

Translating and Interpreting Policy

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Extended to October 2018

Document Abstract	
<p>All users of services provided by the University Hospitals Bristol NHS Foundation Trust have a right to equal access to information about their treatment and care, and about the Trust's services. If patients have specific communication needs, staff will make every effort to support them in ensuring that these needs are met. To this end, the Trust will use a range of translating and interpreting approaches. This policy defines how staff will be supported in accessing these translating and interpreting resources on behalf of patients.</p>	

¹ Divide number of words by 240 for average reading time and add 25% for specialist content.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
February 2013	2.6	Head of Quality (Patient Experience and Clinical Effectiveness)		
July 2016	2.7	Head of Quality (Patient Experience and Clinical Effectiveness)	Minor	<ul style="list-style-type: none"> Interim refresh of policy, pending comprehensive review in light of publication of Accessible Information Standard. In the meantime, clarification that the current policy is specifically about the provision of translating and interpreting services, as opposed to meeting the wider needs of disability or equality groups. Added wording clarifying that the Trust will consider reasonable requests for translating and interpreting to enable carers or relatives to be fully involved in key decisions about a patient's care (i.e. where the T&I service is provided for the carer or relative, rather than the patient). Transferred into current Trust policy template.

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1. Introduction

All users of services provided by the University Hospitals Bristol NHS Foundation Trust have a right to equal access to information about their treatment and care, and about the Trust's services. If patients have specific communication needs, staff will make every effort to support them in ensuring that these needs are met. To this end, the Trust will use a range of translating and interpreting approaches. This policy defines how staff will be supported in accessing these translating and interpreting resources on behalf of patients.

2. Purpose and Scope

The purpose of this Policy is to ensure that the Trust complies with the statutory and mandatory requirements related to the provision of translating and interpreting in an NHS trust. These include:

- (a) Section 11 of the Health and Social Care Act (2001)
- (b) Human Rights Act (1998)
- (c) Freedom of Information Act (2004)
- (d) The Equality Act 2010
- (e) The Accessible Information Standard (2015)

This policy should be read in conjunction with the [Trust's Patient Information Policy](#).

3. Definitions

3.1 *Interpreting*

The purposes of this policy, interpreting is the oral or signed transmission of meaning from one language to another either by telephone or face-to-face.

3.2 *Translating*

For the purposes of this policy, translating is defined as the written transmission of text from one language to another, including Braille.

3.3 *Specific communication needs addressed by this policy*

This policy is designed to ensure that communication needs of the following groups of patients² are consistently met through the provision of translating and interpreting services:

- (a) Those who have difficulty communicating in English due to language barriers
- (b) Those who have a severe or profound hearing impairment

² The Trust will also look favourably upon reasonable requests from relatives or carers who need access to translating and interpreting services in order to participate in important conversations and decisions about a patient's care

The availability of suitably translated/presented documents and signage also supports the communication needs of other patient groups including:

- (c) Those who have difficulty communicating in English due to disability
- (d) Those who have a severe sight impairment
- (e) Those with dyslexia or similar conditions
- (f) Those with learning difficulties
- (g) Children

A wider range of resources and advice to help meet the wider needs of these patient groups is available via the [Equality and Diversity pages on Connect](#) -

4. Duties, Roles and Responsibilities

4.1 *Senior Leadership Team*

Responsible for major policy and strategic decisions in relation to the policy, particularly those with resource implications.

4.2 *Patient Experience Group (PEG)*

responsible for approving this policy and ensuring consistent implementation of the policy across the Trust's Divisions.

4.3 *Equality and Diversity Group*

responsible for advising of any significant changes in equalities legislation and guidance which pertain to the provision of these services.

4.4 *Divisional Boards / Governance Committees*

Responsible for ensuring that the policy is implemented at Divisional level.

4.5 *Head of Quality (Patient Experience and Clinical Effectiveness)*

Responsible for overseeing Translating and Interpreting arrangements on behalf of the Trust, and for writing this policy document.

4.6 *Patient Experience and Regulatory Compliance Facilitator*

Responsible for monitoring usage and reporting of translating and interpreting services within the Trust.

4.7 *Temporary Staffing Bureau*

Responsible for recruiting and managing the Trust's 'bank' of interpreters.

4.8 Patient Information Service

Responsible for arranging the translation of Trust Patient Information Leaflets into other languages.

4.9 Line Managers

Responsible for ensuring employees are aware of the procedures and guidance governing access to translating and interpreting services; and making decisions on individual cases as to when it is appropriate to provide translation or interpretation. Frontline service managers are also responsible for identifying any employees who can speak other languages proficiently and are willing to assist with basic interpreting (see paragraph 5.3).

