

Interpreting and Translation National Policy

Enabling equitable access to safe, effective and
person-centred healthcare services
through spoken, signed and written language
communication support

DRAFT

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1. Introduction

NHS Scotland is committed to providing high quality healthcare services¹ that are person-centred, safe and effective, and it is recognised that good communication is a vital component in delivering high quality healthcare and in enabling equitable and inclusive access to services and health information.

NHS Boards and their partners are responsible for the commissioning and delivery of interpretation and translation services. Up until now, NHS Boards have used NHS Health Scotland's 'Action Plan for translation, interpreting and communication support for NHS Scotland', 2010² for a steer on developing their own local policies. In addition, from a review of current provision, we know there is a wide range of service models and provision across Scotland.

Purpose

The purpose of this policy is to provide guidance on NHS Scotland responsibilities to service users/patients and carers who require support from interpreting or translation services. It will help to ensure that patients and carers have equal access to excellent patient care by helping staff to understand patients and service user's health care needs. This policy covers both interpreting and translation.

Interpreting is the facilitation of spoken or signed language communication between users of different languages; not just the meaning of the words but the essence of the meaning too. Interpreting includes face to face interpreting, remote interpreting, BSL interpreting, lip speaking and note taking and tactile BSL. Translation is the process of transferring written text from one language into another; or from English written text to BSL sign captured on video.

Responsibility for providing an interpreter or translation is with the NHS and not the service user. Local NHS boards must ensure that the appropriate type of interpreting service (telephone or face-to-face) is booked and provided to meet the individual's health and language needs, where practically possible. It is acknowledged, however, that limitations to the provision of face-to-face interpreting services may occur, for example in emergency situations or rural areas, where there may be limited access to BSL or spoken language interpreters to enable face-to-face interpretation. Where possible a face-to-face interpreter should still be sought for consultations that are sensitive or vulnerable in nature and for users of BSL or tactile BSL. NHS boards should be familiar with the demographics of their local area and assess which spoken and signed languages are in used amongst their local population. This will help services effectively plan for the language interpreting and translation services that may be required.

¹ Healthcare refers to provision of health and social care services by the NHS and Health and Social Care Partners

² Strategy and Action Plan for translation, interpreting and communication support for NHS Scotland - June 2010 <http://www.healthscotland.com/documents/4591.aspx>

The provision of health information is delivered both nationally by NHS Inform and locally by geographic Health Boards. There are four types of information for patients; Public Health information, clinical patient information, general patient information and specific patient information.

Public Health Information is largely the remit of the Public Health Directorate in each Board and all materials are either developed nationally by NHS Health Scotland; locally in response to an assessment of need and an associated information gap; or quality assured information produced by charities / third sector organisations.

Clinical Patient Information describes information that will support patients in making informed choices about their health care and treatment options; providing background information on conditions; information about the range of treatment and care options available; the risks and benefits associated with each option or with non treatment; information enabling informed consent; and information associated with self care / rehabilitation. These are produced locally by each Health Board to meet its local need.

General Patient Information relates to patient experience and is produced as written materials on a local Health Board basis such as the Infection Control leaflets or Food in Hospitals booklets.

Specific Patient Information relates to individual patients and largely reflects patient letters/ communication and patient clinical records.

Patient information should be produced in such a way that it is accessible to all and address health literacy. Good health literacy is a key determinant of health. It can improve the patient's access and utilisation of healthcare, their interaction with health service providers; improve their ability to care for their own health and the health of others and have informed in decision-making about health in society.³

Legislative context

There is a fundamental legal, ethical and moral requirement to provide interpreting and translation support services to patients, immediate family members and their carers who require it. All service users whose first language is not English must not be disadvantaged in terms of access to, and quality of healthcare received (Equality Act 2010). They have a legal right to effective communication in a form, language and manner that enables them to interact and participate in their healthcare and understand any information provided. All patients have a legal, ethical and moral right to determine what happens to their own bodies under the Equality Act 2010. For some individuals, this can only be guaranteed if language support is provided.

³ Making it Easier, A Health Literacy Plan for Scotland <https://www.alliance-scotland.org.uk/wp-content/uploads/2017/11/Making-It-Easier-A-Health-Literacy-Plan-for-Scotland.pdf>

Equality Act 2010

The Equality Act 2010⁴ and the Public Sector Equality Duty (s. 149 of the Equality Act 2010) places a legal duty on public authorities to provide barrier free access to those with protected characteristics, this includes race and disability. A key priority for staff is to identify individuals' needs for interpreting and translation support. Cultural considerations, as well as language needs should be identified and supported throughout the patient's journey.

Therefore, as one of the actions in the NHS Scotland BSL Improvement Plan⁵ agreed by NHS Scotland Chief Executives, this policy has been developed to ensure that NHS Scotland has an updated, clear, consistent and equitable approach to the provision of interpreting and translation support services for patients, their family members and/or carers who have limited ability to communicate in English.

There are a number of relevant legislative and policy drivers underpinning the need for this policy in addition to the Equality Act, including:

BSL (Scotland) 2015 Act⁶ – all Public Sector Bodies have a requirement to develop actions plans to promote the use of BSL in their services. The BSL (Scotland) Act 2015 requires that all patients have access to information and services they need to ensure equitable access to NHS services at every stage in their lives. To ensure equitable access to services access to BSL users interpreting provision is key as well as promotion of BSL as a language.

New Scots Refugee Integration Strategy 2018-2022⁷ - the aim of the New Scots Strategy is for a welcoming Scotland where refugees and asylum seekers are able to rebuild their lives from the day they arrive. The New Scots strategy sees integration as a long-term, two-way process, involving positive change in both individuals and host communities, which leads to cohesive, diverse communities. The New Scots Strategy has five principles; Integration from Day One, A Rights Based Approach, Refugee Involvement, Inclusive Communities and Partnership and Collaboration.

Patient Safety – to avoid unintended or unexpected harm during the provision of healthcare; minimise patient safety incidents and drive improvements in safety and quality. Patient Rights (Scotland) Act 2011⁸ - aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. Action to deliver the rights and principles should be proportionate and appropriate to

⁴ Equality Act, 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

⁵ NHS Scotland BSL Improvement Plan, NHS Health Scotland, March 2017

⁶ BSL (Scotland) Act, 2015

<http://www.legislation.gov.uk/asp/2015/11/contents/enacted>

⁷ New Scots Refugee Integration Strategy, January 2018, Scottish Government

<https://beta.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/>

⁸ Patients Rights (Scotland) Act 2011

<http://www.legislation.gov.uk/asp/2011/5/contents>

the circumstances and should balance the rights of individual patients with the effects on the rights of other patients. It should also take into account resources available and the responsibility of the Health Board to use resources efficiently and effectively.

