

Interpretation and Translation Policy

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Policy Number	Issued following approval	Supersedes		Classification	Corporate
Version	Date of EqIA	Approved by	Date of approval	Date made active	Review date
V1	11/11/2021	PODCC	03/02/2022	24/03/2022	03/02/2025

Brief Summary of Document

The health board is committed to ensuring that all patients (or their Carers if required to do so on behalf of the patient) can make informed choices about their healthcare in a dignified manner. The health board will therefore provide high quality interpretation and translation services for, and on behalf of, patients accessing its services, through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The aim of this policy is to ensure that all patients and their Carers receive timely, equitable, patient-focused care and do not come to avoidable harm.

Scope

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their Carers, or those acting on behalf of the patient who are Limited English Proficient, regardless of the clinical setting.
This policy also applies to all staff who work within Primary Care within the Hywel Dda Health Board area.
For the purpose of this policy, the term child refers to an individual up to the age of 18.
For the purpose of this policy the term Carer is defined as someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse.

To be read in conjunction with

- Hywel Dda UHB Strategic Equality Plan and Objectives
- 133 - Equality and Diversity Policy
- 153 - Equality Impact Assessment Policy and Procedure
- 514 - Management and Investigation of Incidents Policy and Guidance
- 312 - Chaperone Policy
- 894 – Putting Things Right Management and Resolution of Concerns Policy

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Patient Information

Include links to [Patient Information Library](#)

Owning Committee / Group	PODCC – Chair, Professor John Gammon
Executive Director	Ros Jervis, Director of Public Health

Glossary of terms

Term	Definition
Approved interpreter	An Interpreter provided by a professional interpretation service commissioned by the Health Board.
Interpreter	A person who interprets a spoken or signed (British Sign Language) message from one language to another. This can be either face-to-face or by telephone and can include web-based services.
Translation	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.
Carer	A person who is responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves.
Limited English Proficient	If English is not your primary language and you have difficulty communicating effectively in English

Keywords	Interpretation, translation, British Sign Language, BSL
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1. Introduction

Equality and Fairness is at the heart of everything that we do. This means doing our best to ensure that service users are able to understand healthcare information presented to them. This applies to information presented in written form, for example, patient leaflets, letters, and key communications. It also applies to information presented verbally, for example, during clinical consultations.

The Health Board has a process to ensure that people have easy access across the organisation to accredited interpretation and translation services for Welsh, community languages, Braille and British Sign Language, and that best use is then made of the services provided.

Poor communication can be a patient safety risk and presents a major barrier to accessing health care for people who require communication support due to disability or impairment, or because their first language is not English.

It is the Health Board's position that only under exceptional circumstances can family members, friends, carers or members of staff be asked to provide interpretation (see 5.4). The health board commissions independent interpretation and translation services for the patient at no charge to the individual.

The health board is committed to ensuring that all patients make informed choices about their healthcare in a dignified manner. The Health Board will provide high quality interpretation and translation services for service users accessing its services through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The Health Board commissions face-to-face, telephone and online interpretation and translation services.

Any communication requirements should be documented as part of the patient referral process. It is essential that the individual communication needs of our service users are met in order to enhance the patient experience and for the organisation to comply with Welsh language legislation, equality legislation, the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and other statutory requirements.

2. Scope

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their Carers, or those acting on behalf of the patient who is Limited English

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Proficient, this also includes those who use British Sign Language, regardless of the clinical setting.

3. Aim

The aim of this document is to ensure that all patients and their Carers who are require communication support receive timely, equitable, patient-focused care and do not come to avoidable harm.

4. Objectives

The aim will be achieved by:

- Identifying whether an interpreter is required to support communication, or whether translation is required for written documentation
- Indicating on the patient's health care records where there is a need for them and/or their Carers to have communication support such as having an interpreter present or using telephone/online interpretation
- Organising interpreters via interpretation services commissioned by the Health Board
- Organising translation services as required

5. Procedure

5.1 Interpretation Service

When should an Interpreter be used

When interacting for simple care and comfort situations (for example when taking blood) alternative aids may be used, such as the Hospital Communication Guide, or with the aid of flash cards, symbols or gestures. [Please follow this link to the Hospital Communications book \(http://online.anyflip.com/kbnnc/igzw/mobile/index.html\)](http://online.anyflip.com/kbnnc/igzw/mobile/index.html)

An approved interpreter must be used where effective communication is critical to patient care outcomes and patient experience such as, but not limited to:

- admission/initial assessment
- history taking and care planning
- consent for treatments and research
- high risk / life threatening situations
- pre-operative procedures including patient identification and identification of operation site
- Mental Health Tribunals
- if the patient is considered to be a "vulnerable person" – this includes, children, individuals with learning difficulties and patients who have been subjected to or potentially at risk of harm, domestic abuse, coercive control and violence
- explanation of medication or treatments
- when providing care to or interacting with a Limited English Speaking patient or their Carer

5.2 Methods of interpreting

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Generally, using telephone interpreting should be regarded as the first option except in the following circumstances where face-to-face or video interpretation should be considered:

- Interpreting session lasts more than 30 minutes
- Patient/Carer uses non-verbal communication such as British Sign Language
- Patient/Carer has a communication, cognitive or learning disability which would make telephone interpreting difficult
- Where conversation needs to be recorded for legal reasons (Interpretation via MS Teams has a record function)
- Bereavement and breaking bad news (life threatening diagnosis)
- Ethically difficult or challenging situations

Situations where it may be more appropriate to use a telephone or video interpreter rather than arrange a face-to-face interpreter would be:

- In an emergency where there is insufficient time to organise a face-to-face interpreter
- When access to an interpreter is required unexpectedly
- When anonymity is preferred (the camera can be switched off for video interpreting unless it's a BSL interpreter who will need to see the patient/carer)
- If the conversation is going to be brief (under 30 minutes)
- If there are geographical limitations.

