

Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ

**Ref:** FOI-092024-0001123

**Date:** 24/09/2024

**Address / Email:**

Dear

**Request Under Freedom of Information Act 2000**

Thank you for requesting information under the Freedom of Information Act 2000.

**Request**

Dear The Dudley Group NHS Foundation Trust,

1. Please could you state if your hospital Trust has a specific written policy/guidelines on what should happen when a translator/interpreter is accompanying a patient, and they are in a queue for a clinic; specifically in relation to whether the patient and the translator/interpreter are moved forward in the queue? If so, could you provide me with a copy of that policy/guidelines.

NOTE: My understanding is that Trusts have a policy to move the translator/interpreter and their patient to the top of the queue, because the translator/interpreter is being paid for their time and the longer they have to wait the more expensive the process becomes. This question is seeking to see if that is the case at your Trust and whether you have a formal policy/guideline on the issue to save NHS money.

**Response**

**Please find attached the Trust's Interpretation and Translation Policy.**

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager  
Trust Headquarters  
Russell's Hall Hospital  
Dudley  
West Midlands  
DY1 2HQ  
Email: [dgft.dpo@nhs.net](mailto:dgft.dpo@nhs.net)

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office  
Wycliffe House

FOI-092024-0001123

Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
Tel: 0303 123 1113  
[www.ico.org.uk](http://www.ico.org.uk)

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team**  
**The Dudley Group NHS Foundation Trust**

|  |  |   |
|--|--|---|
| <b>INTERPRETING AND TRANSLATION POLICY</b>                                   | <b>DOCUMENT TITLE:</b>   | <b>INTERPRETING AND TRANSLATION POLICY</b>  |
|  | <b>Name of Originator/Author /Designation &amp; Specialty:</b>                             | ██████████ – Health Records and Patient Access Manager  |
|  | <b>Director Lead:</b>  | Chief Operating Officer   |
|  | <b>Target Audience:</b>  | All employees, agency staff, volunteers and anyone contracted to deliver services for the Dudley Group NHS Foundation Trust.  |
|  | <b>Version:</b>  | 4.0   |
|  | <b>Date of Final Ratification:</b>   | 04/08/2023  |
|  | <b>Name of Ratifying Director Lead/Sponsor:</b>  | ██████████  |
|  | <b>Review Date:</b>  | 31/08/2026  |
|  | <b>Registration Requirements Outcome Number(s) (CQC)</b>                                   | Safe<br>Responsive<br>Well-led<br>Caring<br>Effective   |
|  | <b>Relevant Documents /Legislation/Standards</b>   | Race Relations (Amendment) Act 2000<br>Race Relations Act 1976 (Amended) Regulations 2003<br>Disability Discrimination Act 1995<br>Equality Act 2010<br>Human Rights Act 1998<br>The NHS Constitution for England 2012 updated 2021<br>Mental Health Act 1983 |
| <b>Contributors:</b><br><br>Individuals involved in developing the document. | <b>Designation:</b><br>Health Records Management<br>Wordskii<br>Director of Communications |   |
| <b>The electronic version of this document is the definitive version</b>     |  |   |

**CHANGE HISTORY**

| Version | Date         | Reason  |
|---------|--------------|---|
| 1.0     | October 2012 | This document replaces The Policy on Obtaining Interpreting Services  |
| 2.0     | October 2015 | Updated to reflect changes agreed by directors regarding access to face-to-face language and British Sign Language (BSL) interpreters |
| 2.1     | March 2016   | Minor amendment to Appendix 3   |

|     |              |  |
|-----|--------------|--|
| 2.2 | June 2017    | Amendments to reflect change in single portal service provider   |
| 2.3 | March 2018   | Minor amendment to Appendix 3 regarding BSL bookings   |
| 3.0 | May 2019     | Full review  |
| 3.1 | October 2019 | Minor changes to sections 5.0 and 5.1  |
| 4.0 | August 2023  | Insertion of links for interpretation and translation registering and booking. Amendment to page numbers and Change of Process for Managing Compliance section 7 |

## THE DUDLEY GROUP NHS FOUNDATION TRUST

### INTERPRETING AND TRANSLATION POLICY

#### 1. Introduction

The Dudley Group NHS Foundation Trust is committed to providing excellent public services to all our patients, service users, carers, relatives, and or their representatives through effective communication, thus improving the overall experience of the service they receive. This includes those where English is not their first language or who are visually impaired, hard of hearing, or have speech impairment.

