

Interpreting Services Policy

Version: 3

Date Issued: 30 March 2016
 Review Date: 30 March 2019
 Document Type: Policy

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Document Status

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Executive summary

This policy puts in place a framework for the provision of an interpreter's service within the University Hospital Southampton NHS Foundation Trust. The flowchart below demonstrates the process to follow to book an interpreter; staff will contact the in house services in the first instance and then proceed to outside agencies, should an in house interpreter not be available for face to face interpretation.

Southampton, like many of the UK's provincial core cities has an increasingly diverse population. From the 2011 Census, 4.8% of Southampton's population were born in EU accession countries and, compared to other such core cities in England. Southampton has the largest number of passports held by European Union countries. Southampton has the third highest (after Manchester and Nottingham), 7,522 or 7.7%, number of households in which no people in them have English as a main language (although this does not mean they cannot speak English at all). In 2010, according to Southampton City Councils' New Communities team, the number of languages spoken by schoolchildren was over 110. Year on year, there has been a rise in requests for a more diverse range of languages and also a rise in the number of calls requesting interpreters.

We appreciate that medical interactions could be complex and stressful, never more so than when these interactions are conducted in a language that the service user might not be familiar with, and in a different health service culture. We understand that migrants can live and work in the city with no, or limited, English skills, which may compromise their ability to access the appropriate health services and receive effective medical care. Entering the hospital may be the first time that migrants may have come outside their own community to interact with an institution and the hospital can be a very confusing and scary place. Miscommunication due to lack of English language skills may result in poor healthcare outcomes for these individuals. It could also result in increased healthcare costs due to missed appointments, misdiagnosis and inability to follow treatment plans.

Contact the free service first:
Voluntary services (UHS) 023 8120 x4688
or
Duty manager (out of hours only)

Successful

↓
Book interpreter as required.

↓
Confirm by text the date, time and location of booking.

Unsuccessful

↓
Obtain authorisation from line manager to book paid for service.

↓
Contact (in this order):
- Access to Communication
- Language line
- Lingland

NOTE: In the interests of accuracy, confidentiality and accountability; family members should not be used as interpreters.

UHS in-house volunteers are trained – only staff who have undertaken this training should be used.

Their contact details should not be given to patients

1 Scope and Purpose

1.2 Scope

This policy applies to all areas and all staff within this Trust who deal with people for whom English is not their first language.

1.3 Purpose

- To ensure patients who have Limited English Proficiency (LEP), including speech and hearing disabilities, have access to the communication tools required to allow complete understanding of their diagnosis, and proposed treatment and to ensure that each patients' communication needs are met.
- To achieve this in the most effective as well as economical way for the Trust.
- This policy is informed by the Trust's response to the Kennedy report of March 2002, which says we are 'working towards translation to languages other than English', and the implementation of the Action Plan.
- The Equality Act, 2010 places new public duties on the NHS to ensure staff and service users are treated equitably, and not discriminated against on grounds of: age, gender, ethnicity, religion or belief, disability or sexual orientation, marriage and civil partnership, transgender, or maternity and pregnancy and Standards 1 and 2 of the Care Quality Commission National standards.

2. Definitions

Many people use the terms translation and interpreting interchangeably, so it is important for the purposes of this Policy to denote the difference between the two; *Interpreting* deals with the spoken word; *translation* deals with the written word

3 Principles

- To enable agreement and consent to treatment, which can only be given by a patient who is enabled to understand the information given to them; and then whose informed response can be understood, perhaps with the assistance of an interpreter, by the clinical staff.
- To provide an independent, objective, professional interpreter for a patient or carer when discussing health care issues, in preference to a family member.
- To enable only Trust employees who are authorised to book interpreters for patient visits to this Trust. Requests for interpreters from others (GPs, patients, etc.) must be channelled through the department to which the patient is referred.
- To encourage, as a cost-effective measure, use of the Trust volunteer interpreting service as a first preference. The cost of using an external interpreter service will be carried by department budgets. The interpreting service providers are included in a flowchart in order of cost in the flowchart on page 3 or Appendix B.
- To maintain interpreting services to agreed standards
- To offer a cost-effective and coordinated interpreting service
- To encourage the recruitment and training of new Trust volunteer interpreters in the languages needed, to reflect the changing needs of the Trust and community it serves
- To provide appropriate training and guidelines for Trust volunteer interpreters, and for staff in the use of interpreters.
- To retain the interpreters trained by the Trust
- To bring the registered Trust volunteer interpreters together twice a year to discuss

issues of concern and opportunities for further training

- To encourage our staff to use the services of the Trust volunteer interpreters
- To carry out regular reviews to evaluate the perspective of patients, interpreters and staff

