



**Royal Cornwall Hospitals**  
NHS Trust

# **Interpreting and Translation Services Policy**

**V5.0**

**June 2025**

## Summary

Language interpreting is the conversion of one spoken language into another.

Language translation is the conversion of one written language into another.

Interpreting and translation can also be used in the context of signed languages and tactile writing systems like Braille.

If a patient requires interpreting and translation to access appointments and health-related information, they will also likely require interpreting and translation services for other communications with health services. This includes booking, cancelling and rescheduling appointments, and reading appointment letters.

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## **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust     [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

# 1. Introduction

- 1.1. General Medical Council guidance states that all possible efforts must be made to ensure effective communication with patients. This includes arrangements to meet patients' communication needs in languages other than English.
- 1.2. Language interpreting is the conversion of one spoken language into another.
- 1.3. Language translation is the conversion of one written language into another.
- 1.4. Language is very important to providing optimal patient care. Working with language interpreters and translators can reduce communication barriers between practitioner and patient. It has been shown to improve safety with respect to diagnosis and prescription.
- 1.5. Where language is a problem in discussing health matters, [NHS England](#) guidance stipulates that a professional interpreter should always be offered, rather than using family or friends to interpret. Reliance on family, friends or unqualified interpreters is strongly discouraged and is not considered good practice. Working with professional interpreters will:
  - Ensure accuracy and impartiality of interpreting.
  - Minimise legal risk of misinterpretation of important clinical information (for example informed consent to undergo clinical treatments and procedures).
  - Minimise safeguarding risk (for example for victims of human trafficking, where the trafficker may introduce themselves as family member or friend and speak on behalf of the patient).
  - Allow family members and friends to attend appointments and support the patient (emotionally and with decision-making) without the added pressure of needing to interpret.
  - Foster trust with the patient.
- 1.6. It is inappropriate to use children as interpreters.
- 1.7. An interpreter should be present in all situations where there are concerns about child safety or gender-based violence.
- 1.8. Effective patient care depends upon the accurate exchange of information. It is therefore the aim of the Trust to ensure that a range of interpreting and translation services are provided for those people for whom English is not their main language or who may have a disability where communication is affected.
- 1.9. Under the Care Quality Commission (CQC) regulations, Outcome 1: Respecting and involving people who use services, the Trust needs to ensure that people who use its services:
  - Understand the care, treatment, and support choices available to them.
  - Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.

- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

1.10. This document sets out the Trust's current arrangements for accessing Interpreting and Translation Services.

1.11. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy/Procedure

2.1. It is the responsibility of NHS service providers to ensure interpreting and translation services are available to patients free at the point of delivery.

2.2. The purpose of this policy is to provide guidance on the Trust's responsibilities to service users/patients, carers, staff and volunteers who require support from interpreting or translation services. It will help to ensure that service users have equal access to excellent patient care by helping staff to understand patients and service user's health care needs. It enables compliance with equality legislation and Care Quality Commission (CQC) regulations and other standards.

2.3. In addition, this policy and associated documents aim to improve access to, and information about services to people for whom English is a second language or who require communication support, and to ensure equality in employment for staff who have English as a second language or who require communication support.

2.4. This policy will ensure that staff:

- Are aware of services and resources available for patients.
- Know how to identify communication needs.
- Know how to book an interpreter under various circumstances.
- Encourage staff to proactively plan for these needs.

## 3. Scope

The policy applies to all employees, agency staff, volunteers and anyone else contracted to deliver services for the Royal Cornwall Hospitals NHS Trust (RCHT).

## 4. Definitions / Glossary

4.1. **Interpreter:** An interpreter is defined as a person who translates a spoken or signed (British Sign Language) message from one language to another. This can be either face to face or by telephone and video.

4.2. **Translation:** This relates to the written word being transmitted from one language into another, including Braille. Translation does not strictly have to be in

written text. It can also mean translation into audio, CD or PDF for a website.

## **5. Ownership and Responsibilities**

### **5.1 Role of the Chief Nursing Officer**

The Chief Nursing Officer is the executive director for interpreting and translation services with the responsibility of ensuring compliance with national guidelines and links to the quality and safety agenda.

### **5.2 Role of the Head of Patient Services**

The Head of Patient Services is responsible for ensuring that the Trust provides an interpretation and translation service which:

- Meets the needs of its patients.
- Abides by legislation.
- Makes the best use of Trust resources.
- Is subject to periodic review and facilitates changes to services as required.
- Liaises with external organisations to ensure provision of service is delivered in line with agreed service level agreements and contracts.