#### 2. Statement of Intent/Purpose

The Trust recognises its legal duties under the Race Relation Act 1976 and Race Relation (Amendment) Act 2000, the Disability Discrimination Act 1995, Equality Act 2010, the Human Rights Act 1998, and Accessible Information Standard.

##### **The purpose of this policy is to:**

- Ensure that the service users of the Trust who have limited English proficiency, including speech and hearing disabilities, have access to the communication tools required to allow complete understanding of their diagnosis and any proposed treatment, to enable a full history and details of symptoms to be given, and to ensure that each service user's communication needs are met 24 hours per day, 365 days per year.
- Reduce language, cultural and physical barriers to good communication.
- Provide a prompt and efficient service which is equitable and accessible to all service users.
- Achieve the above in the most effective and economical way for the Trust.

##### **The Trust commitment is to:**

- Provide communication support to patients/ clients whose first language is not English or have hearing impairment/ loss or other perceptual impairment and to make every effort to remove any barriers to communication 24 hours per day, 365 days per year.
- Ensure that there is a multilingual phrasebook on the Hub to make it easy for patients to identify their first language.
- Make every effort to provide all patient and carer information in their first language, when requested, through an interpreter or by providing translated written or electronic information.
- Communicate the policy and promote our interpreting and translation service to staff.
- Ensure that frontline staff are aware of how to access interpreting services or who to contact for the provision of translated information.

- Continue to provide a central budget for interpreting services and translation of documents for general distribution.

### 3. Definitions

**Interpreting:** is the rendering of an oral or visual/gesture communication from one language into another. There are various types of interpreting. These include telephone and face-to-face verbal communication and face-to-face non-verbal interpreting.

**Translating:** is the written rendering of the meaning of the written word from one language into another.

### 4. Duties (Responsibilities)

#### Trust Board

The Trust Board is responsible for ensuring that there is access to a trained and professional interpretation and translation service.

#### Managers

Managers are responsible for ensuring that staff are aware of and implement this policy and for bringing any issues which may affect implementation to the attention of the Head of Communications and Head of Patient Experience (policy lead).

#### Staff

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

- Recognise when a language or communication need exists.
- Follow appropriate guidance if the communication needs relate to learning disabilities or severe mental health problems impacting on the patient's ability to understand:  
[Learning Disability Strategy](#), [NHS England » Learning disability and autism](#)
- Assess which language is being spoken (using the multilingual phrasebook on the hub or the language line telephone service):  
[WORD360 LANGUAGE CARD 2021](#)
- Assess and make provision for that need in liaison with the patient.
- Liaise with the interpreting service provider to arrange for an interpreter and provide any translated written information the patient needs.
- Accurately record within the patient's notes the language or dialect used.

## 5. Process

The Trust's preferred method of accessing an interpreter is via the telephone interpreter provider and should always be the first option for any staff requiring an interpreter. The Trust does understand that in certain circumstances a telephone interpreter is not an appropriate action and, therefore, a face-to-face interpreter may be used. ([Appendix 1](#)) provides a quick guide to accessing an interpreter.