European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)⁹ The European Convention on Human Rights protects the human rights of people in countries that belong to the Council of Europe. This includes the UK.

The Human Rights Act (1998) is the enabler of the European Convention in the UK. The Rights include the right to life; the right to respect for private and family life and the right to freedom of religion and belief. Public authorities must follow the Human Rights Act.

They must respect and protect human rights, unless there's a law which prevents it. The Human Rights Act says they must act in a way which is compatible your human rights including in making policies.

The United Nations Convention of the Rights of the Child (1989)¹⁰ The United Nations Convention on the Rights of the Child (UNCRC) is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights of every child, regardless of their race, religion or abilities. The UNCRC consists of 54 articles that set out children's rights and how governments should work together to make them available to all children. Under the terms of the convention, governments are required to meet children's basic needs and help them reach their full potential. Central to this is the acknowledgment that every child has basic fundamental rights. These include the right to:

- Life, survival and development
- Protection from violence, abuse or neglect
- An education that enables children to fulfil their potential
- Be raised by, or have a relationship with, their parents
- Express their opinions and be listened to.

The Carers (Scotland) Act 2016¹¹ provides a legal framework for the NHS to ensure those providing unpaid support to family and friends. The overall aim of the Act is for carers to be supported to continue to care, for as long as they choose, in better health and to have a life alongside caring. It aims to ensure that carers have access to information and advice and this would include provision of interpreters and translated material as required.

⁹ European Convention for the Protection of Human Rights and Fundamental Freedoms, 1950, European Court of Human Rights and Council of Europe
https://www.echr.coe.int/Documents/Convention_ENG.pdf

¹⁰ The United Nations Convention of the Rights of the Child, 1989, United Nations
<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

¹¹ Carers (Scotland) Act 2016, Scottish Government
<https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016>

Realistic Medicine¹² - which includes working better to build a personalised approach to care, and change our style to shared decision making.

Aim and Outcomes

Our overall aim is that good communication is at the centre of all NHS Scotland's healthcare interactions. We aim to ensure that healthcare staff communicate effectively with all of its service users regardless of language or cultural need, and that service users will be supported with their language and communication needs throughout their health journey.

Outcomes to support the implementation of this policy are:

- All Boards have met their legal and moral duties under the Equality Act 2010, Public Sector Equality Duty 2011, and the BSL (Scotland) Act 2015.
- Staff recognise and are responsive to service users' language and cultural needs and any barriers that they may face
- Staff implement language support services in a consistent way (interpreting and translation) to ensure fair and inclusive access to health services and information.
- Staff are aware of and comply with the local protocols and procedures to be followed on how to access and book interpreting and translation support services 24 hours a day, 7 days a week.
- Patients, carers and their family members are more empowered, better understood, and able to make informed decisions about their care and treatment
- NHS staff have an increased awareness of the needs and support requirements of interpreters and translators, especially when dealing with vulnerable, sensitive or intercultural situations
- NHS Scotland, NHS Boards, HSCPs provide suitably qualified interpreters and translators, who have sound knowledge and experience of working within healthcare settings, and who work in a professional manner and adhere to an agreed code of conduct such as the Health Care Support Workers Standards and the NHS Interpreting Competency Framework.

¹² Realising Realistic Medicine, Scottish Government, 2017
<https://www.gov.scot/news/realising-realistic-medicine/>

Scope

This policy will provide a common set of standards for all NHS staff, interpreters, translators, and service users across NHS Scotland, all healthcare services.

It sets out the minimum standard expected of NHS Boards in their provision of interpreting and translation services for all service users whose first language is not spoken or written English, such as community language speakers, British Sign Language (BSL) users and tactile BSL users.

This policy sets the standard for the provision of services that NHS Boards directly provide, commission or procure. It is relevant for services provided by NHS staff, across the patient pathway, in whichever setting these services are provided, e.g. primary care, voluntary sector, local authority or health and social care partnership premises / settings.

Although we recognise the importance of clear, understandable communication for all, the scope of this policy does not cover the provision of wider communication support needs and methods or accessible information services. Wider communication support needs of patients may present due to neurological impairment (i.e. aphasia, brain injury, stroke), physical disability, learning difficulty, autism or mental health condition, etc. Advice should be sought from local Speech and Language Therapists to ensure effective communication support is provided for these patients who require it.

This policy applies to and benefits:

- NHS Scotland staff across all NHS Boards (local and national) and partner agencies or contracted healthcare service providers (unless otherwise stated) and in all Health and Social Care settings where NHS services are provided by NHS Staff. It will ensure that all staff comply with their legal and moral duty to reduce inequalities between service users and provide equitable access to healthcare services under the Equality Act (2010) and BSL (Scotland) 2015 Act.
- Patients, their family members and carers (anyone who supports the patient) who require interpreting and translation support, as well as healthcare staff by enabling and ensuring effective communication during healthcare interactions.

2. Why is interpreting, translation and communication Support important?

Accessible healthcare services and effective communication

Effective and accessible communication is vital for the provision of high quality services and care. Good communication lies at the centre of successful, person-centred healthcare. It enables service users to fully participate in their care, express their needs, feel understood and make informed decisions, improving the service users' overall healthcare experience. It also contributes to effective prevention and health improvement activity to support the patient to improve their own health.

Research shows that people with interpreting, translation and language support needs, such as BSL users, can find it difficult to access language support in the health service. Some of the most vulnerable members of society, such as Deaf people, therefore experience inequitable access to health services and information that affects their quality of experiences introduces risk and widens health inequalities.¹³

It is therefore of the utmost importance that healthcare staff can identify an individual's language need quickly and respond by providing the necessary language support required for all healthcare interactions or interventions.

Barriers to accessible and inclusive services and effective communication

Many people who access health information or healthcare services have difficulty understanding spoken or written information, such as health messages or what is being said to them, and/or expressing themselves clearly either through speech or in writing. This may be because English is not their first language, (i.e. they speak a community language or British Sign language / tactile BSL user) they have a sensory impairment (i.e. they are Deaf, hearing impaired, blind, partially sighted or Deafblind). Other communication difficulties or misunderstandings may occur due to cultural differences or stressful or vulnerable situations that may impair or cloud a person's ability to understand and communicate fully.

Equally, communication difficulties present healthcare staff with barriers to the delivery of safe, effective and person-centred care. This can have implications for healthcare quality, patient safety, governance and risk management. It is, therefore, essential that appropriate language and cultural support needs are identified, and interpreting and translation services are provided to promote and facilitate the best possible communication exchange between individuals and healthcare professionals.

