Title:

**Interpretation and Translation Policy**

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<tr>
<th>Date effective from:</th>
<th>Review date:</th>
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<td>May 2019</td>
<td>May 2022</td>
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**Approved by:** Policy Approval Group

**Approval Date:** 30 April 2019

**Author/s:** Interpretation and Translation Service Manager

**Policy Owner:** Deputy Director of Corporate Nursing

**Executive Lead:** Executive Director of Nursing, Midwifery and Allied Health Professionals

**Target Audience:** All NHS Lothian staff

**Supersedes:** Interpretation and Translation Policy and Procedure v1.0

**Keywords (min. 5):** Communication, Interpreting, translation, Ethnic Minorities, Language, Deaf, Sign language, BSL, Non-English speaking
Executive Summary

This policy applies to all healthcare professionals/care staff working in NHS Lothian including locum, bank and agency staff who, on behalf of NHS Lothian, are involved in the direct care of the patients. NHS Lothian is committed to providing excellent health care services for all users to ensure that all patients and public can access services effectively and efficiently. The potential for misunderstanding and clinical error and subsequently poor quality care is greater when means of communication, language and culture differ.

Patients have a fundamental legal, ethical and moral right to determine what happens to their own bodies under the Equality Act 2010. To exercise this right, Health Service staff should establish effective communication, not just with the patient but with their significant other(s).

It is the responsibility of the healthcare professional to organise appropriate and professional communication support. This includes interpreting, Sign Language and Tactile Sign Language interpreting, translation, alternative formats, electronic note takers and lip speakers.
Interpretation and Translation Policy

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1.0 Purpose

The purpose of this policy is to ensure that people whose first language is not spoken English are able to access all NHS Lothian services and receive high quality health care. This Policy should be made available in all clinical areas.

It is the responsibility of all healthcare professionals to consult this document when there is a language or communication difference between them and their patient. Throughout this document the term healthcare professional has been used when referring to doctors, nurses, Allied Health Professionals (AHPs), dentists and others.

2.0 Policy statement

Patients have a fundamental legal, ethical and moral right to determine what happens to their own bodies under the Equality Act 2010. To exercise this right, Health Service staff should establish effective communication, not just with the patient but with their significant other(s).

NHS Lothian is committed to providing excellent health care services for all users to ensure that all patients and public can access services effectively and efficiently. The potential for misunderstanding and clinical error and subsequently poor quality care is greater when means of communication, language and culture differ. Poor communication contributes to non-compliance with treatment, cancelled appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors. Illness and other stressful healthcare situations can have a negative impact on anyone’s ability to communicate effectively but especially that of someone whose first language is not spoken English. A person who might usually cope well with English may find it more difficult to communicate or may revert to their first language in stressful situations. Similarly older people with dementia may revert to the language they spoke as a child.

Patients without an effective communication method with a health professional cannot do the following without an interpreter:

- Give informed consent (not legal without proper explanation)
- Ask questions or seek assistance
- May not be aware of what services are available to them
- May not be able to use medication properly or follow care plans
- May come from cultures with a different understanding of health and illness
- May not understand how to use NHS services
- May not understand their rights and responsibilities

This is why the need for quality and efficient communication support is of the utmost importance and should be understood by all NHS staff so the appropriate service is in place for a delivery of care that is patient-centred.
Communication support includes any forms of support a patient may need (e.g.: face-to-face interpreters, telephone interpreters, Sign Language interpreters, deaf blind communicators, lip readers etc.). See section 4 for definitions.

The policy is followed by a procedure section which describes the various services available within NHS Lothian, how to request a translation or book an interpreter for a patient and how to best work with ITS.

3.0 Scope

This policy relates to all patients receiving care within NHS Lothian and all NHS staff. Information contained within this document is also applicable to indirectly employed staff whilst conducting business within NHS Lothian, e.g. conducting research, and the general public who have an interest in Interpreting and Translation services at NHS Lothian.

4.0 Definitions

**Interpreter:** An interpreter is defined as a professional who orally transmits a spoken or signed message from one language to the other. This includes British Sign Language, which is a recognised language in its own right. This can be either face to face, by telephone or video.

**Chuchotage:** a form of interpreting where the interpreter stands or sits alongside a small target audience and whispers a simultaneous interpreting of what is being said. The term chuchotage is French for “whispering”.

**Consecutive interpreting:** is when an interpreter waits for the speaker to pause before interpreting. The interpreter may interpret after every sentence, or may interpret several sentences at once.

**Translation:** Translation is a transmittal of written text from one language into another, including Braille and British Sign Language.

**Sight translation:** is an interpreting method where the interpreter reads a text in one language and simultaneously interprets it into another one. This can be used for documentation, for instance a leaflet or a flyer.

**Transcription** is the process of producing a written copy of something, including the representations of speech or signing in written form.

**British Sign Language (BSL)** is the first, only, or preferred language of many people who are Deaf. It is a registered language in its own right, with its own grammar and syntax. It is a visual-gestural language which bears little resemblance to English. Translation of a document into BSL requires the production of a BSL video version to ensure that it is accessible to people who are Deaf who use this language. BSL videos should also include subtitles or closed captions as standard.
Tactile BSL is used by people who are Deafblind. It is a form of British Sign Language that uses touch (hands on) as a medium to communicate.

Lipspeaker: is a hearing person who has been professionally trained to be easy to lipread. Lipspeakers reproduce clearly the shapes of the words and the natural rhythm and stress used by the speaker.

