Lincolnshire Community Health Services NHS Trust

Interpretation and Translation Policy

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Lincolnshire Community Health Services NHS Trust

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Version Control Sheet

Version	Section/ Para/ Appendix	Version/ Description of Amendments	Date	Author/ Amended by
1		New Policy	October 2010	Q Hussain
1.1	Whole Document	Policy realigned following implementation of the Transforming Community Services agenda and new legal entity	March 2011	Rachael Ellis-Ingamells
2	Whole Document	Policy reviewed by Employment Policy Group	August 2012	Q Hussain
3	Whole Document	Changes made to population figures	May 2015	Q Hussain
3	Safe guarding	Slights changes to wording	July 2015	Michelle Johnstone
3	Vulnerable adults	Terminology changed from Vulnerable adults to Adults at Risk	July 2015	Michelle Johnstone
4	Whole document reviewed	Equality Analysis form updated. Provider updated	July 2017	Rachel Higgins Anna Kusztyb
5	Whole document reviewed		June 2019	Rachel Higgins
6	Whole document reviewed	Updated EIA form	June 2021	Rachel Higgins

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Contents

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Background	As part of our on-going commitment to promoting equality, valuing diversity and inclusion, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, appearance, nationality, culture or caring responsibilities.
Statement	This policy is intended to ensure measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment and people with learning disabilities. It describes arrangements for telephone based, face to face and video conferencing interpreting, and for the translation of written material.
Responsibilities	All Staff
Dissemination	Staff intranet
Resource implication	

Relevant Legislation: to meet the evidential requirements of the Equality Act (2010), (especially the public sector equality duty) and the statutory duty to consult and involve patients, communities and other local interests (NHS Act 2006 and Equality Act, 2010).

Relevant CQC Standards: 1a People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights *(Regulation 9, Outcome 4)*

1.2 People who use services understand the care, treatment and support choices available to them; can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; and have their views and experiences taken into account in the way the service is provided and delivered *(Regulation 17, Outcome 1)*.

2.2a People who use services understand the care, treatment and support choices available to them *(Regulation 17, Outcome 1)*.

2.2b People who use services where they are able give valid consent to the examination, care, treatment and support they receive; and understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed *(Regulation 18, Outcome 2)*.

2.2c People who use services, or others acting on their behalf, who pay the provider for the services they receive: know how much they are expected to pay, when and how; know what the service will provide for the fee paid; and understand their obligations and responsibilities *(Regulation 19, Outcome 3) (This regulation was made under the Care Quality Commission (Registration) Regulations, 2009)*.

2.2d People who use services wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf *(Regulation 13, Outcome 9)*.

2.3a People who use services can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support; have their privacy, dignity and independence respected; have their views and experiences taken into account in the way the service is provided and delivered *(Regulation 17, Outcome 1)*.

2.3b People who use services can be confident that their human rights are respected and considered *(Regulation 18, Outcome 2)*.

2.3c People who use services or others acting on their behalf: are sure that their comments and complaints are listened to and acted on effectively; know that they will not be discriminated against for making a complaint *(Regulation 19, Outcome 17)*.

Lincolnshire Community Health Services NHS Trust

Interpretation & Translation Policy

1.1 Introduction

Whilst the 2011 census reports that 5% of the population in Lincolnshire categorise themselves as ethnic minority, we know that the percentage is much higher. Ethnic minority communities in Lincolnshire have continued to grow and Lincolnshire is home to a significant Chinese, Polish, Lithuanian, Portuguese, Russian and Latvian population, amongst others. Lincolnshire Police estimate in excess of sixty languages spoken in Lincolnshire.

Census data shows that:

- from 2001 to 2011, the percentage of the population of England and Wales that identified as White British decreased from 87.4% to 80.5%.
- other ethnic groups whose percentage of the population decreased were White Irish (from 1.2% to 0.9%) and Mixed White/Black African (from 0.4% to 0.3%).
- the Other White group saw the largest increase in their share of the population, from 2.6% to 4.4% – this group includes people born in Poland, who became the second largest group of residents born outside the UK (at 579,000) behind people born in India (694,000).
- the percentage of the population from a Black African background doubled from 0.9% in 2001 to 1.8% in 2011.