Illness and other stressful healthcare situations can also have a negative impact on anyone's ability to communicate effectively but especially that of

¹³ Sick Of It – How the health service is failing Deaf people, Sign Health, 2014
<https://www.signhealth.org.uk/health-information/sick-of-it-report/sick-of-it-in-english/>

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.

NHS staff should therefore understand the language difficulties that can occur and ensure that the most appropriate interpretation or translation service is in place for delivery of care that is person-centred.

Patient safety

From a patient safety and quality perspective, communication barriers between patients and healthcare staff reduce the quality of healthcare delivered. Language, cultural and communication barriers increase the risk of misunderstanding between the patient, family member or carer and healthcare staff member. This can lead to misinformed and incorrect diagnoses and missing potentially life-threatening health conditions; poor treatment decisions; uninformed consent to treatment and/or procedures; poorer health outcomes and diminished patient experience. It also leads to poorer access to health information, and widens health inequalities.

Provision of interpreters and language support enables people to participate and make more informed choices about their care. For staff, it supports communication with patients, assists with diagnosis, and helps in the process of obtaining informed consent. It also promotes the effectiveness and efficient use of resources.

Risk management

Management responsibilities lie in ensuring effective use of resources. Poor communication contributes to non-compliance with treatment, cancelled or missed appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors.

Interpreting services address a number of risks for both service users and staff. For example, individuals who do not have an effective language support intervention in an appointment with a health professional cannot do the following without an interpreter;

- give informed consent (this is not legal without proper and understood explanation)
- ask questions or seek assistance
- provide information to the healthcare professional
- be aware of what services are available to them
- be able to use medication properly or follow care plans
- may come from cultures with different understandings of health and illness
- may not understand how to use NHS services
- may not understand their rights and responsibilities within the healthcare system

Ensuring that everyone has an equal opportunity to engage in the healthcare process benefits all concerned.

3. Interpreting and Translation

Interpreting and translation support relates to all forms of language support that will meet a person's spoken, written or signed language needs whilst using NHS services. These services should be provided in all patient settings, for both in-patient hospital stays and out-patient appointments within acute and community services.

Establishing the need for an interpreter or translator

The ability for healthcare staff to communicate with service users / carers is fundamental to safe and effective clinical care. An interpreter or translator should be booked when a service user is unable to communicate or understand English well enough to participate in their appointment or procedure.

An interpreter must be provided when:

- the service user's first or preferred language is not spoken English, or they speak some English but require an interpreter to explain detailed medical information or understand complex explanations of the appointment or their treatment
- the person is Deaf, has a hearing impairment, is a lip reader or uses British Sign Language or an electronic note taker
- the patient is Deafblind (dual sensory impaired) in which case a guide/communicator should be booked.

Where written information that has been produced by the NHS board is provided, a written translation or an appropriate spoken interpretation of the written information should be provided in the service user's preferred language. The provision of interpreting and translation services also applies to immediate family members or carers who are supporting the patient.

Interpretation

There are different types of interpretation services available. These include the following:

- telephone interpreting
- face-to-face interpreting, where the interpreter is in the room including BSL
- remote video relay interpreting
- note taking and lip speaking
- tactile signing

Telephone interpreting

For spoken community language users, telephone interpreters should be used as the initial and principle form of language support. Telephone interpreting services for spoken languages are available 365 days a year, 24 hours a day. Benefits of telephone interpreting include:

- Immediate availability of most languages at short notice
- Can deal with ad hoc or unexpected interpreting sessions

- Provides anonymity for the patient, particularly for small communities
- Maybe less intrusive to the consultation setting
- Allows quick resolution to a situation
- Responds to emergency and urgent situations, rather than wait for a face-to-face interpreter
- Cost effective for an appointment which is less than 60 minutes
- Useful for setting up a future interpreting session that is face-to-face or to confirm an appointment
- To establish the patient's language if it is not apparent

Face-to-face interpreting

Telephone interpreting services are not always the most suitable option depending on the healthcare situation or the language need of the service user. In certain situations, face-to-face interpreters should be used instead, for example, for long or complex consultations (longer than 60 minutes), for all children under the age of 16 and/or for a child's parent/carer, for Deaf, hard of hearing or Deafblind people, for sensitive, vulnerable or traumatic cases, gender-based violence, mental health appointments, maternity appointments and palliative care. For these appointments, a face-to-face interpreter should always be used.

The benefits of face-to-face interpreting include:

- Allows good eye contact and ability to see body language of the patient, the staff member and the interpreter
- Beneficial when working with sensitive issues, for example trauma, gender-based violence, child protection cases
- Appropriate for dealing with bereavement and breaking bad news
- Helpful if the consultation involves therapeutic counselling
- A more cost-effective form of interpreting when sessions last one hour or more

British Sign Language users and face-to-face interpreting

It is a legal requirement to provide BSL interpreters for BSL users as this and not English is their first language. When booking BSL interpreters in advance, it is a legal requirement to book a face-to-face interpreter for BSL users.

Video relay interpreting for BSL users is not appropriate for appointments booked in advance.

Video interpreting can present challenges due to difficulty seeing the visual hand gestures and signs on a screen due to glare from the screen or difficulty concentrating, or poor internet connection. Using a screen can also cause eye strain for people with visual impairment. It is therefore not an appropriate format in which to provide interpreting services. Only in exceptional circumstances, such as an emergency or for short routine appointments (i.e. taking bloods or immunisations), where a BSL user has agreed in advance to use video relay interpreting, should it be used. NHS boards should have access to BSL interpreting services on demand, i.e. 'SLI now'. This provides

translation services via video relay which is suitable for emergency situations, or for service users to provide feedback or submit a complaint. A face-to-face BSL interpreter should be sought as soon as possible for any emergency situations.

It should not be assumed that a BSL user can communicate in written English. Use of a pen and paper or lip reading are not usually appropriate as many BSL users' first language is not English. However, some Deaf people can lip read and read written English and may use a lip speaker or note taker to help them communicate.

For Deafblind tactile BSL users, the guide/communicator must be in the room with the service user to enable effective communication through signing using touch.

Translation

Patients, family members, carers and healthcare professionals should have timely access to appropriately and effectively translated information that will enable and support their healthcare. Information can act as a backup to reinforce information that has been given verbally by an interpreter. NHS Boards must meet service users' translation needs.

Responsibility for provision of translations is with the NHS and not the service user. Service providers should ask what service users' language needs before producing a translation. Translation of written materials is costly and it should be noted that service users whose first language is not English might not be able to read their own language. This should also be clarified with the patient.

Interpreting and translation support for patients' family members and carers

Carers or immediate family members who are providing support for the patient should be provided with interpreting and translation support where they have a language support need. NHS Scotland has the responsibility to consider carers' needs and their wellbeing when providing care for a patient. Accurate information and advice are a priority, therefore good communication with carers is essential.

