiencing greater communication challenges. While the PPG has suggested reinstalling or upgrading the system, cost responsibility remains a barrier.

To resolve this issue:

- ◆ Practices should evaluate their hearing loop systems and consider necessary updates to ensure accessibility for patients with hearing loss, in line with Equality Act 2010 requirements.
- ◆ While the Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB) has clarified that the cost of maintaining and upgrading hearing loop systems is the responsibility of individual practices, the ICB does fund an interpretation service that includes access to British Sign Language (BSL) support. Practices should ensure staff are aware of and actively promote this service to patients requiring communication assistance.

By addressing these recommendations, practices can ensure equitable access to communication support for all patients, fostering a more inclusive and patient-centred environment.



Priory Gardens- Second Visit

A follow-up visit to Priory Gardens GP Surgery was conducted on 23rd January 2025 by one HWCB staff member.

Observations

During the second visit, no visible signage was observed to inform patients about the availability of translation and interpretation services. An example of a sign used by Barton GP Surgery (as referenced earlier) was shared with the staff member being interviewed. She took a photograph of the example and stated that they would consider producing something similar for their practice.

While signing in at the reception desk, the HWCB staff member observed an interaction between an elderly gentleman, who was hard of hearing and wearing hearing aids, and a Receptionist. The gentleman enquired whether the hearing loop was functioning, as he noticed no improvement in his ability to hear the Receptionist. The Receptionist, appearing unsure, responded that she did not know, walked away briefly, and returned with an envelope related to his initial clinical request. The patient repeated his question, emphasising his difficulty in hearing her, to which she replied, **“Oh, it’s probably not then.”** No effort was made to check whether the hearing loop was operational, nor was the patient reassured that the matter would be investigated. The gentleman, visibly frustrated, reluctantly walked away without resolution. This incident was reported to another staff member, who assured the HWCB representative that she would address the issue with the reception team to ensure improved handling of similar situations in the future.

Discussion with Staff

During a subsequent discussion with the same staff member, she shared some challenges experienced in using ‘D.A. Languages’ for translation and interpretation services. One example involved a Romanian deaf patient who required both translation and interpretation support simultaneously. To accommodate this, an hour-long appointment had to be scheduled, but the booking system required separate online bookings for a translator and a British Sign Language (BSL) interpreter, making coordination difficult. She further explained that while interpreters must be booked online at least 2–3 weeks in advance, translators for telephone services could be arranged much more quickly. This discrepancy between booking processes highlights potential barriers to providing timely and seamless support for patients with complex communication needs.

East London NHS Foundation Trust (ELFT)

Beacon House CMHT – First Visit

HWCB visited Beacon House Community Mental Health Team (CMHT) which is located within the Health Hub in Dunstable. No patients were observed at the clinic that required support either formally or informally. Six staff members were interviewed; five of which were clinical and one non-clinical.

Observations

During the visit, no signage was observed directing residents to available translation and interpretation services. Additionally, there were no instances of individuals visibly requiring such support at the time of the visit. The main reception area, located on the third floor, is shared with other services and is staffed by a shared receptionist.

The clinic is accessible via a lift to the third floor, and ample seating is provided for patients and visitors. However, the receptionist communicates with visitors through a speaker system, which raises concerns about privacy, confidentiality, and respect for patients waiting in the area.

Staff Interviews

Five staff members confirmed they utilise the 'Language Shop' service for pre-booking appointments, including emergency and face-to-face home visits.

When asked about the process for assisting individuals requiring translation and interpretation services, all five staff members interviewed demonstrated awareness of the designated Provider and how to access the service.

Four staff members confirmed they are required to contact the Administrator, who then liaises with the service Provider to pre-book appointments. Additionally, the Pharmacist noted the use of an alternative system called 'Florid' for this purpose, adding, **"Access through desktop (FLORID system) for patients requiring interpretation service. Gives English and the required language plus pictures e.g., sun / moon. Can print off too and can ring if at a patient's house as an emergency. Use Language Shop for translation services which can be booked."**

One person said, **"I have not had to access it for deaf people and I'm unaware if they provide this service"** plus a staff member said, **"I would contact admin and ask them to arrange to align with a Psychologist."** Another staff member said, **"Contact admin to contact Language Shop to explain a patients' needs and pre book. Would call them herself if an emergency. They are face to face."**

There was a broad difference in how often staff members used the service, ranging from twice per year, to every 3–6 months. However, one person said, **“I’ve used it once in 2 years. There are 16 people in the team, and it is used 3–4 times per month.”** Four staff members did not think it needed to be used more frequently, one person saying, **“if need was identified then we would use them.”** One staff member interviewed answered “no” to this question but went on to say, **“I prefer not to use family and friends as it’s inappropriate.”**

One staff member who thought that it should be used more frequently also said, **“to give consistency and build trust, trust is the biggest barrier.”** When asking staff members about their experience of using the service, comments ranged from, **“sufficient”** to **“very good”**, however they did indicate that some difficulties are sometimes encountered when trying to book a translator.

One staff member said, **“Good dial in service, good written materials when necessary for staff / patients to read.”** Another person said, **“We try to get face to face appointments as we like to re-plan. Not always possible to get a suitable translator and then we have to wait a couple of days.”** Others said, **“When using the telephone for an appointment it can be clunky as it’s a three way conversation, it would be better face to face but it’s better than nothing”**, **“I haven’t used Language Shop directly as they had not had any sessions requiring the service”** (during the few months they had been there), and **“Language Shop is very good – try to book in advance with a patient to give consistency. They give their availability in advance with us. It’s a one stop location for translation materials.”**

In general staff confirmed that all languages are easy to access, and one person added, **“patient leaflets are available for medication on the desktop App.”** Although another staff member said they found Arabic to be more difficult to access saying, **“Arabic has different dialects which can be difficult to access.”** Adding that another colleague had mentioned difficulty in accessing Polish interpreters.

When asked what they would do should an interpreter not be available, two people said they would reschedule the appointment. One person said, **“we can use basic hand signals but that only helps so far.”** And another who said, **“Family can also act as interpreters usually at a first needs assessment because it can be overwhelming with an interpreter / translator”**, others added, **“I have used family just to rearrange appointments.”**

When staff were asked for suggestions to improve the translation and interpretation services in their setting, several recommendations were made:

- ◆ **Utilise existing display boards in the reception area** to prominently display information about available translation and interpretation services in multiple languages. This will raise awareness among patients and ensure inclusivity for non-English speakers.
- ◆ **Implement the use of language cards** featuring pictures and mood emojis to facilitate simple, effective communication with patients who may face language barriers. This approach, recommended by staff with prior experience, can significantly enhance patient interactions.