The ward or department requesting translating and interpreting services is responsible for meeting any associated costs.

5. Policy Statement and Provisions

5.1 Approaches

The Trust's approach to meeting specific communication needs is generally to translate [written] or interpret [verbal] information being conveyed into a format that is understood by the patient. Translating and interpreting can take place in many ways, using many formats. Examples include:

- (a) Use of a spoken or sign language interpreter
- (b) Written translation of documents
- (c) Use of pictorial images e.g. for children, for those with learning difficulties
- (d) Provision of audio tapes/CDs, DVDs and electronic audio (e.g. MP3 format)

Where a specific request is received by the Trust, we will ensure that communications in the following formats meet the requirements of this policy:

5.2 Written

- (a) Trust Patient Information Leaflets
- (b) Other patient-specific communications e.g. letters
- (c) Other Trust papers and information

5.3 Verbal

- (a) All verbal communications with patients and/or their carers
- (b) When an interpreter is booked for a patient, it is best practice to inform the patient of the arrangements via hospital letters and any other appropriate communication channels.

5.4 *Approved Resources and Access*

The Trust will put in place systems and resources for staff to access so that they can meet identified patient communication needs. This will include:

- (a) Access to in-house 'bank' interpreters for a suitable range of languages
- (b) Access to approved external services for translating and interpreting, including interpreting services for the deaf
- (c) Written translation of Trust Patient Information Leaflets into languages other than English¹
- (d) Provision of Trust Patient Information Leaflets [in English] in suitable audio formats

The precise detail of these services, particularly any which are provided by external agencies, may change over time, according to service feedback, value for money, etc². They are therefore not defined in this policy. Details of services and resources will instead be identified via [Translating & Interpreting pages](#) on the Trust's Connect (intranet) site, which can be accessed by staff 24 hours a day. The site will include guidance to help staff make appropriate decisions about the services they need to access.

¹ The process of translating Trust Patient Information Leaflets MUST be managed through the Trust's Communications Team

² Contracts for the external provision of translating and interpreting services will be awarded through a formal tendering process managed by the Trust's Purchasing Department

5.5 *Use of Staff as Interpreters/Communicators*

Members of staff whose first language is not English are permitted to interpret in medical/clinical situations using their first language – typically if they are the healthcare professional responsible for treating a patient and they share a common first language.

Members of staff whose first language is English are permitted to interpret in the following circumstances:

- (a) On any occasion for general interpretation purposes e.g. explaining how a ward works, identifying layout of toilets and fire exits etc.
- (b) For interpretation in emergency medical situations only, as a measure of 'last resort', where it is impractical to book a trained interpreter.

In any other circumstances, a member of staff may only act as an interpreter for matters relating to a patient's medical treatment and care if they are formally registered with the Trust's Temporary Staffing Bureau.

The payment of Trust staff who work as interpreters will be as follows:

- (c) Staff registered with the Trust's Temporary Staffing Bureau, who are approached outside of their contracted time, will be paid in accordance with the normal arrangements for Bank interpreters.
- (d) Staff registered with the Trust's Temporary Staffing Bureau who are approached during their contracted time to interpret will not be paid extra and will interpret if they are a) willing to do so and b) their manager approves their release to interpret.

5.6 *Use of Relatives and Carers as Interpreters/Communicators*

The use of relatives and carers (of any age) for the interpretation of medical care and treatment e.g. consent, conveying bad news should be avoided. This is because:

- (a) The relative / carer may have a personal emotional involvement and therefore be affected by the information, leading to the possibility of inaccurate interpretation to the patient.
- (b) Their standard of interpreting may not be adequate for the complexity of medical terminology and information.
- (c) There is always potential in any such relationships for abuse.
- (d) There have been a number of related clinical incidents in the past.

Exceptions to this rule are:

- (e) In an emergency medical treatment situation, when there is no time to get an interpreter.
- (f) Where the patient's needs are such that only the main carer may be able to convey information to them in a form understandable to them e.g. patients with learning difficulties or mental illness / incapacity.
- (g) For parents / legal guardians of children. This will need to be assessed on a case-by-case basis, depending on the age and circumstances of the child, and the nature of the information being imparted.

5.7 *Interpreting Services for Deaf People*

- (a) The Trust is committed to providing access to suitably qualified British Sign Language interpreters and other appropriate forms of communication support for Deaf patients. All BSL/English interpreters must be Associate or Full members of ASLI (Association of Sign Language Interpreters) and/or registered with the NRCPD (The National Registers of Communication Professionals working with Deaf and Deafblind people). They may be registered as RSLI (Registered Sign Language Interpreter) or TI (Trainee Interpreter).
- (b) The Trust will seek independent advice and expertise from representative of the deaf community when making any significant changes to the provision of interpreting services for deaf patients.