Timeliness

Patients, family members or carers requiring an interpreter should not be disadvantaged in terms of the timeliness of their access to healthcare services and information. Interpreting and translation service providers should be contacted as soon as possible to arrange an appropriate appointment time. It is acknowledged that on occasions there are not enough interpreters available. In this instance staff should use telephone interpreting and on line BSL interpreting. Staff could also liaise with the patient where possible to find

an alternative appointment date that they are happy with whilst managing the patient's expectations.

Staff should also note that using interpreters in consultations will mean extra time is required, so double appointments should be booked where necessary.

Communicating with patients with language support needs outwith appointments

Staff should ensure that patients who have specific language needs are called to their appointment in a way which eliminates the opportunity for appointments to be missed, for example sending a translated appointment letter or in Braille, or using the video relay system (ContactScotland-BSL) to contact a British Sign Language user.

Where a service user with a language support need has arrived for an appointment, staff should be aware of their arrival and approach the service user in the waiting area when their appointment is called.

Continuity of interpreting services

Specific circumstances may mean it is most appropriate for a service user to always have a face-to-face interpreter and the same interpreter. Good practice indicates that where a patient requires continuity of care (for example, end of life care) they should be able to access the same interpreter wherever this is practicable.

NHS staff should seek to ensure continuity of interpreters is offered in the following circumstances:

- mental health appointments
- trauma related appointments
- sensitive or vulnerable appointments
- maternity appointments
- a series of therapeutic interventions
- end of life care
- for patients with additional vulnerabilities such as dementia
- all appointments for children (whether the child or their parent/carer require an interpreter). Where there are concerns around the child's safety or welfare, interpreters must be used to interview children alone without a parent or carer present to clarify the child's version of events and to enable their wishes and feelings to be understood. This must be done with a staff member present
- Where further appointments are scheduled between the clinician and patient, the same interpreter, where possible should be used. The same booking procedures should be followed - booking of the interpreter must be arranged with the interpreting service, and not with the individual interpreter.
- Local NHS Equality leads should be contacted for further guidance or support in providing interpretation and translation support services.

Support for sensitive, vulnerable or traumatic work cases

All interpreters of both spoken and signed languages should be aware of the potentially sensitive and emotive situations that they may encounter and should have appropriate support structures in place in case of the need to debrief or seek appropriate counselling (e.g. following interpreting for a vulnerable or sensitive case, i.e. a child, victim of violence, asylum seeker, etc.)

NHS staff should also be aware of and considerate of situations of a sensitive or vulnerable nature (i.e. cases involving migrants, refugees or asylum seekers, or violent or abusive cases) which may require additional emotional support for patients, family members, clinicians and interpreters who are subject to hearing and interpreting sensitive and vulnerable information.

Qualifications and registration of interpreters and translators

There are many qualifications for spoken and signed language interpreters and translators. NHSScotland should seek to provide the most experienced and appropriately trained interpreters and translators to meet the needs of the service user, the organisation and its broad spectrum of healthcare. NHS staff must be aware of the minimum qualification standards that interpreters must hold, especially for BSL interpretation.

Spoken language (i.e. community language) interpreters and translators should hold a professional qualification for interpreting and/or translation where possible. It is acknowledged however, that it is not always possible to obtain a qualified interpreter for rarer and lesser spoken community languages. In these circumstances the use of an unqualified interpreter is acceptable. All unqualified spoken language interpreters should be language tested by an accredited agency and trained in medical language and how the NHS works before taking on NHS appointments.

For British Sign Language interpretation, all interpreters and translators must be fully registered with an appropriate governing body and qualified to a minimum standard of level 6 in BSL studies or equivalent. Trainee interpreters should not be used in NHS clinical appointments.

All interpreters should be Disclosure Scotland checked and have an agreed Code of Conduct for working in healthcare settings. All BSL interpreters working within healthcare settings must have undertaken additional healthcare interpreter training and have previous experience of working within healthcare settings.

Trainee BSL interpreters should never be the primary interpreter for a clinical appointment. Trainee interpreters may not have the experience or have developed the skills or vocabulary to interpret for clinical appointments. By not using trainee interpreters, any potential risks are averted and an accurate interpretation for the consultation can be provided. Where a trainee BSL

interpreter is present at an appointment they must be accompanied by a fully qualified interpreter and consent must be provided by the BSL service user if the trainee wishes to practise their interpreting.

NHS boards should look at opportunities available to support interpreters' professional development, as well as providing opportunities for trainees (who are working towards a full qualification) to shadow qualified BSL interpreters and develop their experience and skills.

Bilingual staff members

Healthcare staff who are bilingual but not registered with an accredited interpretation or translation service should not act as an interpreter or translators. A professional interpreter/translator is more appropriate to ensure accurate, high quality interpretation/translation; they are also covered by indemnity insurance in case of an error. If a staff member is a qualified interpreter there is no legal or liability issues however as staff members there could still be issues of conflict with regard their ability to do both roles.

Other reasons not to use bilingual staff to interpret or translate include:

- taking staff away from their own job
- not knowing their language ability if they're not a native speaker
- not knowing their English ability unless they have been language tested for their role
- an ad hoc arrangement which appointment systems cannot rely upon
- can involve doubling up of staff and wasting money
- not covered by indemnity insurance if interpreting is not an official role of theirs

Boards should not pay any interpreter fees when a trainee BSL Interpreter is present on patient appointments.

Family, friends and carers

NHS Scotland does not recommend using service users' family members, friends or carers for interpretation or translation. Family members, friends and carers may wish to act as interpreters; they have the advantage of knowing the patient and speaking the same language. However, it is not appropriate to use a family member, friend or carer as an interpreter except in exceptional circumstances when no other alternatives are available, for example in an emergency department.

Telephone interpreting for spoken languages and on line interpreting for BSL should be in place to ensure quick access to professional interpreters at short notice for those whose first language is not English. The use of a professional language support service can ensure independence, impartiality and confidentiality. By providing an independent interpreter, the patient and healthcare professional can be assured of good quality interpretation.

Reasons not to use family, friends and carers as interpreters

Inaccuracy of interpretation

- Accurate and vital information may be left out as the family member or friend may change the information given due to a lack of knowledge or understanding of the situation or terminology. They may also be unwilling to say they do not understand something that has been said, leading to a breakdown in communication.

Filtering of information

- Family or friends may wish to protect the service user from bad news and therefore may filter the information they provide. Likewise, they may omit abusive language so as not to offend the practitioner. This information could be vital, for example when assessing the mental state of the service user. For suspected child protection issues, staff must provide a separate interpreter, to allow the child's voice to be heard.