Standards to be followed

- As soon as a member of staff becomes aware that a patient (due to attend an appointment, day-case, admission or other visit to the hospital) will need an interpreter, they should refer to Appendix B.
- Only trained interpreters should be used, not members of the family or friends in the interest of accuracy, confidentiality and accountability
- Face to face interpreting is the Trust's preferred option
- The first attempt to book an interpreter should be directed to the voluntary services team.
- If no Trust volunteer interpreter is available, Access to Communication, then Language line, in that order, should be contacted
- Trust volunteer interpreters should not be contacted or booked directly; calls should go via the volunteer's office during office hours or duty manager out of hours. Patients should not be given volunteer interpreters contact details. (See Appendix B).
- If a patient due to visit the hospital is sensory impaired, a member of staff should telephone Sonus (see Appendix B), six weeks in advance of that patient's visit, where possible, to book a British sign language (BSL) interpreter. Contact details are held in the voluntary services office during office hours or by the duty manager out of office hours. (See Appendix B).
- If neither the Trust volunteer interpreters, Access to Communication, nor Language line are able to provide an interpreter, Lingland, (see Appendix B) a telephone interpreting service is a final option. You will need your local access code to book a Language line interpreter. Your line manager should hold this, or bleep holder; the volunteer's office also holds a list.
- Staff who book and use interpreters should familiarise themselves with the document using an interpreter (see Appendix C), and the guidelines on using interpreters (see Appendix D)

Recruitment of volunteer interpreters

- Enquiries and requests to become interpreters within the Trust should be directed to the voluntary services manager (VSM) at Southampton General Hospital.
- The voluntary services manager will handle recruitment of both existing staff, and external volunteers to become Trust volunteer interpreters. All new interpreters will attend local accredited training.
- All external volunteer interpreters must be registered with the voluntary services department, whether or not they already belong to a voluntary organisation. The voluntary services manager will interview, organise health screening, take up references and instigate DBS checks for each applicant. These volunteers will be required to attend the next available volunteer induction session

Limitations

- The Trust volunteer interpreters, who undergo training in the Trust, provide a face to face service, with the consent of their managers, purely on the basis of their own goodwill, during their normal working hours. Therefore, please do not keep them waiting, or ask them to spend more than one hour of their time interpreting.
- It is the responsibility of the member of staff booking an interpreter to give as much information as possible about the proposed interpreting activity, e.g. age; gender;

language required, purpose of appointment, anticipated length of appointment, etc.

- It is the responsibility of the member of staff booking the appointment to let the interpreter know as soon as possible if the appointment is cancelled or altered. This is particularly important if the volunteer is an external interpreter, who may have to travel some distance to attend.
- It is the responsibility of the staff member using the interpreter to complete an evaluation form (carried by the interpreter) with reference to that interpreting event, and return the form to the interpreter or to the voluntary services office.
- The Trust volunteer may decline to undertake or continue an interpreting activity at their discretion.
- The policy and procedures for voluntary services will apply to all external Trust volunteer interpreters with regard to age, handling of gifts, new volunteers, uniform, unacceptable behaviour, raising concerns, donations, expenses, and insurance

