# Policy for the provision of interpretation and translation services

<table>
<thead>
<tr>
<th>Version</th>
<th>1</th>
</tr>
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<tbody>
<tr>
<td>Status</td>
<td>RATIFIED</td>
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<tr>
<td>Date Ratified</td>
<td>19/12/2012</td>
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<tr>
<td>Name of Owner</td>
<td>Director of Human Resources</td>
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<tr>
<td>Name of Sponsor Group</td>
<td>Staff Engagement and Patient Experience Committee</td>
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<td>Name of Ratifying Group</td>
<td>Management Board for Quality &amp; Risk</td>
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<tr>
<td>Type of Procedural document</td>
<td>Policy</td>
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<tr>
<td>Policy Reference</td>
<td>0517</td>
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<td>Date issued</td>
<td>23/01/2013</td>
</tr>
<tr>
<td>Review date</td>
<td>December 2015</td>
</tr>
<tr>
<td>Target audience</td>
<td>All employees of Surrey and Sussex Healthcare NHS Trust</td>
</tr>
<tr>
<td>Human Rights Statement</td>
<td>The Trust incorporates and supports the human rights of the individual, as set out by the European Convention on Human Rights and the Human Rights Act 1998</td>
</tr>
<tr>
<td>EIA Status</td>
<td>Complete (4th December 2012)</td>
</tr>
</tbody>
</table>

This policy is available on request in different formats and languages from the Policy Coordinator / PALS.

The latest approved version of this document supercedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.
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Change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author/Procedure Lead</th>
<th>Details of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>July 2012</td>
<td>Sally Knight</td>
<td>New Policy</td>
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</tbody>
</table>
1. **Introduction**

Providing access to interpreters supports the promotion of equality and challenges discrimination. It protects the Trust against indirectly discriminating against someone who does not speak English or who requires communication support. Whilst not always clearly articulated in legislation, the legal frameworks that advocate for equality of access to health services are:

- Equality Act 2010 (replacing previous equality legislation)

This policy also supports the Care Quality Commission Outcomes 1; 2; 4; 5; 7 and 17

2. **Purpose**

The purpose of this policy is to provide guidance on our responsibilities to staff, volunteers, patients and carers who may require support from interpretation or translation services. It will ensure that patients have equal access to excellent patient care, and enable compliance with equality legislation and Care Quality Commission Outcomes and other standards.

In addition this policy and associated guidance is to improve access to, and information about services for patients or carers for whom English is a second language or who require communication support, and to ensure equality in employment for staff who have English as a second language or who require communication support.

This policy is intended to ensure measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment, people with learning disabilities and people who require Deaf or Deaf Blind Communicators. It describes arrangements for telephone based and face to face interpreting, and for the translation of written material.

The policy covers both patients and staff who may require access to interpretation and translation.
3. Definitions

- Interpretation

An interpreter is defined as a person who translates a spoken or signed (British Sign Language) message from one language to another. This can be either face to face or by telephone (and in the future may include web based services eg Sign Translate)

- Translation

Translation is the transmittal of written text from one language into another, including Braille. Translation does not strictly have to be into written text – it can also mean translation into audio, CD, or PDF for a website.

4. Duties

Trust Board

The Trust is responsible for ensuring that there is access to a trained and professional interpretation and translation service.

Managers

Managers are responsible for ensuring that staff are aware of and implement this policy and for bringing any issues which may affect implementation to the attention of the Head of Equality and Engagement or the PALS Manager.

Staff

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

- recognise when an interpretation or translation need exists
- assess which language is being spoken (using the “Language Line” language identification cards)
- assess and make provision for that need
- liaise with the interpreting service to arrange for an interpreter or communicator translated written information (The PALS service will facilitate translation into alternative languages and formats and can be contacted in person at their Office situated in the Main Entrance at East Surrey Hospital, or by telephone on 01737 231958 or email to pals@sash.nhs.uk
- accurately record within the patient’s medical record the language or dialect used and any directive from the patient regarding their interpretation or translation wishes
5. Policy

5.1 Interpretation

It is the policy of the Trust to only use interpreters who are bilingually competent, neutral, independent and professionally trained and qualified.

The use of staff, friends or family members is not acceptable, unless there are exceptional circumstances as set out in the policy.

It is unacceptable to use a friend or family member as an interpreter when discussing treatment, care and medical or social issues with a patient as the interpreter must be impartial. The same applies for staff support in HR situations where the interpreter must be independent and impartial of the process.

