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CONSULTED WITH:	Head of Patient and Public Engagement

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**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1 INTRODUCTION

- 1.1 Good communication between staff and service users is essential for the delivery of high quality care. Wrightington, Wigan and Leigh Teaching Hospital NHS Foundation Trust is committed to ensuring all service users have equal access to services, taking into account the barriers that may be created due to language or impairment. We have an ethical responsibility, to ensure patients are treated equally; receive high quality care; are fully informed in decisions about their care and can give informed consent.
- 1.2 The provision of interpreter and translation services enables us to ensure equality of access to health services. As part of the General Duty of the Equality Act 2010, public sector services are required to advance equality of opportunity and eliminate unlawful discrimination between individuals who share a protected characteristic. We have a duty to provide communication support for people, where there is a need. This includes those for whom English is not their main language, and/or those who are visually, hearing or speech impaired
- 1.3 Providing access to interpreters and translation services, supports the requirements of the Accessible Information Standard, improving communication and accessibility for people with a disability or sensory loss.

2 POLICY STATEMENT

- 2.1 The policy is intended for all staff working in the Trust and applies to all situations where a service user does not have English as their first language; has a disability or sensory loss and assistance is required to communicate; or where it is necessary to translate information into other languages or formats.
- 2.2 This policy and accompanying Standard Operating Procedure is aimed at addressing the formal process for accessing interpreter and translation services.
- 2.3 It is the policy of Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust to only use professional interpreters and translators who are bilingually competent, neutral, independent and professionally trained.
- 2.4 In the interests of accuracy, confidentiality and accountability, the use of staff, friends or family members and on-line translation websites in clinical situations is not acceptable, unless there are exceptional circumstances as set out in the policy.
- 2.5 For the purposes of this policy, the following definitions will apply
 - 2.5.1 **INTERPRETER:** Is identified as a person who interprets a spoken or signed (British Sign Language) message from one language to another. This can be either face to face or by telephone
 - 2.5.2 **TRANSLATION:** Is the written transmission of text from one language into another, including braille/large print/etc. Translation does not strictly have to be into written text – it can also mean translation into audio, CD

3 KEY PRINCIPLES

- 3.1 The aim of this policy is to provide information and guidance to staff to enable them to access interpreting and translation services with confidence within the Trust. The policy's

Standard Operating Procedure (TW11/023 (SOP) outlines the process for accessing telephone based and face to face interpreting, and for the translation of written material.

- 3.2 The policy will also advise on appropriate steps to be taken to ensure the safeguarding of children, vulnerable adults and patients with learning disabilities who require interpreting and translation services

4 RESPONSIBILITIES

Trust Board

- 4.1 The Trust Board is responsible for ensuring that there is access to a trained interpretation and translation service provided by approved, independent organisations and procured through the NHS Shared Business Services Framework (SBS). All interpreters are DPSI qualified or have equivalent qualifications and experience. All interpreters are bound to maintain confidentiality and adhere to the NRC PD Code of Ethics for Interpreters/Translators.

4.2 Divisional Managers

Divisional Managers are responsible for ensuring this policy is implemented within their divisions. The cost for interpreter and translation services will be met by the requesting divisions. It is the responsibility of Divisional Managers and their Teams to monitor interpreter and translation service activity and expenditure before sanctioning payment.

4.3 Ward/Department Managers

Managers are responsible for ensuring this policy is implemented within their departments. For ensuring all staff are aware of this policy and identifying and addressing any training needs. To bring any issues which may affect implementation to the attention of the Policy Lead.

4.4 Staff

Staff are responsible for implementing this policy effectively and for bringing any issues which may affect implementation to their Manager. Once it has been agreed by the ward/department, that interpretation/translation is required, it is the responsibility of individual wards and departments to access the appropriate communication support.

4.5 Policy Leads

Policy Leads are responsible for monitoring the effective implementation of this policy and providing information on the use of interpretation and translation services throughout the organisation.

5 INTERPRETATION AND TRANSLATION PROCEDURES/PRACTICE

- 5.1 The Trust will provide the following interpretation and translation services:

5.1.1 Access to Telephone Interpreters.

5.1.2 Access to Face to Face Interpreters (other languages).

5.1.3 Access to Face to Face Interpreters (British Sign Language).

5.1.4 Access to 'On Demand' video remote interpreters (British Sign Language).

5.1.5 Written Translation of correspondence/patient information (in other languages).

5.1.6 Written Translation of correspondence/patient information (in other formats – audio, large print, braille, etc.).

- 5.2 Where there is a need for communication support, telephone interpretation should be considered the first option for service users. No special equipment is required in most situations, only a telephone. Fixed, mobile and cordless devices should be used, with the speaker facility turned on and the volume raised so that all parties can hear one another.

Face to face interpreters will only be authorised if requests meet the Trust Criteria for booking face-to-face interpreters or British Sign Language Interpretation is required.

- 5.3 The policy's Standard Operating Procedure (TW11/023 (SOP) outlines the process/criteria for accessing telephone based and face to face interpreting, and for the translation of written material.