4 Roles and Responsibilities

- The responsibility for the overall effectiveness of this policy rests with the Chief Executive and the Trust board.
- Overall responsibility for the delivery of this policy rests with the Chief operating officer
- It is the responsibility of divisional clinical directors, Directors of operations, heads of nursing and care group managers to
 - i) promote this policy
 - ii) ensure that relevant staff are aware of the policy and are compliant with it
 - iii) ensure that relevant staff have sufficient and adequate knowledge and training of how to access the service and why.
- Care groups are responsible for charges from external agency providers of interpreters when the patient is in their care (should an in-house volunteer interpreter not be available)
- It is the duty of all UHS staff to ensure LEP patients, and those patients who suffer from speech or sensory impairment, are provided with interpreters. This excludes members of the patient's family, friends and community or religious leaders.
- Staff should also be aware of issues if using interpreters for smaller ethnic groups. In these cases there may be a possibility that the patient and interpreter know each other and confidentiality (regarding medical condition, relationship status, sexual orientation etc.) may be compromised. In these circumstances, other interpreters or an agency should be used.
- It is the duty of all staff to ensure that LEP patients and those with a speech or sensory disability are enabled to understand what is being said to them, and to convey their response.
- It is the duty of the voluntary services manager to:
 - encourage awareness and the benefits of the Trust volunteer interpreting service;
 - ensure Trust volunteer interpreters are trained and clear about their role, including awareness of confidentiality, information governance and the code of practice (see Appendix E).
 - provide a focal point for procedural and systems changes, policy review, initial recruitment of Trust Volunteer interpreters and co-ordination of overall interpreting activity.
- Non-compliance with this Trust Policy **may result in disciplinary action.**

5 Related Trust Policies

All Personnel Policies & Procedures apply to staff and volunteers.

- Disciplinary; policy and procedure
- Health and safety: policy
- Data protection policy
- Incident reporting and management policy
- Equality and diversity policy;
- Business conduct policy;
- Pre employment checks policy;
- Staff induction policy
- Security policy
- Spiritual care policy;
- Bereavement care policy;
- UHS Vision statement.
- Concerns and complaints policy
- Safeguarding adults and adult protection policy

6 Implementation

Dissemination Plan

- This policy will be available on the Staffnet
- The policy will be cascaded to all divisional directors of operations and all care group managers
- This policy will be disseminated to all divisional heads of nursing and all matrons
- This policy will be disseminated to all education leads
- This Policy will be forwarded to all care group clinical leads

Education and Support Plan

- Education leads will need to make arrangements in their own areas for training staff in the use of this policy and to access appropriate interpreters in a timely way.
- Policy to be incorporated, if it isn't already, into all relevant training programmes.
- The voluntary services team to link with educational leads to ensure that interpreter awareness training is cascaded in each clinical care group.

7 Process for Monitoring Compliance/Effectiveness

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of the procedural document that will be monitored:

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will co-ordinate and report findings (1)	Which group or report will receive findings
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Audit of patient information given on the interpreters service	Interpreters evaluations	Ongoing basis		VSM	Equality, diversity and inclusivity steering group
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In support of the monitoring above addition checks on compliance will include:-

- Annual audit to take place and reported by the voluntary services manager in the voluntary services annual report
- Volunteer interpreters assessment practice reviewed – VSM/Tutors – Ongoing Basis
- Interpreter statistics of calls recorded, compiled and reviewed–voluntary services office (monthly compilation), voluntary services manager (annual review)
- Review of organisational support given by voluntary services –voluntary services manager –annually – Trustwide.
- Analysis of complaints and incident data by VSM
- Interpreter support meeting – quarterly
- Voluntary services team will explore with the Interpreters how this policy is being operated and its effectiveness both on an on-going and annual basis.

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

8 Arrangements for Review of the Policy

This policy will be reviewed at least every three years as is recommended.

9 References

Kennedy Report of March 2002
The Equality Act, 2010
CQC National Standard 1 and 2

Appendix A

EQUALITY IMPACT ASSESSMENT

This Impact Assessment relates to: Interpreting services policy
A Trust Policy (which impacts across the whole organisation)

Title of policy / proposal / report	Interpreting services policy
Name of person initiating policy / proposal / report	Kim Sutton
Name of receiving committee	
Details of stakeholders consulted in the assessment process	Interpreter volunteers, Matrons, CGMs, Modern Languages, University of Southampton

