



Interpreting and Translation Policy and Procedures

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“Working together to deliver better health, better healthcare”

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1. Purpose and Scope

NHS Dumfries and Galloway is committed to providing excellent health care services. To achieve this, the organisation needs to ensure that all patients and staff can access any service easily and at the required time.

Communication should not be a barrier for people who cannot communicate in English; communicate by the spoken word; or have sensory impairment that prevents them from using the standard methods of communication (deaf or hearing impaired, blind, partially sighted or deaf blind).

Ref.

The Equality Act (2010).

2. Aims of the Policy

NHS Dumfries and Galloway recognises that there are members of the community who cannot speak English and others that have other communication needs.

This policy is intended to ensure that measures are in place across the organisation to support communication with everyone whose first language is not spoken English, does not communicate by the spoken word or has any form of communication difficulty.

Responsibility for arranging translation or interpreting services lies with the organisation and not the service user.

The use of a professional service can ensure independence, impartiality and confidentiality.

The policy describes arrangements for telephone based and face to face interpreting and for the translation of written material.

2.1 Who is the policy for?

This policy is for:

- Patients/carers and other service users who's first language is not spoken English. When the patient is a child this will also include parents or those with parental responsibility.
- Patients that do not communicate by the spoken word.
- Patients and other service users who have sensory impairment.
- Staff.
- The wider public.

2.2 Definitions

This policy is aimed at addressing the formal process of interpreting and translation.

It is not intended to prevent a member of staff from generally communicating with another person in a different language, through different forms of communication or through British Sign Language (BSL).

Interpreting: Is the oral transmission of meaning from one language to another that is easily understood by the listener/receiver. This includes interpretation of spoken language into BSL (a recognised language in its own right).

Interpreter: An interpreter is someone who is (at least) bilingual and has the ability and training to be able to work between two languages and facilitate communication between people.

Translation: Is the written transmission of meaning from one language to another, that is easily understood by the reader; or the conversion of written information into Braille; or the production of visual formats to transfer information using BSL.

2.3 Principles and aims

NHS Dumfries and Galloway endeavours to provide consistently high quality information for the benefit of the whole community.

In doing so the organisation will:

- Wherever possible achieve Best Value
- Always have a Patient Focus through having effective Public Involvement and
- Consistently accomplish change and service improvement through Partnership Working

And as a result will:

- Deliver excellent care that is safe, effective, efficient and reliable.
- Reduce health inequalities across Dumfries and Galloway.

3. Responsibilities and Organisational Arrangements

3.1 Interpreting and Translation and the Law

Children should not be used as interpreters. This is because:

- Their understanding and interpreting ability cannot be guaranteed.
- They may miss school.
- Parents may not be able to speak freely through a child.
- The practice may cause long term damage to the family relationships.

Spouses/partners, relatives, carers or friends should not be used as interpreters.

This is because:

- They may have their own agenda.
- The service user may not feel able to speak freely.
- The untrained interpreter may add, omit or misunderstand information or have difficulty with medical terminology.
- They may have difficulty in giving bad news.

Staff should not be used as interpreters*. This is because:

- Their understanding and interpreting ability cannot be guaranteed.
- They will be required to be taken away from their own area of work leaving deficits in service provision.

* Unless this is a specific aspect of their job.

Any or all of the above could lead to a poor outcome for the patient. The patient's understanding may be compromised and any decision making based on this could impact on ongoing or future care.

A detrimental **outcome** could leave the board liable to litigation. ***Through the use of an accredited service there is protection for the board and the patient.***

There may be patients who refuse to use an interpreter but prefer to rely on a spouse, family member or friend.

The board cannot force a person to use an accredited interpreter. If this situation occurs the member of staff dealing with the situation should record accurately in the patient's notes that the above risks have been explained and that the patient's decision was not to follow the board's recommendation.

3.2 Using the Policy

General Managers, Heads of Service, Team Leaders and Supervisors will ensure that staff, are able to respond to requests made by individuals for interpreting and/or translation services.

Local measures across the organisation may vary slightly but a basic understanding of how to access interpreting and translation services is required of staff.

A registered interpreter will be accessed on two levels:

1. Telephone interpretation service – Language Line (details in Appendix 1).
2. Face-to-face interpretation – via approved partner agency (details in Appendix 1).

If a registered interpreter is not available and the appointment cannot be rebooked for when an interpreter would be present then the following should be considered.

Use a bilingual member of staff. This would only be in a voluntary capacity and must be recorded in the patient's notes.

In exceptional circumstances the use of a family member or friend (over the age of 16) would be acceptable. This should again be clearly recorded in the patient's notes.

N.B. With either of the above options a child may be asked to provide information that will establish facts e.g. home circumstances, cause of fall etc.

In all situations the patient's wishes must be taken into consideration.