### 5.1 Protection/Safety Issues

Face-to-face interpreters (as opposed to telephone interpreter) are specifically to be used in the following cases:

- There is a specific clinical reason (senior clinician to determine this).
- The patient has mental health/psychological problems in addition to language/ interpretation issues requiring support. (If solely mental health issues, existing support should be reviewed, and further Trust guidance sought as necessary. This may not require interpreter services).
- The patient has a learning disability (LD) plus language/ interpretation requirements (if LD support is required, this is provided in accordance with [Learning Disabilities - Home](#))
- The patient has a hearing impairment.
- The patient is a child (and is deemed to require face-to-face interpreting by the consultant in charge of care).
- Child protection cases – this would require liaison with Trust Named Nurse for Safeguarding Children and/or social service advice.
- The appointment involves discussing prognosis or complex information which is difficult to share.
- The appointment will last more than 30 minutes. Specific maternity cases – discussing scan results, counselling, initial discussions around foetal medicine and counselling regarding termination of pregnancy.

### 5.2 Use of friends or family members as interpreters

If an adult patient is accompanied and expresses a wish to use an adult family member, relative or friend as an interpreter, it is essential that the benefits of using professionally trained interpreters are explained. If the adult patient remains adamant that they wish to use the accompanied friend or family member, the health professional must then respect their choice, provided the friend or family member agrees to interpret accurately what is said, and that there is no conflict of interest. This only applies when the preferred known interpreter is over the age of 18 years. The full name and relationship to the patient must be documented in the patient's case notes.

The offer of using a professional interpreter, and the patient's choice not to do so, should be recorded in their health records. The individual must also be aware that they can reverse this decision at any point.

However, in mental health, child protection, adult safeguarding, domestic violence or other sensitive cases, it is never acceptable to use family members or friends.

If the patient is a child, a professional interpreter must be used. This can be either using telephone or face-to-face interpretation. This does not prevent the family from being present to provide support as they would do in other circumstances. In line with the Trust [Safeguarding Children Policy](#) for the purposes of this policy a child is considered as anyone up to the age of 18 years of age:

Children should not be used as interpreters:

- Their understanding and interpreting ability cannot be guaranteed
- They may miss school
- Parents may not feel able to speak through a child
- This practice can cause long-term damage to the family relationships

### **5.3 Use of staff as Interpreters**

Staff members are a valuable resource of language support for the organisation but should only be used in certain circumstances and with consent from the patient. Bilingual staff should only be used to help communicate information. Failure to provide a qualified interpreter may leave the Trust open to challenge should the information given by a staff member prove to have been misconstrued or misunderstood.

If the adult patient consents to the staff member providing interpreting services, all health professionals involved in this episode of care must then respect their choice, provided the staff member agrees to interpret accurately what is said, and that there is no conflict of interest. The offer of using a professional interpreter, and the patient's choice not to do so, should be recorded in their health records. The individual must also be aware that they can reverse this decision at any point.

Whilst staff can provide this service if they are present at the time and competent to interpret, there should be no request made for other staff members within the organisation to make themselves available to provide interpreting i.e., no global emails requesting if a staff member could be available to interpret.

### **5.4 Accessing Language Services**

#### **5.4.1 Telephone, Face-to-Face, BSL Interpreters, Lip Readers, and Written Translation**

The Trust has a contract with WORD360 to provide a single portal service for telephone, Face to Face, BSL interpretation and written translation services. Staff need to register with WORD360 to receive login details to book/amend or cancel appointments for Face to Face and BSL interpreters. Booking is also



available by telephoning WORD360 if registration is not complete or when the telephone interpreting service is required.

A number of patients have developed a professional relationship with an interpreter and may request a named interpreter. If they request an identified individual who is contactable through WORD360 and accepted organisations, efforts should be made to book this individual. If it is not possible, the patient should be advised and informed that another interpreter is available to attend or if clinically safe, the patient could be offered an alternative appointment.

### **Instructions to Access Face-to-Face and British Sign Language Interpreting**

In the event that a face-to-face interpretation service is required, this should be booked in advance. For outpatient consultations, try to arrange the patient's appointment at a time when they are most likely to be seen on time as interpreters charge an hourly rate. This applies to attendances at a community setting or when arranging an interpreter to support a domiciliary visit. **Please note: BSL bookings need to be made for a minimum of 2 hours.**

Equally, if booked for a ward, please remind staff involved that good time keeping is particularly important in these instances.