Providing access to interpreters supports the promotion of equality and challenges discrimination. It protects the Trust against indirectly discriminating against someone who does not speak English or who requires communication support. Whilst not always clearly articulated in legislation, the legal frameworks that advocate for equality of access to health services are:

- European Convention for the Protection of Human Rights and Fundamental Freedoms (1950).
- The United Nations Convention of the Rights of the Child (1989).
- Human Rights Act (1998).
- Equality Act (2010).

This policy also supports the Care Quality Commission essential standards of quality and safety outcome 1, respecting and involving service users (regulation 23).

Lincolnshire Community Health Services NHS Trust has a legal obligation to provide language support for people who do not communicate in English or British Sign Language.

1.2 Purpose

The purpose of this document is to provide guidance on our responsibilities to staff or patients and carers who require interpretation or translation services, to ensure that patients have access to excellent patient care; in order that we comply with legislation and standards, and that we are fulfilling our Public Sector Equality Duties (PSED).

1.3 Objective

The objective of this policy and associated guidance is to improve access to, and information about services for patients or carers for whom English is a second language or who require communication support, and to ensure equality in employment for staff who have English as a second language or who require communication support.

1.4 Scope

This policy is intended to ensure measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment and people with learning disabilities. It describes arrangements for telephone based, video conferencing and face to face interpreting, and for the translation of written material.

The policy applies to employees, agency staff, volunteers and anyone else contracted to deliver services for Lincolnshire Community Health Services NHS Trust. It covers both patients and staff who may require access to interpretation and translation.

1.5 Accountabilities and Responsibilities

Trust Board

The Trust is responsible for ensuring that there is access to a trained interpretation and translation service. This is currently provided by independent organisations.

Managers

Managers are responsible for ensuring that staff are aware of and implement this policy and for bringing any issues which may affect implementation to the attention of the Equality, Diversity and Inclusion Lead.

Staff

Staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to their Manager and to the Equality, Diversity and Inclusion Lead. They also need to:

- Recognise that a language need exists.
- Assess which language is being spoken.
- Assess and make provision for that need in liaison with the patient.
- Liaise with the interpreting service to arrange for an interpreter following the booking arrangements set out within this policy.
- Accurately record within the patient's notes the language or dialect used.

2. Policy Statement

It is the policy of Lincolnshire Community Health Services NHS Trust to only use professional interpreters who are bilingually competent, neutral, independent and professionally trained. The use of staff (other than any staff who may be employed specifically as interpreters), friends or family members is not acceptable, unless there are exceptional circumstances as set out in the policy.

The use of non-Trust approved interpreters is not allowed, and invoices submitted for services provided by non-Trust approved interpretation services will not be approved or paid. If the claim for payment is considered fraudulent the matter will be referred to the Local Counter Fraud Specialist, for investigation, and may result in a criminal investigation being commenced.

3. Definition of interpretation and translation

An interpreter is defined as a person who translates a spoken or signed (British Sign Language) message from one language to another. This can be either face to face, r by telephone or through video conferencing.

Translation is the transmittal of written text from one language into another, including Braille. Translation does not strictly have to be into written text – it can also mean translation into audio, CD, or PDF for a website for instance.

3.1 Interpretation

Use of friends or family members as interpreters

It is unacceptable to use a friend or family member as an interpreter when discussing treatment, care and medical or social issues with a patient, as the interpreter must be impartial. Failure to use appropriate qualified interpreter will be considered in line with the 'Your Performance Matters' and 'Your Behaviour Matters' policies.

If patients express a wish to use an **adult** family member or friend as an interpreter, it is important that you explain the importance of using professionally trained interpreters. If they still insist, respect their choice, provided the friend or family member agrees to interpret accurately what is said, and that there is no conflict of interest. The offer of using a professional interpreter, and the patient's choice not to do so, should be recorded in their personal file. However, in mental health, child protection, domestic violence or other sensitive cases, it is not acceptable **at all** to use family members or friends.

If the patient is a child, a professional interpreter must be used. This, of course, does not prevent the family from being present to provide support as they would do in other circumstances. In line with legislation and guidance on Safeguarding Children, for the purposes of this policy a child is considered as anyone up to the age of 18 years of age.

For social interaction, basic requests and general conversation, where confidentiality is not an issue, it is acceptable to use adult family and friends or staff if both parties agree.