Does the policy / proposal affect one group more or less favourably than another based on the 9 protected characteristics?	More favourably Yes / No	Less favourably Yes / No	Comments / Information considered in reaching this decision.
Age	Y	N	In some communities the older population are not fluent in English and are reliant on younger family members for interpreting. This policy will favourably benefit these individuals
Sex / Gender	Y	N	In some communities women may not be fluent in English and would be reliant on their male relatives to assist interpretation. This policy will favourably benefit these women.
Disability (mental, physical and learning disability should be included in this section)	Y	N	Patients with a hearing or speech disability, may be in need of assistance to communicate to ensure optimum clinical care, cost effectiveness and a positive patient experience
Race / Ethnicity	Y	N	The populace of Southampton is forever changing, with EU enlargement and an increase in refugee communities and the hospital needs to take this change in profile in its catchment area into consideration. There is a huge increase in demand for language support services. Patients with none or limited English proficiency are in need of assistance to communicate to ensure optimum clinical care, cost-effectiveness and a positive patient experience. Increasing the awareness of need for interpreters and effective use of interpreters will improve individual

			<p>patient care, the quality of the service, cut down on time wastage and improve cost-effectiveness if the in-house service is promoted.</p> <p>Care has to be taken to ensure that the needs of all groups are considered equally..</p>
Religion or Belief	N	N	
Sexual orientation	Y	N	<p>If an individual who is not fluent in English wishes to discuss their sexual orientation with their health practitioner, this could be facilitated with an external interpreter.</p> <p>If it is a small community then care needs to be taken to ensure the interpreter is not known to the individual or their family.</p>
Pregnancy and Maternity	Y	N	<p>Pregnancy and child birth is an emotional time for any individual. The use of interpreters will ensure individuals are able to make informed decisions.</p>
Marriage and Civil Partnership	Y	N	<p>The positive impact would be that the partner, husband or wife can be included in all discussions and would be able to participate in health care discussions.</p> <p>The negative impact would be that same sex relationships might be considered taboo in certain communities. So care needs to be taken to ensure the interpreter is not known to the individual or their family.</p>
Gender Re-assignment	Y	N	<p>If an individual has issues around gender identity they may wish to discuss with their health practitioner, it is better facilitated with the assistance of external interpreters.</p> <p>If it is a small community then care needs to be taken to ensure the interpreter is not known to the individual or their family.</p>

How would you rate the level of impact / risk to the organisation? – **Medium**

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or
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Appendix C

Using an interpreter

Terms

1. Many people use the terms translation and interpreting interchangeably, so it is important for the purposes of this policy to denote the difference between the two;
 - a. **Interpreting** deals with the spoken word;
 - b. **Translation** deals with the written word.

Please discuss with your interpreter or familiarise yourself with the different types on interpreting. Try to arrange when you book or directly with your interpreter before the meeting, the most effective form of communication for your patient.

Only trained interpreters should be used in the interests of accuracy, confidentiality and accountability; family members, friends or un-trained people should not be used

- c. **'Simultaneous interpreting' (whispered)**: i.e. at the same time. This saves time and gives immediacy and flow to the conversation. The interpreter is listening, changing the language, and speaking all at once. You can help a lot by not speaking too quickly and by making short pauses at the end of each thought. Ask the interpreter for a few minutes' technical run-through before the interview, if you have never used this method before. It really does save time. Simultaneous interpreting is like close-order marching. You're in the front rank, and the interpreter is following, half a pace behind you, but doesn't know where you're going. If you suddenly change direction, the interpreter will be unable to keep pace with you. It's as simple as that
- d. **'Consecutive interpreting'**: the interpreter will take notes while you speak, and then relay the message, while you wait. Taking notes is a sign of competence. When your message contains a lot of hard facts, such as dates and times, names and places, there is less risk of forgetting something vital if it has been noted down on the way. As with simultaneous interpreting, finish the thought before you stop speaking, pause after a few sentences to allow the interpreter to render the speech into the other language.
- e. **Telephone interpreting** can be set up quickly, but may not be appropriate in many medical situations. The service is generally managed through a central helpline routed to a call centre.

Hints and Tips

- a) Think about the positioning of the interpreters so that they have a clear view of your patient and can hear what is being said.
- b) The interpreter is trained to interpret everything that is said in the meeting. Please be aware of this and that they will advise the patient and their representatives of the same.