Loss of confidentiality

- The service user may not want to discuss certain sensitive or personal issues in front of family or friends. There could be issues, such as family problems or crisis, which are having an impact on the service user which they may not feel able to disclose due to the family or friend's presence. This could ultimately impact on the health or safety of the service user and clinical outcomes.

Conflict of interest

- There may be a conflict of interest between service user and family or friend which could result in vital information being withheld or not passed on.

Children should never be used as interpreters

- It is never appropriate under any circumstances to use a child under the age of 16 as an interpreter. Using children may have harmful effects on the child. Service users who bring a child as a language support should be discouraged from doing so. Interpreting, particularly in health settings, is a serious responsibility and should not be placed upon a child to undertake. A child should only be used in emergency situations to gather vital information and should not interpret clinical information that could be sensitive or confidential.

Where a patient refuses professional interpreting support

If a patient wishes to use a friend, family member or carer as an interpreter, the importance of using a professionally trained interpreter must be explained to them, through a professional interpreter. Healthcare services have a duty to ensure that all interpreting is accurate, clear and consistent. Using a professional interpreter ensures that the information that needs to be shared with the patient is accurately interpreted; it also protects patients from coercion, hidden adult or child protection issues and can help identify those patients potentially involved in or at risk of human trafficking, gender-based violence and other forms of abuse.

If the patient continues to insist on using a friend, family member or carer to interpret, this **must be documented in the service user's healthcare**

record and signed by the patient that this was their personal request. The patient's informed consent to this must be in their own language and be sought from them independently of the family member, friend or carer. Only the clinician, patient and interpreter should be present during this conversation to safeguard against possible coercion.

Where there are concerns for child safety or Gender Based Violence an NHS interpreter should also be present at all appointments for your staff to utilise. For children, a face-to-face interpreter must always be provided. If there are suspected Child Protection issues, staff must provide a separate interpreter to the parent; this is to allow the child's voice to be heard.

Out of Hours Provision

Access to professional interpreters must be 24 hours a day to match the provision of NHS Services. All services must have access to interpreting support for patients at short notice and outwith day time provision.

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4. Roles and Responsibilities

It is the NHS board's responsibility to provide professional interpretation and translation services for all patients, immediate family members and carers who require it. This is to meet the service user's right to effective communication and equitable access to high quality, person-centred services.

NHS Boards should consider their local / national data on local population need, including translation and interpretation needs, when developing and resourcing services. This information should be used in the procurement of services operating in the stead of the Health Board.

NHS Staff

All healthcare staff should be aware of their legal and ethical responsibility to provide interpreting and translation services for patients, immediate family members and carers who have language support needs. Staff should be aware of and understand the language and cultural barriers that can prevent service users accessing healthcare services and information equitably and should respond to an individual's language need in a way that ensures language support needs are met. This ensures that individuals whose first language is not spoken or written English, who are Deaf or hearing impaired, Deafblind, blind or visually impaired are provided with the necessary language support services to help them understand and participate in their care.

Staff should be aware that language support services are provided to service users free of charge. Costs are met by the individual health board and must not be passed on to any member of the public.

Administrative staff

It is the responsibility of NHS staff to organise and book the appropriate interpreting and translation support service as soon as an individual's language need is known; it is not the responsibility of the patient, family member or carer. NHS Boards should be cautious not to direct all language support requests to one individual, such as a BSL liaison officer, to avoid becoming reliant on one person for appointment bookings; this is the responsibility of all staff.

Interpreting support should be booked automatically and only cancelled if a service user opts out for minor routine appointments, such as immunisations and blood taking.

Staff should be familiar with the booking system and local processes in place and should also be able to effectively communicate appointment information to the service user in an accessible format.

Staff should encourage and enable all patients who cannot communicate primarily in English, to receive information in a language or format that is understood via the use of interpreting or translation services.

The whole patient journey should be considered when organising appointments to ensure that the service can support patients throughout their care (including for example, meeting patients from the waiting area, booking future appointments at the reception desk immediately after an appointment and collecting prescriptions).

Identifying service users' spoken or signed language need

Staff who are responsible for arranging and booking interpreting and translation services should ensure that they are appropriately equipped and resourced to respond to individual's needs.

Patients, immediate family members and their carers should be asked about their personal language preferences as early as possible and this should be clearly highlighted within the patient's record. This should detail the service user's language or dialect requirements. Some languages such as Kurdish have local dialectal differences such as Kurdish Sorani or Kurdish Bajani and the dialect is needed to ensure the correct interpreter is provided. Additionally any cultural needs should also be noted, for example a French interpreter from France may not have local nuance required for a French speaker from the Ivory Coast. Where possible a cultural match should be made. Any gender preferences should be noted and acted upon where possible as with clinicians.

The first thing to identify is the person's preferred language and method of communication in advance of booking any support; for example, if they're a BSL user, community language speaker or require written information in an accessible format, such as Braille. Staff should also note the most appropriate method of interpretation or translation support, such as telephone, face-to-face or video relay interpreting, lip reading/speaking, etc. This may be recorded in the patient's paper or electronic record or detailed in the referral letter. If the preferred language is not stated, then use a Language Identification Card, to allow the patient to point to their required language. The language or communication support need should then be documented clearly in their records. This also includes recording any language support needs that family members or carers may have, so that the appropriate services can be booked for them.

If a service user's first language is not English, but they state that they are able to communicate in English to a high standard and don't require an interpreter, respect their wishes for no language support to be provided. However, their need for language support should be inquired about for future appointments in case their preferences change. It should also be noted that a person who might usually cope well with speaking English as a second language may find it more difficult to communicate effectively in stressful situations. Therefore, for more complex, challenging or sensitive appointments an interpreter for their primary language should be provided, also when requiring consent or giving bad news an interpreter should be provided.

Equally for translation of written information and documents, staff should establish whether the best approach is to use an interpreter to read or sign information or whether to provide the information in an individual's first language - spoken or signed, or via a tactile writing method, such as Braille. For spoken languages it should be ascertained in advance that the patient can read their own language.

Staff should be aware of how to access interpretation and translation services 24 hours a day, 7 days a week. All routine appointments should be made during core daytime hours and made in advance wherever possible. For emergency appointments an interpreter should be provided as soon as possible, either by telephone, video relay or face-to-face depending on the service user's language need.

Contacting interpreting and translation agencies

When contacting an interpreting or translation agency the healthcare staff members should provide as much information as possible without breaching data protection requirements. Staff should inform agencies of the language or communication support method of the service user. Where possible staff should also inform agencies of any gender or cultural requirements of services users and their age range, e.g. if the patient is a child. It is also useful to let them know if it is likely to be a particularly sensitive, vulnerable or traumatic case so that an interpreter can be selected who has a greater level of experience and emotional resilience to manage any difficult situations. Service users should always be offered and provided with a registered interpreter.

