

Livewell Southwest

**Interpretation and Translation Policy and
Procedure**

Version No 2.1

Review: April 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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	<ul style="list-style-type: none"> • Frances report.
Associated Documentation	<p>Provision of interpreting and translation services is essential to achieve the Government's policy commitments in relation to patient-centred services, Patient and Public Involvement and Race Equality. This policy therefore links closely with the following:</p> <ul style="list-style-type: none"> □ NHS Consent Policy □ Race Relations (Amendment) Act 2002 □ Equality & Diversity Policy □ CQC/PCA outcomes □ Disability Discrimination Act □ Standards for Better Health – CQC. □ Local Equality and Diversity Strategies □ Safeguarding Children and Adults Policy
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Interpretation and Translation Policy and Procedure

1. Scope of Document

- 1.1 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. It describes arrangements for both telephone based and face to face interpreting and for the translation of written material. Provision of services for Signing remains the responsibility of individual clinical areas.

2. Purpose and Principles

- 2.1 LSW is committed to ensuring that non-English speakers and patients whose first language is not English receive the support and information they need to access services, communicate with healthcare staff and to make informed decisions about their care and treatment.

- 2.2 The purpose of this policy is to:

- Describe the essential practices and processes for the proper provision of interpretation and translation services.
- Raise awareness of interpretation and translation needs and to encourage staff to proactively plan for these needs.
- Ensure that staff have knowledge of how to access interpretation and translation services and the confidence to use them.

3. Definition of Terms

- 3.1 **Interpreting** is defined as the **oral transmission of meaning from one language to another, which is easily understood by the listener.**

- 3.2 Interpreting can be provided face to face or by telephone.

- 3.3 The interpreter is impartial and the role is to interpret and not act as an advocate for the Service User.

- 3.4 **Translation** is defined as the **written transmission of meaning from one language to another, which is easily understood by the reader.**

- 3.5 A qualified interpreter must hold a current DBS (Disclosure and Barring Service) check and have successfully completed an interpreter course - (minimum level 3 – community interpreting).

4. Assessment of Need and Level of Need

4.1 Interpreting Services

4.1.1 Responsibilities:

The ability to communicate with healthcare staff is fundamental to clinical care. The referring practitioner must have:-

- Highlighted the need for language support.
- Recorded in patient records the need for interpreter and language required.
- Know how to access interpreting sources.

4.1.2 Language Identification:

Language Identification cards are available (see Appendix A) to help staff identify the language being spoken.

4.1.3 Provision of Interpreting Services:

The need to provide interpretation depends on individual care needs/patient choice. Patient consent needs to be gained this may need to occur via telephonic services.

4.2 Translation Services

4.2.1 The provision of translated material does not replace an interpreter, but can act as a backup to reinforce information being given verbally. However, the translation of written materials is costly therefore please establish that the individual is literate in their own language prior to arranging the translation of written materials. The use of an interpreter to describe the information to the patient, with an opportunity to discuss any questions may sometimes be a better approach.

4.2.2 A list of free of charge translation resources/services is shown in Appendix F.

5. Provision of Interpreting Services

5.1 Use of Organisation Staff

5.1.1 Staff members who are not registered with an accredited interpretation provider may be used to help communicate basic information about care or personal history but **must not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care.** Further guidance on the use of staff is shown in Appendix B.

5.1.2 Staff with language skills may apply to work for an external approved interpreting agency. However, such arrangements would be outside of their normal working hours and must therefore comply with their Organisation contractual responsibilities and any working time directives. Staff must sign a declaration of interests

5.1.3 Staff who do choose to work for an outside agency are not the responsibility of LSW to ensure their practice within this role.

5.2 Use of Carers, Relatives and Friends

- 5.2.1 Whilst some carers, relatives and friends may be able to interpret, staff must be aware that interpretation undertaken by people involved with the patient may be distorted (due to over-protectiveness, bias or conflicting interests) and may not be an appropriate way of communicating confidential information.
- 5.2.2 For this reason, **carers, relatives and friends should not normally be asked to interpret**. Similarly, when a child cannot understand or speak English, parents must not be asked to interpret for the child and an external interpreter must be used. In some circumstances it may be appropriate to use family but this would be the responsibility of the clinicians' professional judgement. Any refusal to use a qualified interpreter by individual or family should be validated by an independent interpreter.
- 5.2.3 In the case of acute emergencies, staff may use the accompanying person to elicit and communicate basic information such as 'what happened?', 'how did you get here?', or necessary demographic information such as 'where do you live?'

5.3 Children

- 5.3.1 Children should not be asked to interpret. If the patient brings a child (under 16 years) to interpret, they should be discouraged from interpreting and the option of a professional interpreter offered. Even in the case of acute emergencies, staff should only use the accompanying child to elicit and communicate basic information - as detailed above.

