

Trust Policy for Access and Delivery of Interpreting Services

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Approved by:	Trust Management Executive
Designation:	GOVERNANCE
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust (WAHT)
Target Departments	All clinical/patient areas
Target staff categories	All clinical staff

Purpose of this document:

The purpose of this Policy is to ensure that the Trust has procedures that provide access and the delivery of interpreting and translating services at WAHT.

The Trust is committed to providing guidance on the legal, professional and practical aspects in the use on interpreters.

Key amendments to this Document:

Date	Amendment	By:
11/06/12	Change of providers for the Interpreting and Translation services which are Pearl Linguistics – 14 th May 2012	Rani Virk
11/06/12	Policy updated to reflect the information on services available from Pearl Linguistics- new providers.	Rani Virk
11/06/12	Revised policy reviewed at Senior Nursing & midwifery group	Rani Virk
11/06/13	No further amendments and reviewed at Senior Nursing & midwifery group policy due for renewal July 2013	Rani Virk
06/08/15	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended in line with TMC approval	TMC

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December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
February 2019	Document extended for 3 months whilst lead nurse is appointed to review	Anna Sterckx
April 2019	Document extended for 3 months whilst review is completed	Rachel Sproston
June 2019	Document extended for 6 months whilst final stages of review and approval are completed	Rachel Sproston
December 2019	Document extended for 6 months whilst final stages of review and approval are completed	Anna Sterckx
June 2020	Document extended for 6 months during COVID-19 period	Anna Sterckx
7 th January 2021	Document review date extended by 12 months in line with amendment to Key Document Policy	Anna Sterckx
7 th January 2022	Amendments to update policy with new sign language provider, extended for 7 months. Policy full scale review and update completed to include wider and more up to date referencing, Accessible Information Standards, clarity on process for booking an interpreter or translation across languages, Financial Risk, clarity on the position of providing staff support, including carers throughout the policy and defining translation. The policy is supported by an updated Intranet page.	Anna Sterckx
05.08.2022	Stakeholder engagement invited through the Patient, Carer and Public Engagement Steering group membership and providers AA Global and Word360. Library team consultation on current national good practice and advice. Approved at Patient, Carer and Public Engagement Steering Group August 2022	Anna Sterckx
16.08.2022	Presented to IDEA committee membership for feedback and discussed at IDEA Committee with members	Anna Sterckx
06.09.2022	Submitted to Clinical Governance Group: Approved with the addition of advice that "Google translate has poor accuracy for translating medical terminology and should only be used with extreme caution when alternatives are not available". Included in policy introduction.	Anna Sterckx
September 2022	Submitted to TME as final version with amendment as above	TME

References:

Code:

Race Relations Act 1976 & Race Relations (Amendment) Act 2000	
Children's Act 1976	
Mental Health Act 1983	
Disability Discrimination Act 1995	
The Human Rights Act 1998	
The Sex Discrimination Act 1976 (gender reassignment regulation 1999) and amendment 2001	
European Social Policy – <i>a way forward for the Union</i> Chapter VI section B	
The NHS Plan DOH 2000	

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Building the Best – Choice Responsiveness and Equality in the NHS DOH 2003	
NSF Frameworks DOH 1999-2004	
Code of Practice Commission for Race Equality 2002	
Code of Practice Institute of Linguistics	
Guidance on providing BSL and English Interpreters under DDA – Disability Rights Commission	
Patient Engagement and Experience Strategy 2011-2014	
Quality Improvement Strategy 2022	
Accessible Information Standard (AIS) 2017	
British Sign Language BSL Act 2022	
Increasing Frequency of Interpreting Services is Associated With Shorter Peri-operative Length of Stay 2022 Journal of Surgical Research 270, pp. 178-186	
Patient length of stay, patient readmission rates and the provision of professional interpreting services in healthcare in Australia 2020 Health & Social Care in the Community 28(5), pp. 1643-1650	
Preparing Nursing Students for Enhanced Communication With Minority Populations Via Simulation 2020 Clinical Simulation in Nursing 45, pp. 47-49	
Sociolinguistic profiles of users and providers of lay and professional interpreting services: the experiences of a recently-arrived Iraqi language community in Melbourne 2012 Translation and Interpreting : The International Journal of Translation and Interpreting Research 3(2)	
Independent Nurse: Professional – Communication 2007 GP, pp.48. Haymarket Media Group.	
Register-based study concerning the problematic situation of using interpreting service in a region in Sweden 2019 BMC Health Services Research 19(1), pp. 1-8	
https://www.bmj.com/content/368/bmj.m447 Can patients use family members as non-professional interpreters in consultations?	
Guide to the equality act – Signed Culture	
Disability access and sign language interpretation V4 June 2016.pdf (noda.org.uk)	
Interpreters: why should the NHS provide them? British Journal of General Practice (bjgp.org)	
Clinicians’ Obligations to Use Qualified Medical Interpreters When Caring for Patients with Limited English Proficiency Journal of Ethics American Medical Association (ama-assn.org)	
Does the NHS have to provide an interpreter? Healthwatch Stockton (healthwatchstocktonontees.co.uk)	
Using face-to-face interpreters in healthcare Nursing Times	
The BSL Act 2022: https://bda.org.uk/bsl-act-now/	
The Accessible Information Standard 2016	

