

## Translation and Interpretation Procedure v1.0

# NURSING PROCEDURE

<b>CATEGORY:</b>	Procedure
<b>CLASSIFICATION:</b>	Nursing
<b>PURPOSE:</b>	This procedure will ensure that the interpreting services provided by the Trust are easily and equally accessible to the diverse communities it serves. To ensure that language barriers are effectively bridged and informed consent obtained at all times by appropriately trained interpreters
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<b>Sponsor:</b>	Sam Foster, Chief Nurse
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<b>Distribution:</b>	This procedure applies to all staff and Trust services and provides details of how to access and effectively use interpreting services.
<ul style="list-style-type: none"> <li>• <b>Essential Reading for:</b></li> <li>• <b>Information for:</b></li> </ul>	

### Quick Links

[I want to book a face to face interpreter](#)

[I want to book a telephone interpreter](#)

[Where is the booking form?](#)

[Not using a Trust Interpreter? Get the Disclaimer Form signed.](#)

[Where's the illustrated card to identify languages](#)

**[Can I use someone under 18 to interpret? NEVER](#)**

[Can a patient use a family member as an Interpreter in a non-emergency situation?](#)

### Paper Copies of this Document

- If you are reading a printed copy of this document you should check the Trust's Policy website (<http://sharepoint/policies>) to ensure that you are using the most current version.

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## 1 Introduction

This procedure provides details of how and when interpreting and translation services must be accessed and includes statutory requirements and best practice guidance for staff working with an interpreter.

The Trust is committed to ensuring that there is effective communication with patients, their relatives and carers, thus improving their overall experience of the service they receive.

The Trust has a statutory responsibility to patients, public and commissioners to ensure that the services it provides are equally and easily accessible to all segments of the communities it serves. Patient centred care depends upon the accurate exchange of information. The Trust aims to provide communication support to those patients whose first language is not English or who may have a sensory impairment/loss where communication is affected.

The Trust will ensure that patients who have a hearing or speech impairment/loss, or whose first language is not English have access to interpreters who are bilingually competent, neutral, independent, professionally trained and qualified.

The Trust has a contract with **Word360** to provide face to face and telephone Interpreting services in all languages including British sign Language, lip speaker or deafblind communicator across the Trust.

This procedure supports the Trust's Equality Strategy and Equality Delivery System Framework which aims to ensure that all patients are provided with the right service, at the right time, in the right place and in the right way.

## 2 Scope

This procedure applies to all staff in a permanent, temporary, voluntary or contractor role acting for, or on behalf of HEFT.

## 3 Definitions

For the purpose of this procedure the following distinction is made between interpreting and translation:

- |                |   |
|----------------|---|
| “Interpreting” | refers to verbal communication (transferring ideas expressed orally, or by the use of gestures (as in the case of sign language), from one language to another) |
| “Translation”  | refers to written communication (transferring ideas expressed in writing from one language to another)  |

## 4 Aims

The aims of this procedure are to ensure that staff are:

- Aware of the interpreting and translation services available to them.
- Aware of the statutory requirements for effective communication with patients
- Know how to access interpreting services and make effective use of them.

## **5 Before making a booking**

To ensure standards set out within procedure are adhered to, the following points should be considered:

Please note that if you have never booked an interpreter before – [please refer to section 9.3](#).

### **5.1 Situations in which an interpreter is required**

**If the communication needs are not documented in the patient's notes, the following criteria should be applied:**

- the patient may be able to speak English but, at times of distress, their understanding becomes impaired
- the patient has a sensory impairment (deaf/deaf-blind) and requires specialist support
- language barriers prevent effective communication between the patient and staff
- the patient is under the age of 18 and the person who has parental responsibility for consent falls into any of the above categories

### **5.2 Documenting Interpretation Needs**

Health professionals must identify patients communication needs, where possible, on initial contact and document these in the patients' medical records. This will facilitate a proactive response to meet individual need.