5.4 Protection /Safety Issues

- 5.4.1 Where there are concerns about child protection or vulnerable Adult/Safeguarding/Mental Health Act issues, an approved external interpreter must be used, even for basic communication.

5.5 External Providers

- 5.5.1 All patients who are non English speakers, whose first language is not English should be offered access to an independent approved interpreter.
- 5.5.2 Any interpreters must be provided by a LSW approved translation service, Telephonic interpretations and written translations can be accessed via Language Line. Translate Plymouth will provide Face-to-Face interpretation.
- 5.5.3 Two-way telephones/ speaker phones are required for telephone interpreting, staff must be aware of confidentiality when using speaker telephones.

6. Procedure for Booking an Interpreter/Translation

6.1 Roles and Responsibilities

6.1.1 The provision of Translation/interpretation services will be coordinated through a central booking process. This provision is held within the Asylum Seeker & Refugee Mental Health Team which can be contacted at ASRTeam@nhs.net which will:

- ❑ Provide information on using interpreters and translators.
- ❑ Provide ID numbers to access translation and interpreting services when required.
- ❑ Approve and co-ordinate face-to-face interpretation and translating services.
- ❑ Monitor expenditure and the number of interpreting/translation assignments to build up a picture of local language need.

6.2 Procedure

6.2.1 Interpreting Services:

A Flow Chart summarizing the decisions and key steps for arranging Interpretation Services is shown in Appendix C.

6.2.2 **Face-to-face interpretation:** must be booked Monday – Friday 8am – 12noon (normally require a minimum of 48 hours) and agreed by the Translation/Interpretation co-ordinator. Staff must not make individual arrangements outside the agreed process unless there are exceptional circumstances. Any arrangements outside of this must be approved by the Director on call.

ASR interpreting coordinator will require the following information via E-mail (ASRTeam@nhs.net) to arrange such services:

- ❑ Language required and any dialect.
- ❑ Name of patient.
- ❑ Date, time and venue of the consultation.
- ❑ Expected length of appointment.
- ❑ Whether a male or female interpreter is required; for example, if care relates to a particular gender (as in gynaecology) or if there is a cultural requirement for a specific gender.

The staff attending the appointment should e-mail the co-ordinator after the interpreting session to confirm that the interpreting took place. This process must be followed in order for payment to be authorised.

6.2.3 Telephonic Interpreting:

In an emergency staff may book telephonic interpretation directly when required, using the approved provider but must inform the service co-ordinator of date, time, duration, id number of interpreter and language used.

6.2.4 Translation Services

Approval for any written translation must be obtained from the Director of Finance in the first instance.

Prior to requests staff should check with ASR Coordinator as to whether subject matter is already available in a translated format. Any requirement for translated documents should be forwarded to the service (ASRTeam@nhs.net) along with the following details

- ❑ Language required
- ❑ Purpose i.e. individual or group
- ❑ Size of document
- ❑ When required
- ❑ Team requesting information
- ❑ Confirmation that approval has been given by the Team Manger

Staff should ensure that any information submitted for translation is:

- ❑ Written in clear, plain English meeting the criteria given in the Organisation's Patient Information Procedure and the Department of Health's Patient Information Toolkit.
www.NHSidentity.nhs.uk/patientinformationtoolkit
- ❑ In line with current policy, clinically accurate and not about to change.
- ❑ Patient Information Leaflets which have not gone through the Organisation's checking and approval process will not be put forward for translation.
- ❑ **All translated documents must be lodged with ASR Coordinator to input on data base.**

7. Training

7.1 An ongoing staff awareness and training on the use for interpreters needs to be developed at local level and integrated into diversity training. This should include:

- ❑ A clear definition of the interface between the role of the interpreter and advocacy roles to avoid misunderstanding and conflict of interests.
- ❑ An overview of the criteria for enlisting Interpreting and Translation services and the different provisions available.
- ❑ An outline of local procedures to arrange such services.
- ❑ Guidelines on how to work effectively with Interpreters (See Appendices D & E).

8. Monitoring

8.1 The organisation should develop mechanisms to consult with patients, carers and staff about the quality, effectiveness and availability of language support services.

8.2 Any concerns about the quality of the interpreters should be directed to the co-ordinator with details of the date/time of interpretation, name of interpreter used, name of patient, relevant patient ID number and brief details of the concern and an incident form completed.

All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: Director of Professional Practice Quality & Safety

Date: 17-04-2014

Appendix B

Guidance for Staff Acting as Interpreters

These guidelines are for staff, who have foreign language to assist in emergency situations or to help facilitate basic communication between patients and healthcare staff.