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1. Introduction

Interpreting and translating are closely related but are different language activities. An **interpreter usually works between spoken language (oral) and sign language, while a translator works from text (written word) into sign or spoken language.**

The Race Relations Amendment Act (2000) imposed statutory responsibility on all NHS organisations to promote race equality and provide equality of access. The NHS plan (2000) talks about equality of access. Policies such as the Disability Discrimination Act (1995) advocate the use of qualified interpreters and discourage the use of family, acquaintances and un-trained staff. The Accessible Information Standard improves access to healthcare for patients and carers by asking if people have information or communication needs and finds out how these needs can be met. This policy supports these standards and supports staff to put measures and approaches into effective action.

The Accessible Information Standard (AIS) 2016 was introduced to ensure that people with a disability or sensory loss are given information in a way that those individuals can understand.

It is to be highlighted that Google translate has poor accuracy for translating medical terminology and should only be used with extreme caution when alternatives are not available.

Worcestershire Acute Hospitals NHS Trust is committed to ensuring that all patients and carers are communicated with appropriately. Effective patient care depends upon the accurate exchange of information. This can be a problem if the patient and/or carer is unable to understand the information they are receiving or is not able to tell practitioners information that could influence their care, such as past medication history. The Trust aims to provide a range of interpreter and translation services for those people for whom English is not their first language, or who may have hearing or sight disabilities.

More frequent interpretation can be associated with supporting shorter length of stay in hospital for patients and supports culturally competent care. URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edsep&AN=S0022480421005710&site=eds-live&custid=s6973606>

2. Scope of the Policy

This policy makes clear on how to access interpreting and translating services at WAHT across the hospital sites. It will provide guidance on the use of staff, family and acquaintances in interpretation and translation. It will serve to clarify current legislation and professional guidance.

The Trust is committed to pursuing active equal opportunities and anti-discriminatory practices, whilst promoting and developing services which are sensitive to the needs and rights of the individual including his / her racial and cultural background, gender, religious beliefs, sexual orientation, age, physical and sensory ability, emotional distress and learning ability.

3. Definitions

There are a variety of different definitions and understandings of the terms interpretation and communication support. For the purpose of this policy the following working definitions have been used:

Interpretation:	The conversion of speech from one language (including British Sign Language and other sign languages) to another.
Interpreter:	An appropriately qualified (minimally a bilingual skills certificate and usually the Diploma in interpreting) individual employed solely to translate speech into the language a patient/carer can understand.
Communication Support:	A variety of ways of supporting communication with those who do not use the conventional forms of spoken or written English, including Braille and other tactile forms of writing, lip reading and lip speaking and various communication technologies.
Translation	Conversion of written word from one language to another.
Bi-lingual/ multi-lingual staff	<p>Update: Non-professional interpreters should be used with caution General Medical Council guidance states that all possible efforts must be made to ensure effective communication with patients.</p> <p>A staff member can support with interpreting only if it is not possible for an interpreter to support the patient (this will be if the interpreter has been booked but has cancelled/not turned up and it is not possible to book a replacement). Video relay (“on demand” must always be explored first). If all options have failed then a staff member can be called upon if they can communicate in the patient’s chosen language. In this instance staff must consider whether that staff member is working in an unfamiliar environment and what the impact of translating could be on their wellbeing.</p> <p>Staff who can verbally communicate in language/s other than English may be called upon in an emergency situation as above to support an understanding of the patient needs and what the patient wants to happen.</p> <p>Bi/multi lingual staff who are not trained interpreters should not be asked to ‘interpret’ outside their own work area and their use in the work area is discouraged unless avoidable. Bilingual staff are not obliged to interpret and should acknowledge any limitations in language knowledge as appropriate.</p> <p>The Trust has contracts with providers who can supply interpreters and translators. This is with Word360 for British Sign Language and AA Global for languages other than English and BSL.</p>