### **5.3 The Director of Nursing, Midwifery and Allied Health Care Professionals**

To support the Chief Nursing Officer in ensuring compliance with national guidelines and reviewing any complaints that may be received in relation to interpreting and translation services.

### **5.4 Care Group Senior Leadership Teams**

- 5.4.1 Responsible for ensuring that the interpreting and translation policy is applied in their respective Care Groups.
- 5.4.2 Ensure that learning from any interpreting and translation incidents/complaints are embedded into quality improvement and service development work within the Care Group.
- 5.4.3 Ensure that actions and learning arising from interpreting and translation incidents/complaints are implemented and shared Trust wide.
- 5.4.4 Discuss any breach of the interpreting and translation policy with Trust Executives in Care Group Performance Review meetings and provide assurance about how performance will be improved.
- 5.4.5 Ensure that the staff in their Care Groups are aware of the interpreting

and translation procedure.

## 5.5 Patient Experience Group (PEG)

5.5.1 Reviews annual interpreting and translation report summarising activity, themes and learning as part of the Patient Experience Annual Report.

5.5.2 Monitors effectiveness of actions relating to themes and trends.

## 5.6 Role of ward/team/departmental leaders

Ward/team/departmental leaders are responsible for:

- Ensuring that the policy is followed and understood as appropriate to each staff member's role and function and that staff abide by the policy and attend any relevant training as required.
- Ensuring that the ward/department has up to date information for their staff on how to access interpreting and translation services.
- Implementing the policy effectively and taking any issues which may affect implementation to Heads of Nursing or Service.
- Ensuring this information is shared with all new staff on induction.

## 5.7 Role of Individual Staff

- All staff members are responsible for ensuring that they provide a culturally acceptable and appropriate service to patients who require interpreting and translation services, or who are unable, or have difficulty, gaining access to services due to linguistic, hearing or other barriers and:
- Recognising when interpreting or translation needs to exist.
- Assessing which language is being spoken.
- Assessing and making provision for that need.
- Liaising with the interpreting service to arrange for an interpreter.
- Record in the patient's health record and other associated patient administration systems (PAS/EPR) the patient's preferred spoken language, the patient's preferred written language and whether the patient requires an interpreter.

## 6. Standards and Practice

6.1 It is Trust policy to only use interpreters who are bilingually competent, neutral, independent and professionally trained and qualified.

6.2 Automated online translating systems or services such as Google Translate must be avoided as there is no assurance of the quality of the translations.

- 6.3 Using other patients or members of the public, as well as using untrained interpreters, presents a serious patient confidentiality risk and must not be undertaken.
- 6.4 It is important the Trust has robust systems in place to ensure that all patients who do not speak English as their main language or require communication support or require sign language receive all necessary assistance to allow equal access to its services as cited under the Equality Act 2010 and in line with the principles of the Accessible Information Standard which directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those relate to a disability, impairment or sensory loss.
- 6.5 The requirement for an interpreter or communication need must be annotated in the patient's health record and on PAS/Electronic Patient Record (EPR).
- 6.6 Patients should be made aware that an interpreter could be provided for their communication needs. The patient's agreement should always be sought before an interpreter is used and their agreement documented in their health record/EPR.
- 6.7 Provision of interpreting and translation services is essential to achieve the Government's policy commitments in relation to patient-centered services, patient and public involvement and race equality. This policy therefore links closely with the following:
- [NHS Consent Policy](#).
  - [Equality Act 2010](#).
  - [Accessible Information Standard](#) .
  - [Race Relations \(Amendment\) Act 2002](#).
  - [Single Equality and Human Rights Scheme](#).
  - [Care Quality Commission Outcomes](#).
  - [Disability Discrimination Act](#).
  - [The NHS Constitution](#).
  - [Local Equality and Diversity Strategies](#).
  - [Child Protection and Vulnerable Adult Policies](#).
  - [Mental Health Act 1983](#).
  - [Carers Recognition and Services Act 1995](#).