### **5.3 Should the interpretation be face to face or can it be by telephone?**

Interpreters must be used for all planned admissions, assessments, clinical consultations, informed consent and discharge. A clinical decision must be made as to whether a face to face interpreter is required or whether the telephone interpreting service can be used. The use of telephone interpreters should be considered in the first instance. However there will be circumstances where face to face interpretation is essential and the decision must be based on clinical need.

### **5.4 The In –house interpreting team**

The in-house team are at BHH Monday – Friday 9 am – 5pm and SHH Monday and Tuesday 9am – 5pm They cover a selection of South Asian languages. More information can be found in [Appendix 1](#).

### **5.5 Use of non HEFT interpreters**

The patient can also request an interpreter/communication aid without agreement of the staff. If the patient uses a family member or other representative (i.e. not an official HEFT interpreter) [a disclaimer form](#) must be completed and placed on the medical record. This is further explained in Section 6 of this procedure.

## 6 Making a Face to Face Interpreter Booking with Word360

To book face to face interpreter, British Sign Language interpreter, lip speaker or deaf/blind communicator:

- Identify that an interpreter is required.
- Identify the language required by checking the patient's notes. Do not assume a language from a name or nationality. If you have the patient in front of you [this illustrated chart](#) can help you identify the language required.
- [Complete this booking form](#) and get it approved by the appropriate clinical lead/manager.
- Send the form to [heftinterpretingservice@heartofengland.nhs.uk](mailto:heftinterpretingservice@heartofengland.nhs.uk)
- For more information go to interpreting service page, [click here](#).

The interpreter's time is both valuable and expensive, therefore hospital staff should endeavour to keep his/her waiting time to a minimum. At the end of face to face interpreting session the interpreter's timesheet should only be signed when the booked appointment start time and actual finishing time have been documented.

For out of hours Emergency or short notice face to face interpreting requests (in extenuating circumstances) you can call Word360 on **0121 554 1981 Option 1/ Option 2** respectively, this service is from **6:30pm to 8:00am, Mon-Fri and weekends**. This applies to all languages including British Sign Language (BSL).

Please note that the Trust interpreter booking procedure applies to all out of hours requests which includes completing and sending the interpreting booking form to [heftinterpretingservice@heartofengland.nhs.uk](mailto:heftinterpretingservice@heartofengland.nhs.uk)

## 7 Making a Telephone interpreting service booking with Word360

To access telephone interpreting service Ring **0121 554 1981 Option 2**.

[Read this one page guide](#)

Connection to Word360 is within 30 seconds and connection to an interpreter will follow soon afterwards; therefore it is essential that the patient and/or relatives are ready for the phone call as soon you begin the call – this service is available 24 hours a day, 7 days a week, 365 days a year. All clinical areas will continue to use their existing telephone interpreting equipment i.e. speaker phones, cordless telephones to facilitate the telephone interpreting service. You will be required to provide following information;

Stay on line while the operator connects you to a trained interpreter

If you require any further advice or information, please contact Riaz Janjua, Head of Equality & Diversity via Trust email or email the in-house interpreting service team at: [heftinterpretingservice@heartofengland.nhs.uk](mailto:heftinterpretingservice@heartofengland.nhs.uk),

## 8 Using Interpreters in non-emergency situations

### 8.1 Use of Family or Friends as Interpreters

The Trust's preference is 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. A competent patient has the right to make this choice. In this event they should be advised that use of an approved interpreter is recommended and that HEFT cannot take responsibility for any errors caused by the use of anyone other than an approved interpreter.

**If a patient wishes to use anyone other than an official HEFT interpreter , a [disclaimer form](#) must be signed**

### 8.2 Safeguarding Issues

Staff should also be aware that there are situations, such as child abuse or domestic violence, where it would be inappropriate, or present an additional risk to the patient, to have a family member interpreting. If healthcare staff suspects the patient may be at risk an approved interpreter must be used.

### 8.3 Use of Staff as Interpreters

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](#).