4. Monitoring

The Healthcare Governance Committee will be responsible for monitoring and reviewing the effectiveness of this policy and its deployment across the Board and will receive a progress report annually.

Monitoring will include:

- Continuous review of telephone service usage through monthly audit of expenditure.
- Quarterly review of translation and face to face interpreter costs.
- Regular contact with services regarding high/low levels of external services to ascertain if services provided meet any changing need.

5. Equality and Diversity

NHS Dumfries and Galloway is committed to equality and diversity in respect of the nine protected characteristics defined by age, disability, gender, race, religion/belief, sexual orientation, gender reassignment, maternity & pregnancy and marriage & civil partnership. A rapid equality impact assessment has been carried out on this policy.

6. Document Control Sheet

1. Document Status

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2. Document Amendment History

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1.1		

3. Distribution

Name	Responsibility	Version number
Agnes Somerville	Patient Information	1.1

4. Associated documents

E.g. national legislation, guidance or standards

5. Action Plan for Implementation

Action	Lead Officer	Timeframe
Update on Hippo	Hazel Dykes	November 2013

Accessing Interpretation Services

Telephone Interpreter Services

Language Line
Tel: 0800 028 0073 (0207 715 2630 for mobile users)
www.languageline.co.uk
(See step by step guide Appendix 2)

Face to Face Interpreter

Alpha
Head Office
18 Haddington Place
Edinburgh
EH7 4AF
Tel: 0131 558 9003
www.alphatrans.co.uk

Global Language Solutions
Glasgow Office
Craig House
64 Darnley Street
Glasgow G41 2SE
Tel / Fax: 0141 429 3429
www.globalglasgow.com

Cordia Linguistics
Blair Court
Port Dundas Business Park
100 Borron Street
Glasgow
G4 9XE
Tel: 0141 353 9000
www.cordia.co.uk

Appendix 2



Accessing a Telephone Interpreter

When your client is with you

If you have a Language Line Dual Handset Phone
Then please skip step 1

1. Dial **0800 028 0073 (0207 715 2630 for mobile users)**
2. The operator will ask you for:
 - Your Client ID (your 6 digit client number)
()
(Please note: this code is **confidential** to your organisation or dept.)
 - The language you require (say if you need a specific interpreter*)
 - Your organisation name (and department where appropriate)
 - Your initial and surname
3. Stay on line while the operator connects you to a trained interpreter (about 30 seconds). The operator will then inform you the interpreter is "now on line".
4. Note the interpreter's ID code, introduce yourself and brief the interpreter saying what phone you are using, e.g. single/ dual handset, speaker phone or mobile.
5. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement. Give the interpreter time to interpret between you and your client. Continue the conversation.
6. Let your client and the interpreter know when you have finished.

*whenever possible we meet specific requests, e.g. for a female interpreter © LLS/ LL Ltd 2010

Making outgoing client calls

The operator will connect you to an interpreter, then conference your client into the call.

1. Have your client's name and telephone number ready.
2. Follow steps 1 and 2 for '**When your client is with you**', but advise the operator your client is **NOT with you**.
3. Give the operator your client's name and telephone number.
4. Stay on line while the interpreter connects you to a trained interpreter (about 30 seconds).
5. Note the interpreter's ID code. Introduce yourself and brief the interpreter: explain the operator is phoning your client. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement.
6. The operator introduces your client into the call. The interpreter proceeds as you directed above.
7. Give the interpreter time to interpret between you and your client.

Continue the conversation.
8. Let your client and the interpreter know when you have finished.

Handling incoming client calls

If you have conferencing facilities

1. Put your client on hold using your organisation's conference call facilities (try to obtain your client's telephone number in case they hang up while on hold).
2. Follow steps 1 and 2 for '**When your client is with you**', but advise the operator your client is **ON HOLD**.
3. Brief the interpreter, then conference your client into the call.

If you do not have conferencing facilities

1. Note your client's telephone number, language and, ideally, name.
2. Assure your client that you will call back shortly with an interpreter.
3. Follow the procedures for '**making outgoing client calls**'.

Useful Numbers

1. **General enquiries, feedback and materials**
Tel: 0800 169 2879
Fax: 0800 783 2443
Email: enquiries@languageline.co.uk
Website: www.languageline.co.uk
Post: 40 Bank Street, Canary Wharf, London, E14 5NR
2. **Document Translations**
Tel: 0800 917 6564
Fax: 0800 783 2443
Email: translations@languageline.co.uk

Procedures

The ability to communicate with healthcare staff is fundamental to clinical care. Referring clinicians should always highlight the need for language support and this should be maintained throughout the patient's care. The need for support should always be clearly recorded in the patient's notes.