Please also make sure that the patient's electronic record has a flag for their communication need on their case note records to indicate that an interpreter is required for all appointments and an interpreter has been booked.

Staff who book these interpreters need to have registered with WORD360 for login details to access the booking portal as advised above.

#### **5.4.2 Booking an Interpreter (all documents' links supplied link to Interpretation and Translation Department on the Hub)**

To book an interpreter you will need to have registered for a Wordskii Account, instructions via below link:  
[CT- Client Registration Process- V2](#)

Once registered use the below link for instructions on how to log into your account: [CT- Logging in- V2](#)

#### **5.4.3 Language Identification**

Some service users are unable to communicate or write what language they speak. Language identification card has been developed to help you identify the language spoken by a non-English speaking service user. This can be accessed via below link:  
[WORD360 LANGUAGE CARD 2021](#)

#### 5.4.4 Language Codes

Language information codes will be needed when booking an interpreter.  
Card with codes via below link:  
[Language Codes](#)

#### 5.4.5 Quick Guide with Department Codes

Quick information guide to booking an interpreter via the link below:  
[Telephone Interpreting - How to connect -DG.pdf](#)

#### 5.4.6 Pre-book a Telephone Interpreter

To pre-book a telephone interpreter (Trust preferred option) instructions via link below:  
[CT- Telephone- V2](#)

#### 5.4.7 How to book a face-to-face interpreter

To book a face-to-face interpreter (please assess if telephone can be used in the first instance) follow the below link for instructions:  
[CT- F2F- V2](#)

### 5.5 Process for Requesting Document Translation Services

If a patient, carer, relative and/or their representative requires the translation of a Trust document, follow the procedure below:

- Check whether the document has already been translated. Translated documents are held on the Hub. If in doubt, contact the Patient Information Officer.
- Consider the option to use an interpreter rather than translation of a document.
- Request for translation of information should be in the first instance raised with the Patient Information Officer and in their absence the Communications Manager who will provide information on procedure and turnaround time.

#### **Ordering a document in another format or language or written translations.**

In the event that a patient requests a document translation, please contact the Patient Information Officer on ext.1[REDACTED] or email [REDACTED]. Please allow approximately 14 days depending on the length of the document.

For patient information leaflets – check the Hub to see if the translated document is already available.

## 5.6 Authorisation and Payment

The costs of interpretation or translation services will be covered through a central budget. Invoices are approved by the budget holder. WORD360 Invoices should be sent to [REDACTED]

## 6. Training/Support

Acknowledgement of the Interpretation and Translation Policy will be included as part of local Trust induction. Any additional training needs will be identified and addressed through personal and professional supervision.

Guidelines on the use of WORD360 interpretation services are included in section 5 of this policy and available via the below link

## 7. Process for Monitoring Compliance

### How the Principles will be met by Word 360

| Requirement  |  |
|--|--|
| <b>Principle 1 – Fair Use</b>                                      | <ul style="list-style-type: none"> <li>• Explicit written consent is received from DGNHSFT.</li> <li>• Information is available online. Link to privacy notices on website: <a href="http://www.word360.co.uk/privacy-policy">www.word360.co.uk/privacy-policy</a></li> </ul>  |
| <b>Principle 2 – Specific Purpose</b>                              | <p>Information Security Officer (ISO) : [REDACTED] - CEO<br/>Data Protection Officer (DPO): [REDACTED] – Head of Technology</p> <p>They will ensure that the information is only used for the purposes that individuals are informed about, or as required by law. By managing policy/procedure and timely audits in line with their Data Protection Policy.</p> <p>Information sharing decisions will be documented for audit, monitoring and investigation purposes.</p> |
| <b>Principle 3 – Adequacy</b>                                      | <p>Every project involving personal data will have a Data Privacy Impact Assessment (DPIA) carried out by the internal team which will be reviewed by the Data Protection Officer before approving the project implementation. Adequacy is a core element of the DPIA that will be considered.</p> <p>Adequacy review is part of the Management Review of the business which will be carried out every quarter in accordance with ISO:27001.</p>                           |
| <b>Principle 4 – Accuracy</b><br>Each organisation must ensure the | <p>If the ISO notices any errors in the data, they will notify the relevant DGNHSFT department within 7 days of becoming aware.</p>  |