## 6.8 Use of relatives/carers

- 6.8.1 NHS England guidance stipulates that a professional interpreter should always be offered, rather than using family or friends to interpret. Whilst some carers, relatives and friends may be able to interpret, staff must be aware that interpretation undertaken by people involved with the patient may be distorted (due to over protectiveness, bias or conflicting interests) and may not be an appropriate way of communicating confidential information. Whilst relatives and carers may wish to act as interpreters as they have the advantage of knowing the patient and speaking the same language, caution must be exercised. Family members, carers or other persons should not be used other than in exceptional circumstances when no other alternatives are available.
- 6.8.2 Patient's relatives should not be encouraged to act as interpreters for the purpose of exchange of clinical information. A non-independent interpreter may influence, or bias information given by, or to, Health Professionals. A friend or relative may have conflicting interests with the patient and staff members have no way of knowing the quality of the interpreting. If a patient wishes to use a friend or relative to interpret, this should be documented in their medical records. A patient must always be offered the choice of a professional interpreter.
- 6.8.3 Expecting a relative/carer to interpret can place an unnecessary, and for some, an unwelcome burden on them.
- 6.8.4 Relatives and carers are not trained interpreters and while they may be able to communicate in a social situation there is no guarantee they have the level of proficiency required to interpret in a health care situation.
- 6.8.5 There are serious risks of information being filtered, either deliberately, or because the family member or carer cannot interpret accurately. This is especially so in situations that might give rise to embarrassment, or which run counter to cultural norms. If the patient or relative finds it too embarrassing, they may not share certain information or discuss particular situations.
- 6.8.6 Staff should also be aware that there are situations, for both adults and children, such as safeguarding concerns including abuse and neglect, or domestic violence, where it would be inappropriate or present an increased risk to the patient to have a family member interpreting. Because of these risks healthcare staff must make use of an approved interpreter.
- 6.8.7 Some patients may elect to use an adult family member, carer or other person as interpreter for use in general conversation. A competent patient has the right to make this choice. In this event they should be advised that use of an approved interpreter is recommended and that the Trust cannot take responsibility for any errors caused by the use of anyone other than an approved interpreter. They should also be advised that the Trust will only pay for the use of an approved interpreter.

- 6.8.8 Staff should be mindful of any coercion or control from an adult family member, carer or other person who wishes to act as an interpreter toward the patient. The patient should be asked in a safe place, away from the adult family member, carer or other person who wishes to act as an interpreter to ensure that they are given every opportunity to decide what they are comfortable with, and which is safe.
- 6.8.9 If a patient after being advised of the risks of not using an approved interpreter still decides to use an adult family member, carer or other person as interpreter this should be recorded in the patient's health record/EPR.
- 6.8.10 Even when the patient has chosen to use a relative or carer the responsibility for ensuring effective communication remains with the healthcare staff.
- 6.8.11 If a service user/patient expresses a wish to use an adult family member or friend, then it must be explained to the service user why a professional interpreter is important. This communication exchange should be undertaken with the use of a professional interpreter (not a family member or friend) to clarify the service user's wishes. If the service user still refuses the services of a professional interpreter, then this must be documented in the service users'/patients' medical records/EPR.

## **6.9 Use of children as interpreters**

- 6.9.1 It is inappropriate to use children as interpreters. Children lack the linguistic and cognitive abilities to reliably interpret in technical or stressful situations. Like other family members they also may be too embarrassed to interpret, or the patient may be too embarrassed to give information or discuss specific issues.
- 6.9.2 If the patient is under the age of 16 years or not deemed as Gillick competent, a professional interpreter must be used. This does not prevent the family from being present to provide support as they would do in other circumstances.
- 6.9.3 Using children, as well as using untrained interpreters, presents the risk of a serious breach of patient confidentiality and must not be done.

## **6.10 Use of Trust staff as interpreters**

It is generally unacceptable to use staff as interpreters. However, there are certain circumstances where it may be acceptable. These are in emergency situations or where a member of staff is part of the service users'/ patient's care team and it is for the purpose of social interaction or it has not been possible to arrange an interpreter (for example due to time constraints). It should be borne in mind that although staff may be happy to interpret it is not always the most appropriate use of their time and furthermore there is no guarantee of the quality or impartiality of the member of staff's interpreting. It is not appropriate to use staff as interpreters in HR situations.

## 6.11 Responsibilities of the interpreter

Interpreters are responsible for:

- Interpreting accurately.
- Keeping all information obtained in the interpreting session confidential.
- Explaining cultural differences where appropriate.
- Ensuring that their language skills are kept up to date.

The interpreters' role should be respected. They must not be asked to work outside the agreed responsibilities or their professional boundaries. Their role does not include:

- Giving their own opinion.
- Chaperoning or escorting.
- Advocating for the patient or staff member.
- Undertaking other tasks such as translation (that is to convert the meaning of one language to another in a written form).
- Befriending service (social intervention).