For BSL users the interpreter provided must be face-to-face and qualified to a minimum of level 6 in Deaf studies. For spoken community languages, qualified registered interpreters should be provided where possible. However, if there is no language interpreter in your area, such as for lesser spoken languages, it is acknowledged that in this instance unqualified interpreters may need to be used. Please note that this is never acceptable for a BSL user however, as they must by law be provided with a qualified interpreter.

Documentation of delivery of services

Staff should ensure that all relevant documentation is completed accurately and signed by both the interpreter and healthcare professional as required following service delivery. All healthcare professionals should ensure that a form is submitted as evidence that interpreting support has been delivered during an appointment. This is for auditing purposes.

Senior leadership

Senior managers are responsible for ensuring that this policy is implemented correctly and that interpreting and translation services are managed and delivered appropriately. They should act as Champions for change, support

the development of procedures locally, raise awareness and provide training where necessary.

All staff should be aware of their responsibility to ensure that patients' language support needs are at the centre of the services they deliver in order to achieve a high quality, person-centred healthcare service. Boards should ensure that they have clear, coordinated and consistent local processes in place on how to book and work with interpreters.

Training for NHS staff

Managers are responsible for ensuring that staff members are aware of this policy and their own local procedures, and advising them on compliance with it. They are also responsible for ensuring that staff are effectively supported in delivering the requirements of the policy.

- Staff should receive training where necessary so that they are confident about booking and working with interpreters in multilingual and intercultural settings.
- Staff should also be aware and informed of individual's language, communication and cultural barriers to effective communication and safe patient care.
- Staff should be trained and equipped to recognise an individuals' needs and be able to respond appropriately.

E-learning resources are available to compliment training, these include the modules, Communication Support Needs and BSL awareness, located on TURAS learn.

Support for Interpreters

Boards should be aware of and consider the wellbeing of interpreters whilst delivering language support services within NHS settings. Boards should ensure that support systems and processes are in place for any interpreters that may have provided language support for a sensitive, vulnerable or traumatic healthcare case for a child, palliative patient or asylum seeker or refugee, etc. Their emotional wellbeing should be supported in these cases and counselling services offered if required by the NHS Board if the interpreter is employed and by the provider if the service is purchased..

Governance

Senior management should ensure that appropriate governance of interpreting and translation services is in place. This should include systematic monitoring and review of local services and procedures, ensuring the booking and delivery of language support processes are consistently applied and coordinated across the whole organisation, as well as ensuring that services are delivered that meet the required standard and needs of individual users.

Governance reports should be produced on service usage and compliance, expenditure, quality and service user satisfaction by the NHS Board if the service is in house and by the provider if it is a purchased service.

Management are responsible for ensuring the effective use of resources and cost effective services. When developing local procedures and processes interpreters, translators and service users should be involved in the planning to ensure that services meet their needs. Boards could also consider if feasible employing interpreters and translators directly and develop their own in-house interpreting and translation services for more commonly interpreted languages. Boards should also continually monitor and be aware of their local populations' language and cultural needs to enable effective service planning and budgeting for interpreting and translation services.

Interpreters

The interpreter's role is to facilitate communication by providing a communication bridge between the service user and service provider. Their role is not to advocate or advise either the patient or staff member on any aspect of care, treatment or decision making. They should also not be asked to undertake any additional/ancillary tasks during the appointment, (e.g. those that might be delivered by a carer or relative). The interpreter may however, identify or give guidance on cultural norms and differences to assist fuller understanding between the patient and service provider.

At the start of the consultation, the interpreter should introduce themselves and explain their role. Interpreters should carry out their role to the satisfaction of the service user and the healthcare practitioner and to the standards set out by their professional body.

Professional conduct

All interpreters and translators must follow an agreed code of conduct as part of their contractual agreements. It is expected that they will work professionally and provide a high standard of service, displaying impartiality during each appointment.

Each interpreter should be aware of their own limitations and the type of situations that they can manage. Interpreters should not accept bookings beyond their qualification and experience. Both healthcare staff and interpreters should not assume that an interpreter can carry out all medical or healthcare interpreting jobs. It is important that the interpreter has experience within a healthcare setting and that they have knowledge of the relevant medical vocabulary required within specified medical specialties, i.e. mental health, oncology, palliative care, paediatrics, gynaecology, etc.

Responsibility of Agencies

Agencies should ensure that their interpreters and translators are suitably qualified and registered. They should ensure that their interpreters and translators have the right skillset for the health appointment allocated, such as the healthcare experience, vocabulary and emotional resilience to be able to accurately interpret or translate information between the service user and service provider. Agencies should support their staff members' development and training needs.

Agencies should have robust information governance processes in place to safeguard personal data of any healthcare service users using language support services. Agencies are also responsible to ensure that interpreters and translators have undergone appropriate Disclosure Scotland checks to work in this sector.

Where an interpreter undertakes an assignment that is sensitive, vulnerable or traumatic in nature (i.e. working with refugees, asylum seekers, victims of violence, palliative paediatric cases, etc.) emotional and follow-up support should be provided by the responsible agency for the interpreter or translator to ensure their emotional wellbeing is supported. De-brief sessions with the healthcare practitioner should also be considered.

Continuing professional development (CPD) and training

All interpreters and translators are responsible for maintaining their own CPD to maintain the minimum standards as a registered member. Interpreters should aim to develop their language and intercultural experience and skills within healthcare settings by attending relevant training courses and seeking professional support.

Children must have independent interpreters in their own right.

5. Finance

Interpreting and translation services are funded locally at NHS board level. There is no national central budget for meeting the costs of interpreting and translation. All interpreting and translation costs to support healthcare interactions must be met by the NHS board delivering the healthcare services. Costs **must not** be passed on to patients, family member, carers or other individuals using the service.

All budget holders for patient-facing clinical services should be aware of their legal requirements to provide interpreting and translation services for patients and their family members or carers who require it. Staff with delegated budgetary authority are responsible for ensuring that appropriate funding is available for these services. When developing programme budgets, funding should be identified for interpretation and translation services and protocols put in place to monitor and authorise spend. Services should be monitored regularly to ensure that they are cost effective, high quality and achieve their intended impact.

At present there is no national contract for procuring interpreting and translation services. Local boards are to determine which interpreting and translation services they wish to contract. The patient or service user does not have the authority to select an independent interpreter or translator or an agency of their choosing, this is to avoid any conflicts of interest. Local Boards are advised to recruit either internal interpreters for commonly spoken or signed languages or externally contract services for rarer language needs if there is high enough local need. Local Boards should follow their own local procurement procedures for contracting these services.