If a patient expresses a wish to use an adult family member or friend as an interpreter, it is important that you explain the importance of using professionally trained interpreters. This communication exchange should be done with the use of language line or a face to face interpreter to clarify the patient’s wishes. If they still insist, respect their choice provided the friend or family member agrees to interpret accurately what is said, and that there is no conflict of interest. The offer of using a professional interpreter, and the patient’s choice not to do so, should be documented in their medical records. However, in mental health, child protection, domestic violence or other sensitive cases, it is not acceptable at all to use family members or friends.

If the patient is a child, a professional interpreter must be used. This can be either using telephone or face to face interpretation. This does not prevent the family from being present to provide support as they would do in other circumstances. In line with legislation and guidance on Safeguarding Children, for the purposes of this policy a child is considered as anyone up to the age of 18 years of age.

For social interaction, basic requests and general conversation, where confidentiality is not an issue, it is acceptable to use adult family and friends or staff if both parties are in agreement. In using friends and family for any interpreting we need to acknowledge the risks that this practice presents.

Use of staff as interpreters

It is generally unacceptable to use staff as interpreters. However there are certain circumstances where it may be acceptable. These are in the case of an emergency (please see ‘Emergency situations’) or where the staff member is part of the patient’s care team, and it is for the purposes of social interaction, or it is not possible to arrange an interpreter (for example due to time constraints). It should be borne in mind
that although staff may be happy to interpret, it is not the most appropriate use of their time and we cannot guarantee the quality or impartiality of their interpreting.

It is not appropriate to use staff as interpreters in HR situations.

**Health and safety of interpreters**

An interpreter is subject to the Trusts existing policies and procedures while contracted to work for the organisation or its staff members. You should consider whether any health and safety precautions that you take when undertaking your duties should also be applied to the interpreter.

**Responsibilities of the Interpreter**

Interpreters are responsible for

- interpreting accurately
- keeping all information obtained in the interpreting session confidential
- explaining cultural differences where appropriate

Their role does not include

- giving their own opinion
- chaperoning
- advocating for the patient or staff member
- undertaking other tasks such as translation (that is to convert the meaning of one language to another in a written form)
- lifting patients, looking after the patients’ children etc.

The interpreters’ role should be respected. They must not be asked to work outside their boundaries

**Identifying when an interpreter is needed:**

- the patient may be able to speak English but whilst under distress, their understanding becomes impaired
- the patient has a sensory impairment (deaf/deaf-blind) and requires specialist support
- the patient has a learning difficulty impairment and requires specialist support
- if important clinical information is to be given or consent obtained.
• In employee relations cases where the staff member requires language or communication support to ensure clarity in communication and fairness of the process.

Consent

Clinicians are required to seek informed consent before initiating treatments, carrying out any procedures or examining a patient who has the mental capacity to give consent. If the patient requires communication support, it is not acceptable to say that they do not have the mental capacity to give or withhold consent. The clinician must make arrangements for an interpreter and treatment should not be initiated until this happens (see ‘Emergency situations’ below)

Emergency situations – use of staff

In an emergency situation it may be necessary to use staff members to communicate information about care or personal history, interpret clinical information, medical terminology or to facilitate decision making about clinical care. In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patients’ ‘best interests’, and should not be delayed by waiting for a professional interpreter. This should be fully documented in the patients’ medical records.

Emergency situations – use of family and carers

In an emergency situation it may be necessary to use 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. In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patients’ ‘best interests’, and should not be delayed waiting for an interpreter. This should be fully documented in the patient medical records.

Intimate examinations and procedures

Please refer to the Trust Chaperone policy for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient must be shielded from the interpreter by use of curtains or screens, or by use of the telephone interpretation service.
5.2 Translation

Patient information should be offered and available in the relevant language and/or appropriate format (e.g. large print, audio or Braille), and information should use language and images that reflect and promote equality.

The PALS service will facilitate translation into alternative languages and formats and can be contacted in person at their Office situated in the Main Entrance at East Surrey Hospital, or by telephone on 01737 231958 or email to pals@sash.nhs.uk

Examples of information that may require translating:

- Appointment letters
- Medical Notes
- Patient information leaflets

5.3 Reducing Isolation

If a patient does not have visitors during their stay it may be appropriate to provide interpretation services to support social conversation. It may also be useful to access resources in other languages, such as newspapers.