- c) Speak slowly, clearly and concisely at all times. Avoid using jargon and colloquialisms, puns and jokes – these are often not translatable.
- d) Signal to the interpreter when you are going to change topic, or they may not be able to keep pace with you.
- e) Be aware that the interpreter may not know all the medical or more complicated terminology you are using to in another language and try to keep use of that language to its simplest form. The interpreters do keep their own glossaries of complicated and new medical terminology and they may ask you, after the meeting, to repeat certain words for this purpose.
- f) Your interpreter may intervene at times, lintervening is a good sign, and interpreters use the “Impartial Model” of interpreting, and will only ask you to stop if: they cannot hear you, or if you’re speaking too fast; they do not understand something; they think there is a misunderstanding; there is a missed cultural inference that is likely to cause misunderstanding. When interpreters stop to ask for clarifications, they are asserting their right to do the job well. They will interpret responses and not give explanations themselves.
- g) The Trust volunteer interpreters, who undergo training in the Trust, provide a face-to-face service, with the consent of their managers, purely on the basis of their own goodwill, during their normal working hours. **Please therefore, do not keep them waiting and ask them to spend more than one hour of their time interpreting.**

Appendix D

Guidelines for clinical staff on the use of an interpreter

For the clinician

Arrange a pre-meeting or discussion with the interpreter to explain what you need to address in this meeting with the patient. This is particularly important when there are sensitive issues to be discussed, such as terminal illness, child protection etc.

Please make sure the interpreter is not kept waiting, they are often our staff and need to return to their own patients quickly. Always allow for extra time with the patient when an interpreter is present.

1. Please speak directly to the patient.
2. Speak 1 or 2 sentences, and then pause to allow interpretation. Be aware that interpreters are translating the meaning, not single words.
3. Use simple language, explaining the meaning of medical terminology as you go.
4. Express directly what you mean, do not use inferences (e.g. “back passage”) as cultural differences may not recognise their translation.
5. Discussion between yourself and the interpreter, in front of the patient, will always be interpreted for the patient.
6. Please never ask the interpreter to do anything other than interpret. They are not there to provide emotional support, or advise patients on your behalf.
7. Remember that you, as the health professional, are responsible for ensuring that all communication with the patient is understood. Make sure you continually assess the patient’s full understanding.

Appendix E

Code of practice for voluntary interpreters

Trust voluntary interpreters:

1. Shall ensure that they have the necessary information to decide whether they can accept the engagement and carry it out competently.
2. Will observe conditions of full confidentiality at all times before, during and after the interpreting session.
3. Will arrive punctually for the appointment.
4. Will remain impartial during the interpreting session.
5. Will ensure that both the patient and the clinician are informed of what has been said during conversations with the interpreter.
6. Will seek clarification if anything said is not fully understood particularly, though not only, with regard to medical terminology.
7. Will alert the patient and/or clinician to a possible missed inference where something has been implied but not stated directly.
8. Will inform of cultural differences where appropriate.
9. Will alert the participants if the Interpreter's impartiality is jeopardised, and may withdraw from the interpreting session.
10. Will support and encourage new trainee interpreters who are Trust employees or volunteers.
11. Will ensure that an evaluation form is completed for each interpreting session, and returned to the voluntary services manager.

Document Monitoring Information	
Approval Committee:	Equality, diversity and inclusivity steering group
Date of Approval:	26 February 2016
Ratification Committee:	Policy Ratification Group (PRG)
Date of Ratification:	23 March 2016
Signature of ratifying Committee Group/Chair:	Chair of PRG
Lead Name and Job Title of originator/author or responsible committee/individual:	Kim Sutton, Voluntary services manager
Target audience:	All Trust staff
Key words:	Interpreter, volunteer, translation, language, overseas visitor
Main areas affected:	Trust wide for Level 1 documents
Summary of most recent changes if applicable:	Summarise most recent changes (highlight throughout document if possible)
Consultation:	Modern languages, Southampton University, interpreter volunteers, matrons
Equality Impact Assessment completion date:	1 st March 2016
Number of pages:	16
Type of document:	Policy, Level 1
Does this document replace or revise an existing document	N/A
Should this document be made available on the public website?	Yes , Equality, diversity and inclusion web page
Is this document to be published in any other format?	No

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences.