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| **Document name:** | Interpreting, Translation and Transcription Policy |
| **Document type:** | Policy |
| **What does this policy replace?** | Version April 2016 (reviewed following introduction of Accessible Information Standard)  (Access to interpreting service guidance for staff reviewed again December 2016 pending procurement process for new provider)` |
| **Staff group to whom it applies:** | All staff within the Trust |
| **Distribution:** | The whole of the Trust |
| **How to access:** | Intranet |
| **Issue date:** | December 2017 |
| **Next review:** | Extension  *Note: To be reviewed by the Executive Management Team on 22 June 2023* |
| **Approved by:** | Executive Management Team |
| **Developed by:** | Nursing Directorate / Procurement Team |
| **Director leads:** | Director of Nursing and Quality |
| **Contact for advice:** | Procurement Team |

1. **Introduction**  
   South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) has a legal duty under the Equality Act 2010 to provide accessible services to all service users and carers. This includes the provision of spoken language, British Sign Language (BSL) interpreters, and information translated into other languages or alternative formats which supports the individuals identified communication needs. The Trust recognises that failure to provide these services could lead to discrimination. The aim of this policy is to ensure that the Trust provides interpretingtranslation and transcription services to service users and carers when a required support need has been identified. This will include those whose first language is not English, the deaf/hard of hearing; the blind or partially sighted and individuals who have a speech impairment and/or Learning Disability.

Good communication is fundamental to providing a high standard of service: if the correct meaning is not conveyed via effective communication; there is a risk of inducing feelings of confusion, frustration and isolation, and increasing the potential for missed symptoms and impacting diagnosis.

1. This policy sets out the Trust’s approach to the provision of interpreting, transcribing and translation services. It also sets out a framework for the principles and practice of working with interpreters and gives guidance on appropriate use of transcriptions, telephone and face-to-face interpreters. The operational policy and the associated booking instructions provide staff with the information required to access the relevant services.
2. The policy should be read alongside risk, safety and safeguarding policies, as failure to provide access to services could result in serious consequences. Service users may speak English, but it is essential that the service user’s understanding of English is clarified prior to booking an interpreter. In situations where a service user is vulnerable or more complex language including medical terminology is used, the provision of an interpreter will enhance the service the Trust is able to offer.

The policy should also be read in conjunction with the Accessible Information Policy.

1. **Definitions:**  
   **Interpreter**- a person who facilitates communication from one language or sign language into its equivalent, or approximate equivalent, in another language.  
     
   **Interpretation** - includes telephone, webcam and face to face   
   interpretation for people who need information interpreted into different languages, including British Sign Language and Next Generation Text Service (also known as Text Relay, TextDirect and Typetalk).

**Translation -** includes translation of written materials, where this is   
proportionate and needs based.

**Transcription -** Transcription of written material into accessible formats such   
as Easy Read, Braille, Large Print. (See also Accessible Information Policy).

1. **Aims and Objectives**  
     
   The aims of this policy are:

5.1 To ensure that language and other communication and/or information needs are

met in order to facilitate equal access to our services for users and carers.

5.2 To ensure a consistent approach to the provision of interpreting, transcribing and   
 translation across community and inpatient services.  
  
5.3 To ensure the most effective and appropriate use of telephone interpreting,   
 face to-face interpreting and translation services.

5.4 To minimise risk around potential miscommunication with patients.

5.5 To meet the Equality Duty and core standards requirements.

5.6 To comply with NHS England Accessible Information Standard

5.7 Ensure best value

1. **Scope of the Policy & Context**

This policy must be followed by all staff involved in the delivery of services directly   
provided by SWYPFT. It must be followed by all staff who work for SWYPFT   
including those on temporary or honorary contracts, secondments, bank staff and students. The Trust’s Procurement Team will support interpreting service access issues and specialist advice and support around meeting the needs of people with protected characteristcs is available via the Trust’s Equality and Engagement Development Managers.

1. **Accountability & Governance**

This policy is subject to EMT approval. The Procurement Team willmonitor the contract awarded to Language Empire for the provision of interpreting and translation services, in particular access and quality issues.

1. **Key principles and steps when accessing interpretation and translation services**

The following principles set out the approach to the provision of interpreting,   
translation and transcription for people accessing services to ensure that professional communication support and information in alternative formats can be provided promptly and without unreasonable delay

**Health professionals accessing interpretation and translation services are responsible for:**

8.1 Identifying and recording an individual’s communication and/or information support needs clearly as part of an initial assessment or first contact. This is in accordance with the requirements of the Accessible Information Standard.