5.4 Interpretation and translation services

Telephone interpretation

The Trust has a contract with Language Line to provide the Trust with telephone interpretation services. Language Line can be used in two ways:

- Patient present - When the patient is present, this should be appropriate for most appointments.
- Patient not present – You may want to contact the patient by telephone (for instance to check that they are attending their appointment and to confirm that an interpreter will be present or that Language Line will be used).

To access Language Line you will need the language the patient speaks and the code for the site you are calling from. Language Line can be accessed from any telephone.

Accessing a telephone interpreter 0845 310 9900

(ID code for E. Surrey = L28200, ID Code for Crawley =L28199)

General enquiries 0800 169 2879
Face to Face Interpreters:

To book a face to face interpreter, British Sign Language interpreter, lip speaker or deafblind communicator:

A purchasing requisition, authorised by the Department Manager, should be raised and an order number requested from the Purchasing Department on ext 6539 before booking the appropriate service.

- Face to face interpreters are provided by either

Woking Interpreting and Translation Service (01483 750970) or

Croydon Translation Interpreting Services (0208 407 1369)

and may be used when telephone interpretation is not appropriate. All these interpreting services can be provided during normal working hours and may be available at other times.

- British Sign Language Interpreters (BSL) and lip speakers

First Point: Hard of Hearing, Deaf and Interpreting services (01372 376558) and Silent Sounds UK Ltd (01494 796030) all provide qualified BSL interpreters and lip-speakers for people with hearing and speech disabilities. All interpreters may be provided for work out of hours, but will need to be booked in advance.

- Deafblind interpreters and communicators

Depending on their residual sight and hearing, people who are deafblind may use some form of tactile or other communication, including:

- Deafblind manual alphabet: also called fingerspelling, this involves spelling out words on someone’s hand in BSL. (See appendix for finger spelling)

- Block alphabet: This is when a hearing person uses the tip of their forefinger to spell out each word in English in block capitals on the receiver's palm. This method is most often used when communicating with members of the public and others who are unlikely to be familiar with the deafblind manual alphabet.

- Hands-on signing: Some people who were born deaf and then experience sight loss as an adult continue to use sign language even when they can no longer follow visual signs. This is possible through the listener touching the hands of the person who is signing and following their movements.

- Visual frame signing: When a deafblind person has a limited field of vision, sign language can still be used if the signs are adapted according to their visual needs.
First Point: Hard of Hearing, Deaf and Interpreting services (01372 376558) and Silent Sounds UK Ltd (01494 796030) all provide deafblind interpreters and communicators. All interpreters may be provided for work out of hours, but will need to be booked in advance.

**Document Translations** can also be done by:

- Language Line **(0800 9176564)**  
  translations@languageline.co.uk

Please call/fax/email for free quotation

- Or **Language Shop – 0203 3732785**  
  Email: naheed.anwar@newham.gov.uk

**Braille translation, audio and large print:**

- RNIB Disability Access Services **(01733 37 53 70)** and
- Surrey Association for Visual Impairment **(01372 377701)**

**A purchasing requisition, authorised by the Department Manager, must be raised and an order number requested from the Purchasing Department on ext 6539 before booking the service required.**

**Audio/ Easy Read:**

Please contact PALS in person at their Office situated in the Main Entrance at East Surrey Hospital, or by telephone on 01737 231958 or email to pals@sash.nhs.uk

**Receiving patient information by e-mail**

Some patients may prefer to have their information sent to them electronically by e-mail. To do this the Trust must obtain their explicit consent ensuring that the patient is aware of the potential risk of this type of communication. A patient information and consent form is available on the intranet; it can be completed by the patient either in person or electronically.

**5.5 Religious, Cultural or Spiritual beliefs**

It is important to remember that being polite is different in different cultures. Some patients and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). Please check with the individual (where possible) and advise the interpretation service to establish if this request can be met.
5.6 Safeguarding Children

It is inappropriate under any circumstances to use children as interpreters to discuss medical information, have sensitive conversations or to gain consent from a patient. A child is any person under the age of 18.