- ◆ **Ensure access to Polish translators** to address the needs of patients within the local community, as highlighted by staff feedback. This recommendation should be considered alongside an evaluation of the most commonly spoken languages in the patient population to ensure appropriate coverage.
- ◆ **Station interpreters at the hub to provide on-site support** in commonly spoken languages. This approach is particularly valuable for drop-in clinics, where patients may require immediate assistance and might be uncertain about processes or expectations.
- ◆ **Facilitate information sessions for staff during Multi-Disciplinary Team (MDT) meetings**, focusing on available translation and interpretation services. While management can coordinate these sessions, staff emphasised the importance of having external representatives, such as service providers, deliver the information directly. This will ensure that staff receive accurate, detailed guidance and are better equipped to support patients.

These measures aim to create a more inclusive and effective communication environment, enhancing both patient experiences and service delivery.

Regarding training and development needs, the majority of staff reported no immediate requirements. However, one staff member expressed openness to attending training sessions if they were offered, stating: ***“Yes, there are always things to learn. I would attend training if provided.”***

HWCB Recommendations:

- 1. Minimise Reliance on Family Members:** Ensure professional interpreters are utilised to reduce dependency on family members, thereby maintaining confidentiality and avoiding potential inaccuracies in communication.
- 2. Provide Comprehensive Training and Awareness:** Implement regular training and awareness sessions for all staff to ensure they are well-informed about the available translation and interpretation services, including how and when to access them effectively.
- 3. Enhance Signage and Information:** Improve signage in waiting areas and consultation rooms to clearly display information about the availability of translation and interpretation services, ensuring it is accessible in multiple languages to encourage use.
- 4. Establish Private and Confidential Spaces:** Create a dedicated, private area within the facility to allow patients to communicate sensitive information in a confidential and respectful environment.



Beacon House CMHT – Second Visit

On 30th January 2025, a member of HWCB staff met with an ELFT Team Leader at the Grove Hub, where the Beacon House CMHT clinic is based.

During the visit, the Team Leader explained that as the building is owned by Central Bedfordshire Council (CBC), they had requested CBC to provide signage informing patients about available translation and interpretation services.

Additionally, they highlighted that a review of all signage at the clinic entrance and within the premises is currently underway to improve patient navigation and ensure clear directions to waiting areas and treatment rooms.

HWCB advised ELFT that insufficient signage about translation and interpretation services had been a recurring issue across multiple providers. This concern had already been raised with BLMK ICB, and a wider review of signage across BLMK healthcare providers would be a formal recommendation from all local Healthwatch organisations to BLMK ICB.

To address the issue in the interim, HWCB discussed with the Team Leader the possibility of contacting 'Language Shop', the current translation and interpretation provider, to seek guidance on creating bespoke signage in the top five languages most commonly spoken by patients at the clinic.

Additionally, the Team Leader informed HWCB that side rooms are now available near the main waiting area, providing patients with a private and informal space for discussions with staff when needed.

This visit reinforced the importance of clear communication and accessibility for patients requiring language support and highlighted ongoing improvements to enhance the patient experience at Beacon House CMHT.

Cambridgeshire Community Services

iCash sexual health clinic – First Visit

iCASH is a sexual health clinic located on the 3rd floor of the Grove Health hub in Dunstable; HWCB visited the iCASH clinic on 7th November 2024. No patients were observed at either surgery that required support, formally or informally. Three clinical and one clinical staff member were interviewed.

Observations

Access to the clinic is facilitated by both lifts and stairs, ensuring accessibility for all individuals. The waiting area is spacious, with ample seating available. It was noted, however, that some 'sit and wait' clinics can become very busy at times.

During the visit, no signage was observed directing residents to the availability of translation and interpretation services. However, some posters in various languages, including Polish, Lithuanian, Russian, and Portuguese, were displayed. A hearing loop was also visibly installed at the reception area.

No individuals requiring translation or interpretation support were observed at the time of the visit.

Staff Interviews

'D.A. Languages' are contacted directly for translation services. One person said, **"I contact admin for sign language."** This is based at the Bedford clinic.

Information given by staff indicated that interpreters could be prebooked with 'D.A. Languages' directly from the Dunstable clinic and it is the receptionist's responsibility to arrange this, however translators had to be prebooked via the iCASH clinic in Bedford, although Dunstable based clinicians can directly access translators during appointments if necessary.

The three clinical staff members interviewed said, **"Yes – D.A. Language service can be pre- booked for translators."** The receptionist clarified this by saying, **"I book D.A Languages for interpreters but I do not book translators."**

When asked how frequently they used the service Provider, all staff said, **"less than monthly."** One person added, **"it varies week to week."** Three staff members thought they should be using the services more frequently although one person did not.

Although staff experience of the service Provider was 'good' there were a few issues that they had affecting their experience which were more clinic based, for example, not having a landline in the clinical rooms and using mobile phones. One staff member commented, **"D.A Languages is good; we do not have a landline to use so we have to use a mobile phone which sometimes disconnects because of the signal."** Another said, **"We usually have the choice of a male or female translator, but the choice is not always available, and we cannot request a particular translator."** Due to the nature of the examinations at this clinic this is an important issue.

The Receptionist said – **"I have no experience of booking a translator. To book D.A Languages for a translator, admin (at Bedford) has an individual 'log in' – I use it for interpreters, and I think it's time consuming and difficult. I can book a face-to-face BSL interpreter with them"** and another staff member added, **"I can book in advance for a translator – 48 hours – which can be difficult to do for an interpreter. We sometimes use Google App."**

When asked what they would do should an interpreter not be available it appeared that family members may be used, and bilingual staff used if necessary. Comments included, **"Reschedule to avoid family members having to help as information may not be passed on correctly"** and **"Sometimes family members come along but we do not like to use them"** plus **"I try and do the best I can and then put a note on the appointment record therefore the clinician knows to book a translator. We have a Romanian speaking member of staff."**

When asked if there were any language or other communication methods that were more difficult to access than others most staff said, 'no' however one person commented, **"Some African languages as I think there aren't as many translators. We may have to wait 5-10 minutes longer which is a long time when someone is waiting."**

When staff members were asked what they thought may work better in their setting for the **translation and interpretation services**, one person said, **"Face to face for a more personal touch however this is not realistic. People tend to crouch over the phone, and this isn't always practical when they require an intimate examination. We could train up bilingual speaking staff to translate in a clinical setting."**

When staff were asked if there was any training and development needs that would support them to make better use of translation and interpretation services, we received a mixed response. Some staff stated they did not require it, **"No – we've been using D.A Languages for a long time and it's easy to use."** Interestingly the Receptionist said that she would like more training on how to book a translator (Bedford Administrator currently does this), **"more training on booking and any updates to the services"** adding, **"We can get very busy patients in the 'sit and wait' clinics; patients are triaged therefore we cannot determine how long the waiting time might be. Sometimes we have forms to fill in for under 18 years, especially if it's a safeguarding issue, prior to being seen by a clinician to save them time. Some training on how to manage and book translators during the 'sit & wait' clinics as clinicians normally do this"**.