## 6.12 Identifying when an interpreter is needed

- When the patient's preferred language is not English.
- The patient may be able to speak English but whilst under distress, their understanding becomes impaired.
- The patient has a sensory impairment (deaf/deaf-blind) and requires specialist support.
- The patient has a learning difficulty/disability and requires specialist support.
- If important clinical information is to be given or consent obtained in employee relations cases where the staff member requires language or communication support to ensure clarity in communication and fairness of the process.
- Requesting the same interpreter to ensure continuity of care can be beneficial for appointments related to mental health, trauma, sensitive topics (for example gender-specific concerns), maternity appointments, end of life care, child health, BSL, other vulnerabilities and a series of therapeutic interventions.

## 6.13 Documenting the use of interpreters

When an interpreter is used (or declined) this should be documented in the patients' medical records/EPR. This is important in case of complaints or litigation made at a future date.

## 6.14 Practical guidance for healthcare professionals

At the beginning of an interpreted session the healthcare professional should:

- Check the interpreter's name, language, and any other requirements against the request.
- Brief the interpreter about the session ahead, including health topics and terminology to be discussed, and clinical procedures to be explained.
- Check there are no conflicts of interest between the interpreter and patient/family before starting the session (for example the patient may happen to know the interpreter).
- Speak directly with the patient and make eye contact with them.
- Use short and clear sentences allowing the interpreter to interpret before continuing.
- If working with telephone interpreters, provide them with verbal descriptions of the setting and any objects/images discussed.

## 6.15 What to do if an interpreter is refused

Professional interpreting services can help to protect patients from coercion. An interpreter should be present in all situations where there are concerns about child safety or gender-based violence.

The importance of professional interpreting should be explained to the patient. If the patient still insists on using a friend, family member or carer to interpret, this decision should be communicated by the patient in their preferred language and confirmed without the presence of their family member, friend or carer. The decision should be documented in the patient's notes/EPR.

If a patient is refusing to use an interpreter provided by the Trust and this results in the staff member feeling that this will prevent them from providing quality, safe and effective care, then the staff member may state that they do not feel that they can continue with their appointment or assessment on that occasion. This should be recorded in the patient's medical records with reasons for this clinical decision and shared with the appropriate clinician's involved in that patient's care.

## 6.16 Health and Safety of interpreters

An interpreter is subject to the Trusts existing policies and procedures while contracted to work for the organisation or its staff members. It is important to consider whether any health and safety precautions that staff take when undertaking duties should also be applied to the interpreter.

## 6.17 Paying Patients and Overseas Visitors

Paying patients or overseas visitors who require the services of an interpreter should be advised of the cost at the commencement of the service and informed that this sum will be added to their final invoice, where they are not exempt under Department of Health Regulation from NHS treatment charges.

Regarding overseas visitors, the patient is at liberty to refuse the service on grounds of cost. The senior clinician must then decide if they wish to proceed with the interpretation service based on clinical need or best practice and for the Trust to absorb the charge for doing so.

The Trust must not be exposed to risk by not providing the service of an interpreter solely due to the unwillingness or inability of the patient to pay.

## 6.18 Requesting Interpreting Services

It is the responsibility of the Trust to ensure interpreting and translation services are made available to patients free at the point of delivery.

Interpreting services can be provided face to face, over the phone or via other means e.g. videoconference.

Any member of staff organising a patient's appointment or admission who identifies a need, can arrange an interpreter. The line manager for the specialty under whose care the patient is attending is required to confirm this need as the charges are made to individual departmental budgets.

### 6.18.1 Telephone Interpretation via Big Word

Big Word is a telephone-based service, which allows immediate access to an interpreter 24 hours a day. Available 24/7 for emergencies and with the option to pre-book for scheduled appointments.

### 6.18.2 Accessing the Big Word

The Big Word is accessible 24 hours per day, 365 days a year via a customer access code and a departmental pin code.

### 6.18.3 Telephone: 033 344 9473

On calling the above number the customer access code is required. All Trust departments also have their own unique ID access code. These codes will be required at the time of booking an interpreter. If the incorrect code is given, a booking cannot be made. If you do not know your access code, please contact the General Office on 01872 252690 or email: [rch-tr.interpreters@nhs.net](mailto:rch-tr.interpreters@nhs.net). The service also has a helpline number which is 0333 344 9470 and email address [ukgovinterpreting@thebigword.com](mailto:ukgovinterpreting@thebigword.com).