8.2 Determining whether telephone interpretation is appropriate or whether a face to face interpreter is needed.

8.3 Using telephone interpreting where it is appropriate for interpreting which is   
 expected to be less than 60 minutes.

8.4 Ensuring that each request is booked through the Language Empire Customer

Portal – or that telephone interpreting is accessed via the Language Empire

on-demand service using the Freephone number.

8.5 Recording information about the use of interpreters on patient notes, to   
 include whether an interpreter is used, which service is used, which language   
 is required and any reasons for not using an interpreting service.

8.6 Ensuring staff have the skills and knowledge in using the interpretation and   
 translation services appropriately and effectively. Staff should be aware that an appointment using an interpreter is likely to take longer.

8.7 Making patients and carers aware that an interpreter can be made available   
 for consultations and appointments and that the service is free to service users.

8.8 Being aware that the use of family members or friends for interpreting   
purposes is regarded as not ideal and support should be provided by an appropriately qualified registered professional. [Informal / family / friend interpreting is not covered by the interpreters Code of Practice, or the Trust’s confidentiality code of conduct and is not supported by the Accessible Information Standard].

8.9 Providing feedback about both positive and negative experience with the

Language Empire service both to the provider directly and to the Procurement

Team.

**9. Procedure for booking and accessing interpreters and translation services:**

To book an interpreter or request translation services teams must be registered as a user on the Language Empire Ltd Customer Portal. To arrange access to the system or for further advice, please contact the Procurement Team.

9.1 All requests to Language Empire for accessible communications should be made by the health care professional or delegated SWYPFT staff member via the online Language Empire Customer Portal*.*

9.2 In the event of system failure or emergency situations bookings can be made by either email or telephone, (please see appendix 1).

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9.3 It is advised that services delegate the role of booking interpreters   
and translation request through The Language Empire Booking Portal to Administration Staff.

9.4 Telephone interpreting can be booked via the Language Empire Customer Portal, however as this is provided as an on-demand service, access to an interpreter is available within a couple of minutes (24 hours a day 7 days a week), via a dedicated Freephone number (see appendix 1). When contacting the provider staff will be asked to give the 8 digit service access number which will have been issued with service user name and password for the portal. Each service has a dedicated access number linked to a Language Empire user account. (Contact the Procurement Team for further advice).

1. **Out of Hours Arrangements: face to face interpreting**

10.1 Staff should refer to section 14 of the policy regarding face to face interpretation. Where possible an interpreter should be booked in normal working hours. When this is not possible, then services should contact Language Empire via the Customer Portal. (See appendix 1).

10.2 When an interpreter is required outside normal working hours then this must be booked via the Language Empire Customer Portal. In emergency situations this can be booked over the phone via the Language Empire Customer Services free phone number (see appendix 1).

10.3 In regards to Mental Health Act Assessments, the legal responsibility sits with local authorities. Therefore booking the necessary communication support arrangements and any associated costs sit with the appropriate local authority.

1. **Rare Languages**

11.1 As much notice as possible should be provided to Language Empire to enable maximum opportunity to secure an interpreter for less commonly used languages.

11.2 Consideration should always be given to using telephone interpretation as a default option, before other options are considered.

1. **Booked Cancellation**

12.1 If for any reason a booked interpreter is no longer required then the interpreter/provider must be notified and cancelled as soon as possible. Late cancellations or attendance of the interpreter would incur a charge. The cancellation must be made via the Language Empire Portal or by telephone to the Language Empire Customer Support Team.

1. **Deciding if telephone or face to face interpreting is required**

**Benefits of telephone interpreting:**

ü Average connection time 30 seconds  
 ü Approximately 450 languages available  
 ü Available out of hours and 365 days a year  
 ü Ad hoc/unexpected interpreting sessions  
 ü Where “difficult-to-access” languages are needed  
 ü For speedy resolution to a situation  
 ü For setting up a future interpreting session that is face to face that meets the   
 exception criteria or to confirm an appointment  
 ü When there is an immediate need to access interpretation  
 ü Emergency and urgent situations  
 ü To ask specific questions which do not require exploration  
 ü If a patient requests this service (e.g. to ensure anonymity)  
 ü When contact is up to 60 minutes.  
 ü When speaking to a non-English speaking patient by telephone  
 ü Avoids charges for cancelled appointment  
 ü Only charged for the number of minutes used (face to face is 1 hour  
 minimum charge)  
 ü Cost effective for an appointment less than 60 minutes

13.1 Telephone Interpreting can take place either by:

Using the loud speaker facility on phones, or;connecting the three different   
 parties:

* The service provider, theinterpreter and the service users - in three different places through atelephone conferencing system.
* The service provider and service user in the same place, using a handset each, or sharing a handset, or a telephone with central speaker and hands free button.