Where an independent contractor/third party organisation/provider (independent of the NHS board) supplies a service on an NHS board's premises, it is the responsibility of the third party to fund any interpreting or translation support that may be required. The local Board is not required to fund interpreting or translation services for third party organisations or services. Only where an NHS board has specifically contracted a third parties' services, would they be responsible for funding interpreting and translation services.

At a practical level costs should be considered alongside patients' and service users' needs when deciding the most appropriate form of interpreting or translation provision. Where possible telephone interpreting should be used for routine appointments especially for those of a short duration for community language speakers. Certain exceptions apply however, where face-to-face interpreting should be the format requested for vulnerable groups (i.e. children, palliative care, refugees and asylum seekers, etc.) Face-to-face interpreting should also always be the interpreting format for BSL or tactile BSL users.

Only under emergency circumstances should telephone or remote video interpreting be used, until a face-to-face service can be brought in.

Interpreting services include telephone, face-to-face and video relay services.

The funding is provided to support patients and healthcare staff communication in clinical situations only. Translation of healthcare records, professional to professional communications and letters from or to patients are also to be funded.

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6. Governance – Monitoring and Quality Improvement

Key Governance Outcomes:

- documentation is fit for purpose and auditable
- services are routinely monitored to ensure they are meeting patients' and practitioners' needs, including checks that interpreters are suitably qualified and registered, appointments are being kept and services are cost effective
- level of compliments, comments and complaints are recorded to monitor service users' level of satisfaction
- regular monitoring, audit and feedback inform areas for continuous improvement

Documentation

For the purposes of audit, local Boards should have relevant documentation in place, such as a 'job sheet', to record the use of an interpreter or translator. This documentation should clearly state the date, time and length of the appointment, the clinician and department, the interpreting or translation agency and patient identification number.

Monitoring and evaluation of services

Interpreting and translation services and associated processes (i.e. booking, documentation and feedback) should be regularly monitored and reported. Governance reports should be produced on service usage and compliance, expenditure and quality, including service users', service providers' and interpreters'/translators' satisfaction feedback. This should be used to inform and improve interpreting and translation services and processes. Services should also be reviewed and evaluated to ensure that they meet the requirements for the Equality Scheme.

Service feedback - compliments, comments, concerns and complaints

All Boards should have local processes in place that enable patients and clinicians to provide feedback on their service experiences in their first or preferred language or format (written, spoken, signed, or in Braille, audio, video, etc.). This may require different forms of engagement with staff and patients. Interpreters and translators should also be given the opportunity to feedback on their experiences and provide suggestions on how services could be improved further.

Documentation on how to access feedback processes should be available in different languages and formats including written, spoken and accessible formats such as Braille or BSL video. Boards must ensure a system is in place that enables patients and clinical staff to access the feedback and complaints service directly. This service must be independent of the individual interpreter or service agency that the feedback or complaint is about. Where

requested by a service user or clinician, Boards should provide details of the supplier agency, registered body or interpreter. Any response to service users should be given in their preferred language.

Interpreting service agencies are also recommended to collect their own feedback and collate and publish this data on comments and their resolution in a service satisfaction report.

Contacting a deaf patient over the phone/tablet device

Where a Deaf person or BSL user wishes to provide feedback or make a complaint, BSL-contactSCOTLAND can be used as an interpreting support. The Scottish Government currently fund an NHS24 online British Sign Language (BSL) Video Relay Interpreting Service, which aims to improve access to health services for people in Scotland who are Deaf, Deafened or are BSL users. Health professionals and administrative support colleagues should be aware of the service and encourage their service users to register and download the relevant smartphone or tablet application ('app') from the contactSCOTLAND website. ContactSCOTLAND-BSL is available on 0141 419 0420 or website address to be included.

The system can be used by the service user and service provider to make contact in regard to appointments, making, confirming, cancelling or amending over the phone. This service is designed to be used to make initial contact or in emergency situations. It does not replace face-to-face BSL interpreting in clinical situations.

Review

This policy will be kept under review and reviewed at a minimum of every 3 years or before if there are significant changes to laws or practice. Further revisions will be made in light of changes in local demographics, technology or service delivery models. This may involve different forms of engagement with service users, healthcare staff and interpreters/translators. If changes should be made these should be reported to NHS Health Scotland, the owner of this document.

Local boards are also recommended to review their local demographics, technology and service delivery models at regular intervals.

Equality Impact Assessment (EQIA)

The NHS Scotland national interpreting and translation policy and associated procedures have been equality impact assessed to make sure that the identified groups are not disadvantaged or discriminated against.

Engagement in development of this policy

The policy has been developed to meet the diverse language support needs of patients, family members, carers and healthcare practitioners to enable effective communication with clinicians and NHS staff members. It has taken into account the views of service users, healthcare staff and interpreters.

The development and review of this policy will continue to be informed by ongoing feedback from staff, service users, interpreters and translators.

Working group members

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Engagement with – interpreters, interpreting agency worker, Scottish government, Deaf and blind service users, community language speakers, equality and diversity leads, healthcare researchers.

Appendix 1: Definitions

Braille is a tactile reading and writing system used by people who are blind, Deafblind and visually impaired who cannot access print materials. It uses raised dots to represent the letters of the print alphabet. It also includes symbols to represent punctuation, mathematics and scientific characters, music, computer notation and community languages.

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.

BSL / English interpreter is someone who is bilingual and has the qualification to be able to work between two languages English and British Sign Language and facilitate communication between people. Contact Scotland is a video relay service for Deaf and Deafblind people who call Public sector bodies such as the NHS free of charge.
<http://contactscotland-bsl.org>

Deafblind manual alphabet: Using the index finger as a 'pen' the guide/communicator points to different finger positions on the Deafblind person's hand or draws letter shapes on the Deafblind person's palm.

Deafblindness or Dual Sensory Impairment 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.

Deafblind Guide/Communicator: is a professional communicator who enables communication between Deafblind people and others. There are different skills and techniques which can be utilised to facilitate communication, this includes Deafblind manual or hands on signing (tactile BSL). In their role as a guide, they will also escort dual-sensory impaired people from their homes to the Deafblind person's destination of choice. They can also provide support during an appointment by taking notes if necessary.

Electronic and manual note takers 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.

Finger spelling: is a system where all letters of the English alphabet can be drawn on your hands. It is also known as the manual alphabet. Finger spelling

is used by some BSL users to aid understanding by spelling the names of people and places which might be unfamiliar.

Interpreting is defined as the *oral* transmission of meaning from one language to another that is easily understood by the listener/receiver. This includes the conversion of spoken language into British Sign Language (BSL), which is a recognised language in its own right.

Interpreter: An interpreter is someone who is (at least) bilingual and has the ability and training to be able to work between two languages and facilitate communication between people.