### 6.18.4 Face to Face Interpreters via Jobline Interpreter Service

Jobline Interpreter Service has an interpreter request form (Appendix 4) which must be completed for all face-to-face requests.

Requests can be made by e-mailing Jobline directly at [jobline.rcht@nhs.net](mailto:jobline.rcht@nhs.net) and/or via telephone on the numbers detailed below:

Jobline Interpreter Service.

Direct Dial: 01872 324500 (option 3).

Outside office hours: 01872 324500 (option 3).

Web: [www.joblinestaffing.co.uk](http://www.joblinestaffing.co.uk)

The earlier a request is made for an interpreter the greater the possibility of an interpreter being identified for the specified date and time. At least 48 hours should be allowed as a minimum booking period.

The person arranging the interpreting should have the following information to hand when completing the request form:

- Language required and any dialectal requirement.
- Name of patient.
- NHS number.
- Date, time and venue of the consultation.
- Expected length of appointment.
- Whether a male or female interpreter is required; for example, if care relates to a particular gender (as in Gynaecology) or if there is a cultural requirement for a specific gender.
- The Budget Code for the service making the booking

#### 6.18.5 **British Sign Language Services (BSL) via Hearing Loss Cornwall**

Hearing Loss Cornwall (HLC) provide information, advice and guidance services, BSL interpreters and deaf communication support.

To request a BSL Interpreter or Deaf Communication Support contact [hearingloss.cornwall@nhs.net](mailto:hearingloss.cornwall@nhs.net) or telephone 01872 225868.

An out of hours 24-hour handling service for emergencies is available via 01209 823103.

Patients who are profoundly deaf may require a BSL interpreter/communication support worker and often prefer to use an interpreter who is familiar to them. Cochlear implant hearing aid users may still require communication support from someone who can take notes and support their hearing, and this can also be provided by HLC.

When a patient requiring hearing loss support knows they need to come into hospital, they often contact the interpreter of their choice to make the necessary arrangements.

It is the responsibility of the interpreter to notify Hearing Loss Cornwall if a patient contacts them to act as their interpreter. HLC will formally request authorisation of an interpreter for a named patient to the Trust by e mailing [rch-tr.interpreters@nhs.net](mailto:rch-tr.interpreters@nhs.net) if a request has not come direct to HLC from the Trust with the relevant authorisation.

The RCHT e-mail address is managed by the General Office Team, who will confirm the appointment on the Trust's system(s)/EPR and authorise the request accordingly.

The Trust recognises that there may be occasions when a patient must attend hospital at very short notice e.g. in an emergency. At these times it has been agreed that the above process may be completed retrospectively.

A patient alert for BSL users is available on PAS in the form of a "pop-up" and reads as follows:

*"Warning – this patient MUST have a British Sign Language (BSL) interpreter in attendance for all appointments. To book, complete a form and email [hearingloss.cornwall@nhs.net](mailto:hearingloss.cornwall@nhs.net). For queries 01872 225868.*

*Please enter "Y" to acknowledge that you have communicated this information appropriately/taken it into consideration for your own decision making".*

This alert can be added by emailing [rcht.alerts@nhs.net](mailto:rcht.alerts@nhs.net)

[Appendix 3](#) provides guidance on how to communicate with someone who has a hearing impairment.

### **6.19 Intimate examinations and procedures**

Please refer to the Trust Chaperone policy for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient must be shielded from the interpreter by use of curtains or screens, or by use of the telephone interpretation service.

### **6.20 Religious, Cultural or Spiritual Beliefs**

It is important to remember that being polite is different in different cultures. Some patients and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). Please check with the individual (where possible) and advise the interpretation service to establish if this request can be met.

### **6.21 Safeguarding**

Professional interpreting services can help to protect patients from coercion, neglect and abuse. It can also help healthcare professionals to identify adult and child patients with unknown safeguarding concerns by providing them with a safe and confidential way to make a disclosure or raise a concern.

Where there is a Safeguarding Adult or Child protection concern for a patient who requires an interpreter seek advice from Integrated Safeguarding Services about assessing risk, managing a disclosure, supporting safety planning and onward referral.

### **6.21.1 Safeguarding Children**

It is inappropriate under any circumstances to use children as interpreters to discuss medical information, have sensitive conversations or to gain consent from a patient.

If the patient requiring an interpreter is a child, a professional interpreter provided by the Trust should be used.

