



Please Note: This policy is currently under review and is still fit for purpose.

Interpretation and Translation Services Policy

This procedural document supersedes: PAT/PA 34 v.3 – Interpretation and Translation Services Policy.



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	David Purdue Director of Nursing, Midwifery & Allied Health Professionals
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Target audience:	Trust-wide
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	9 October 2020	<p>Amendment</p> <ul style="list-style-type: none"> 5.1 updated to clarify the role of friends and family as interpreters 	Lesley Barnett
Version 3	31 July 2020	<p>Amendment</p> <p>Appendices 1 and 4 updated</p> <ul style="list-style-type: none"> New updated Big Word information and contact New Provider information 	Lesley Barnett
Version 2	26 April 2019	<ul style="list-style-type: none"> Added Privacy & Dignity Policy and removed version numbers on existing policies to the Associated Documents section Updated format and layout Added subsection 5.15 – “Patients lacking Capacity” Added at Section 8 – Definitions – CAMIS Section 10 – Associated Procedural Documents – added COPR/EMP 4 and CORP/EMP 27 Updated restructure terminology throughout policy Updated duties and responsibilities Updated interpreter usage and booking process 	Catrina Drury
Version 1	June 2013	This is a new procedural document, please read in full.	Heather Keane

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1. INTRODUCTION

Healthcare professionals know that communication is a vital part of care for any patient.

The purpose of this policy is to assist with communication when the patient does not speak English or is hearing impaired.

Historically, translation services have mainly been provided by “face to face” contact. However, many organisations have reviewed this practice and, where appropriate, adopted telephone translation services. This Trust now supports the adoption of telephone translation services as the main type of service to be used; with “face to face” translation services the exception rather than the norm.

This policy offers guidance on the types of translation services available and which may be the most appropriate service to use in the various clinical settings and situations. Instruction on the use of The Big Word telephone translation/interpretation services are at **Appendix 1**.

2. PURPOSE

Doncaster and Bassetlaw Teaching Hospitals is committed to ensuring adequate and effective communication across the communities that it serves. The resident population includes a minority for whom English is not their first language. This means that the Trust must develop and maintain a range of options to meet the communication needs of people accessing healthcare at the Trust. The Trust will also provide assistance for those patients who have special communication needs other than spoken language (e.g. sign language).

3. GENERAL PRINCIPLES AND SCOPE

This policy applies to all staff throughout the Doncaster & Bassetlaw Teaching Hospitals.

4. DUTIES & RESPONSIBILITIES

The Chief Executive and the Trust Board of Directors have the overall responsibility for the effectiveness of this policy. However, this policy applies to all personnel accessing interpreting or translation services.

Specific duties are detailed as follows:

Director of Nursing, Midwifery and Allied Health Professionals

The overall responsibility for the delivery of this policy rests with the Director of Nursing, Midwifery and AHPs.

The Director of Nursing, Midwifery and AHPs also has the overall responsibility for ensuring that arrangements are in place for the development, authorisation and review of this policy is in accordance with the requirements of the Trust's Policy on the Development and Management of documents within the Trust.

Divisional Directors/Associate Directors of Nursing, Midwifery and AHPs/General Managers and Heads of Nursing

Divisional Clinical Directors/Associate Directors of Nursing, Midwifery and AHPs/General Managers and Heads of Nursing are responsible for:

- Promoting the policy
- Ensuring that staff are aware of the policy and monitoring adherence to the policy
- Ensure staff have sufficient and adequate knowledge of how and when to access the service.

5. ACTIONS

5.1 General Principles

It must be recognised that although English may not be the first language for some patients, they may have a good understanding of the English language and therefore an interpreter may not be required. Staff should be aware that many patients do not understand medical terminology, even if they do speak the English language. Priority should always be given to using telephone interpreting services in the first instance, only if circumstances dictate that it is not appropriate should a face-to-face interpreter be requested.