6 USE OF FRIENDS OR FAMILY MEMBERS AS INTERPRETERS

- 6.1 In the interests of accuracy, confidentiality and accountability, the use of family or friends is not acceptable in clinical situations. The patient should always be offered the services of a professional interpreter and the reasons for this explained. Staff should be aware that although relatives and friends may speak the same language, they might not be skilled or competent enough to interpret in a health care setting. They may have conflicting thoughts/ideas; confidentiality may be breached; the service user may or may not feel able to speak freely; the untrained interpreter may add or omit information; they may have difficulty with medical terminology; there may be difficulty in giving 'bad news'; misinformation can lead to misdiagnosis; and may open the Trust to potential litigation.
- 6.2 There may be some service users who simply refuse to use an interpreter, but who may wish to rely upon a spouse, child, family member or friend. The Trust cannot force a person to use an accredited interpreter however, the member of staff dealing with the situation will need to explain the risks for not using one. A telephone interpreter should be used to advise the patient that:-
- 6.2.1 An approved Interpreter is recommended and the Trust cannot take responsibility for any errors caused by the use of anyone other than an approved Interpreter.
- 6.2.2 The Trust will only pay for approved Interpreters booked by our approved suppliers.
- 6.3 A note must be recorded in the patient's notes that the above risks for not using an accredited interpreter were explained, and that the patient decision was not to follow the Trust's recommendations.
- 6.4 Under no circumstances should a child under the age of 18 be used as an interpreter. If a service user brings a child to interpret, they should be discouraged from interpreting and a professional interpreter offered. Children should not be used as interpreters as their understanding and interpreting ability cannot be guaranteed; they may miss school; parents may not feel able to speak through a child; this practice can cause long-term damage to the family relationships. In the case of acute emergencies, healthcare professionals could use an accompanying child to elicit and communicate basic information, for example "What happened?" or "How did you get here?" or any necessary demographic information, such as "Who are you and where do you live?"
- 6.5 If the patient is a child, a professional interpreter must be used. This does not prevent the family from being present to provide support as they would do in other circumstances.
- 6.6 For social interaction, basic requests and general conversation only, where confidentiality or impartiality is not an issue, it is acceptable to use adult family and friends or staff if both parties are in agreement.

7 USE OF STAFF AS INTERPRETERS:

- 7.1 In the interests of accuracy, confidentiality and accountability, the use of staff is not acceptable in clinical situations. The patient should always be offered the services of a professional interpreter and the reasons for this explained. Failure to provide a qualified

interpreter may leave the Trust open to challenge should the information given by a staff member prove to have been misconstrued or misunderstood.

- 7.2 Bilingual staff should only be used to help communicate basic information about care or personal history, signposting and basic information such as visiting times etc. Staff must not be used to interpret clinical information, medical terminology or to facilitate decision making in relation to care

8 USE OF ON-LINE TRANSLATION WEBSITES

- 8.1 In the interests of accuracy, confidentiality and accountability, the use of free on-line translation websites are not acceptable in clinical situations. If a patient/carer requires the translation of any Trust documentation/correspondence, the Trust's Patient Information Officer must be contacted immediately. The policy's Standard Operating Procedure (TW11/023) outlines the process/criteria for the translation of written material into other languages and formats.
- 8.2 Although free on-line translation websites may be convenient for translating simple words or phrases, for example whilst on holiday, eating at a restaurant etc. not all text may be translated accurately. On-line translations are provided by machine translation. No human intervention is involved. All free on-line translation websites contain a disclaimer, that they will not take responsibility for incorrect or inaccurate translations. On-line translations offer no confidentiality; only a 'rough' translation; and no form of quality control (accuracy cannot be guaranteed). On-line translations do not translate word for word. They scan related documents, websites etc. and based on this material, generate suggested text.

9 EMERGENCY SITUATIONS

- 9.1 In an emergency situation it may be necessary to use staff members and adult family members to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care. An interpreter must be requested at the earliest opportunity.
- 9.2 In the event of an emergency situation only, if a face to face interpreter cannot be sourced, a telephone interpreter must be used. If a telephone interpreter cannot be used, the clinician making consent or treatment decisions in the patient's best interests must be contacted to request if a medical professional can interpret. Treatment must not be delayed waiting for an interpreter. If a medical professional speaks the same language and the same dialect, and can interpret and the clinician agrees to proceed, this should be fully documented in the health record of the patient. If no medical professional is available who can interpret and the clinician has made the decision in the patient's best interests that treatment cannot be delayed waiting for an interpreter, an adult family member can be asked to interpret in an emergency. If an adult family member agrees this should be fully documented in the health record of the patient. A family member can only be asked once all other options have been explored. This must only be in an emergency (Emergency Department / Trauma / Life threatening situations) and not for a prebooked clinic appointments. For further advise/clarification on 'emergency situations', contact the Trust's Safeguarding Team.