- (c) Bookings for BSL interpreters will be made by the Trust. Patients may request a specific named interpreter and, in these circumstances, the Trust will do its best to honour the request, if the requested interpreter is available through the Trust's contracted provider; however the Trust cannot guarantee to meet the request. If a patient makes his or her own arrangements to attend appointments accompanied by their preferred BSL interpreter, any costs involved are the responsibility of the patient.

6. Standards and Key Performance Indicators

6.1 *Monitoring and Reporting*

The provision of translating and interpreting services will be monitored by the Trust's Patient Experience and Regulatory Compliance Facilitator. This includes receipt and analysis of monthly management reports from contracted providers and regular internal review of data from the Trust's finance department. The Trust's Patient Experience Group (PEG) will receive six monthly management reports including, but not limited to:

- (a) Number of requests per language
- (b) Usage and failure to fulfil rates
- (c) Expenditure of translating and interpreting services
- (d) Number and nature of complaints, incidents and risks
- (e) Changes to and plans for future provisions of translating and interpreting services

However, any significant concerns about the provision of translating and interpreting services will be brought to PEG's attention at the earliest opportunity.

7. Appendix A – Monitoring Table for this Policy

The effectiveness of this policy will be monitored in the following ways:

Action	Person/s Responsible	Frequency
Monitoring of complaints and feedback relating to translating and interpreting	Patient Experience and Regulatory Compliance Facilitator / Patient Support and Complaints Manager	Six monthly report to PEG. Individual cases to be highlighted to the Patient Experience and Regulatory Compliance Facilitator at the time they arise
Monitoring of patient safety incidents relating to translating and interpreting	Patient Safety Team/ Head of Quality (Patient Experience and Clinical Effectiveness)	Six monthly report to PEG. Individual cases are automatically reported to the Patient Experience and Regulatory Compliance Facilitator and Head of Quality (PE&CE) via the Datix risk management system
Translating and Interpreting progress report to Patient Experience Group	Patient Experience and Regulatory Compliance Facilitator	Six monthly, including an annual report
Monitoring of the availability of appropriate language interpreters via the Trust 'bank'	Temporary Staffing Bureau Co-ordinator	Six monthly report to the Patient Experience and Regulatory Compliance Facilitator
Monitoring of performance of external providers of translating and interpreting services	Head of Quality (Patient Experience and Clinical Effectiveness), Patient Experience and Regulatory Compliance Facilitator and Senior Purchasing Specialist	Monthly reports from providers to the Patient Experience and Regulatory Compliance Facilitator and ad hoc performance meetings

8. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Patient Experience and Regulatory Compliance Facilitator
This document replaces existing documentation:	Yes
Existing documentation will be replaced by:	Not Applicable
This document is to be disseminated to:	Patient Experience Group
Training is required:	Not Applicable
The Training Lead is:	Not Applicable

Additional Comments
This policy will also be available on the Translating and Interpreting pages of the Trust's intranet and external website.

9. Appendix C – Document Checklist

The checklist set out in the following table confirms the status of 'diligence actions' required of the 'Document Owner' to meet the standards required of University Hospitals Bristol NHS Foundation Trust Procedural Documents. The 'Approval Authority' will refer to this checklist, and the Equality Impact Assessment, when considering the draft Procedural Document for approval. All criteria must be met.

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct (i.e. Strategy, Policy, Protocol, Procedure, etc.):	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation (e.g. 'Personal Data' as defined in the Data Protection Act 2000):	Not Applicable
	All terms used are explained in the 'Definitions' section:	Yes
	Acronyms are kept to the minimum possible:	Yes

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
	The 'target group' is clear and unambiguous:	Yes
	The 'purpose and scope' of the document is clear:	Yes
Document Owner	The 'Document Owner' is identified:	Yes
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted:	Patient Experience Group
	Suitable 'expert advice' has been sought where necessary:	Yes
Evidence Base	References are cited:	Not Applicable
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	To deliver best care, providing services which are quick and easy to access and provide an excellent patient experience
Equality	The appropriate 'Equality Impact Assessment' or 'Equality Impact Screen' has been conducted for this document:	Yes
Monitoring	Monitoring provisions are defined:	Yes
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Not Applicable
	The frequency of reviews, and the next review date are appropriate for this procedural document:	Yes
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

Additional Comments
Not Applicable