### 8.4 Consent

In its publication "[Reference guide to consent for examination or treatment](#)" (second edition), the Department of Health defines consent as follows: "*For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy).*"

Clinicians are required to seek informed consent before initiating treatments, carrying out procedures or examining a patient. If the patient requires communication support, it is essential to ensure a face to face interpreter is booked to provide assurance that the patient is fully aware of what is being consented to and the associated risks. The clinician must make appropriate arrangements for an interpreter to be present and treatment should not be initiated until informed consent has been obtained; unless in an [emergency situation](#). The [Consent Policy](#) can provide more information on this.

### 8.5 Communication of Significant News

The Pan-Birmingham Cancer Network's Guidelines for Communication of Significant News states " Giving significant news over the telephone should be avoided unless the patient/carer has specifically negotiated this beforehand or if there is no alternative. If this is to happen it is important to offer a face to face follow-up consultation at the earliest opportunity." These principles should also be adhered to for those patients with communication needs and a face to face interpreting service should be offered wherever possible.

### 8.6 Intimate Examinations and Procedures

Please refer to the Trust Chaperone policy for advice on the correct use of chaperones. An interpreter must not be used as a chaperone. 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.

## **9 Using Interpreters in Emergency situations**

### **9.1 Use of Staff as Interpreters**

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. In an emergency situation staff members may be used to interpret vital information.

### **9.2 Use of family or carers as Interpreters**

In an emergency situation it may be necessary to use Adult family members to help communicate basic information about care or personal history. Adult family members should not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care including consent. 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. Adult family members may be used to interpret vital information. This should be fully documented in the patient medical records.

**Those under the age of 18 must not be used as interpreters.**

### **9.3 Working with Interpreters**

When booking an interpreter the following process should be followed:

- Face to face interpreters must be booked in advance (minimum 24 hours) to ensure their availability. The telephone interpreting service does not require pre booking and can be accessed within 30 seconds of making the call. Please note that there is a national shortage of British Sign Language interpreters, therefore as much notice as possible is required.
- Provide appropriate patient information to the interpreter regarding communication requirements.
- Allow enough time for the consultation (approximately twice as long as a consultation without an Interpreter). Explanations of cultural perceptions and backgrounds may be required.
- Indicate how long the consultation is likely to continue for.
- Ensure that the interpreter and the patient speak the same language and dialect.
- Match the gender of interpreter and patient as appropriate e.g. maternity and gynecology
- Explain the nature of the consultation (e.g. if complex information or communicating significant news)

## **9.4 Translation of Patient Information**

The interpreting service provider can provide written translation on request. A list of written translation services provided in-house is available from the Interpreting Service.

## **10 Responsibilities**

The Head of Equality and Diversity will collate Trust-wide interpreting activity data, and address any issues with service provision.

### **10.1 Professional Interpreters:**

- Will interpret accurately what is said, without addition, omission, judgment or opinion.
- Will respect confidentiality at all times and not seek advantage of information disclosed during the interview.
- Will act in an impartial and professional manner.

### **10.2 Individual Staff Members**

- Will identify patients requiring communication support in the form of interpreting services
- Will follow the operational guidance in arranging and requesting interpreting service

### **10.3 Ward / Department Manager**

- Will ensure all staff are aware of the procedure and its contents.
- Will ensure individual communication needs of patients are considered and met appropriately.
- Will ensure non-availability of interpreting service is reported as an incident in line with the Trust's Incident Reporting Policy.

### **10.4 Head of Equality & Diversity**

- The Head of Equality and Diversity has the responsibility to ensure that the Interpreting and Translation Services Operational procedure supports operational practices, which result in the delivery of an effective service.
- The individual will also have responsibility for the implementation, monitoring and review of this procedure.
- Ensure that all interpreting and translation booking requests and completed activity should be clearly and concisely documented for audit purposes: Every interpreting call request received is recorded by the in house interpreters on the data base and processed in accordance to procedure.

### **10.5 Deputy Chief Nurse**

The Deputy Chief Nurse is responsible for oversight of the implementation and monitoring of this procedure.

### **10.6 Divisional Management**



Divisional management is responsible for the oversight of requests and expenditure from their respective divisions.