**14 When is it appropriate to access face to face interpreting?**

The following criteria has been developed to assist staff in determining the need for face to face interpretation/ BSL interpreter. This criteria is not intended as exhaustive and each situation should be assessed on its own merits.

* If you anticipate the appointment will last 60 minutes or more
* If you are able to fit several patients (with a common language) into the same interpreting session - this may be by ‘block booking service users’ although service users will still see the health professional individually
* Child protection case conferences
* Safeguarding issues
* Working with survivors of torture and rape
* Bereavement and breaking bad news
* When the client has a cognitive impairment
* Where the client has speech or hearing loss/impairment
* Where the consultation involves therapeutic counselling
* It is expected that staff would only use face to face interpreting when they meet the circumstances criteria detailed above.
* Mental health assignments that could include a mental health assessment

**15 Text Direct**

Text Direct (Text Relay, Typetalk) enables people with hearing loss or speech impairment to access the telephone network. A relay assistant acts as an intermediary to convert speech to text and vice versa. British telecom (BT)’s ‘Next Generation Text’ Service (NGTS) extends to a wide range of devices including via smartphone, laptop, or computer, as well as through traditional text phone.

15.1 **Making a call from a Text Phone (Minicom)** People who are hard of hearing, Deaf people and people with speech   
 difficulties may have access to and use a Text Phone to contact family, friends   
 and services. To start a call dial 18001, then the full number of the person you   
 want to call, including the area code.

15.2 **Making a call from a telephone**

Health care professionals can call and receive calls from a text phone by   
 using their standard phone. To start a call, dial 18002, then the full number,   
 including the area code. You can also use the Text call service when   
 the person you are calling has a standard phone by following the above steps.   
 For more guidance on how to use a text phone visit Next Generation Text

Service website: <http://www.ngts.org.uk/>

**16 Trust website**

To ensure we promote equality of access and meet our legal duty, SWYFT

will offer text help software and browsealoud to enable the Trust website to support the

needs of individuals with sensory loss or impairment.

**17 Transcription**

A bank of resources is available on the Trust’s intranet to support the provision of information in accessible formats. Staff can access specialist support to meet information needs in accordance with the Accessible Information Standard via the Trust’s Integrated Change Team.

The Accessible Information policy should be followed at all times.

**18 Equality and Diversity**

SWYPFT aims to design and implement services, policies and measures that meet   
 the diverse needs of service users, local populations and Trust workforce, ensuring that

no-one is placed at a disadvantage over others. This policy assists in supporting

equality of access to our bed based and community services and to reduce

discrimination against individuals and groups. See Appendix 4 - Equality Impact

Assessment.

**19 Training Needs**

All staff will have access to this policy via the intranet with additional guideance via the ‘Make a Translation’ bookmark on the homepage. The Procurement Team will offer guidance and support to ensure team can access the booking portal and general managers will ensure that staff have the relevant competencies to implement this policy.

**20 Policy and legal context:**

This policy will support the Trust in meeting its statutory obligations under the   
 following Acts:

20.1 **Human Rights Act 2000**

The Human Rights Act is enshrined in UK law and is underpinned by the   
 FREDA principles; fairness, respect, equality, dignity and autonomy.

20.2  **Equality Act 2010**

Equality Act 2010 came intoforce October 2010 and encompasses all   
 previous anti-discrimination legislation into a single Act. The Act covers the   
 following protected characteristics; Disability, Gender, Transgender, Race   
 Age, Maternity and pregnancy, Marriage and civil partnerships Religion &   
 Belief, Sexual Orientation (the Trust also includes Carers).

This policy will support the Trust to meet the following General Duty within   
 the Equality Act:

* Eliminate unlawful discrimination, harassment and victimisation;
* Advance equality of opportunity between those sharing a protected characteristic and those not;
* Foster good relations with those with a protective characteristic and the wider community.
* Work within Public Sector Equality Duty, (PSED) requirements.