Other staff provided additional comments to the questions above which included **"More information. education and training should start in schools."** **"For normal appointments we have 20-30 minutes, however for appointments with vulnerable people we have double slots. This is more commonly used in Bedford as they have more foreign speakers."**



HWCB Recommendations:

- 1. Facilitate Direct Access to Translation and Interpretation Services:** Provide staff at the Grove Hub with direct access to D.A. Languages for booking both translators and interpreters. This streamlined approach would enable timely support and improve efficiency in communication with patients.
- 2. Implement Training for Staff:** Deliver targeted training sessions for staff on effectively managing and booking translation and interpretation services, particularly during high demand 'sit and wait' clinics. This will optimise time management and ensure that patients are supported before their appointments with clinicians.
- 3. Enhance Signage and Patient Awareness:** Review and improve signage throughout the facility to prominently inform patients about the availability of translation and interpretation services. Ensure this information is clear, accessible, and displayed in multiple languages to accommodate diverse patient needs.

iCash sexual health clinic – Second Visit

During the second visit to iCash, it was noted that additional signage informing patients about the translation and interpretation service had not yet been installed. However, each consultation room now displays the contact details for D.A. Languages, ensuring that healthcare professionals have easy access to interpretation services when needed.

Additionally, the receptionist now has direct access to contact D.A. Languages and has been provided with the necessary information to do so. However, she is awaiting a rescheduled training session, as the previously scheduled session was cancelled. This training will further support her in effectively facilitating interpretation services for patients.

Optometrists

Specsavers Bells Brook Branch – First Visit

Specsavers Bells Branch is located on the first floor of Sainsbury's supermarket on the outskirts of Biggleswade adjacent to the A1. The service provides both Optometry and Auditory support.

Four members of staff were interviewed including the Branch Supervisor who was currently acting as Manager. This branch is a franchise owned by the same franchisees as Specsavers, Market Square, Biggleswade. They currently use 'Language Line' for translation services and 'Access Bedford' for interpreters. A summary report was emailed to the Branch Manager on 5th November 2024 with recommendations.



Observations

No signage was observed during the visit to indicate the availability of translation or interpretation services. While leaflets providing information about Specsavers' services were available, none were provided in multiple languages.

The branch is located on the first floor of Sainsbury's and is accessible via a lift. The waiting area is a bright, clean, and accessible space with approximately eight seats available.

Staff Interviews

None of the staff interviewed mentioned 'D.A Languages', the service Provider commissioned by BLMK ICB for primary care. Staff confirmed that 'Language Line' is the service Provider for translator support, and Access Bedford (a charity) for interpreters.

Three members of staff spoke about an iPad with an App available that they used to access translation & interpretation services, however they could not recall the name of the Provider. One person recalled 'Language Line' for translators and 'Access Bedford' for interpreters. Telephone numbers were displayed on the office wall.

One staff member said they 'haven't had to use it' (the App) and another staff member said, **"I would tell the Manager."** When asked how often they use a translation and interpretation service, two people said, **"never"** and two people said, **"Less than monthly"** and when asked if they thought they should be using it more frequently based on patient needs three people said, **"No"** and one person said, **"yes."**

Staff were asked what their experience was of using the service. All staff had no or very little experience, but had observed other staff using it. One staff member said, **"I've only used Language Line once in 3 years and sign language twice."**

One person said they had **"used it once for a customer who required an interpreter and had used the App for support."**

When staff were asked what they would do should an interpreter not be available, they indicated they would either use family or friends, reschedule the appointment, use google translate or use bilingual staff. When asked if there are any languages / dialects / communication needs/ written materials etc that you have found more challenging to access compared to others, we either received no response or mixed responses, due to lack of experience using the App. One person said, **"Eastern European as our staff do not speak those languages."**

When asked what they thought may work better in their setting to allow access to the translation and interpretation services, responses included, **“knowing how to use it better”, “having to give notice to the provider and ensuring it can access in a timely manner without delays to co-ordination with the patient.”**. The Optometrist said, **“I found it difficult to try and monitor the conversation between the patient and the translator/interpreter using the iPad and make notes at the same time.”**

When asked if they required any training needs to support them, two people said they would, **“like more training and awareness.”** and added, **“someone to come in and show us exactly what to do”**. One person said, **“I don’t know”** and the other said, **“Don’t think so.”**

When asked if they had any further comments in addition to the questions, one staff member added, **“I think we should take pressure off kids that come in supporting older family members that don’t speak English, perhaps taking them out of school (recent example given). “I have noticed more people with English as their second language in this area. There’s a hotel nearby taking in immigrants and local families hosting Ukrainian families that are supporting with translation. Services need to be better promoted, and more awareness provided for patients to reduce anxiety.”** another staff member added, **“Most patients have English as their first language, or they come with a family member. It’s usually the older people that do not have good English. With hearing loss there is a broad spectrum but with hearing aids can communicate.”**

HWCB Recommendations:

- 1. Minimise Reliance on Family Members or Friends:** Encourage the use of professional translation and interpretation services to ensure accurate communication, maintain patient confidentiality, and uphold professional standards of care.
- 2. Provide Comprehensive Staff Training and Awareness:** Deliver regular training sessions for all staff to enhance understanding of the available translation and interpretation services, including how to access and utilise them effectively. This will ensure consistency in service delivery.
- 3. Enhance Signage Within the Branch:** Install clear and visible signage to inform patients about the availability of translation and interpretation services. Ensure the signage is strategically placed in reception and waiting areas to maximise awareness.
- 4. Offer Multilingual Leaflets:** Develop and distribute leaflets in commonly spoken languages within the community to ensure non-English speaking patients can access essential information about the services offered.
- 5. Engage with BLMK ICB:** Contact the Bedfordshire, Luton, and Milton Keynes Integrated Care Board (BLMK ICB) to confirm details of the current service provider for translation and interpretation services in Primary Care (D.A. Languages) in Central Bedfordshire. Explore opportunities to strengthen collaboration and ensure the services commissioned meet the needs of the population.

