Interpreting and Translation in NHS Lothian

Policy for Meeting the Needs of People with Limited English Proficiency
1. Purpose

The purpose of this document is to set out a policy to ensure that people who have limited ability to communicate in English are nonetheless able to receive high quality health care and to access all NHS Lothian services effectively.

2. Introduction

NHS Lothian is committed to providing excellent health care services. We want to ensure that all patients and public can access our services effectively and efficiently.

Within this policy the term **Limited English Proficient** is used. This is defined as being unable to speak, read, write or understand English at a level that permits an individual to interact effectively with health care providers or social service agencies. This term highlights the fact that people communicate at different levels within different contexts. The ability to communicate adequately in one context is no guarantee that an individual can communicate adequately in another.

Communication presents a major barrier to accessing health care for people who are Limited English Proficient due to impairment or because their first language is not English. Equally, communication difficulties present healthcare staff with barriers to the delivery of safe, effective, patient focused care. This has major implications for healthcare quality, governance and risk management.

It is clear from healthcare research and the level of complaints throughout the NHS generally, that even when two people share the same language and culture there can be misunderstandings. The potential for misunderstandings and subsequently poor quality care and clinical errors is greater still when they do not share language and culture.

3. Scope

This policy applies to all NHS Lothian staff, in all settings where NHS Lothian provides care and in all contracts where NHS Lothian supplies care via a third party unless specific contract specifications apply.

4. Guiding Principles

- Where there are communication difficulties patients and staff have a right to communication support
- The responsibility to ensure effective communication lies with healthcare staff
- Communication support should be provided using approved interpreters and translators
- Interpreting and translation services are provided to the patient free of charge
5. **Legal and Ethical Issues**

NHS Lothian has legal, ethical and business responsibilities to provide effective communication support.

Legal responsibilities are embedded in Scottish, UK, European and International Law. (See Appendix 1)

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 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
- may come from countries with different healthcare systems and so not understand their rights and responsibilities within the healthcare system

6. **Policy Implementation and Service Management**

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 lead for interpreting and translation support.
The manager of Interpretation and Translation Service will provide reports on a monthly basis to the lead for interpreting and translation support on usage, expenditure and patient satisfaction.

The lead for interpreting and translation support will be responsible for monitoring and reviewing the policy and associated protocols and procedures. The lead for interpreting and translation support will report to the Associate Nurse Director (Strategic Development) on interpreting and translation usage, expenditure and quality issues. The lead will provide advice to NHS Lothian staff in relation to interpreting and translation support and will liaise with the designated managers.

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

7. Funding of services

Interpreting services are centrally funded through NHS Lothian. This funding only covers interpreting services provided by or arranged through Interpreting and Translation Service. These services include the telephone interpreting service and communication support for Deaf and Deafblind patients. The funding is provided to support patient and healthcare staff communication in clinical situations only. Translation of health care records, professional to professional communications and letters from or to patients is funded from this allocation.

There is currently no central funding for any other translations. Any other translations must be met from the requesting departments own budget. Use of any language service providers other than Interpreting and Translation Service, or those arranged through Interpretation and Translation Service will not be funded from the central allocation unless previously authorised by the Associate Nurse Director, Strategic Planning. The costs of unauthorised use of other providers will need to be met from the requesting departments own budget.

There is no central allocation for meeting the costs of providing language support for non-clinical meetings with patients or other non-clinical patient and healthcare staff encounters. Again it is for the department using this support to identify funding.
8. **When an Interpreter should be used**

Other than for simple care and comfort situations an interpreter should be used when providing care to a Limited English Proficient patient. An **approved interpreter**\(^1\) must be used where effective communication is critical to patient care outcomes such as:

- 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
- explanation of medication or treatments

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

Generally using telephone interpreting should be regarded as the first option except in the following circumstances:

- Interpreting session lasts more than 30 minutes
- Patient uses non-verbal communication such as British Sign Language, DeafBlind Manual, Moon, Makaton etc.
- Patient has a communication, cognitive or learning disability which would make telephone interpreting difficult
- Child or Adult Support and Protection
- Where conversation needs to be recorded for legal reasons
- Bereavement and breaking bad news (life threatening diagnosis)
- Ethically difficult or challenging situations