If a patient does not have visitors during their stay it is appropriate to provide interpretation services for social conversation. In this instance it would be appropriate to use a community interpreter rather than a qualified interpreter. As part of the Ten Point Dignity Challenge, the Trust has committed to act to alleviate people's loneliness and isolation.

Use of staff as interpreters

It is generally unacceptable to use staff as interpreters. However, there are certain circumstances where it may be acceptable. These are in the case of an emergency (please see 'Emergency situations') or where the staff member is part of the patient's

care team, and it is for the purposes of social interaction. It should be borne in mind that although staff may be happy to interpret, it is not the most appropriate use of their time and we cannot guarantee the quality or impartiality of their interpreting.

Health and safety of interpreters

An interpreter is subject to Lincolnshire Community Health Services NHS Trust existing policies and procedures while contracted to work for the organisation or its staff members. You should consider whether any health and safety precautions that you take when undertaking your duties should also be applied to the interpreter.

Responsibilities of the Interpreter

Interpreters are responsible for

- Interpreting accurately.
- Keeping all information obtained in the interpreting session confidential.
- Explaining cultural differences where appropriate.

Their role does **not** include

- Giving their own opinion.
- Chaperoning.
- Advocating for the patient.
- Undertaking other tasks such as translation (that is to convert the meaning of one language to another in a written form), lifting patients, looking after the patients' children etc.

The interpreters' role should be respected. They should not be asked to work outside their boundaries

Identifying when an interpreter is needed:

If the patient speaks little or no English.

- The patient may be able to speak English but whilst under distress, their understanding becomes impaired.
- The patient has a sensory impairment (deaf/deaf-blind) and requires specialist support.
- The patient has a learning difficulty impairment and requires specialist support.
- If important clinical information is to be given or consent obtained.

4. Consent

Clinicians are required to seek informed consent before initiating treatments, carrying out any procedures or examining a patient who has the mental capacity to give consent. If the patient speaks little or no English i.e., or requires communication support, it is not acceptable to say that they do not have the mental capacity to give or withhold consent. In all cases it is extremely important to find the most effective way of communicating with the person concerned as good communication is essential for explaining relevant information in an appropriate way and for ensuring that the steps being taken meet the individual's needs. In such circumstances clinicians should refer to the Mental Capacity Act 2005, the Mental Capacity Act 2005 Policy and Procedure and Consent Policy. The

clinician must make arrangements for an interpreter and treatment should not be initiated until this happens, (however please see 'Emergency situations' below).

5. Emergency situations

In an emergency situation it may be necessary to use staff members and adult family members to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care. 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 delayed waiting for an interpreter. This should be fully documented in the patient notes. Clinicians should refer to the Mental Capacity Act 2005 and try to communicate with the person and keep them informed of what is happening.

6. Staff support in a HR intervention – Language Barriers
If there is likely to be understanding or language difficulties during a HR intervention e.g. grievance process, it may be necessary for an interpreter to be made available to the member of staff with English as a second language. The HR staff member should inform the individual involved, that they can use the service of an interpreter if they feel that is needed.

7. Intimate examinations and procedures

Please refer to the Trust Chaperone policy for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient should be shielded from the interpreter by use of curtains or screens, or by use of the telephone interpretation service.

8. Translation

Patient information should be offered and available in the relevant language and/or appropriate format (e.g., large print, audio or Braille for example), and information should use language and images that reflect and promote equality of opportunity.

The following statement should be included within information leaflets:

"If you require this information in other languages, Braille, large print or audio (CD or tape) format please ask either the medical staff, contact the Equality, Diversity and Inclusion Lead. Please ensure that the information is compliant with the policy on Producing Written Information in English before you consider having the patient information translated. For information to be translated it should be approved and compliant with the Trust policy.

Examples of information that may require translating:

- Appointment letters.
- Patient information leaflets.

9. Interpretation and translation services

Telephone interpretation, Face to Face and video conferencing interpretation: Is currently provided by DA Languages. Translation should be used when the patient is

present or to contact the patient by telephone (for instance to check that they are attending their appointment and to confirm that an interpreter will be present).