These guidelines are to be read along with the Interpreting and Translation Policy 2013.

i) Role

Staff must not be asked to interpret clinical information or any medical terminology or to facilitate decision making about clinical care; but to facilitate basic/general communication only such as personal details, determining condition/how the injury occurred, discussions/help on toileting and feeding. If more than this is required, an external approved interpreter must be arranged.

ii) Scope of Practice

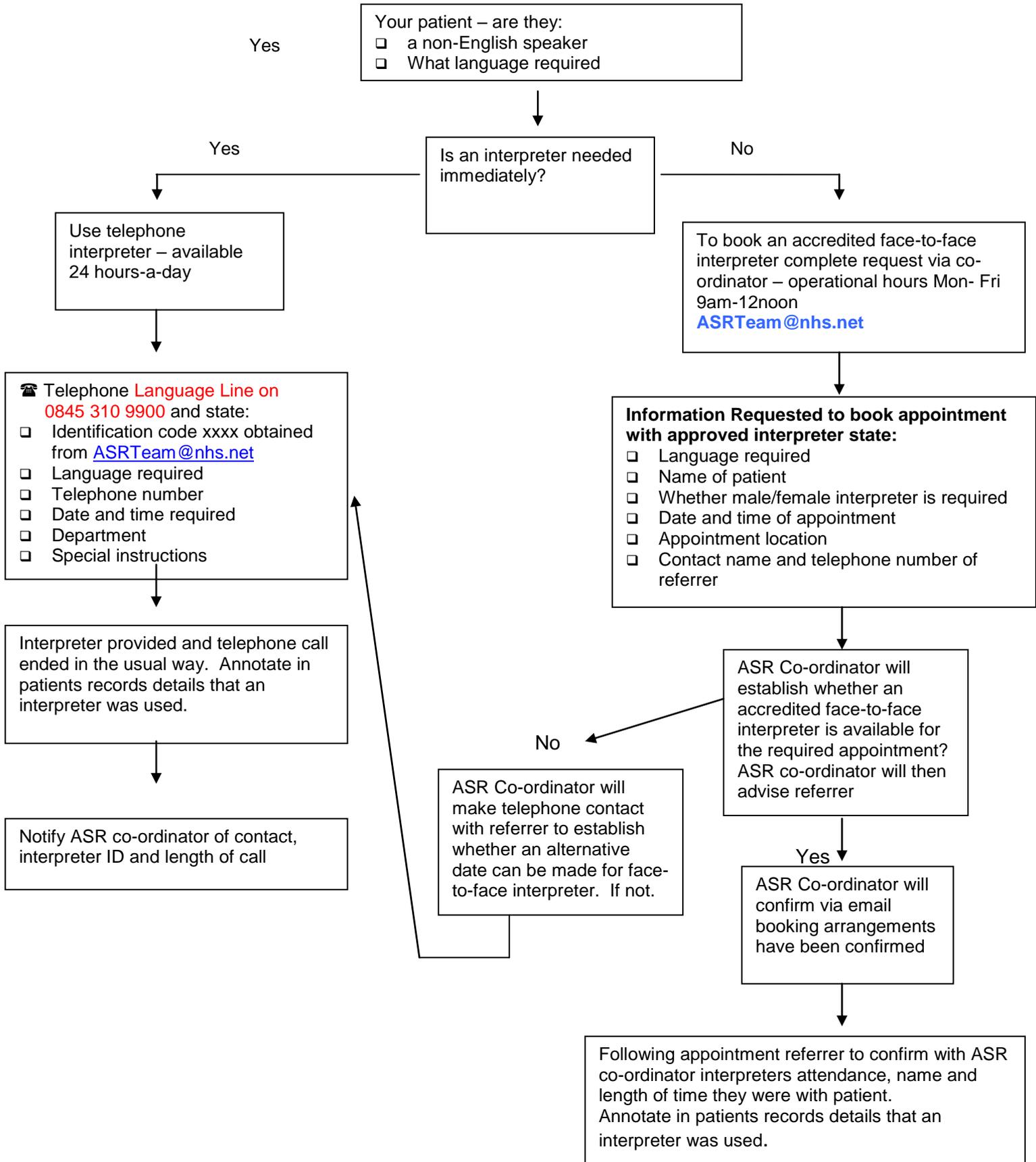
Staff with linguistic skills can act as interpreters as above, provided this is within their current role/usual place of work. Staff should not be redeployed to other specialties/departments for their language skills.

iii) Confidentiality

All staff who act as interpreters are bound by the same confidentiality undertaking as for their normal contractual practice.

Steps for Booking an Interpreter

Appendix C



Note Due to limited interpreters in the South West and diversity of languages now spoken, face-to-face interpretation may not always be available and telephone interpretation may be the only option.

Appendix D

Working with Face to Face Interpreters - Good Practice Guidance (Source: Adapted from Guidelines produced by Sussex Interpreting Services)

1) Before starting the interpreting session please:

- ❑ Ensure the Interpreter understands the service.
- ❑ Clarify your role within the service.
- ❑ Allow the Interpreter time to introduce themselves and their role to the client.
- ❑ Allow interpreter to arrange the seating for the session.
- ❑ Explain the purpose of the meeting.
- ❑ Ensure the Interpreter is aware that he can request clarification of terms if uncertain.