## 11 Monitoring and Compliance

The purpose of monitoring is to provide assurance that the interpreting services process is being followed and quality of interpreting provision is acceptable.

The demand and usage of the interpreting service is monitored monthly and reports on expenditure and demand is provided by the supplier. Bi-annual and annual activity report is included in the Trust progress report to the commissioners.

Issues relating to the implementation of the procedure will be reported to the Deputy Chief Nurse or Head of Equality & Diversity as applicable, via IR1s or complaints, and these will be addressed in the compliance report as well as any action plans regarding concerns raised.

What is being Monitored	Process for monitoring	How often will this be done	Who will co-ordinate and report findings	Which group or report will receive findings
As per contract arrangement Supplier to achieve 95% fulfilment rate	Datix reports Incidents themes and trends reported by staff and in-house interpreting team	On going basis	Head of Equality & Diversity	Chief Executive Group
Usage of interpreting services and associated cost per division	Reports by interpreting service provider	Monthly	Head of Equality & Diversity In-house interpreting team	Chief Executive Group
Complaints	Monthly complaints report from Patient Experience	Monthly	Head of Equality & Diversity	

Where monitoring identifies deficiencies actions plans will be developed to address them.

## 12 References

- Disability Discrimination Act 1995
- Race Relations (Amendment) Act 2000
- Children's Act 1976
- Human Rights Act 1998
- Mental Health Act 1983
- DOH (2000) Reference Guide Consent for Examination or Treatment
- NHS Constitution 2009
- Equality Act 2010

- Operation Framework for the NHS 2010/2011
- Care Quality Commission Regulations
- AD203 Equality Impact Assessment
- Institute of Linguistics – Code of Practice
- Accessible Information Standard

## Appendix 1 - About the In-House Interpreting and Translation Service

The core service staff consists of one full-time and two part-time bilingual Interpreters, they cover six languages, **Mirpuri, Punjabi, Urdu, Pothwari, Sylheti and Bengali.**

The service is available **Monday to Thursday 09:00am – 17:00pm and Friday 09:00am – 16:30pm.** at Heartlands hospital and **Monday to Tuesday 09:00am – 17:00pm** at Solihull hospital. The interpreting team does not cover out of hours/week-ends/bank holidays.

The interpreting team is based within the Equality & Diversity Department at Heartlands Hospital.

- **At Heartlands** the interpreters operate from their office within Equality & Diversity department and use consultation rooms in clinical areas and patients' bedside on wards/units to facilitate patient - staff communication.
- **At Solihull** the interpreter is based on this site on Monday and Tuesday, when providing service on this site they use consultation rooms in clinical areas and patients' bedside on wards/unit to facilitate patient-staff communication.
- **At the Chest Clinic** the interpreters are not based on this site.
- **At Good Hope Hospital** the interpreters are not based on this site..

There are different ways in which a member of staff or a patient/carer can contact the service:

- i) **Call via dedicated telephone line (0121-424 1331, 0121- 424 1319) or extension 41331 or 41319 from an internal telephone**

When the interpreting services is being contacted by telephone your call will be answered within 5 rings by a member of the interpreting team, should it not be answered in this time then you will be asked to leave a message on the voicemail. Your call will be returned the same day otherwise the next working day.

The member of the interpreting team answering your call directly or returning your call will require following information to deal with your request: your name and contact detail; patients name, PID number, language required, interpreter preference (male/female), date, time, venue and the duration of session to be held;

A member of the core team will deal with your interpreter booking request and will retain responsibility until the interpreting need has been met. There may be hand-offs, this may occur when the original interpreter is about to go on leave or a gender specific issue arises and input / knowledge of other staff may be required to provide appropriate service.

- ii) **Via Paging system – Page numbers: 2278, 2656 or 2658**

Hospital staff can contact interpreting services by paging the interpreters, the interpreter will call back as soon as possible and will follow the same procedure as above.

- iii) **Informal service**

The interpreters also undertake regular visits to wards to meet staff/patients to ensure that they have an easy and informal access to service.