For the purposes of general conversation, it may be acceptable to converse with the child through the family or carers, but this is at the discretion of the healthcare team. In some cases, it may be more appropriate to use telephone interpretation, for example where the language of the patient is not known before the appointment. In this case it is most appropriate to use the appropriate telephone interpreting service when first in contact with the patient, and then to arrange face to face interpreters as needed. If during or after the interpreting session information is disclosed that causes the interpreter concern, then the interpreter will convey this information to the professionals for whom they are interpreting or the interpreter's line manager.

### **6.21.2 Safeguarding Adults**

As with children, adults who may be at risk of abuse or neglect should have a professional face to face interpreter provided by the Trust in every instance.

Interpreters are not responsible for assessing whether or not patients have experienced abuse. However, if during or after the interpreting session the patient discloses such information to the interpreter then the interpreter must convey this message to the professionals for whom they are interpreting.

It is the professional's responsibility to contact the Integrated Safeguarding Service for advice and support and to take appropriate action which may include making a Safeguarding referral.

An interpreter should be present in all situations where there are concerns about child protection, adult safeguarding, domestic abuse or gender-based violence. Face-to-face interpreting should be provided if there are suspected child protection issues. Staff should provide separate interpreters for the child/adult and parent/spouse/person alleged to be causing harm to allow the person at risk's voice to be heard independently.

In the event of a patient insisting a family member or friend is used to interpret it may not be safe to discuss safeguarding concerns as this may increase the risk to the patient and prevent access to healthcare services in the future.

## **6.22 Translation Services – written communication**

### **6.22.1 Translation of Information**

Audio-recorded spoken interpretation of information may be an alternative to providing translated written materials if the person has difficulties reading their preferred language. Visual content like images and diagrams may be more helpful when a person has low health literacy.

Files of any type or size can be uploaded for translation, via the Big Word's web-based system Globalisation Management System (GMS). Each Care Group has a password to access this service. If staff are not aware of their access code, they are advised to contact the General Office.

Confidential patient information must not be sent for translation via e-mail and the Big Word GMS must be used in order to ensure Data Protection and Information Governance Standards.

A written translation is not a substitute for an interpreter and should not be considered as meeting the obligation to provide communication support.

As with spoken communication, healthcare staff must satisfy themselves that the patient can understand the written document.

#### **6.22.2 When to use Translation Services**

Translations should be used for care critical communications such as:

- Professional to professional letters.
- Health care/medical records.
- Letter to or from patients.

Transmission of these and similar documents for translation must adhere to Data Protection and Information Governance requirements.

Electronic transmission must be via secure inter-agency routes.

Hard copy transfers must be enclosed in lockable, traceable tamper-proof bags.

#### **6.23 Patient Information**

Patient information should be offered and available in the relevant language and/or appropriate format (e.g., large print, easy read, audio or Braille), and information should use language and images that reflect and promote equality.

## **7. Dissemination and Implementation**

- 7.1. This policy will be published via the Trust's Document Library and will be disseminated directly to those staff groups most likely to be affected by the policy.

7.2. The Interpretation and Translation policy will be included as part of the Equality and Diversity session on Trust induction and be distributed to all wards and departments via the RCHT Care Group Governance Leads.

## 8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Total cost of services provided. Languages provided by Jobline Staffing and activity. Total BSL requests provided.
Lead	Head of Patient Services.
Tool	Monitoring reports from providers. Unit 4.
Frequency	Annual reporting to Patient Experience Group.
Reporting arrangements	Annual reporting to Patient Experience Group.
Acting on recommendations and Lead(s)	The Head of Patient Services will lead on recommendations and associated action planning.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a three-month timeframe. The Head of Patient Services will identify a lead member of the team to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

## 9. Updating and Review

This policy will be reviewed every three years unless revisions are required ahead of this time.

## 10. Equality and Diversity

10.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Interpreting and Translation Services Policy V5.0
<b>This document replaces (exact title of previous version):</b>	Interpreting and Translation Services Policy V4.0
<b>Date Issued / Approved:</b>	May 2025
<b>Date Valid From:</b>	June 2025
<b>Date Valid To:</b>	June 2028
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<b>Contact details:</b>	01872 252929
<b>Brief summary of contents:</b>	Guidelines for the use of Interpreting and Translation Services.
<b>Suggested Keywords:</b>	Translation, Interpreting, Translation, Sign Language, Communication.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Nursing Officer
<b>Approval route for consultation and ratification:</b>	Clinical Support Care Group Business and Governance Meeting and Care Group Governance Huddle. Patient Experience Group. Operational Leadership Group.
<b>Manager confirming approval processes:</b>	Richard Andrzejuk, General Manager, Clinical Support
<b>Name of Governance Lead confirming consultation and ratification:</b>	Kevin Wright, Governance Lead, Clinical Support
<b>Links to key external standards:</b>	Care Quality Commission Outcomes: 1, 2, 4, 5, 7, 16, 17