10 SAFEGUARDING CHILDREN

If the patient requiring an interpreter is a child, then it is not appropriate to use the child's family or carers to interpret under any circumstances. A professional face to face interpreter should be used in every instance. It is unethical and inappropriate to use

children as interpreters under any circumstances. A child is any person under the age of 18.

11. VULNERABLE ADULTS

If the patient requiring an interpreter is deemed as vulnerable then a face to face interpreter should be used in every instance

12. OVERSEAS PATIENTS

There is no charge for most hospital treatment for NHS patients who live in the United Kingdom. There are however charges for visitors from overseas, except in the case of an emergency. Overseas patients who require an interpreter, will be provided with an interpreter, but will be charged for this service

13. PRIVACY AND DIGNITY

Whilst providing interpreter services, the Trust will ensure that patients' privacy and dignity needs are met with respect to maintaining confidentiality and requesting where possible interpreters of the same gender if this is in accordance with patient's wishes. If it is necessary to have an interpreter present during intimate examinations or procedures then the patient will be shielded from the interpreter by the use of curtains or a screen

14. TRAINING

14.1 All staff who have contact with patients must be aware of their role and responsibilities with regard to accessing interpretation and translation services. This will be achieved through:

14.1.1 Understanding of the Interpreting and Translation Policy and SOP.

14.1.2 Reviewing Guidance on Interpretation and translation on the Interpreter Services Web Pages on the Intranet.

14.1.3 Reviewing Guidance on Interpretation and translation on all wards and departments.

14.2 Face to Face Interpreter Bookings are managed by the Trust's Appointment Centre Bookings Team. Staff who are required to facilitate the booking of face to face interpretation services will be given specific "on the job" training by appropriate designated personnel and training will be recorded.

14.3 Requirements for recording data onto the Trust's PAS system are included in PAS training.

15. BUDGETARY RESPONSIBILITY

15.1 Once it has been agreed by the ward/department, that an interpreter/written translation is required, It is the responsibility of individual wards and departments to arrange the most appropriate communication support for their patients.

15.2 Staff requesting interpretation and translation services should be appropriately authorised to do so and the costs for services will be met by the requesting division.

15.3 Invoices for telephone interpreters will be supplied on a monthly basis and it will be the responsibility of the authorising divisional manager to check that the services were appropriately provided before sanctioning payment.

15.4 Invoices for face-to-face interpreters and translation services will be supplied on an individual patient basis and it will be the responsibility of the authorising divisional manager to check that the services were appropriately provided before sanctioning payment

16. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

17 INCLUSION & DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

18 MONITORING AND REVIEW

This document will be reviewed every 3 years or as and when changes or legislation which affects the document are introduced.

19 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email edi@wvl.nhs.uk

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No	Sex (male/female/transgender)	Age (18 years+)	Race/Ethnicity	Disability (hearing/visual/physical / learning disability / mental health)	Religion/Belief	Sexual Orientation (Gay/Lesbian/)	Gender Re-Assignment	Marriage/Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative/Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?	n	n	n	n	n	n	n	n	n	n	n	
Is there potential for the policy to promote equality of opportunity for all/promote good relations with different groups – Have a positive impact on individuals and communities.	y	y	y	y	y	y	y	y	y	y	y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	n	n	n	n	n	n	n	n	n	n	If Yes: Please state how you are going to gather this information.

Job Title	Inclusion & Diversity Service Lead	Signed	Debbie Jones	Date	25/01/21
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IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via <http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

POLICY MONITORING AND REVIEW

Para	Audit/Monitoring requirement	Method of Audit/Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
TW11/023	Policy is monitored and reviewed every 3 years.	Via relevant policy approval processes.	Policy Author	3 yearly	PARC	Minutes of Meeting	Inclusion & Diversity Office, RAEI
18	Usage & Expenditure Monitoring of Interpreting & Translation Services to be undertaken on an annual basis.	Review of Finance Reports/Interpreting & Translation Service Reports.	I&D Lead (Services)	Annually	I&D Steering Group	Minutes of Meeting	Inclusion & Diversity Office, RAEI
18	Monitoring of Face-to-Face Interpreter Bookings ensuring adherence to Trust Policy.	Review of Interpreter Provider Monthly Activity Reports/Database. Requests which do not meet Trust Criteria/No Divisional Authorisation received investigated. Report forwarded to Divisional Managers.	I&D Lead (Services)	Monthly	I&D Steering Group	Minutes of Meeting	Inclusion & Diversity Office, RAEI
18	Annual review of performance issues and the effectiveness of the day to day arrangement of Service Level Agreements.	A formal record of the items discussed and agreements reached will be maintained.	I I&D Lead (Services))	Annually	I&D Steering Group	Minutes of Meeting	Inclusion & Diversity Office, RAEI
18	Monitoring of any day to day performance issues/problem resolution.	Record of performance issues/problem resolution maintained.	I&D Lead (Services)	On-going	N/A	Records/Investigation Reports	Inclusion & Diversity Office, RAEI