It is good practice and the Trust's preference to always to use professional interpreters, not friends or family members, when discussing treatment, care and medical or social issues with a patient. The interpreter must be impartial. Children under the age of 18 must not be used as interpreters. Some patients may elect to use an adult family member, carer or other person as interpreter.

This is only acceptable if the patient is in agreement as it must be recognised that on occasion the patient may feel unable to talk freely on personal and sensitive matters to family or friends and therefore a full clinical history may not be obtained or correct translation provided to the patient.

Consideration should always be given to the provision of independent interpreters for obtaining consent, safeguarding issues for children or vulnerable adults, consultations on gynaecological, urological and sexual health matters and for breaking bad news.

The Trust's preference is always to use professional interpreters, and not to use staff as interpreters. Staff have other work commitments and may not be available at the time required. However, in certain situations the use of a staff member may be acceptable if it is their native language, e.g. in the case of an emergency.

5.2 Emergency Situations

Accident and Emergency departments are often presented with patients where their first language is not English and these patients are sometimes, but not always, accompanied by an English-speaking friend or colleague. The Big Word is a telephone interpreting service within a few minutes, can provide a translation service at any time of day or night, for a comprehensive range of languages. There is a fixed charge per second for using the service. Access codes are at **Appendix 1** attached to this policy.

In an emergency, family members and colleagues may need to be used to ensure urgent care can be given but caution should be exercised where this involves a child (**see also section 5.6**). If signing services are required, endeavors to obtain these services at short notice should be made if possible, however this may prove difficult. The Trust does not have access to signing services out of hours.

5.3 Outpatients Appointments

5.3.1 Any staff member booking an outpatient appointment must have due regard for any special communication needs of the patient. Useful information such as language needs may be inputted to CaMIS, but care should be taken to ensure this is kept up to date. The understanding of the English language should increase the longer the patient has been resident in the UK and therefore requirements for interpretation services should be regularly reviewed.

5.3.2 Telephone interpreting services should be used to provide all interpreting needs within the outpatients department unless it is planned to deliver bad news, gain consent or it is anticipated that the consultation will last for over 45 minutes.

The Big Word service can be provided "on the spot" utilising the "hands-free" facility which is available on all Trust telephone handsets. Access codes are at **Appendix 1** to this policy.

Requests for 'face to face' interpreters (whether for a language or sign language) for outpatient clinics must be justified and approved (**Appendix 2**) by the Associate Director of Nursing, Head of Midwifery or Nursing, Head of Therapies or General Manager responsible for the outpatient department. At least 5 days notice would normally be required but it may be possible to assist earlier in emergencies. It is essential that all Trust staff ensure the most effective use of an interpreter's time by minimising waiting times in clinics and, where possible, arranging consultations with other professionals and for tests to be done on the same day.

- 5.3.3** Where the telephone interpretation service is not appropriate, Doncaster Interpretation and Translation Unit (DITU) currently provide the Trusts 'face to face' interpreting services (**Appendix 3**). If DITU are unable to provide an interpreter, then contact can be made with another interpretation service provider who may be able to offer an interpreter (although this should only be considered if all other options have been explored due to the high cost of the service). Details of alternative providers can be obtained from the Patient Advice and Liaison Service (PALS).
- 5.3.4** Trust staff must consider the most cost-effective way of providing interpreter services without compromising the needs of the patient. In the vast majority of cases, it will be possible to communicate with non-English speakers by using The Big Word telephone service. See section **Appendix 1** for location of codes etc. For outpatient appointments where the consultation lasts longer than 45 minutes, a face to face interpreter may be more cost-effective than the Big Word.
- 5.3.5** It is recognised that for some appointments it may be physically impractical to use a telephone interpreting service, for example during an endoscopy procedure or an MRI, a face to face interpreter may be more appropriate.