To access Interpretation & Translation Services you will need the language the patient speaks and the code for the site you are calling from these codes are available from the Equality, Diversity and Inclusion Team. The Interpretation & Translation services can be accessed from any telephone.

British Sign Language is provided by Topp Languages.

The Current provider can provide

- Face to face: can offer a big variety of languages translations and can also provide face to face interpreters.
- Written translation.
- Video conferencing.

10. Authorisation and Payment

The costs of interpretation or translation services must be paid for by the department or Service Line using the services.

Telephone, face to face and video conferencing interpretation: should be accessed as and when it is required. The invoice will be paid by the budget holder.

Written information: To request the translation of written information contact the Translation & Interpretation provider. Patient information in the form of leaflets etc. will not be approved for translation if it does not meet the Trust standard.

11. Religious, Cultural or Spiritual beliefs

It is important to remember that being polite is different in different cultures. Some patients and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). Please check with the individual (where possible) and advise the interpretation service to establish if this request can be met.

12. Safeguarding Children

It is unethical and inappropriate to use children as interpreters under any circumstances. A child is any person under the age of 18. If a child has been used to interpret, a Datix should be completed and submitted, as this is seen as a breach of the Trust's safeguarding responsibilities.

If the patient requiring an interpreter is a child, then we should not use the child's family/carers to interpret under any circumstances. A professional face to face interpreter provided by the Trust should be used in every instance. The Laming Report, investigating the death of Victoria Climbie states "When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter must be used." (Recommendation 18 paragraph 6.25).

13. Adults at Risk

As with children, adults deemed as at risk should be have a professional face to face interpreter provided by the Trust in every instance.

14. Abuse

Interpreters are not responsible for assessing whether patients have experienced abuse. However, if during or after the interpreting session the patient discloses such information to the interpreter, the interpreter must convey this message to the professionals for whom they are interpreting. It is the professional's responsibility to take appropriate action.

15. Guidance

Guidelines on the use of interpretation and translation services are place on the Staff Intranet.

16. Review

These guidelines will be reviewed annually as part of the review of the Trust's Equality, Diversity and inclusion policy, and through the monitoring of complaints relating to access to interpretation and translation and other feedback from relevant stakeholders.

Lincolnshire Community Health Services NHS Trust
United Lincolnshire Hospitals NHS Trust
Lincolnshire Partnership NHS Foundation Trust

Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in ***italics***. Email for all correspondence: email to lhnt.edifirst@nhs.net

A. Service or Workforce Activity Details	
1. Description of activity	Review of the LCHS interpretation and translation policy
2. Type of change	adjust existing
3. Form completed by	Rachel Higgins Equality, Diversity and Inclusion Lead
4. Date decision discussed & agreed	*Date*
5. Who is this likely to affect?	Service users **X** Staff **X** Wider Community If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.
B. Equality Impact Assessment	
Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc. Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	Interpretation is invaluable for people who do not speak English, English is a second language or need to use a British Sign Language (BSL) Interpreter. It supports people to access the LCHS services and also provides support to staff to provide their services to patients and carers whose do not speak English, have English as a second language or who needs to use a BSL interpreter.
2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	Patient data reviewed along side the monthly Interpretation and translation reports sent from DA Languages, which shows the main languages which are asked to be translated are: Polish, Latvian, Romanian, Lithuanian and Russian.

C. Risks and Mitigations	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	Continued monitoring of use of the interpreting service looking for trends in what languages are being requested. Monitor any complaints or datix, then working with the provider company to investigate.
2. What data / information do you have to monitor the impact of the decision?	Monthly data updates on usage from the interpretation provider company.
D. Decision/Accountable Persons	
1. Endorsement to proceed?	Yes / No *Delete as appropriate and add detail or rationale*
2. Any further actions required?	*eg. risk to be added to the risk register or capturing in local action log etc*
3. Name & job title accountable decision makers	Employment Policy Group
4. Date of decision	
5. Date for review	*Please note: the equality impact assessment is a 'live' document and must be reviewed regularly / when any significant change occurs.*

Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.

- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisation's and the impacts they have identified.

Checklist

- Is the purpose of the policy change/decision clearly set out? □
- Have those affected by the policy/decision been involved? □
- Have potential positive and negative impacts been identified? □
- Are there plans to alleviate any negative impact? □
- Are there plans to monitor the actual impact of the proposal? □