|  |  |
|--|--|
| <p>accuracy of the information they hold.</p>  |  |
| <p><b>Principle 5 – Retention</b><br/>Information will be kept in accordance with each party’s retention schedule.</p> | <p>The DPO for this agreement will ensure that suitable entries are within their organisation’s retention schedule, and these are adhered to.</p>  |
| <p><b>Principle 6 – Rights of the Individual</b></p>   | <p><b>Subject Access Requests (SAR)</b></p> <p>Subject access requests or SARs will be processed according to the standard defined by the Data Protection Act 2018. All SARs will be raised with the Data Protection Officer and logged as a standard procedure.</p> <p>If information supplied by The DGNHSFT is captured by a request for information, reasonable endeavours should be made to consult with the contact at DGNHSFT regarding the release of such information.</p> <p><b>Decision Making</b></p> <p>The Data Protection for this agreement will ensure that the reasons for any Word360 decision-making are made clear to individuals and they are informed of their right of appeal. All the SARs will be processed in the timeline stipulated by the Data Protection Act 2018 and Information Commissioners Office (ICO).</p> <p><b>Other Rights</b></p> <p>Other rights of individuals defined by the Data Protection Act 2018 are implemented within Word360’s Standard Operating Procedures (SOPs). This includes the Right of Erasure, the Right to Stop Processing and other rights defined by ICO.</p> <p><b>Complaints</b></p> <p>Concerns from individuals about the accuracy of their personal information need to be referred to the DGNHSFT contact as at page 2. They will in turn investigate and inform any recipients of the information, if it is concluded to be incorrect, so it can be corrected.</p> <p><b>Freedom of Information</b></p> <p>Word360 will inform DGNHSFT contact as at page 2, if they receive a Freedom of Information request for information regarding the service provided on behalf of the DGNHSFT</p> |

Please also see Guide to the UK General Data Protection Regulation (UK GDPR)

## 8. Equality

The Dudley NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds

## 9. References

- The NHS Constitution for England updated Jan 2021.  
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england> [Accessed 20/12/2022]
- Race Relations (Amendment) Act 2000. London The Stationery Office  
<http://www.legislation.gov.uk/ukpga/2000/34/contents>
- Race Relations Act 1976 (Amendment) Regulations 2003 London, The Stationery Office  
<http://www.legislation.gov.uk/uksi/2003/1626/contents/made>
- Disability Discrimination Act 1995 London, The Stationery Office  
<http://www.legislation.gov.uk/ukpga/1995/50/contents>
- Equality Act 2010 London, The Stationery Office  
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
- Human Rights Act 1998 London, The Stationery Office  
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- Mental Health Act 1983 London, The Stationery Office  
<http://www.legislation.gov.uk/ukpga/1983/20/contents>
- Mental Health Act 2007, London, The Stationery Office  
<http://www.legislation.gov.uk/ukpga/2007/12/part/1>
- Guide to the UK General Data Protection Regulation (UK GDPR)  
[Guide to the UK General Data Protection Regulation \(UK GDPR\) | ICO](#)
- Accessible information standard  
[NHS England » Accessible Information Standard](#)
- Data protection act  
[Data protection: The Data Protection Act - GOV.UK \(www.gov.uk\)](#)

## APPENDIX 1 – Quick Reference

For quick reference, the flowchart below is a summary of actions required to identify the need for face-to-face interpretations services. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