If the patient requiring an interpreter is a child, then we should not use the child’s family/carer to interpret. A professional interpreter provided by the Trust should be used wherever possible. For the purposes of general conversation it may be acceptable to converse with the child through the family or carers, but this is at the discretion of the healthcare team. In some cases it may be more appropriate to use telephone interpretation, for example where the language of the patient is not known before the appointment. In this case it is most appropriate to use Language Line when first in contact with the patient, and then to arrange face to face interpreters as needed for future appointments. The Laming Report, investigating the death of Victoria Climbie states:

“When communication with a child is necessary for the purposes of safeguarding and promoting that child’s welfare, and the first language of that child is not English, an interpreter must be used.” (Recommendation 18 paragraph 6.25). This would include both face to face and telephone interpretation.

5.7 Vulnerable Adults

As with children, adults deemed as vulnerable should be have a professional face to face interpreter provided by the Trust in every instance.

Abuse* Interpreters are not responsible for assessing whether or not patients have experienced abuse. However, if during or after the interpreting session the patient discloses such information to the interpreter, the interpreter will convey this message to the professionals for whom they are interpreting or the interpreter’s line manager. It is the professional’s or the interpreters’ line manager’s responsibility to take appropriate action which may include involving Child or Adult Safeguarding

*Abuse is a violation of an individual’s human and civil rights by any other person or persons.” (‘No secrets’ Department of Health/Home Office 2000)

Abuse can be something that is done to a person or something not done when it should have been.
An act or an omission to act does not have to be intentional to be considered as abuse.
Abuse can be a single act or repeated acts.
6. Consultation and Communication with Stakeholders

The key internal stakeholders for the purposes for this policy are all staff and managers. The policy has been drafted with input from members of the Equality, Diversity & Human Rights Steering group, the Patient Experience & Staff Engagement Group, the Safeguarding group and the Trade Union Consultative Committee (TCC)

The key external stakeholders are representatives from patients and the community served by this Trust. The policy has been drafted with input from members from the Patient Council, Surrey Coalition of Disabled People and NHS Surrey.

7. Approval and Ratification

The process will be approved by the Equality, Diversity & Human Rights Steering Group and ratified by the Trust Management Board for Quality & Risk.

8. Review and Revision

The policy will be reviewed in line with the Trust Policy on Management of Procedural Documents and in line with any legislative changes.

This will be reviewed at least every three years, and through the monitoring of complaints relating to access to interpretation and translation and other feedback from relevant stakeholders.

9. Dissemination and Implementation

The Trust process for dissemination of policies will be followed as described in the Organisation Wide Policy for the Management of Procedural Documents as a minimum.

The Interpretation and Translation policy will be included as part of the Equality and Diversity session on the Trust Induction.

Guidelines on the use of interpretation and translation services will be distributed to all wards and departments, and information will be placed on the Interpretation and Translation section of the Trust’s Intranet site and Trust Website.
10. Archiving

The policy will be held in the Trust database and archived in line with the arrangements in the Organisation wide Policy for the Management of Procedural Documents.

11. Monitoring compliance

The Trust use of interpretation and translation services can be monitored by the collation of orders / invoices from procurement. This will identify which areas are using the services and the type of service procured. Incidents involving breaches of policy will be monitored via complaints or grievances (by staff) and incident reporting on an annual basis.

12. References

Equality Act 2010 (replacing previous equality legislation)
European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
Human Rights Act (1998)
Laming Report ‘No secrets’ Department of Health/Home Office 2000

13. Associated Documents

Hospital Communication Book,
Hospital Passport,
This is me (Alzheimer’s Society).
Language Line Identification card and instructions for use
Safeguarding Policy
“Its as well to ask” booklet
Appendix 1. Equality Impact Assessment, screening and prioritising

Names of assessors carrying out the screening procedure (min of 2- author / manager and staff member / patient representative)
- Sally Knight
- Sally Brittain

Name of lead author /manager & contact number
Sally Knight X2801

1. Name of the strategy / policy / proposal / service function
   Policy for the provision of interpretation and translation services

Date last reviewed or created & version number.
New, V1 Dec 2012

2. Who is the strategy / policy / proposal / service function aimed at?
   All staff

3. What are the main aims and objectives?
   This policy is intended to ensure measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment, people learning disabilities and people who require Deaf or Deaf Blind communicators. It describes arrangements for telephone based and face to face interpreting, and for the translation of written material.

Consider & list what data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups?
Language line, interpretation and translation data. Patient and Workforce data

5. Is the strategy / policy / proposal / service function relevant to any of the protected characteristics or human rights below?