Information Category	Detailed Information
<b>Related Documents:</b>	<p>Policy for Consent to Examination or Treatment.</p> <p>Accessible Information Standard.</p> <p>Equality Act 2010.</p> <p>Chaperone Policy.</p> <p>Race Relations (Amendment) Act 2002.</p> <p>Single Equality and Human Rights Scheme.</p> <p>Local Communication Strategies.</p> <p>Disability Discrimination Act.</p> <p>The NHS Constitution.</p> <p>Local Equality and Diversity Strategies.</p> <p>Child Protection and Vulnerable Adult Policies.</p>
<b>Training Need Identified:</b>	No
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet
<b>Document Library Folder/Sub Folder:</b>	Clinical/Patient Administration

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
	V1.0	Previous version history not known.	
25 October 2013	V2.0	Reformat. Telephone numbers updated and Sign Translate information removed.	Shirley Netherton, PPI Manager.
04 June 2014	V3.0	Update of Emergency telephone numbers for Hearing Loss Cornwall. Job role and titles.  Reformat.	Lana-Lee Jackson, Patient Experience Manager.  Pam Rabett, PPI Manager Shirley Netherton, PPI Manager.
02 November 2017	V4.0	Policy Ownership transferred to Head of Patient Services, minor amendments to contact email addresses and telephone numbers including the contact number for thebigword.	Kevin Bolt, Payments and Contracts Manager.

Date	Version Number	Summary of Changes	Changes Made by
May 2025	V5.0	Addition of reference to Google Translate at 6.2. Additional information relating to use of relatives/carers at 6.8. Updated telephone number for Big Word at 6.18.3. Addition 6.19 Intimate examinations and procedures. Addition 6.20 Religious, Cultural or Spiritual Beliefs. Additional safeguarding information within paragraph 6.21.	Jayne Martin, Head of Patient Services

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Interpreting and Translation Services Policy V5.0
<b>Department and Service Area:</b>	Clinical Support/Patient Services
<b>Is this a new or existing document?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Jayne Martin, Head of Patient Services
<b>Contact details:</b>	<a href="mailto:Jayne.martin4@nhs.net">Jayne.martin4@nhs.net</a> 01872 252929

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b>  (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This policy is intended to ensure that measures are in place to support communication with non-English speakers, people for whom English is a second language, sign language users, people with hearing or visual impairment, people with learning disabilities and people who require Deaf or Deaf Blind Communications. It describes arrangements for telephone based and face to face interpreting and for translation of written materials for RCHT.
<b>2. Policy Objectives</b>	The purpose of this policy is to provide guidance on Trust responsibilities to service users/patients, carers, staff and volunteers who require support from interpreting or translation services. It will help to ensure that service users have equal access to excellent patient care by helping staff to understand patients and service user's health care needs. It enables compliance with equality legislation and Care Quality Commission (CQC) regulations and other standards.  In addition, this policy and associated documents aim to improve access to, and information about services to people for whom English is a second language or who require communication support, and to ensure equality in

Information Category	Detailed Information
	employment for staff who have English as a second language or who require communication support
<b>3. Policy Intended Outcomes</b>	For patients with a variety of communication needs to be able to access the Trust services.
<b>4. How will you measure each outcome?</b>	Record of interpretation and translation provision.
<b>5. Who is intended to benefit from the policy?</b>	All patients who require interpretation and/or translation needs.
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<p>Head of Safety, Risk and Patient Experience.</p> <p>Patient Experience Manager.</p> <p>Patient Experience Group.</p> <p>Outpatient Transformation Lead.</p> <p>Equalities Lead.</p> <p>Associate Director of ED and I.</p> <p>Consultant Midwife for WREN team.</p> <p>Accessible Communications Working Group.</p> <p>Clinical Support Business and Governance Board and Governance Meeting.</p> <p>Operational Leadership Group.</p>
<b>6c. What was the outcome of the consultation?</b>	Minor amendments incorporated into the policy
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	There is no evidence to suggest that there is a negative impact on age regarding this policy
<b>Sex</b> (male or female)	No	There is no evidence to suggest that there is a negative impact on gender regarding this policy
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	There is no evidence to suggest that there is a negative impact on gender reassignment regarding this policy
<b>Race</b>	No	This is mitigated as the policy can be made available in alternative languages and formats.
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	This is mitigated as the policy can be made available in alternative languages and formats.
<b>Religion or belief</b>	No	There is no evidence to suggest that there is a negative impact on religion or belief and non-belief regarding this policy
<b>Marriage and civil partnership</b>	No	There is no evidence to suggest that there is a negative impact on marriage and civil partnership regarding this policy
<b>Pregnancy and maternity</b>	No	There is no evidence to suggest that there is a negative impact on pregnancy and maternity regarding this policy
<b>Sexual orientation</b> (e.g. gay, straight, bisexual, lesbian etc.)	No	There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jayne Martin. Head of Patient Services