20.3 **Mental Health Act 1983**

The above Act stipulates that there must beappropriate criteria and   
 assessment processes and improved safeguards for service users. Language

and appropriate communication is essential to ensure this.

**21** **Managing Risk**

Risk assessment documentation and processes should be used to highlight and manage

any identified risks. Any risks should be recorded on to Datix.

**22 Implementation and Dissemination** The policy will be available on the intranet and publicised through established Trust

wide communication channels.

**Appendix 1: Accessing approved interpreting services – *valid as at December 2017***

**Language Empire Ltd is the Trust’s current provider of all interpreting and translation service requirements.**

**To book an interpreter or request translation services you must be registered as a user on the Language Empire Ltd Customer Portal.**

**If you do not have access to the system please contact the Procurement Team for further advise.**

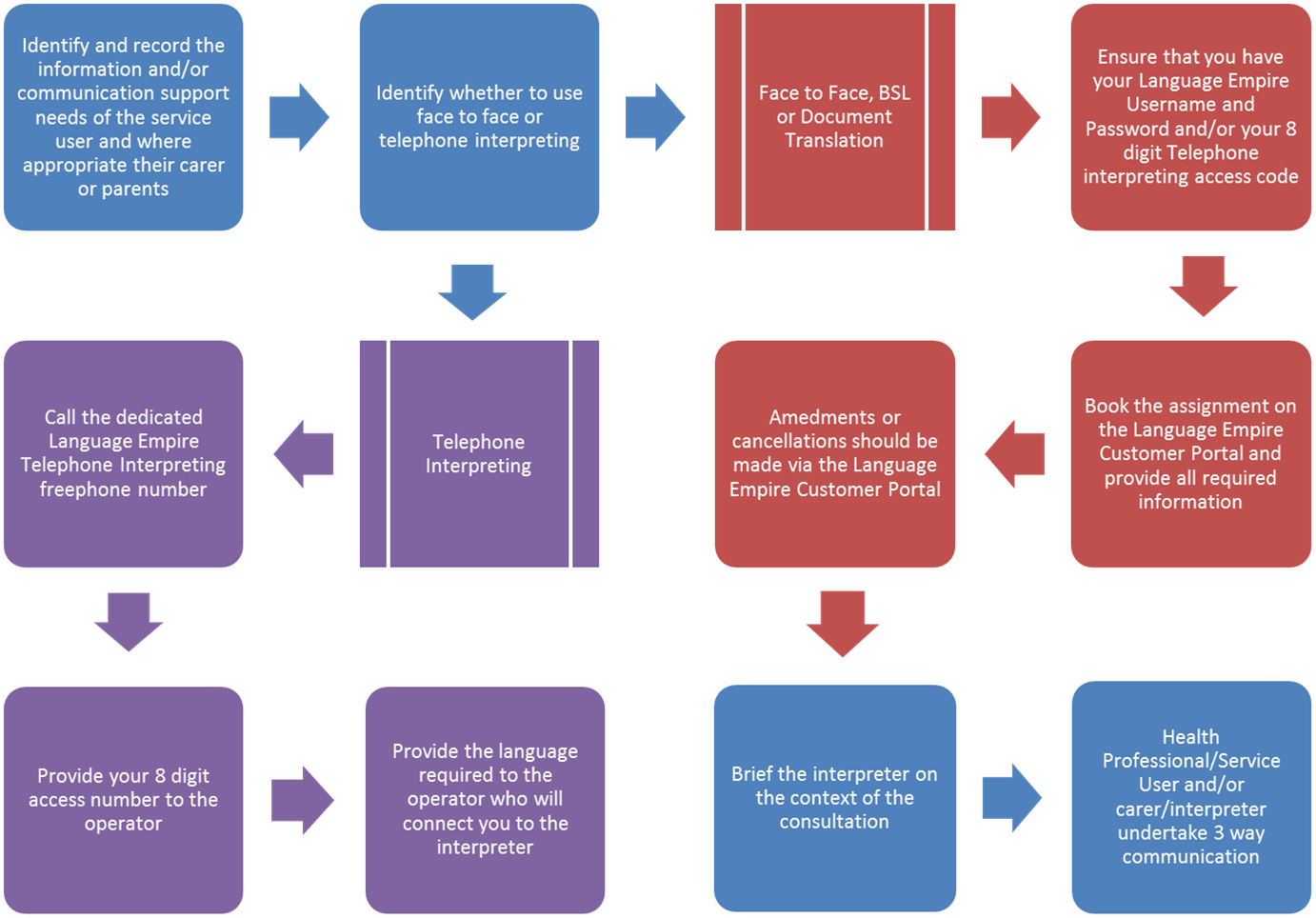
**A comprehensive guide for the booking of all required interpreting and translation services is available to view or download on the Procurement pages of the Trust Intranet** <http://nww.swyt.nhs.uk/finance-procurement/Pages/SWYP%20Online%20Portal%20-%20User%20Guide.pdf>