In addition, staff at Specsavers asked HWCB about training resources for their staff using 'D.A Languages'. We subsequently contacted 'D.A Languages' to request guidance documentation regarding using the service; this was provided and sent to the Specsavers Manager on 22nd November 2024. Specsavers also asked us who has responsibility for providing posters in different languages. After speaking to BLMK ICB colleagues we were informed this would be taken into consideration.

Specsavers Bells Brook Branch – Second Visit

On 17th December 2024, Healthwatch Central Bedfordshire (HWCB) conducted a follow-up visit to the Bells Brook branch of Specsavers. During the visit, HWCB engaged in a discussion with the Optometrist in charge, as the Deputy Branch Manager was unavailable.

Subsequent to this visit, the Branch Director reached out to HWCB to inquire about the process for establishing a 'D.A Languages' account. HWCB provided the relevant information, which had been shared by BLMK Integrated Care Board (ICB).

A hard copy of the login details and booking procedures for 'D.A Languages' is now prominently displayed in the branch office to ensure accessibility for staff. Although the account has not yet been utilised, staff members demonstrated awareness of the service and expressed confidence in their ability to access it when required.

Currently, staff continue to rely on the iPad located at the Market Square branch to access translation and interpretation services. They noted that their existing staffing arrangements, which involve sufficient personnel travelling between branches, allow them to transfer the iPad as needed to meet current demand effectively.

This approach reflects an effort to optimise resources while ensuring the availability of interpretation services for patients who require them. However, ongoing monitoring of this arrangement will be important to ensure it continues to meet patient needs as demand evolves.

Specsavers Market Square – First Visit

Specsavers Market Square is located in the town centre of Biggleswade. It provides both Optometry and Auditory support. Three members of staff were interviewed. The Branch Manager was not in attendance during the time of the visit. This branch is a franchise owned by the same franchisees as Specsavers, Bell's Branch Biggleswade. They currently use 'Language Line' for translation services and 'Access Bedford' for interpreters. A summary report was emailed to the Branch Manager on 5th November 2024 with recommendations.

Observations

The branch is located in a ground floor building and is accessible from the Market Square. There was no signage evident to direct people to interpretation and translation services during the visit. None of the leaflets displayed had information available in different languages. Staff were not observed accessing the services or providing informal support to customers. Three dispensary staff members were interviewed, and one person was acting as the Manager for a brief time. A seating area is available towards rear of the store that is accessible, however it does appear to lack privacy. If required a side room was available for confidential discussion.



Staff Interviews

When asked if they knew who the Provider was for translation / interpretation services for this branch, two staff members did not know the name but was aware there was a Provider available via an App on an iPad. One member of staff said they had seen the App being used, and a member of staff had used it. A third person said, 'yes' citing 'Language Line'.

When staff were asked what they would do when someone needs to use the translation and interpretation service, staff spoke of 'Language Line' as their Provider for the translation and interpretation service. One person, who had not had experience of using the App said, **"If they book an appointment in store, I write things down, use simple signals, use a family member and would put in their notes that the App would be required."** Another person said, **"I would contact Language Line via the App on the iPad, I've been using it for 12 months or more."** Another person who had used the App said, **"I look for appointments in advance on the App and match the date and time availability with the customer for convenience."**

When asked how often they used the service, two people replied, **"less than monthly"** and one person replied, **"never."** All three staff interviewed said they thought it should be used more frequently, one adding **"definitely."**

Overall, it appears that staff experience of using the translation and interpretation services is good, however there were a few slightly negative comments. One person, who had not had experience of using the App said, **"From what I've seen, it seems a little complicated to set up."** Another person said, **"No issues, very friendly and engaging staff, willing to help. very engaged."** A third person said it had been, **"OK"** mainly, however they had experienced issues with 'pin numbers' indicating an inability to log in with their store log in pin number. They further added, **"we may have been given the wrong one to start with."**

When staff were asked what they would do if an interpreter was not available. One person said, **"They usually come with family members or have someone to support over the telephone."** Another person said, **"Sometimes patients have arrived instore with written information already prepared on Google App."**

When asked are there any languages/ dialects / communication needs/ written materials etc that you have found more challenging to access compared to others, staff answered, **"Not really", "No"** and, **"it's usually BSL that we use, I have not encountered language issues."**

When asked what would work better for the service in their branch, one staff, member clarified that there is only one iPad, solely used for the Translation and interpretation App, that is shared between them and the Bell's Brook Branch. He added, **"It's not an issue, as it's not used that frequently, but our own iPad with the App would be better."**

When asked if they had any training and development needs that would support them to make better use of translation and interpretation services, for example cultural competency training, they all confirmed that information, training and awareness for all staff were top of their list.



HWCB Recommendations:

- 1. Provide Comprehensive Staff Training:** Deliver additional training and awareness sessions for all staff to ensure a thorough understanding of the available translation and interpretation services, including how to access and effectively utilise them.
- 2. Minimise Reliance on Family Members or Friends:** Implement measures to reduce dependence on family members or friends for interpretation, aligning with best practices and safeguarding patient confidentiality.
- 3. Consider Procuring a Dedicated iPad for Interpretation Services:** Evaluate the feasibility of acquiring an additional iPad dedicated solely to the Bells Brook branch. This would eliminate the need to share the device with other local Specsavers franchises, allowing for increased usage of interpretation services and better meeting patient needs.
- 4. Engage with BLMK ICB Regarding Translation Services:** Liaise with the BLMK Integrated Care Board (ICB) to confirm details of the current service provider for translation and interpretation services (D.A Languages) commissioned for Primary Care in Central Bedfordshire. This will ensure staff are fully informed about the resources available and their funding arrangements.

To note: Specsavers also have a Community Service which is managed centrally (not by the stored franchisees) and one member of staff, when questioned, was unaware of how translation / interpretation Providers worked in this service.

Specsavers Market Square – Second Visit

The branch was revisited on 17th December 2024, during which a discussion was held with a staff member regarding the implementation of translation and interpretation services. He confirmed that, following the initial visit by HWCB, the Manager promptly set up the account and ensured that all staff were informed about the location of both the guidance booklet and the iPad dedicated exclusively to accessing the service.

While none of the staff had yet utilised 'D.A. Languages', he noted that after reviewing the guidance booklet, which includes screenshots of the website, the system appeared to be more user-friendly than the previous provider and offered greater flexibility for pre-booking appointments.