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**

[Section 2. Full Equality Analysis](#)

## Appendix 3 Communicating With Someone Who Has a Hearing Impairment

**Remember:** Even if someone is wearing a hearing aid, it does not mean that they can hear you. Ask if they need to lip read you.

Try the following tips from the Royal National Institute for the Deaf if you are speaking to someone who is deaf or hard of hearing:

- Make sure you have the listener's attention before you start speaking.
- Speak clearly, but not too slowly and do not exaggerate your lip movements.
- Use natural facial expressions and gestures.
- If you are talking to a deaf person and a hearing person, do not just focus on the hearing person.
- Do not shout. It is uncomfortable for a hearing aid user, and it can appear aggressive.
- If someone does not understand what you have said, do not just keep repeating it. Try saying it in a different way.
- Find a suitable place to talk, with good lighting, away from noise and distractions.
- Remember not to turn your face away from a deaf person. Always turn back to your listener so that they can see your face.
- Check that the person you are talking to can follow you. Be patient and take the time to communicate properly.
- Use plain language and do not waffle. Avoid jargon and unfamiliar abbreviations.

## Appendix 4. Jobline Interpreter Request Form

Table 1 to be completed (in full) by RCHT member of staff and emailed to [jobline.rcht@nhs.net](mailto:jobline.rcht@nhs.net)

Table 1:

### REQUEST FORM FOR AN INTERPRETER OR TRANSLATION

Table 1 to be completed (in full) by RCHT member of staff/PCT Midwife and emailed to [jobline.rcht@nhs.net](mailto:jobline.rcht@nhs.net)

Table 1:

Date Requested	Requesters Name and Extension	Patient's Name and Date of Birth	CR and NHS Number	Language
Date Required	Time (From / To If Known)	Department and Person to See	Authorising Manager	Cost Centre

Table 2 to be completed by Jobline Staffing providing the above information has been completed in full. Confirmation will be sent back to the requester

Table 2:

Assignment Number	Interpreter's Name

Additional Information

For enquiries, please contact the Jobline interpreter service on –(option 3). Out of Hours same number (Option 3)

[www.joblinestaffing.co.uk](http://www.joblinestaffing.co.uk)

## Appendix 5. British Sign Language (BSL) Interpreter Request Form

To be completed by Hearing Loss Cornwall and emailed to [rch-tr.interpreters@nhs.net](mailto:rch-tr.interpreters@nhs.net) Subject Heading: BSL Interpreters

Date Requested	Interpreter Name	Interpreter Tel. Number	Patient's Name and Date of Birth
Nhs Number if Known	Date Required	Time (From / To if Known)	Department, Hospital and Person to See

To be completed by Interpreters, RCHT

Authorising Manager	Cost Centre

Additional Information

For enquiries contact Hearing Loss Cornwall Tel: 01872 225868. Out of Hours Emergency: 01209 823103




**BSL** 

**British Sign Language &  
Deaf Communication Support  
for NHS Care Providers**

**OUR SERVICE**


To request a BSL Interpreter or  
Deaf Communication Support  
[hearingloss.cornwall@nhs.net](mailto:hearingloss.cornwall@nhs.net) 


**01872 225868** 

Office hours Monday - Friday  
9.00am - 3.00pm

Out-of-hours 24-hour handling service  
Emergency only: **01209 823103**

**MORE INFORMATION**

[www.hearinglosscornwall.org](http://www.hearinglosscornwall.org) 

[info@hearinglosscornwall.org](mailto:info@hearinglosscornwall.org) 



Charity No. 218341