5.4 Inpatients

- 5.4.1** In the case of an emergency admission the same guidance applies as given above for A&E. The need for assistance with communication throughout the emergency episode needs to be carefully considered. Family and friends may be used throughout the stay if the patient agrees, but consideration should always be given to the use of an interpreter when taking consent and when detailed and perhaps distressing results need to be conveyed.
- 5.4.2** For planned admissions, consideration should be given about providing information leaflets in the patient's own language. As much information as possible about the planned admission should be provided in the outpatients department prior to the admission. Again, for the admission procedure, if it is thought that the admission will take longer than 45 minutes, then a face to face interpreter may be more cost effective. However, if the patient chooses a relative or friend to provide the translation then this method can be utilised. The admitting clinician should be aware of the risk associated with not obtaining all relevant information from a patient on admission. This should influence which type of interpretation method is adopted for each individual patient.

5.5 Other Contacts

The Trust is committed to the increased involvement of patients and carers in the planning and provision of health care. In order to ensure widespread and representative consultation across the community, interpreting services may need to be utilised.

5.6 Children as Translators/Interpreters

- 5.6.1** Children are occasionally asked to interpret within health care settings, mostly for family members where the children are able to speak English more fluently than their parents or grandparents. Whilst the Trust understands the needs of the family, it also recognises that it may not be in the child's interests for them to be an interpreter.
- 5.6.2** Age is often a good indicator of ability, but this is not always the case and some older children may not yet have the understanding or language skills to be able to interpret exactly to their family member, what was told to them by health care workers. They may reword or rephrase some of the information, giving the message a different connotation once translated, leading to an increased risk of misunderstanding. In addition, there is the added pressure on the child to 'get it right' and the huge potential for error if they do not.
- 5.6.3** Finally, children have their own needs as children and this should not be forgotten. In translation situations it may not be appropriate or in the best interests of a young child to be party to such information about their parent, grandparent or sibling. The child may find the information that they are translating to be upsetting, worrying or even frightening, which can have a damaging effect on the child.
- 5.6.4** Situations where it may be appropriate to ask a child to translate would include:
- giving geographical directions
 - giving simple instructions but not those relating to the taking of medication or where, if not adhered to correctly, there could be serious effects on the patient's health or outcome
 - In an emergency when attempts to contact a more suitable interpreter have failed or there is no time to do so. This should apply strictly to emergencies only and not for outpatient and other contacts
 - The issue should be discussed with the family and their consent sought, through the child, for contacting interpreter services.

5.7 Privacy & Dignity, Confidentiality and Consent to Use of Interpreters

- 5.7.1** The Trust recognises that patients may have concerns about the use of external personnel to translate for them. Wherever possible, the patient should be advised before a consultation that interpreting services are available and their consent can then be obtained.
- 5.7.2** Where a face to face interpreter has been booked based on information supplied by a third party, e.g. General Practitioner or another provider (e.g Weston Park) then the patient should be given the opportunity at the consultation to agree to the presence of the interpreter and to make their views known. The patient may for instance prefer that the interpreter is not present for any physical examination. The Big Word, other

interpreting agencies and Trust staff are bound by the usual confidentiality rules. Trust staff must always ensure there is consideration for the privacy and dignity of patients whenever translation services are being used.

5.8 Child Protection and the Abuse of Vulnerable Adults

This is a circumstance where it is essential to utilise the services of face to face interpretation service as early as possible in the procedure. Emergency action may have to take place before a face to face interpreter can be obtained there, in the short term, The Big Word can be used. Interpreting services should be offered to all parties involved for interviews, consultations and preparing and understanding statements.

5.9 Children as Patients

Where a child does not speak English but has the capacity to be involved in decisions, consideration should be given to obtaining an interpreter service for the child to enable their views to be obtained, rather than rely on the adult relatives.

5.10 Sensory Impairment

The Trust recognises the specific communication needs of patients and families with different types of sensory impairment. Sign language interpreters are available and should be utilised whenever the clinician feels they are necessary to ensure effective communication **(Appendix 4)**.

5.11 Translations

Translation of documents is needed from time to time and arrangements can be made through the DITU if this is necessary **(Appendix 3)**.