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| **Service Offer** | **Service Description** | **Contact/Booking Details** |
| * Face to face interpreter | Interpreter can be booked for face to face consultation up to 24 hours before required appointment including out of hours service.  Same day appointments are available but are not guaranteed. | Booking for F2F, BSL and Translation services is online via the Language Empire Customer Portal which can be accessed at the following web address:-  <https://www.language-empire.net/site/index.html>  In the event of system failure or other emergency situations bookings can be made by the alternative methods listed below:-  Email:  [bookings@empire-groupuk.com](mailto:bookings@empire-groupuk.com)  Phone:  **0330 2020270** |
| * BSL Interpreter | Interpreter can be booked for BSL consultation up to 48 hours before required time of appointment including out of hours service. |
| * Translating material other than English * Braille * Audio * Large format | Leaflets, posters case notes, appointment letters etc. can be translated in different community languages and into other formats |
| * Telephone Interpreting | Telephone interpreting is provided under an on-demand service which is available 24 hours 7 days a week. You can access a telephone interpreter within 30 seconds; the automated operator will ask you your 8 digit service access number, followed by the # key, and then provide your required language to the operator. | Accessed via dedicated Freephone line on <Tel:->  **0330 2020345** |

**Appendix 2: Frequently Asked Questions**

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| **Question** | **Answer** |
| **What if the provider is unable to provide a particular product or service?** | **The telephone interpreting services is an on-demand service and available 24/7.**  **If this is not an option please contact the Procurement Team for further advice.** |
| **What are the arrangements for telephone interpreting within SWYPFT** | **Language Empire Ltd is the Trust’s current provider of all interpreting and translation service requirements. Please see appendix 1 for further information on accessing the services.** |
| **How do I decide whether I need a face to face interpreter or telephone interpreter** | **Many needs will be met via telephone interpretation and this consideration should be explored as default.**  **However, face to face interpreters should be used for any consultations which are related to mental health act assessments, safeguarding issues, bereavement, talking therapies etc. Health care professional should use their clinical judgement when deciding whether to use telephone or face to face interpreting - see policy content for more guidance.** |
| **I do not have a username or password for the Language Empire Customer Portal or a 8 digit service access code for accessing telephone interpreting** | **Please contact the Procurement Team for further assistance.** |
| **Why can family members not be asked to act as interpreters?** | **Using family members as interpreters is not good practice. To ensure objectivity and accurate information being communicated during assessments services must use professional interpreters. This is also supported within the Accessible Information Standard** |
| **I work in an integrated setting therefore I am employed by SWYPFT but managed by the local authority. Which procedure and cost code do I use?** | **Seek guidance from your line manager or General Manager. [Please note responsibility for Mental Health Act assessments sits with the appropriate local authority].** |

