

<b>POLICY NAME:</b>	<b>INTERPRETING AND TRANSLATION POLICY</b>
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<b>Author(s)</b> (job title)	<b>INCLUSION AND DIVERSITY SERVICE LEAD</b>
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<b>Trust Wide Policy (Yes/No)</b>	<b>YES</b>
<b>Links to other Strategies, Policies, SOP's, etc.</b>	<b>TW11/023 (SOP) INTERPRETING AND TRANSLATION SERVICES TW13-046 OVERSEAS VISITORS POLICY AND SOP</b>

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**AT ALL TIMES STAFF MUST TREAT EVERY INDIVIDUAL 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 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 translations 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 new 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 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:

**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.

**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**

#### **4.1 Trust Board**

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). Trained interpreters are bound to maintain confidentiality and adhere to Code of Ethics for Interpreters/Translators (See Appendix 1).

#### **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) – which comply with Trust Criteria.
- 5.1.3 Access to Face to Face Interpreters (British Sign Language).
- 5.1.4 Written Translation of correspondence/patient information (in other languages).
- 5.1.5 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. 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, consent or treatment decisions must be made in the patient's best interests by a clinician and should not be delayed waiting for an interpreter. This should be fully documented in the health record of the patient. An interpreter must then attend at the earliest opportunity.

## **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 Staff who are required to facilitate the booking of 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 policy and they have, where appropriate, been fully reflected in its wording.

## **17. INCLUSION & DIVERSITY**

- 17.1 The Policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as the author is aware, there is no impact on any protected characteristic.

## **18. MONITORING AND REVIEW**

- 18.1 The aim of monitoring is to ensure that the Trust has a workable and easy to use interpreting and translation service for patients, carers, staff and service users who access the Trust's services. On-going review of the policy will be undertaken to ensure regular use which appears in line with the patient population served. This will be undertaken every three years.
- 18.2 Expenditure and Usage Monitoring of Interpreting and Translation Services will be undertaken on a monthly basis by Divisional Managers. Assessments of usage and cost of the translation/interpretation services will ensure effective use of the service/adherence to Trust Policy. Reviews will be held to consider performance issues and the effectiveness of the day to day management of Service Level Agreement's, to ensure the Trust receives value for money and is addressing the needs of our patients and carers.
- 18.3 Day to day performance issues and problem resolution will be dealt with, as determined most appropriate. A record of issues raised and their resolution will be maintained.
- 18.4 Inclusion and Diversity Leads will report back on progress to the Inclusion and Diversity Steering Group.
- 18.5 Please refer to Appendix 3 for more information on Monitoring and Review.

## **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 [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)

## CODE OF ETHICS

1. **Cultural Sensitivity & Courtesy:** Interpreters and translators must be aware of the cultural differences that may exist and are required to be sensitive and respectful to the individual(s) they serve.
2. **Impartiality:** The interpreter and translators shall maintain impartiality and shall not counsel, advise or project their own personal biases or beliefs. The interpreter shall avoid distorting the message in favour of one party or the other.
3. **Non-Discrimination:** Interpreters and translators shall always be neutral, impartial and unbiased. Interpreters/translators shall not discriminate on the basis of gender, disability, race, colour, national origin, age, socio-economic or educational status or religious, political or sexual orientation.
4. **Conflict of Interest:** Interpreters and translators shall disclose any real or perceived conflict of interest which would affect their objectivity in the delivery of services. Providing interpretation or translation services, for family members or friends may violate the individual's right to confidentiality, or constitute a conflict of interest.
5. **Withdrawal:** Interpreters and translators, who are unable to ethically perform in a given situation, shall refuse or withdraw from the assignment without threat or retaliation.

### PROFESSIONAL CONDUCT:

1. **Professional Integrity:** Interpreters and translators shall demonstrate professionalism and personal integrity, including:
 

If the interpreter or translator believes he or she may have interpreted/translated inaccurately or incompetently, he or she will make this known and, if possible, provide a corrected interpretation/translation.