Community Pharmacists

Jardines Pharmacy – First visit

Jardines Pharmacy is located in a residential area of Biggleswade. It was visited by one HWCB staff member on 8th November 2024. Three members of non-clinical dispensary staff were interviewed.

Observations

At the time of the visit, there was no signage visible to direct residents to translation and interpretation services, nor was a hearing loop available. Additionally, no staff were observed utilising translation or interpretation services to communicate with residents or providing informal translation and interpretation support.

An elderly gentleman using a walking frame was observed struggling to access the Pharmacy, requiring assistance from another customer to open the door. The waiting area contained only two seats, both of which had damaged backrests. A screened section within the reception area was designated for blood pressure measurements and was equipped with two small chairs. Several areas of the floor appeared to have been patched with tape. A separate consultation room was available for use.

Staff Interviews

All staff interviewed were not aware of any formal translation and interpretation service Provider and relied on using family members, lipreading and using Google translate. They had no experience of using a formal translation and interpretation service Provider, one staff member said, ***“I use Google translate, there are some non- English speakers and it’s difficult to communicate, I ask for family, members to support.”***

All staff interviewed thought the service could be used more frequently, one person adding, ***“the town is getting bigger with more foreign speakers, it’s more diverse now.”***

When asked about any languages or other communication needs that were more difficult to access than others, they were unable to answer as they did not use the service, however they all mentioned a particular Chinese customer that they had experienced communication difficulties with, saying, ***“we used to have a Chinese Pharmacist that tried to communicate with him, but it was unsuccessful because of the different dialect.”***

If an interpreter was not available, staff said they would use family members, with one staff member who said, ***“I have used Google translate and bilingual staff, also with reading, speaking slowly and making eye contact.”*** Another said, ***“We have an Arabic speaking member of staff.”***

When asked what they thought would work better in their setting for the translation and interpretation services, all staff confirmed that having more staff awareness and training about the Providers would help. One staff member said, ***“Easy access to the providers would be invaluable to this very busy pharmacy.”*** Awareness and training regarding the translation / interpretation Providers was agreed as a need by all staff.

HWCB Recommendations

- 1. Install Multilingual Signage:** Display clear and professionally designed signage in multiple languages throughout the premises to inform customers about the availability of translation and interpretation services. This will ensure that all customers, regardless of their primary language, are aware of the support available to them.
- 2. Formal Registration with 'D.A. Languages':** Complete the registration process as a client with 'D.A. Languages' via the Dals Link | Public | List portal. Upon registration, 'D.A. Languages' will coordinate with BLMK ICB to confirm and activate service usage. Ensure the process is tracked to avoid delays and establish a clear line of communication with the provider.
- 3. Staff Training and Awareness Programmes:** Implement comprehensive training sessions for all staff members to enhance their understanding and utilisation of the translation and interpretation services. Training should include familiarisation with the guidance materials, effective use of the iPad, and practical demonstrations of how to access and manage the services provided by 'D.A. Languages'. Periodic refresher sessions and feedback mechanisms should also be established to maintain high service standards.

Jardines Pharmacy – Second visit:

Despite multiple attempts to contact staff at Jardines Pharmacy to schedule a follow-up visit and assess progress on our recommendations, we were unable to secure a response. As a result, the second visit did not take place, which is disappointing, as it limited our ability to evaluate any improvements or further support needs.

Cheeseman's Pharmacy – First Visit

Cheeseman's Pharmacy is a community Pharmacy located in Ampthill town centre. The visit was undertaken by a HWCB staff member on 14th November after 3pm; the vaccination clinic that is usually undertaken at that time of day had been cancelled due to staff shortages, therefore only two non-clinical staff members were interviewed.

Observations

During the visit, there was no clear or visible signage in multiple languages or accessible formats to direct residents to the availability of translation and interpretation services.

Staff were not observed utilising translation or interpretation services, nor providing informal translation support to communicate with customers during the visit.

Cheeseman's is a small pharmacy with approximately four chairs available in the waiting area. A separate, private consultation room was present, and it was confirmed that this facility is accessible to all customers. The main entrance features double doors, though no observations were made regarding their accessibility or ease of use. The Pharmacy was notably quiet at the time of the visit



Staff Interviews

Both staff interviewed were unaware of the translation and interpretation service for Central Bedfordshire, therefore had no experience of having contacted them. When they were asked what they do when someone needs to use the translation and interpretation service, one person said, **“if support was needed, I would speak to the Pharmacist and seek help.”** Another person said, **“It’s never been an issue while on the phone or face to face, most people are British.”**

On previous occasions where communication has been an issue, the patients have used alternative methods such as the Google Translate App and bringing family members with them. One staff member said, **“I’m aware of how to use Google App as well.”**

When asked if there are there any languages / dialects / communication needs/ written materials etc that they have found more challenging to access compared to others, both staff said, **“No.”**

Although a hypothetical question, when staff were asked what they thought may work better in their setting for the translation and interpretation services, they suggested having leaflets in different languages, plus more awareness and training of the Providers available. One person said, **“Would be good to have the contact information available however I do think we would not have much use for it. We know the people in the community, sometimes we have people come on that are on holiday from abroad, but communication is not an issue.”** The other staff members said, **“Helpful to have the contact information and how to access the services.”**

When asked if they had any training and development needs that would support them to make better use of translation and interpretation services, for example cultural competency training, both staff confirmed that awareness and training for staff about the Providers would be useful.

Additional comments included, **“It’s never been an issue, we did have one deaf person that came in however they could speak so they communicate their needs.”**

HWCB Recommendations

- 1. Establish an Account with ‘D.A. Languages’:** While the need for translation and interpretation services in this area appears low, it is recommended to proactively set up an account with the commissioned provider, ‘D.A. Languages’, through the designated client portal using the Dals Link | Public | List. Once registered, ‘D.A. Languages’ will liaise with the Primary Care Contract team at BLMK ICB to approve and confirm service usage, ensuring the service is readily available when needed
- 2. Enhance Staff Awareness and Training:** Ensure that all staff members are fully informed about the availability of translation and interpretation services and are trained on how to access and utilise them effectively. Provide clear guidance, practical demonstrations, and ongoing training to reinforce knowledge and encourage confidence in using the service.
- 3. Improve Customer Communication:** Develop and display professionally designed information materials in multiple languages and accessible formats, such as posters, flyers, or digital signage, to inform customers of the availability of translation and interpretation services. These materials should be strategically placed in visible locations to maximise awareness and accessibility for all customers, including those with limited English proficiency.