**Appendix 3: Booking Process Flow Chart**



Authorise interpreter timesheet and complete brief quality survey

Authorise interpreter timesheet and complete brief quality survey

**Appendix 4**

**Equality Impact Assessment template to be completed for all policies, procedures and strategies**

**Date of assessment: \_\_November 2017\_\_\_\_\_\_\_\_\_\_**

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|  | **Equality Impact Assessment Questions:** | | **Evidence based answers & actions:** |
| **1** | **Name of the document that you are Equality Impact Assessing** | | **Interpreting, Translation and Transcription Policy** |
| **2** | **Describe the overall aim of your document and context?**  **Who will benefit from this policy/procedure/strategy?** | | The aim of the policy is to ensure health care professionals and managers have clear guidelines on how to access interpreting, translation and transcription services for the benefit of service users and carers within the Trust.  This policy should benefit service users and carers or parents who have an identified communication and/or information support needs.  (see also the Accessible Information Policy) |
| **3** | **Who is the overall lead for this assessment?** | | Equality and Engagement Managers |
| **4** | **Who else was involved in conducting this assessment?** | | Nursing Directorate  Procurement Team |
| **5** | **Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy?**  **What did you find out and how have you used this information?** | | The Trust engaged with self-advocacy groups to advise about the Accessible Information Standard and explain the process of re-procurement of the interpreting service and to gain insight re current provision.  Service user representatives participated in the tender process for the contract hoder.  The requirements of the NHS England Accessible Information Standard have also fed into this policy. |
| **6** | **What equality data have you used to inform this equality impact assessment?** | |  |
| **7** | **What does this data say?** | |  |
| **8** | **Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:** | **Yes/No** | Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact. |
| **8.1** | **Race** | **No** | This policy aims to ensure provision of high quality interpreting, translation and transcription services which will improve access to services and improve service user and carer experience. |
| **8.2** | **Disability** | **No** | This policy sets out the principles governing provision of support to individuals with a communication need relating to a language barriers, or disability, impairment or sensory loss. E.g. Individuals who have aphasia or a mental health condition which affects their ability to communicate.  See also the Trust Accessible Information Policy related to the requirements of the National Accessible Information Standard. |
| **8.3** | **Gender** | **No** | Gender sensitivities to be considered by health care professionals when using interpreters |
| **8.4** | **Age** | **No** |  |
| **8.5** | **Sexual orientation** | **No** |  |
| **8.6** | **Religion or belief** | **No** |  |
| **8.7** | **Transgender** | **No** |  |
| **8.8** | **Maternity & Pregnancy** | **No** |  |
| **8.9** | **Marriage & civil partnerships** | **No** |  |
| **8.10** | **Carers (Our Trust requirement)** | **No** | The policy sets out the principles around provision of support to service users and careers with a communication need relating to a language barrier, disability, impairment or sensory loss. This policy also aims to ensure that the Trust promotes equality of opportunity and complies with the National Accessible Information Standard. |
| **9** | **What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-** | |  |
| **9a** | **Promotes equality of opportunity for people who share the above protected characteristics;** | | >Trust preferred provider will be contracted to collect equality data and user experience feedback  >Consider annual audit of staff experience of providing support for service users and carers’ communication support needs through application of this policy.  >Trust Service users and carer experience audits to capture feedback around the meeting the individuals identified communication support needs realting to language barriers and accessible formats |
| **9b** | **Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;** | |  |
| **9c** | **Promotes good relations between different equality groups;** | | Qualitative data to be captured via service user engagement to measure experience of interpreting services. |
| **9d** | **Public Sector Equality Duty – “Due Regard”** | | Yes |
| **10** | **Have you developed an Action Plan arising from this assessment?** | | The Accessible information Standard action plan applies. |
| **11** | **Assessment/Action Plan approved by** | |  |
|  | **(Director Lead)** | | **Sign: Date:**  **Title:** |
| **12** | ***Once approved, forward a copy of this Assessment/Action Plan to the Eqaulity and Engagement Development Manager.***  **Please note that the EIA is a public document and will be published on the web.**  **Failing to complete an EIA could expose the Trust to future legal challenge.** | |  |

**Appendix 5 - Checklist for the Review and Approval of Procedural Document**

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  | **Title of document being reviewed:** | **Yes/No/ Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? | YES |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | YES |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? | YES | Policy has been reviewed in light of re-procurement of interpreting and translation provider.  This update is also in line with the National Accessible Information Standard |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? | YES |  |
|  | Are people involved in the development identified? | YES |  |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | YES |  |
|  | Is there evidence of consultation with stakeholders and users? | YES |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? | YES |  |
|  | Is the target population clear and unambiguous? | YES |  |
|  | Are the intended outcomes described? | YES |  |
|  | Are the statements clear and unambiguous? | YES |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? | YES |  |
|  | Are key references cited? | YES |  |
|  | Are the references cited in full? | N/A |  |
|  | Are supporting documents referenced? | YES |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it? | YES |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | N/A |  |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? | YES |  |
|  | Does the plan include the necessary training/support to ensure compliance? | Yes | Plan includes guidance for staff on identifying communication needs, recording them in clinical systems and accessing interpreting service via an on-line portal. |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? | YES |  |
|  | Have archiving arrangements for superseded documents been addressed? | N/A |  |
| **9.** | **Process to Monitor Compliance and Effectiveness** |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | YES |  |
|  | Is there a plan to review or audit compliance with the document? | YES |  |
| **10.** | **Review Date** |  |  |
|  | Is the review date identified? | YES |  |
|  | Is the frequency of review identified? If so is it acceptable? | YES |  |
| **11.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible implementation and review of the document? | YES |  |