If the interpreter or translator believes he or she is influenced by the content to be interpreted/translated, that he or she becomes unable to interpret/translate accurately and completely, he or she shall inform the parties of his/her intent to withdraw without threat or retaliation.
2. **Accuracy:** Interpreters and translators shall render the message faithfully, conveying the content, spirit and cultural context of the original message. This means the interpreter or translator shall interpret everything the speaker or document says without changing the meaning, conveying what is said and how it is said, without additions, omissions or alterations, but with due consideration of the cultural context of both the sender and the receiver of the message.
3. **Role Boundaries:** Interpreters and translators shall maintain the boundaries of their professional role, refraining from personal involvement. This does not mean that an interpreter cannot be friendly or develop a rapport with the person speaking, but does not represent persona
4. **Self-Evaluation:** Interpreters and translators shall accurately and completely represent their certifications, education, training and experience.
5. **Personal Demeanour:** Interpreters and translators shall be punctual, prepared and dressed in an appropriate manner.

6. Inability to Perform: Interpreters and translators shall assess, at all times, their ability to interpret/translate. Should interpreters or translators have any reservations about their competency to perform in any given situation, they must immediately notify the parties and offer to withdraw without threat or retaliation.
7. Professional Development and Training: Interpreters and translators shall make a reasonable effort to acquire ongoing development of their skills and knowledge through professional training, continuing education, and interaction with colleagues, and specialists in related fields.
8. Cultural Competency: Interpreters and translators shall develop awareness of their own and other cultures in order to promote cross-cultural understanding. Interpreters and translators will strive to bridge the cultural differences between all participating parties, by seeking to minimize, and avoid potential misunderstandings based upon stereotyping and/or differing cultural practices, beliefs, or expectations. When clashing cultural beliefs or practices, a lack of linguistic equivalency, or the inability of parties to explain in their own words are encountered, the interpreter or translator may assist by sharing cultural information or helping develop an explanation that can be understood by all.

### **CONFIDENTIALITY:**

1. Interpreters and translators shall not divulge any information learned in the performance of professional duties. This includes any documents or other written materials.
2. Confidentiality is to be maintained in all situations, except when legally mandated to disclose information in specific situations such as child abuse, elder abuse, a person's threatening harm to him-or herself or others, or where the interpreter/translator determines to the best of their ability, that non-disclosure may result in harm.
3. Disclosure: Interpreters and translators shall not publicly discuss report, or offer an opinion concerning matters in which they are or have been engaged, even when the information is not privileged by law to be confidential.

Source: [www.language-empire.com/dedicated-client-area-interpreter-professional.php](http://www.language-empire.com/dedicated-client-area-interpreter-professional.php)

## Equality Impact Assessment Form - POLICY / GUIDELINES

### STAGE 1 - INITIAL ASSESSMENT

APPENDIX 2

For each of the protected characteristics listed answer the questions below using  Y to indicate Yes and  N to indicate No	Protected Characteristics														Reasons for negative / positive impact
	Male / Female	Age	Ethnicity	Learning Disability	Hearing Impairment	Visual Impairment	Physical Disability	Mental Health	Gay / Lesbian / Bisexual	Transgender	Religion / Belief	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	
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	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	Y	Y	Y	<b>Reasons for positive impact listed below</b>
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	N	N	N	If Yes, please state how you are going to gather this information.

<b>Job Title</b>	Inclusion & Diversity Service Lead	<b>Signed</b>	Debbie Jones	<b>Date</b>	29 <sup>th</sup> March 2017
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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](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.**

Protected Characteristic	Positive Impact
All	Access to professional interpreter and translation services.
Women	In some communities women may not be fluent in English and would be reliant on their male relatives to assist interpretation. This policy will favourably benefit these women.
Age	In some communities the older population are not fluent in English and are reliant on younger family members for interpreting. This policy will favourably benefit these individuals.
Race or Ethnicity	Significant growth in Wigan Borough migrant worker population and numbers of refugees / asylum seekers. Patients with none or limited English proficiency are in need of assistance to communicate to ensure optimum clinical care and a positive patient experience.
Learning Difficulties Hearing Impairment Visual Impairment Physical Disability Mental Health Need	Patients with a disability, may be in need of assistance to communicate to ensure optimum clinical care, cost effectiveness and a positive patient experience
Transgender	If an individual has issues around gender identity they may wish to discuss with their health practitioner, it is better facilitated with the assistance of external interpreters.
Marriage & Civil Partnership	The partner, husband or wife can be included in all discussions and would be able to participate in health care discussions.
Pregnancy & Maternity	Pregnancy and child birth is an emotional time for any individual. The use of interpreters will ensure individuals are able to make informed decisions.

## POLICY MONITORING AND REVIEW ARRANGEMENTS

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 Language Empire 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