If the patient/Carer is a child, an approved over the phone, online or face-to-face interpreter must be used. This does not prevent the family from being present to provide support as they would do in any other circumstances.

Interpreting may be provided face-to-face, via telephone or online video. The decision as to which means of interpreting is appropriate to use lies with the professional judgement of the health care professional.

5.3 Use of non-approved interpreters

The use of staff, spouses/partners, family members, Carers or friends is not acceptable unless there are exceptional circumstances relating to emergency situations (see 5.4). In most cases, telephone or online based interpretation services should be used.

In suspected safeguarding situations the exceptional circumstances do not apply and an interpreter must be used.

Children and young people, other patients and members of the public must **never** be used as a non-approved interpreter.

The patient/Carer may indicate a preference for the interpretation to be conducted by a non-approved interpreter of their choice. In such circumstances, the patient must be encouraged to use an approved interpreter. However, if the patient /Carer insists on using a non-approved

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interpreter, the health professional would need to make a judgement whether an approved interpreter is also required to give assurance that the interpretation provided by the non-approved interpreter is reliable.

If the patient/Carer, after being advised of the risks involved, insists on using a non-approved interpreter a member of staff should use the telephone interpretation service to make sure that the points below are discussed and understood:

- That using a non-approved interpreter could lead to a poor outcome for the patient
- That the patient/Carers understanding may be compromised and any decision making based on informal, untrained interpreters could impact detrimentally on the ongoing or future care of the patient
- That the health board cannot be held accountable for misinterpretation
- That the use of interpreters accessed through a professional interpretation service provides protection for both the patient and the health board
- That the decision to proceed with a non-approved interpreter will be fully documented in the patient's health care records

5.4 Emergency situations

Use of staff – in an emergency situation, telephone and online based interpretation is available for use. However, it may be necessary in some exceptional cases to use staff members to communicate information about care or personal history, 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 patient's "best interests" and should not be delayed by waiting for an approved interpreter. This decision should be fully documented in the patient's health care record.

Use of family and Carers

In an emergency situation, it may be necessary to use 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.

5.5 The role of an interpreter

The role of an interpreter should be respected and they should not be asked to work outside their boundaries. 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

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- chaperoning
- advocating for the patient, family member or staff member
- undertaking other tasks such as written translation
- lifting patients, looking after the patient's children etc.

5.6 Intimate examinations and procedures

Refer to HDHB Policy 312 – 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 an examination or procedure, the patient must be shielded from the interpreter by use of curtains or screens, or by the use of telephone or online interpretation services with the patient camera switched off.

5.7 Translation Service

When a written translation service should be used

Translations should be used for care critical communications such as:

- Professional to professional letters
- Health care records
- Letters to or from patients

All documents that are translated by the health board's commissioned translation service must adhere to the health board's information governance requirements.

If a patient is Limited English Proficient or has a disability, the use of translations should be considered for any leaflets or other information normally issued as part of patient care, including, where required, translation into Braille and Easy Read.

Translation is not a substitute for an interpreter. Simply giving a translated document should not be considered as meeting the obligation to provide communication support. If an interpreter is needed then one must be provided.

As with spoken communication, healthcare staff must satisfy themselves that the patient understands the written document. This may require the assistance of an interpreter. The patient may not be able to read their language. They may speak one language but read in another. Some spoken languages do not have a written form.

When translated documents are developed, consideration should be given to the cultural appropriateness of the text and any graphics.

5.8 Accessing Interpretation and Translation Services

[Please follow this link to the Equalities, Diversity & Inclusion Intranet page, where you will find the most up-to-date guidance for accessing Interpretation and translation services](#)

howis.wales.nhs.uk/sitesplus/862/page/43289

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If you require translation into Braille, Easy Read, DeafBlind Manual, Moon, Makaton etc, please contact the Strategic Partnerships Equalities and Diversity Team via Phone: 01554 899055 or via email: inclusion.hdd@wales.nhs.uk

Non-compliance with the policy may result in an adverse impact for patients, requiring investigation in line with HDdUHB Policy 514 - Management and Investigation of Incidents.

5.9 Monitoring

Complaints and concerns received regarding this policy will be noted on Datix and through PALS, and will be considered on an individual basis and appropriate action taken.

6. References

Equality Act 2010

Human Rights Act 1998

Well-being of Future Generations (Wales Act) 2015

Social Services and Well-being (Wales) Act 2014

Welsh Language (Wales) Measure 2011

Health and Care Standards in Wales

All Wales Standards for Accessible Communication and Information for People with Sensory Loss

This procedure has been developed with reference to a range of similar procedures across the NHS in England, Wales and Scotland.

Appendix 1

Legal and Ethical Issues and management responsibilities

Database No:

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Version

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Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure that the printed version is the most recent

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Hywel Dda University Health Board has legal, ethical and business responsibilities to provide effective communication support.

Legal responsibilities are embedded in the Equality Act 2010, Human Rights Act 1998, Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014, Welsh Language (Wales) Measure 2011, The Welsh Language Standards (No. 7) Regulations 2018, Health and Care Standards in Wales.

Ethical responsibilities lie in ensuring patients are treated equally, receive high quality care, are fully informed and involved in decisions about their care and can give informed consent.

Management responsibilities lie in ensuring effective use of resources. 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 English. A person who might usually cope well with English or be able to lip read 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.

People who are Limited English Proficient:

- may not be able to give informed consent
- may not be able to 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 because the information is in English
- may come from cultures with different understandings of health and illness
- may come from countries with different healthcare systems and so not understand how to use NHS services or understand their rights and responsibilities within the healthcare system