Cheeseman's Pharmacy – Second Visit

Despite multiple attempts to contact staff at Cheeseman's Pharmacy to schedule a follow-up visit and assess progress on our recommendations, we were unable to secure a response. As a result, the second visit did not take place, which is disappointing, as it limited our ability to evaluate any improvements or further support needs.

Bedfordshire Hospitals NHS Foundation Trust – Bedford Hospital

Riverbank – First visit

Two HWCB staff members visited the Riverbank Ward and reception area at Bedford Hospital on 22nd October 2024 between 10:30–12 noon accompanied by a Patient Experience Matron. Seven members of staff were interviewed.

Observations

No clear or visible signage was observed during the visit (in multiple languages or accessible formats) to direct residents to translation and interpretation services. Additionally, staff were not seen utilising translation and interpretation services to communicate with residents, nor relying on informal methods of communication.

The waiting area was well-lit, spacious, and equipped with an adequate number of chairs, making it suitable for individuals with mobility challenges.

Staff Interviews

The majority of staff were aware of the translation and interpretation provider, 'D.A. Languages', and one staff member mentioned another provider, 'Silent Sounds,' for British Sign Language (BSL) services. However, one individual, who identified as a temporary staff member, was unsure and clarified their limited familiarity with the services.

When staff were asked about the process for assisting residents in need of translation or interpretation services, they mentioned using department PIN codes and pre-booking the service. However, some staff demonstrated uncertainty about the full scope of services provided by 'D.A. Languages'. One staff member explained: ***"We have a department PIN code that we use when contacting D.A. Languages via the deck phone. I'm not sure if we have leaflets, but there is a shared drive with printable resources. I'm unsure if they provide support for deaf individuals."*** Another staff member also expressed uncertainty, stating:

"Yes, we use it for translation, but I'm not sure about interpretation." One staff member who was more knowledgeable stated, ***"Use D.A Languages via the phone. It's pre-bookable for regular appointments. D.A Languages is the primary contact for BSL and Silent Sounds is the secondary contact. There are only two BSL hospital grade interpreters in the East of England."***

When asked how frequently they use a translation and interpretation service, four people said, 'weekly', with two staff members stating, **"monthly with one person adding it varies from month to month."** One person said they used it two-three times per week.

When asked if they feel they should be using the service more frequently based on patient needs, of the seven respondents, two people said, **"no"** and five people said, **"yes."**

Comments included: **"Yes - very transient - we try not to use family"** and **"Yes - we're not supposed to translate via a partner as we can't guarantee the quality of the message they then give. Patients do not want to cause a fuss if they don't understand properly. We would always offer the service in that case."**

Asked if an interpreter was not available, what would they do, staff stated, **"Look at internet webpage at the accessibility tool or use Google translate. Do not go through family members."** A receptionist said, **"It's nothing to do with me. Usually come in with family members and they use Google translate."** Others said, **"Accessibility tool on the webpage. It's D.A Languages. Not supposed to use family members. We sometimes use Google translate"** and **"Will ring switchboard to see if anyone available who can speak their language. It's a lot better than it used to be."**

Additional comments included the following: **"It works really well"**, **"Service provider is really good"**, **"We are in the process of digitalising all leaflets in over 100 languages. We still have some leaflets as there are lots of people with digital poverty"**, **"We need a phone that has a speaker!"**

When asked about their experience with the translation and interpretation service, staff reported that it is consistently used whenever required to meet patient needs. They described the service as effective, with the ability to request either a male or female translator, and noted that their experiences with the service have been overwhelmingly positive, highlighting that it has improved significantly over the years. However, it was mentioned that some patients occasionally decline the service when offered, with one staff member commenting: **"Sometimes, when we offer the service, patients do not want it as they feel they are causing a fuss."** Another staff member shared their perspective, stating: **"It's a brilliant service—much better than it was before. We can choose a male or female translator, and it works great over the phone."**

When asked about the steps taken if an interpreter or translator is unavailable, staff explained that their approach would depend on the language required. They would explore whether a staff member with the relevant language skills was available to assist but emphasised that they would not rely on a patient's family member for interpretation. Instead, they would check when an interpreter or translator could be made available and plan accordingly.

One staff member elaborated: ***“We’ve never encountered a situation where the language line was unavailable. In rare cases, we’ve used Google Translate or a bilingual member of staff, depending on the situation, but we would not involve a family member for interpretation”.***

When asked if there are there any languages / dialects / communication needs/ written materials etc that they have found more challenging to access compared to others, staff generally felt that most languages were catered for, some adding that they, ***“Mainly use Polish and Punjabi, have not had that experience”*** others added, ***“Patients of families that are deaf are more challenging. Have arranged for someone to come in, some know Makaton. It is generally flagged up that the patient is deaf on the system. When using the service, it does take longer so appointment time may not be long enough.”*** One staff member had concerns about leaflets stating, ***“We can’t have every language for leaflets, it’s very expensive to print professionally”***, adding ***“For the top languages there are leaflets however this is not cost effective, we use digital format mainly.”***

When staff were asked what did they think may work better in their setting for the translation and interpretation services, suggestions included; ‘having longer appointments’, ‘a mobile phone specifically for the purpose’, ‘not having to ask the hospital operator or management’, and ‘having a translator on wheels’, one staff member added, ***“we have a folder with information – previously had to get a phone from switchboard. Now different – would like to see a mobile phone specifically for this purpose.”***

Other comments included: ***“Translator on wheels – is a really good service. Need an App for instant access. A mobile number would provide easy access”***, and ***“It would be good to have a ‘translator on wheels’ or have direct patient access in a non –emergency that connects to a translator straightaway.”***

When staff were asked if they had any training and development needs that would support them to make better use of translation and interpretation services, for example cultural competency training, one staff member, who spoke other languages, said she would be happy to have more training for translating in a clinical environment but added, ***“Happy to have training as long as it is added to my hours.”*** (as long as it forms part of their working hours). Other staff said, ***“would be helpful if it was identified that English was not first language on admission then it would help a wide variety of people to identify language issue”***, ***“Training includes translation and interpretation services”***, ***“I’m not usually asked to use this”*** and ***“Not for me personally- I deliver training to raise awareness of the translation & interpretation services.”***

HWCB Recommendations

- 1. Introduce Multilingual Signage:** Display clear and professionally designed signage in multiple languages and accessible formats throughout the premises to inform patients about the availability of translation and interpretation services. This will help ensure patients are aware of the support options available to them.
- 2. Equip a Phone with Speaker Capability:** Provide a phone equipped with speaker functionality to facilitate translation and interpretation services in situations where multiple parties need to engage simultaneously. This would enhance communication, particularly for over-the-phone interpreting.