\(^1\) An approved interpreter refers to an interpreter provided by ITS or other professional interpretation service or a bilingual staff member assessed as having the equivalent skills to ITS interpreters.
Interpreting places an unnecessary, and for some, an unwelcome burden on family members asked to carry out this role. Relatives and carers are not trained interpreters and while they may be able to communicate in a social situation there is no guarantee they have the level of proficiency required to interpret in a health care situation. There are serious risks of information being filtered either deliberately or because the family member or carer cannot interpret accurately. This is especially so in situations that might give rise to embarrassment or which run counter to cultural norms. If the patient or relative finds it too embarrassing they may not give particular information or discuss particular situations. Staff should also be aware that there are situations, such as child abuse or domestic violence, where it would be inappropriate or present an additional risk to the patient to have a family member interpreting. Because of these risks healthcare staff should make use of an approved interpreter.

Children, other patients or members of the public must never be used to act as interpreters. Children lack the linguistic and cognitive abilities to reliably interpret in technical or stressful situations. Like other family members they also may be too embarrassed to interpret or the patient may be too embarrassed to give information or discuss specific issues. Using other patients or members of the public, as well as the problems associated with using untrained interpreters, risk a serious breach of patient confidentiality.

However some patients may elect to use an adult family member, carer or other person as interpreter. A competent patient has the right to make this choice. In this event they should be advised that use of an approved interpreter is recommended and that NHS Lothian cannot take responsibility for any errors caused by the use of anyone other than an approved interpreter. They should also be advised that NHS Lothian will only pay for the use of an approved interpreter.

If a patient after being advised of the risks of not using an approved interpreter stills decides to use an adult family member, carer or other person as interpreter this should be recorded in the patient’s health record.

Even when the patient has chosen to use a relative or carer the responsibility for ensuring effective communication remains with the healthcare staff.
9. **When a Translation 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

Transmission of these and similar documents for translation between NHS Lothian and translation services must adhere to Data Protection and Information Governance requirements:

- Electronic transmission must be via secure inter-agency routes
- Hard copy transfers must be enclosed in lockable, traceable tamper-proof bags
- Copies of letters should have limited patient information - CHI number (so we can identify them) age, gender, ethnicity

Interpretation and Translation Service is the approved provider for translation services.

If a patient is Limited English Proficient use of translations should be considered for any leaflets or other information normally issued as part of patient care.

A translation is not a substitute for an interpreter. Simply giving a translated document should not be considered as meeting the obligation to give 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 Limited English Proficient 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.

10. **Monitoring**

The aim of monitoring is to ensure that across NHS Lothian efficient cost-effective interpreting and translation services are provided for all our patients. Information collected from monitoring will be used to improve our services. Any feedback from staff and patients is welcome.

Where English is not a patient’s first or preferred language this must be recorded in the patient’s demographic profile. This data is essential to ensure all patients receive the communication support they actually need. This data will be cross-matched with communication support requests to identify unmet needs and gaps in support delivery. Data will also be gathered through clinical audit and incident reports.
The lead for interpreting and translation support will monitor the expenditure on interpreting and translation services across NHS Lothian. Usage patterns across NHS Lothian will also be monitored and analysed.

Services are provided through Interpretation and Translation Service under a partnership agreement with City of Edinburgh Council. This partnership agreement includes a clear framework for monitoring and quality assurance.

Interpreting and Translation Service will provide the necessary data on a monthly basis. There will be an annual review of the quality of the interpreting services to ensure value for money and that patient needs are being addressed.

Comments or suggestions to improve interpreting and translation services should be directed to the lead for interpreting and translation support.

11. Future Developments

This policy will be kept under review and will be reviewed at a minimum every three years. Revisions will be made in the light of changes in local demographics, technology, service delivery models, national policy and legislation.
Appendix 1

Legislation related to communication support

- Gaelic Language (Scotland) Act 2005
- Human Rights Act 1998
- Disability Discrimination Act 1995
- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- European Charter for Regional or Minority Languages 1992
- Universal Declaration of Human Rights 1948
- UN Convention on the Rights of the Child 1989
- UN Convention Relating to the Status of Refugees 1951
- UN Convention on the Rights of Persons with Disabilities 2007