NB: An interpreting session **will always contain** three people – the patient, the interpreter and the person who cannot communicate to the patient in their own language. A carer may also be present.

A communication session **between the Health Care Professional and a patient speaking the same language will only contain** two people. A carer may also be present.

4. Responsibilities and Duties

4.1. Procedure for the Access and Delivery of Interpreting Services

Staff need to be mindful of efficient forward planning to support a positive patient and carer experience and meet patient need. Requesting interpreter services a minimum of 24hrs in advance of need improves the efficiency of the service provision and quality. Family, friends and staff could be utilised to pass on routine 'day to day' information to patients who do not speak English e.g. dietary needs, ward routine. Family interpreting in place of a booked interpreter is not encouraged.

There is a central budget for the interpreting and translating needs and it will be invoiced to the nursing division.

5. Policy Detail updated

5.1 AA Global for spoken language provision

To book an interpreter or translator for any patient who does not speak English as their first language, you can do this through our contract with AA Global 24 hours a day.

An extensive range of languages are available. Details about how to book are available on the staff intranet and in **Appendix 1**.

You can find all the helpful documents and guides on the [Interpreting and translation pages here](#) and here: <http://www.worcsacute.nhs.uk/latest-news-2/trustwide-news/updated-interpreting-and-translation-service-available-now-including-video-interpreting/>

- You can book video, face to face, telephone and written translations.
- You can book all appointments via a dedicated portal and you can “fast book” via telephone.

5.2 How to book Interpreters?

1. You need to register an account by visiting: <https://www.aaglobal.co.uk/>
2. To register and find out how to book [see this full guide](#)
3. For help booking on-demand video interpreting [a staff guide is here](#)
4. You can watch a training video here: <https://www.aaglobal.co.uk/training/>
5. You can also call **0151 329 0749**.

6. If you would like a team webinar with our provider you can contact: anna.sterckx@nhs.net
7. For an **emergency** and **out of office hours** telephone interpreter please call **033 3344 1192**.
8. **The Trust's Client ID is: 19348**

Please note: All departments must use their codes when booking services (**refer to Appendix 1**).

All interpreters are freelancers and are used as and when needed. It is therefore advisable to make the booking as much in advance as possible, ideally 48 hours in advance. It may be possible to send an interpreter with only one hour's notice; however that may limit options in order to match requirements, such as age, gender, etc. Please note that **video calls can be on demand** and may be able to better provide individual requirements as this option reduces the need for interpreters to travel. This can support measures to reduce cost and should be considered where appropriate to support patient need and communication.

Every time you need an interpreter, please log onto the portal or use the booking telephone number.

- You are invited to share your feedback about the interpreting experience with AA Global following the appointment.
- Key Performance Indicators are set with WAA Global to monitor bookings and attendance.

The key contact for Interpreting and Translation at the Trust is the Head of Patient, Carer and Public Engagement

5.3 How to book British Sign Language Interpreting (BSL)

All BSL interpreters are freelancers and are used as and when needed. It is important that you do not, where possible leave your BSL interpreter bookings to the last minute, this supports our patients with their planning and provides assurance that we have put everything in place. **Please book as soon as you know you need an interpreter** in order for our provider to cater for our patient's needs.

Every time you need a sign language interpreter, please refer to our guides about how to book with the provider **Word360**: <http://www.worcsacute.nhs.uk/departments-a-to-z/equality-diversity/sign-language-interpreting/> an overview is contained in **Appendix 2**

The services you can book with Word360 are:

- Video Interpreting
- Face to Face Interpreting
- Document translations

- Documents in Braille, Easy Read and Large Print

The aim of the service is to ensure all patients have equitable access to language services across the Worcestershire Acute Hospitals NHS Trust.