- 3. Consider Implementing the 'Interpreter on Wheels' Device:** Explore the use of the 'Interpreter on Wheels' device, which features a screen mounted on a stand with built-in speakers. This device connects to over 250 community languages via audio and video, including British Sign Language (BSL). Offering instant access to interpreters, it can significantly improve real-time communication for both patients and staff.
- 4. Ensure Adequate Appointment Times for Translation/Interpretation Needs:** Allocate longer appointment slots for patients requiring translation or interpretation services to account for the additional time needed for effective communication. This will enhance patient care and ensure consultations are thorough and unhurried.
- 5. Strengthen Staff Awareness and Training:** Ensure that all staff are fully informed about the translation and interpretation service, including how to access and book it. Special attention should be given to front-desk staff to eliminate any gaps in knowledge.
- 6. Leverage and Train Bilingual Staff:** Consider providing additional training for existing bilingual staff to enable them to effectively translate in a clinical environment during core working hours. This would provide a valuable resource for real-time communication while ensuring adherence to clinical and professional standards.

Implementing these recommendations would enhance accessibility, improve communication, and ensure a more inclusive and patient-focused service.

The Patient Experience Matron also confirmed that posters for Absolute Translations will be produced and displayed across the hospital. Furthermore, the log-in credentials and PIN numbers for different languages will remain the same, ensuring a seamless transition for staff accessing interpretation services.

Acute Assessment Unit (AAU) – First visit

The AAU was visited on the morning of 15th November 2024 accompanied by the Patient Experience Matron. Two non-clinical and three clinical staff were interviewed.

Observations

No clear or visible signage was observed during the visit to inform residents about the availability of translation and interpretation services. A guidance booklet for 'D.A. Languages' was displayed behind the reception area, providing staff with instructions on how to access the service. The booklet advised staff to contact 'D.A. Languages' directly via phone or through the hospital's switchboard.

During the visit, staff were not observed utilising translation or interpretation services to communicate with residents, nor were they seen providing informal translation or interpretation support.

The Acute Assessment Unit (AAU) is located on the ground floor of the hospital. The entrance features double automatic doors with appropriate signage, offering easy wheelchair access, including low-level push buttons positioned outside the entrance for convenience. The area was observed to be well-lit, clean, and maintained in good condition.



Staff Interviews

When staff were asked what they do when someone needs to use the translation and interpretation service, one staff member said, **“Ask a member of staff if they are bilingual. We go to the front desk and ask for the translator number.”**

A Ward Clerk said, **“Don’t deal firsthand with patients. Someone came in who spoke Punjabi and the nurse asked me about the translation services. A lady from the discharge lounge spoke Punjabi therefore she helped the patient. As it’s a feeder ward from the A&E they would have asked if the patient required support.”** Others said, **“Call the main translator. It was explained how this was done. Very easy to access though dialects are sometimes an issue”** and **“We use a translator share details in the office and we can call the switchboard.”**

A Clinical Support Worker said, **“We go to Matron and ask for support, there’s a leaflet about it on the staff room.”**

When staff were asked if they knew who the Provider of their translation and interpretation services is, and how to access the account, four people said, **“No”** and two people said, **“yes”**, adding **“I can’t recall the name, but I know that the department has used it a lot.”**

When staff were asked how frequently they used a translation and interpretation service all staff said, **“never”** because they referred it on to the clinical staff to arrange it. Another staff member added, **“Never – it’s usually the doctors.”**

When asked if they thought they should be using it more frequently based on patient needs, two staff members said, **“no”**, two staff members said, **“yes – we don’t use it enough”** and one person said, **“Possibly – personally wanted to, however patients tend to use family member’s.”**

When asked what their experience is of using the translation and interpretation services, most could not comment as they had no personal experience of using the service. However, of those that had, one person said, **“very good. Use the phone call without booking a future appointment and do on the spot.”**

When asked what they would do should an interpreter not be available, staff said they ‘use a family member’, ‘use bilingual staff’ and ‘pass onto the nurse in charge’. Other comments included: **“Not asked personally but usually a family member visiting the appointment and asking if they can come along but do ask if they would like a translator”** and **“I always pass onto the nurse in charge. I use simple hand signs and many years, and I googled it”** plus, **“We do use staff and family. Depends on the dynamic of the family as you don’t know exactly what is being said.”**

A Community Service Worker (CSW) gave an example of an Italian speaker with dementia needing the toilet and communicating via hand signs to confirm that’s what they needed, following which the CSW brought them the commode.

When asked if there are any languages / dialects / communication needs/ written materials etc they had found more challenging to access compared to others, generally there were not, but responses included difficulty with patients with Indian dialects, people with dementia and learning disabilities, one staff member said. **“People with dementia are more challenging.”**

When asked what they thought would work better in their setting for the translation and interpretation services, comments included the following: **“Not in my role but for staff. Staff handover from dept. to dept. would be good to have it there, if not done. Better for patients and staff”, “Nothing ‘it works well for us”, “Made more aware of it, especially new starters”, “More awareness and training about the services” and “have a face-to-face interpreter especially for capacity, BSL for sign language via PALS, to have the option.”**

When staff were asked if they had any training and development needs that would support them to make better use of translation and interpretation services, they appeared happy about the training they had received, one staff member said, **“No – have mandatory training and can’t talk of anything specific on this as think it is incorporated into it”** and another said, **“Not received any cultural competency training and would welcome it but understand why it hadn’t been added to training.”** A few other staff added, **“More awareness and training. Some nurses have had training not sure which.”**

Additional comments included the following: **“Never been a real problem. maybe a patient is isolated and family member but usually a large family feeding into it,” “It’s normally the doctors who use it” and “Works well when need it and not usually used.”**

HWCB Recommendations:

- 1. Review and Enhance Signage for Translation and Interpretation Services:** Conduct a comprehensive review of current signage and develop clear, professional, and multilingual displays to inform patients about the availability of translation and interpretation services. Signage should be prominently placed in high-traffic areas, such as entrances, waiting rooms, and reception desks, and should include accessible formats to accommodate diverse patient needs.
- 2. Strengthen Staff Awareness and Training:** Ensure all staff, including Clinical Support Workers (CSWs) and non-clinical staff, are fully aware of the translation and interpretation services and understand how to access them effectively. Provide targeted training sessions to reduce reliance on family members for communication support, ensuring professional standards are maintained and patient confidentiality is upheld. Training should include practical demonstrations and easy-to-access resources, such as step-by-step guides or quick-reference materials.