Lip speaking/reading: Lip speakers repeat what is being said without using their voice. They produce the shape of words clearly with the flow, rhythm and phrasing of speech. They use natural gestures and facial expressions to help the person who is lip reading, follow what is being said.

Moon: The Moon System of embossed reading is a writing system for the Blind. The Moon alphabet has embossed shapes which can be read by touch. Some of the Moon letters resemble the letters of the Latin alphabet, or other simplified letters or shapes. The Moon alphabet is easier to learn than Braille, particularly for people who lose their sight later in life.

Remote / on line interpreting: Video Interpretation utilises a face to face interpreter in a fixed geographical point accessed through video technology. The service requires a camera and mic on the receiving device i.e. computer, tablet, phone. It can be used for spoken languages as well as sign language.

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.

Translation is the *written* transmission of meaning from one language to another that is easily understood by the reader. Translation does not strictly have to be into text – this also includes the conversion of written information into audio, Braille or Moon; or the production of visual formats to transfer information using British Sign Language (BSL). Translation of documents can include the reading to the patient of a letter (or source of information) into the language required by the patient – known as sight translation.

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

Appendix 2: Best practice guides for translating materials into BSL

Below are the best practice guides to ensure NHS Health Scotland and NHS 24 has accounted for everything, and are modelling the best practice in BSL translations.

Best practice	
Use an appropriately qualified signer	Use Deaf people to sign as they have more experience. Interpreters may be unfamiliar with the content I think interpreters won't like this. Best practice to have another interpreter to stay behind the camera and review the BSL information being signed as they are filming. This is to double check the BSL interpretation is accurate and accessible (there could always be slight errors from interpreters).
Use a clean/plain background	Avoid use of white background. Use a light blue background. Make sure there is a clear contrast between the background colour and the colour of any text or images.
Use appropriate signer for target audience and content	Interpreters should be in plain clothing that provides a clear contrast with their skin colour and background colour. Gender sensitivity could be important.
Include opening and end graphics to introduce and close video	This has to be a clear graphic Preferably have a delayed graphic to give opportunity to grasp the clip.
Sound	No music to be 'dubbed' over
Voice over	Add a clear voice over in plain English to match signing
Subtitles	Subtitles should be of reasonable size with a black background and yellow text. They should also describe environmental information i.e. "soft music playing", "phone ringing", "door slams" etc. if appropriate.
Use a conversational style, i.e. two signers talking through publication (where appropriate).	Only use this style where appropriate and feasible. (NHS HS will advise if this style is to be used, otherwise not appropriate for NHS HS publications)
Length of the film clips	Film clips to be no more than 5-7 mins each. Create chapters to keep the attention of the audience.

Appendix 3: Accessible information - good practice

- Check patient/user's preferred language
- Check patient/user can read in the requested language. They may speak one language but read in another. Some spoken languages do not have a written form.
- Check whether it is part of or the whole document required? Some documents are very lengthy and therefore expensive to produce. The patient/user may only need one or two sections.

A good translation is dependent on a good English language version. This includes cultural sensitivity, accessibility and use of Plain English: all will help to produce a good quality translation. For example, the English language content of a healthy eating leaflet needs to reflect cultural food examples and not just rely on European food examples for a Chinese language versions.

- Make sure that your board is the copyright holder. If you aren't you will need to contact the copyright holder to obtain a translation or permission to produce one yourself.
- Check whether existing translations already exist in other NHS Boards. There is no point in duplicating work unnecessarily.
- Check that you have the latest version of the English language version before commissioning your translation. Make sure it is still current, relevant and not undergoing a review (in which case it may be better to wait until review completed). The use of versions and dates on documents is recommended as is a process for regularly reviewing and responding to updates to content.
- Check longevity of the information. If it only has a very short shelf life that it will be relevant, it may not be worth investing in a translation, in which case an interpreter may be more appropriate, unless the information is needed as a reference resource for the patient to comply with instructions relevant to their care.
- It may be useful to consider what the most commonly used languages in your board area are and focus most effort and resources on these. This will maximise the benefits. However, you will also need to consider a process for how you respond to requests for other languages.
- The translator should proof read and check their translation. You should have assurance that this has been done as you will be unable to check yourself unless you speak the language.
- Once the translation is produced, as with spoken communication, healthcare staff must satisfy themselves that the patient understands the written document. This may require the assistance of an interpreter. This would allow

you to ask questions to check the patient/service user has understood the information and provides an opportunity to clarify anything that isn't clear.

- As with all information governance, you should ensure that you comply with your own local board's policy around the transfer and use of information and personal data.

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Appendix 4: Considerations for translations

Patients, family members, carers and healthcare professionals should have timely access to appropriately and effectively translated information that will enable and support their healthcare. Translated information can act as a backup to reinforce information that has been given verbally by an interpreter. NHS Boards must make every effort to meet service users' translation needs. Responsibility for provision of translations is with the NHS and not the service user.

1. Whether to translate?

Translation may not be the most appropriate solution; the costs/benefits and patients/users' needs all need to be taken into consideration. The provision of translated material is not always the most appropriate way of communicating with patients or service users. Steps should be taken to ensure that where the person's first language is not English that they are able to read in their own language. Where this is not the case alternative methods of communication, such as interpreters, should be used.

2. When to translate?

It is important to aim to meet patient/service users' needs and requests in a timely manner. The amount of time it takes to arrange a translation varies and depends on the complexity and size of the document, the language requested and translator's availability, but may take several weeks to produce. It is always preferable to give as much notice as possible. It may be the case that there isn't enough time to practically respond to the request if it is time-sensitive and linked to a specific appointment. If this is the case, alternatives such as telephone interpreters should be considered.

3. What information to translate?

There is no national minimum requirement as to the type of information that should be translated. This will be up to each Board to implement locally. It is more important to be responsive to the needs of patients/service users, accounting for the Equality Act, with a robust local process in place.

Generally, if a patient's first language or preferred language is not English, the use of translations should be considered for any leaflets or other information normally issued as part of patient care.

4. What languages to translate into?

There is no national requirement to produce certain languages. It is more important to put in a process about how you respond to requests for translations.

The exception to this is NHS Health Scotland who have been specifically tasked in the [British Sign Language \(BSL\) National Plan 2017-2023](#) to produce information to support the screening and immunisation programmes in BSL (action 39).

5. Quality considerations:

The use of a professional translations service can ensure independence, impartiality and confidentiality. There is currently no nationally recognised framework of suppliers for the NHS but this is being considered for the future.

Automated on-line translating systems or services such as Google-translate must not be used as the quality of the translations cannot be quality checked. If translated information is given out without having gone through a quality-assured process for translation, then the person giving out this information is liable for any incorrect information issued.

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