Using Interpreting Services

Before an interpreter is arranged the following should be identified:

- The service user's preferred spoken language and where appropriate any specific dialect.
- Any gender issues e.g. for cultural reasons providing an interpreter of the same gender as the patient.
- Any disability issues that the patient may have (including sensory impairment).
- The cultural needs of the patient (including religion).
- The date, time and location of the consultation/appointment.
- The amount of time that will be needed for appointment/consultation.

Telephone interpreting services are immediately available. See information in Appendix 1.

For face to face interpretation staff should:

- Give as much advance notice as possible to the service provider if their services are required. This will ensure that the service is available for the appointment/consultation.
- Remember that using interpreters in consultations/appointments will require extra time. Longer appointment slots should be booked where necessary.
- Address the patient and not the interpreter when talking.
- Ensure the room layout allows all parties to easily see each other.
- Not ask the interpreter for their opinion on any medical or personal issues; the interpreter is only present to provide interpretation.
- Be prepared to explain issues that may require cultural interpretation.

During an appointment/consultation/meeting staff members should:

- Introduce themselves and the interpreter to the patient.
- Advise the patient that the interpreter is bound by a code of confidentiality and will not discuss any information with anyone external to the appointment/consultation/meeting.
- Make clear the purpose of the appointment/consultation/meeting to patient and interpreter.
- Check the seating arrangements are appropriate.
- Advise the patient that the interpreter will interpret everything that is said.
- Advise that there will be a break for the interpreter if this is required.

- Speak to and keep eye contact with whenever possible the patient.
- Ensure that only one person speaks at a time.
- Be aware of their responsibility for the personal safety of the interpreter and never leave the interpreter alone with the patient where this might pose a possible risk.
- Make it clear to all when the consultation/appointment has been concluded.

Staff should also be aware that the patient may relate more closely to the interpreter than the health professional. This is normal as the patient may feel vulnerable due to the fact that they cannot communicate directly particularly when discussing their own health.

At the end of the appointment/consultation/meeting staff members should:

- Clarify aspects of understanding and any outstanding queries.
- Check that everything has been covered before the session ends.
- Where the interpreting session has been emotionally taxing for the interpreter a debrief should be offered.
- Consider anything that could have improved the session for future arrangements.

Support for people who are Deaf, Deafblind or Hard of Hearing

To book a BSL interpreter contact:

Sensory Support Services,
122-124 Irish Street,
Dumfries
DG1 2AW.
Tel/Text 01387 273650

Using Translation Services

The organisation is required to make information accessible in different languages, Braille, large print, audio or BSL in line with equality legislation.

The provision of translated material is not always the most appropriate way of communicating with patients or parents and therefore steps should be taken to ensure that where the person's first language is not English that they are able to read in their own language. Where this is not the case alternative methods of communication should be used.

Where translation of information leaflets is the best method of communication staff should contact the Patient Information Co-ordinator who will assist in identifying whether or not the information is already available in the format required or in obtaining quotes for the translation of materials.

In the absence of the Patient Information Co-ordinator, staff can email a *Word* document to Languageline and ask for a quote. Contact details are as follows: Email: translation@languageline.co.uk Tel: 0800 917 6564

The Patient Services Department does not have a budget for the supply of translated materials therefore the cost of translation will need to be met from individual departmental budgets.

The cost of producing ongoing leaflets once the translation has been undertaken will also be the responsibility of the individual department.

For detailed, one-off translations the costs can be very high and this should always be taken into account before the translation is undertaken, e.g. is there an alternative way of communicating effectively without translation?

NOTE: Translation of patients' notes or clinical letters. Staff are required to obtain written permission from patient in first instance. For further information contact the Data Protection Officer.

Copyright: Translation of national or copyrighted booklets or information leaflets cannot be undertaken by the board as this is an infringement of copyright regulations.

Appendix 3

Other useful resources

Eidohealthcare

Translated leaflets can be downloaded from:

<http://dc.eidohealthcare.com>

The user ID is DUM (BLOCK CAPITAL letters)

The Password is consent31 (lower case)

Emergency Multilingual Phrasebook

The phrasebook contains 62 common medical questions and statements in 36 languages, with English translations. It enables basic communication between first contact carers and patients.

The phrasebook is located in the following places: -

Charge Nurse – Pre-assessment Unit, DGRI

Charge Nurse – Emergency Dept., DGRI

Charge Nurse – Out Patients Dept., DGRI

Duty/Site Manager Folder (c/o Alice Wilson)

Senior Charge Nurse – GCH, Stranraer

Consultant Midwife, Cresswell

Directorate Offices:

Castle Douglas, Child Health, DGRI, Lockerbie, Mental Health, Nithbank

Out of Hours Service Manager, Primary Care Centre, DGRI

Patient Information Co-ordinator, Mid North, Crichton

Health in my language

This website lets you find information about *health related services in Scotland* that have been translated into different languages. You will find information about health and health services at:

www.healthinmylanguage.com