Implementing these recommendations will help improve communication, ensure equitable access to services, and enhance the overall patient experience.

Outpatients – First Visit

Nineteen staff members were interviewed in the Outpatients reception and waiting area which serves patients attending various clinics for example Urology, Phlebotomy and Pre-op assessment.

Observations

No clear or visible signage was observed during the visit to indicate the availability of translation and interpretation services in multiple languages for residents.

Staff were not observed utilising translation or interpretation services to communicate with residents, nor were they seen providing informal support in this regard.

The Outpatients Department is located on the first floor of the hospital and is accessible via lifts and stairs. The main waiting area is equipped with a substantial number of chairs, with additional seating available in designated areas specific to each clinic. The overall layout ensures accessibility and comfort for patients.

Staff Interviews

When staff were asked what they would do when someone needs to use the translation and interpretation service some staff said they would contact 'DA languages' via the telephone **"For spoken support we contact D.A Languages by phone."** One person added, **"Booking office advise us that it's required, and they book. But can also access via the laminated sheet in the office by calling and they'll come down / translate."** However other staff gave different responses, one staff member said, **"I try and find someone who can translate, see if someone in the department speaks the language. Raise with manager."**

When staff were asked if they knew who the Provider of their translation and interpretation services is, and how to access the account, two staff members said, **"Yes"**, four people said, **"No"**, adding they knew there was a Provider but could not recall the name, and one person simply said, **"No"**.

When asked how frequently they used a translation and interpretation service, three people said, 'monthly', two people said 'never', one person said 'less than monthly' and one person said, 'weekly to monthly but it varies'.

When asked if they thought they should be using it more frequently, three staff members said, **"no."** One person commented, **"No –we usually manage to communicate well."** However, two staff members said **"yes"**, and one person said, **"could not say"**, another said, **"Yes – we don't book appointments here but happy to sort out. Do have calls come in, and book an interpreter face to face."**

When asked what their experience is of using the translation and interpretation services, most staff members said they had never used it, one non-clinical staff member saying, "No personal experience – **"we contact the nurses."** A staff member in pre-op assessment said, **"We have one phone that we must unplug and move to a consultation room and put on to a speaker which takes longer for a three-way conversation and can throw clinics out."** Another said, **"Much easier now rather than waiting for a person to attend, unless it's BSL. Not had an incident when not been able to use it."**



When asked what they would do should an interpreter not be available, many confirmed they would 'ask relatives for support', 'rearrange the appointment if unaccompanied by a supporting family member', or 'seek support from a clinical staff member or Manager'.

One Pre-Op staff member added, ***"It's patient dependant – we tend not to use other staff because of their availability. We try to use simple, general language for patients however we inform the patients that a translator will be available / used on the day of the surgery. We do not like to use family members as we cannot guarantee the quality of the message. I've given out written information sometimes."***

When asked if there any languages / dialects / communication needs/ written materials they have found more challenging to access compared to others, most staff said there were not any, one person adding, ***"No – have a large source of accessible written material"*** and another saying, ***"Chinese and Indian dialects"***.

When staff were asked what they thought may work better in their setting for the translation and interpretation services, suggestions included having 'speaker phones available in consulting rooms', 'signage at reception' and 'handouts available for patients telling them about 'D.A Languages'.

A non-clinical worker commented, ***"Nurses have information in their language, we don't. Service mainly used by nurses and doctors."*** And another person said, ***"In a fast paced environment, perhaps a faster access service."***

When staff were asked what training and development needs would support them to make better use of translation and interpretation services, most staff said, ***"None"*** however one person added, ***"None – not had any Cultural Competency Training (CCT)."*** One person who said, ***"yes"***, added, ***"I've never had CCT and would be good to have this. I have been here six months and have finished training and not aware I have done this. Be good to have."***

HWCB Recommendations:

- 1. Conduct a Comprehensive Review of Signage:** Evaluate and enhance the visibility and accessibility of signage to inform patients about the availability of translation and interpretation services. Multilingual and accessible-format signage should be strategically placed in high-traffic areas such as entrances, waiting rooms, and clinic reception desks to ensure all patients are aware of the support available to them.
- 2. Enhance Staff Awareness and Training:** Ensure that all staff, including Clinical Support Workers (CSWs) and non-clinical staff, are fully informed about the availability of translation and interpretation services and how to access them effectively. Provide targeted training based on hospital policy, addressing role-specific requirements to ensure consistency across departments. This will reduce reliance on family members or clinical staff for interpretation and promote a professional and patient-centred approach to communication.
- 3. Leverage and Train Bilingual Staff:** If deemed suitable, consider identifying bilingual staff who could assist with translation and interpretation services in certain circumstances. Provide formal recognition and training to equip these staff with the necessary skills to support communication in a clinical environment. This training should be seamlessly integrated into their core working hours to avoid additional workload and ensure the approach aligns with hospital policies and professional standards.



- 4. Improve Access to Communication Tools:** Explore the provision of additional phones with speaker functionality in consulting rooms to enable quicker and more convenient access to translation and interpretation services. This would enhance real-time communication and improve the efficiency of service delivery for both staff and patients.

Implementing these recommendations would enhance patient access to essential translation and interpretation services, reduce communication barriers, and support a more inclusive and efficient healthcare environment.

Bedford Hospital – Second Visit

On 7th February 2025, a Healthwatch Director and staff member conducted a second visit to Bedford Hospital. Following a discussion with the Patient Experience Matron regarding the hospital's translation and interpretation services, it was agreed that visits to Riverbank Ward, Outpatients, and AAU were not necessary at this time.

During the discussion, we were informed that the contract with D.A. Languages is due to end within the next few weeks and will be replaced by Absolute Translations. As part of this transition, 'Translator on Wheels' will be introduced as a new feature of the service, offering mobile translation support within the hospital.

Training for key personnel will be rolled out in phases, with initial sessions focusing on clinical staff in the Accident & Emergency and maternity departments, as they are the most frequent users of the service. Additionally, 'Train the Trainer' sessions will be provided to key staff members to ensure wider implementation and knowledge-sharing across the hospital.

The Patient Experience Matron also confirmed that posters for Absolute Translations will be produced and displayed across the hospital. Furthermore, the log-in credentials and PIN numbers for different languages will remain the same, ensuring a seamless transition for staff accessing interpretation services.



About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

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