   If YES please indicate if the relevance is LOW, MEDIUM or HIGH

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<thead>
<tr>
<th>Protected Characteristics</th>
<th>Patient, their carer or family</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>NO</td>
<td>NO</td>
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<table>
<thead>
<tr>
<th></th>
<th>Yes, Low positive</th>
<th>Yes, Low positive</th>
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<tbody>
<tr>
<td>Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Race/ Ethnic Communities / groups</td>
<td>Yes, Low positive</td>
<td>Yes, Low positive</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Sex (male female)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Sexual Orientation(Bisexual, Gay, heterosexual, Lesbian)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Human Rights</td>
<td>Yes, Low positive</td>
<td>Yes, Low positive</td>
</tr>
</tbody>
</table>

6. **What aspects of the strategy / policy / proposal / service function are of particular relevance to the protected characteristics?**

   Communication into different languages and formats as required

7. **Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how?**

   Yes for disability and race, health inequalities and employment discrimination

8. **Please identify what evidence you have used / referred to in carrying out this assessment.**

   Patient and workforce data. Workforce employee relations data. Consultation with disability groups, patient focus groups. In house survey with clinicians.

9. **If you identify LOW relevance only can you introduce any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage? If so please identify here.**
None required

<table>
<thead>
<tr>
<th>10.</th>
<th>Please indicate if a Full Equality Impact Assessment is recommended.</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(required for all where there is MEDIUM &amp; HIGH relevance)</td>
<td></td>
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<thead>
<tr>
<th>11.</th>
<th>If you are not recommending a Full Equality Impact assessment please explain why.</th>
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<tbody>
<tr>
<td></td>
<td>The policy will have a positive impact on all groups who require translation or interpretation services to ensure equality of service outcomes and fairness in workforce issues. The policy is unlikely to have a detrimental effect on any of the protected characteristics.</td>
</tr>
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</table>

<table>
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<tr>
<th>12.</th>
<th>Signature of author / manager</th>
<th>Date of completion and submission</th>
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<tbody>
<tr>
<td></td>
<td>Sally Knight</td>
<td>4th December 2012</td>
</tr>
</tbody>
</table>

Please send completed form to sally.knight@sash.nhs.uk

Definitions of relevance to the Equality General Duty

**Low**

- The policy may not be relevant to the Equality General Duty* as stated by law
- Little or no evidence is available that different groups may be affected differently
- Little or no concern raised by the communities or the public about the policy etc when they are consulted – (recorded opinions, not lack of interest)

**Medium**

- The policy may be relevant to parts of the Equality General Duty* in the policy etc regarding differential impact
- There may be some evidence suggesting different groups are affected differently
- There may be some concern by communities and the public about the policy
High

- There **will be relevance** to all or a major part of the Equality General Duty* in the policy regarding differential impact.
- There will be substantial evidence, data and information that there will be a significant impact on different groups

There will be significant concern by the communities and relevant partners on the potential impact on implementation of the policy etc.

<table>
<thead>
<tr>
<th>Human Rights</th>
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<tbody>
<tr>
<td>1</td>
<td>the right to life</td>
</tr>
<tr>
<td>2</td>
<td>the right not to be tortured or treated in an inhuman or degrading way</td>
</tr>
<tr>
<td>3</td>
<td>the right to be free from slavery or forced labour</td>
</tr>
<tr>
<td>4</td>
<td>the right to liberty</td>
</tr>
<tr>
<td>5</td>
<td>the right to a fair trial</td>
</tr>
<tr>
<td>6</td>
<td>the right to no punishment without law</td>
</tr>
<tr>
<td>7</td>
<td>the right to respect for private and family life home and correspondence</td>
</tr>
<tr>
<td>8</td>
<td>the right to freedom of thought, conscience and religion</td>
</tr>
<tr>
<td>9</td>
<td>the right to freedom of expression</td>
</tr>
<tr>
<td>10</td>
<td>the right to freedom of assembly and association</td>
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<tr>
<td>11</td>
<td>the right to marry and found a family</td>
</tr>
<tr>
<td>12</td>
<td>the right not to be discriminated against</td>
</tr>
<tr>
<td>13</td>
<td>the right to peaceful enjoyment of possessions</td>
</tr>
<tr>
<td>14</td>
<td>the right to an education</td>
</tr>
<tr>
<td>15</td>
<td>the right to free elections</td>
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</table>