5.12 Division Responsibilities

5.12.1 Management teams must ensure that their staff are familiar with this policy and the procedures outlined. Staff must recognise the importance of effective communication with patients and their carers, and that the most cost effective and efficient interpreter service must be used for a particular circumstance or patient. This may well involve forward planning and communication between departments for the benefit of the patient and the service.

5.12.2 The members of staff booking translation services must always use the most cost effective translation service, which in most instances is The Big Word, except in circumstances where the appointment consultation is expected to last for more than 45 minutes, when face to face interpretation may be the most cost effective. In all other cases where face to face interpretation services are requested, authorisation

must be gained for the booking from the Associate Director of Nursing, Head of Midwifery, Nursing, AHPs or General Manager (**Appendix 2**). The Division may wish to adopt an alternative method for the authorisation of face to face interpreters out of hours or to meet their individual division's needs.

5.13 Patient Advice and Liaison Service

This service is accessible to all patients, carers and staff to provide assistance with all issues affecting patient care and communication. The team will try to assist Trust staff with any interpreting/translation queries. Outside of office hours assistance should be sought from Site Managers. The Patient Advice and Liaison Service does not book interpretation services; these are booked directly by the service requiring the interpreter.

5.14 Cancellation of Interpreter/Translators

All interpreters must be cancelled by the relevant division/department if the patient's appointment is cancelled or changed for any reason.

If the division/department fails to do this within 48 hours of the appointment date then the charge for the interpreter will remain.

5.15 Patients Lacking Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

6. TRAINING AND SUPPORT

The Trust recognises that many staff may feel uncertain when dealing with interpreting services such as 'The Big Word' and some of the specialist services offered for sensory impairment patients. Patient Advice and Liaison Service staff are available to give further advice and assistance where required.

7. MONITORING COMPLIANCE AND EFFECTIVENESS

Monitoring of the effectiveness of the translation services will be the responsibility of the Chief Executive and the Trust Board of Directors. This responsibility may be delegated to align to all other patient experience monitoring.

Monitoring the use of the various types of interpreting services will be carried out by the Deputy Director of Quality & Governance, Associate Directors of Nursing and General Managers. Divisions will be notified monthly about the usage of interpreting services within their areas.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Usage of the various translation services	Divisions	Monthly	Service providers send monthly breakdown reports which should be used to monitor usage by divisions.

8. DEFINITIONS

CaMIS - Patient Administration System (PAS)

9. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 5)

10. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Consent to Examination or Treatment Policy – PAT/PA 2
Safeguarding Adults Policy – PAT/PS 8
Safeguarding Children Policy – PAT/PS 10
Breaking Significant News (Best Practice Guidelines) – CORP/COMM 9
Privacy and Dignity Policy – PAT/PA 28
Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) – PAT/PA 19
Fair Treatment for All Policy – CORP/EMP 4
Equality Analysis Policy – CORP/EMP 27

11. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

12. REFERENCES

Department of Constitutional Affairs
Mental Capacity Act (2005): Code of Practice, 2007
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

APPENDIX 1 – INSTRUCTION ON HOW TO ACCESS “THE BIG WORD”



TELEPHONE INTERPRETING SERVICE

For quick access follow these simple steps:

1 Dial: **0333 344 9473**

2 Enter your access code: followed by # key.

3 Enter the language code from the list below, followed by the # key:

702	Albanian	4	German	735	Lithuanian	1	Spanish
91	Ambano	993	Greek	97	Mandarin	998	Swahili
92	Arabic	738	Gujarati	533	Mirpuri	762	Tagalog
727	Bahasa Indonesian	994	Hindi	741	Nepali	739	Tamil
706	Bengali	724	Hungarian	796	Oromo	992	Thai
17	Bosnian	995	Italian	98	Pashto	773	Tigrinya
707	Bulgarian	96	Japanese	5	Polish	764	Turkish
93	Cantonese	3	Korean	996	Portuguese	709	Twi
710	Czech	520	Kurdish (Kurmanji)	749	Punjabi	765	Ukrainian
713	Dutch	730	Kurdish (Sorani)	750	Romanian	999	Urdu
712	Farsi (Afghan)	731	Kurdish (Bahdini)	997	Russian	2	Vietnamese
94	Farsi (Persian)	733	Latvian	755	Slovak	0	More Languages
95	French	734	Lingala	757	Somali	700	Cannot Identify