2) During the interpreting session please:

- ❑ Allow enough time for the interview.
- ❑ Avoid ambiguous complex or colloquial grammar.
- ❑ Use short sentences.
- ❑ Moderate the speed of speech.
- ❑ Summarise and check what you have understood.
- ❑ Keep eye contact with the patient rather than the interpreter.
- ❑ If session exceeds one hour the interpreter should be offered 5 minutes break.

3) Concluding the interpreting session please:

- ❑ Check with the client that they have understood everything.
- ❑ Allow the client to ask supplementary questions or seek clarification.
- ❑ Make any necessary follow up sessions and then confirm with the Co-ordinator by sending an email.
- ❑ If the session has been difficult, offer the Interpreter support.
- ❑ Feedback to the Co-ordinator if there have been any difficulties.
- ❑ Complete and sign the relevant sections of the Interpreter's Assignment Form.

4) Helpful things to remember:

Interpreting is the oral transmission of meaning from one language to another, which is easily understood by the listener. This covers the conversion of speech from one language to another.

Translation is the written transmission of meaning from one language to another, which is easily understood by the reader. This covers the conversion of written texts from one language to another.

- ❑ Interpreting meaning requires more than word for word processing. Time should be allowed for accurately interpreting unfamiliar concepts.
- ❑ Please check with the Interpreter before assuming that they are distorting or adding to your meaning.
- ❑ Trained Interpreters attempt to bridge the communication gap, which is made up of cultural knowledge, power and information as well as language.
- ❑ The pressure is on the Interpreter.
- ❑ The responsibility for the interview is yours.
- ❑ The Interpreter is *not* an advocate or a community representative.
- ❑ Do not assume that the Interpreter is automatically a skilled translator.
- ❑ Please read out documents to be interpreted slowly. Please do not pass documents and forms to the Interpreter and delegate responsibility for their explanation.
- ❑ To be patient and show compassion in a demanding situation.
- ❑ Working with an Interpreter requires twice as long (do you need to book a double appointment?).
- ❑ The Interpreter should be treated as a professional.

Appendix E

Working with Telephone Interpreters - Good Practice Guidance (Source: Language Line)

Guide to using Telephone Interpreters: - Language Line to be used 0845 310 9900

1. When your service user is with you

- **The operator will ask you for**
 - Your **ID Code**.
 - Your **organisation name** (and **department** where appropriate).
 - Your **name** (initial and surname).
 - The **language** you require.
 - The **location** of your service user i.e. is the person present or do you require the operator to telephone the service user.

- **You will be put on hold**
 - The operator will connect you to an interpreter.
 - Make a note of the **interpreters ID number** Recorded in records and relayed to co-ordinator.

- **Brief the interpreter (e.g. explaining Who? Where? and What?)**
 - Advise the interpreter what phone set up you have e.g. single handset, speaker phone, two handsets.
 - Ask them to introduce you and themselves to the service user to ensure they understand one another.
 - Follow this with your lead question e.g. How may I help you?

- **Proceed with the conversation**
 - The interpreter will relay the information between you and the service user.

- **End the call by saying**
 - “I have all the information I need, is there anything else you would like to ask me?”
 - Contact co-ordinator and inform that contact has been completed give ID number of interpreter and language used.

Remember:

- You are in control of the conversation.
- The interpreter will translate the words you say.
- To help the interpreter, break up your questions/information into concise points.
- Use direct speech; where possible avoid jargon and technical terms.
- Do not be afraid to double-check or rephrase if you feel there has been a misunderstanding.
- Interpreters cannot give advice or give opinions as they are impartial.

Appendix F

Useful Resources

- 1) **Multilingual Phrasebook British Red Cross Society.**
This is for emergency care services and is endorsed by the British association of emergency medicine (BAEM). It is translated in to 36 languages and covers over 60 of the most common medical questions and terms to help staff communicate with patients who do not speak English, helping to make a proper assessment while an interpreter is contacted.
- 2) **Medical Emergency Multi Lingual Questions for the Treatment of Seafarers**
The Merchant Navy Welfare Board www.mnwb.org.uk.
- 3) **Translated Consent Forms** are available via the Department of Health website.www.doh.gov.uk
- 4) **NHS Patient Information Leaflets** are available ready translated in a range of languages and can be accessed via www.patientinformationbank.nhs.uk translated into 12 other languages.
- 5) www.patient.co.uk/translations.asp (Arabic, Bengali, Chinese (Cantonese), Gujarati, Hindi, Polish, Punjabi, Somali, Spanish, Turkish and Urdu)