Electronic and manual notetakers work with people who are Deaf or hard of hearing, who are comfortable reading English. The electronic notetaker types a summary of what is being said on a computer and this information appears on the Deaf person’s screen. Please note: not all Deaf people are able to read or understand written English and if they can it may not be their first or preferred language; BSL interpretation should therefore be used.

Deafblindness (Dual Sensory Impairment): the term defines people who are Deafblind can neither see nor hear to the extent that their communication, mobility and access to information is significantly impaired. Some Deafblind people have enough sight to use BSL interpreters others do not and use Tactile or Manual Sign.

5.0 Implementation roles and responsibilities

5.1 NHS Lothian Board

NHS Lothian Board is responsible for ensuring that there is access to a trained and professional interpreting and translation service.

5.2 Executive Lead

This policy and procedure has both Clinical and Information Governance aspects. The Deputy Director of Corporate Nursing has strategic leadership of this policy and will be liaising with the Executive Director of Public Health for Information Governance.

5.3 Interpretation and Translation Service Manager (ITSM)

The ITSM will be responsible for monitoring and reviewing the policy and associated protocols and procedures. The ITSM will also provide reports on a quarterly basis to the Deputy Director of Corporate Nursing on usage, expenditure, quality and patient satisfaction.

5.4 Managers

As with other areas of clinical and corporate governance it is the responsibility of the senior manager of each Clinical Management Team or Community Health Partnership to ensure that this policy is implemented correctly. He or she might devolve responsibility to an appropriate manager. The designated manager will be responsible for ensuring that the
policy is correctly followed and for liaising with the Interpreting and Translation Service Manager (ITSM) for interpreting and translation support.

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 Assistant Director for Nursing Workforce and Business Support.

5.5 All NHS Lothian staff

It is the responsibility of all staff within NHS Lothian to ensure that all patients with communication needs for whom they are providing services receive the appropriate support. This includes recording language and support need, arranging interpreters and providing translations as appropriate in accordance with this policy and the associated procedure.

All NHS Lothian staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to their manager. They also need to:

- Recognise when an interpreting or translation need exists (See ‘Use of Interpreting - Flow Chart’)
- Assess which language is being spoken (using the ‘Language Identification Card’).
- Assess and make provision for that need.
- Liaise with the appropriate interpreting service to arrange for an interpreter or communicator or for translated information. It is not the responsibility of the patient to book an interpreter or a translation.
- Accurately record the interpreting or communication support required for the patient giving essential detail such as the language required and any particular patient wishes into TRAK to ensure continuity of support and avoid delays in appointments. An Access Support Needs group is currently working on adding the need for an interpreter/communicator as a box to tick on TRAKCare and SCI Gateway.

6.0 Associated materials

NHS Lothian Interpreting and Translation 2019 Guidance document

Form to gain access to the online booking system
http://intranet.lothian.scot.nhs.uk/Directory/translationinterpretationandcommunication support/Documents/ASD%20Form%20ITS%202018.xlsx

Top tips to make the most of telephone interpreting

NHS Scotland Competency Framework for Interpreting

Gaelic Language (Scotland) Act 2005
Human Rights Act 1998,  

Disability Discrimination Act 2005

Race Relations Act 1976 amended 2002

European Charter for Regional or Minority Languages 1992

UN Convention Relating to the Status of Refugees 1951

UN Convention on the Rights of Persons with Disabilities 2007

Equalities Act 2010 (Specific Duties) (Scotland) Regulations 2012

Patients Rights Act 2012,

Data Protection Act 1998,

Adults with Incapacity (Scotland) Act 2000,

NHS Code of Practice on Protecting Patient Confidentiality 2002,

The Children and Young People (Scotland) Act 2014

EU Directive Action 64 2012 – (accessibility of public sector websites),


Getting It Right For Every Child (GIRFEC)

Education (Additional Support for Learning) (Scotland) Act 2004

British Sign Language (Scotland) Act 2015

Joint Carers Strategy (2014),
http://www.edinburgh.gov.uk/info/20215/health_and_social_care/1014/edinburgh_joint_carers_strategy

7.0 Evidence base

There is a legal requirement in the UK to ensure that individuals whose first language is not English are not disadvantaged in terms of access to, and quality of health care received (Race Relations (Amendment) Act, 2000 and Scotland Act (1998)). All patients have a fundamental
legal, ethical and moral right to determine what happens to their own bodies under the Equality Act 2010.

The British Sign Language Act (2015) is an act of the Scottish Parliament to promote the use of British Sign Language including by making provision for the preparation and publication of national plans in relation to British Sign Language and by requiring certain authorities to prepare and publish their own British Sign Language plans in connection with the exercise of their functions; and to provide for the manner in which such plans are to be prepared and for their review and updating. British Sign Language is now protected as a Native Language and put on an equal footing with Scottish Gaelic.

Legal responsibilities are embedded in Scottish, UK European and International Law. (See 6.0 Associated Material for full list).

8.0 Stakeholder consultation

This policy will be circulated to all NHS Lothian staff for consultation. It will be highlighted in relevant group such as the NHS Lothian ITS Service User group.

9.0 Monitoring and review

This policy will be reviewed every three years unless there are any changes in our processes or in the legislation. The ITSM will ensure that key staff are made aware of the revised version of the policy and the ITS team will refer to policy and guidance documents when carrying out daily service coordination. Updated training and learning material will continue to be developed and published for all NHS Lothian staff as part of the Interpreting and Translation Service development and will be published on the NHS Lothian Intranet page for Translation, Interpretation and Communication Support.