If you have any questions please contact the Help Desk

0333 344 9470

or email: ukgovinterpreting@thebigword.com

USING TELEPHONE INTERPRETING IN A CONTACT CENTRE

To help your call go as smoothly as possible:



Ask the caller **their language**

They will normally understand this.



Place caller on hold

While you connect to the service (see front page).



Let the Interpreter know the reason for the call

Once connected.



Reconnect the caller

Using the conference call facility and allow the Interpreter to introduce themselves.

Top tips

- **Direct your questions to your client/caller**
Make the conversation as natural as possible.
- **Speak clearly and distinctly**
Help the interpreter to understand you easily.
- **Language differences**
A short sentence from you may appear longer when communicated in another language.
- **Be patient**
It can take a little time for the Interpreter to build rapport with the caller. You can interrupt if you feel the conversation has digressed.
- **To ask a question**
Refer to the Interpreter as 'Interpreter' to avoid confusion.

If you have any questions please contact the Help Desk

0333 344 9470

or email: ukgovinterpreting@thebigword.com

BIG WORD – ACCESS CODES

Division	Access No
Medicine	86501000
Children's & Families	86502505
Surgery & Cancer	86501515
Clinical Specialties	86501960

APPENDIX 2 – REQUEST TO USE FACE TO FACE TRANSLATION SERVICE

Request to Use Face to Face Translation Service

Patient Name..... Hospital Number

Ward/Department..... Division:.....

Duration.....

Appointment date.....

Reason face to face translator required

.....
.....

Requested by

Designation

Approved /Declined

Reason if declined

Signature & print name

Designation

Any further comments

.....
.....

APPENDIX 3 – BOOKING A FACE TO FACE TRANSLATION SERVICE

When it has been determined that there is an appropriate need for a “face to face” interpreter the following details will need to be provided to the Doncaster Interpretation and Translation Unit (DITU)

Patient Number:

Location of appointment:

Division:

Duration:

Language:

This information will then need to be emailed to: ditu@doncaster.gov.uk

Upon receipt of the request the DITU will provide a quote which you will require to obtain sign off from the nominated division representative with this remit. Once sign off has been received you can accept the quote and the interpreter will be confirmed by the DITU.

Contact details for the DITU are listed below:


Doncaster Interpretation and Translation Unit

Phone 08448 734073

Email ditu@doncaster.gov.uk

APPENDIX 4 - BOOKING A BRITISH SIGN LANGUAGE (BSL) INTERPRETER

When a BSL interpreter is required please use the following contact details:



Clarion UK Interpreter Booking Form

An easy to use web form is also available at: <https://www.clarion-uk.com/doncaster-bookings/>

Booker details (if different from service user)	
Date of request	
Full name	
Address	
Postcode	
Email address	
Phone number	

Service user details	
Full name	
Address	
Postcode	
How would you prefer to be contacted?	
Contact details (email, phone, or minicom)	

Booking details	
Nature of meeting	
Type of support	
Date	
Start time	
End time	
Location (including department if hospital)	
Meeting place	
Specific requests e.g. male/female interpreter	

Any extra information	

Once completed please submit to Doncaster@clarion-uk.com

APPENDIX 5 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT PA 34 v.2 – Interpretation and Translation Services Policy	Nursing	Catrina Drury	Existing	Feb 2019
1) Who is responsible for this policy? Name of Division: Nursing				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? To inform all Trust staff about the process of booking and the usage of interpreters and translation services.				
3) Are there any associated objectives?				
4) What factors contribute or detract from achieving intended outcomes?				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken]				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: January 2022				
Checked by: Cindy Storer			Date: April 2019	