How to Book

Step One:

For all out of office hours booking please contact the provider by telephone on 01215541981

For all non-urgent requests you will need to register for a User Account on the Wordskii Booking management system that will allow you to pre-book interpreters and order translations.

Sign Up for a Wordskii Account

- Open the Wordskii Website: www.wordskii.com
- Click on the **'Sign Up'** button
- Enter your **Client Access Code: 121513**
- Fill in the required details in the booking form – you will be able to request **BSL, Note Taking, Makaton, Deafblind and Lip Speaker**
- Activate your account- An email with the link to activate your account will be sent to your inbox.

Step Two:

Familiarise yourself with the booking process

Once you activate your account, familiarise yourself with the booking process. Check the intranet for more information about Word360 and how to request interpreters.

Join online Training Sessions

To help you and your teams to familiarise yourselves with the new Wordskii platform, Word360 have set up a series of Drop-In webinars where they will provide an overview of the new system and give you the opportunity to ask questions.

You can book on to webinars by contacting **Word360** (+44 121 554 1981) word360.co.uk or the Trust's Head of Patient, Carer and Public Engagement. Webinars are also promoted through internal Communications at the Trust.

IMPORTANT CONTACTS

IT Support

itsupport@word360.co.uk

General service Enquiries

0121 554 1981

teamwork@word360.co.uk

Feedback and Complaints

feedback@word360.co.uk

Additional Support Services

Word360 will be supporting the Trust with developing their websites to adhere to the Accessible Information Standard.

[Register for an account today](#)

We have Quick Guides below with all the information you need for booking an interpreter with Word360 - how to sign up for an account on the Word360 system and how to contact them. It also contains information about the webinars.

- [Sign up for a Wordskii Account](#)
- [Request Face to face interpreters](#)
- [Request Video Interpreters](#)
- [Request Written Document Translation](#)

If you have any questions, concerns or feedback please contact Anna Sterckx, Head of Patient, Carer and Public Engagement: anna.sterckx@nhs.net

6 Helpful Hints for Clear Communication with D/deaf and hard of hearing people.

People with a hearing loss/impairment/disability use a wide range of communication methods, for example; not everyone can lip-read, not everyone uses sign language and not everyone can use a hearing loop. People may nod and smile as if they understand you because they are embarrassed to admit they have difficulty communicating. **It is important to cater communication to the individual.**

Below are some useful tips to help clear & effective communication.

- Make sure you have the person's attention and that they are looking at you. Whilst talking look directly at the person and don't turn away, for example to a computer or to check notes.

- Keep the normal rhythm of speech but try to enunciate the words clearly. Shouting or exaggerated lip movements really don't help.
- Give the subject of the conversation first and avoid sudden changes of subject without checking that the person knows you have moved on.
- Use gesture and facial expression to support what you are saying.
- If something is not understood try to rephrase it.
- If you are not sure that you have got the message across you can always write it down. Keep notes simple giving key information only.
- Always be patient and friendly, take the time to communicate to ensure that the information has been understood.
- Ensure that a patient's communication needs are accurately recorded on their notes and that an alert is set up – this will ensure that adequate planning and actions are taken for each patient interaction and that steps are taken to modify where some actions will not support effective communication – for example a telephone reminder for an appointment may not work for a patient who is D/deaf/hearing impaired and in this instance a letter will need to be sent out or a text reminder.

If the client is a D/deaf sign language user:

At reception you may be able to communicate at a basic level using the tips above; for example by maintaining eye contact, speaking clearly, using gestures and writing simple notes. For a medical appointment these are not suitable communication methods and a sign language interpreter should be booked. Please refer to the procedure for booking a sign language interpreter in this policy and on the intranet.

Braille, Large Font and Easy Read:

To arrange Braille, Large Font and/or Easy Read you can request this via the Word360 contact details above.

Preparation for the Interpreting Session (*Appendix 2 Code of Practice for Interpreters*)

Before the session

- Before the session begins, it is advisable to determine if briefing the interpreter is necessary. This could be because you need to:
 - clarify cultural differences
 - explain specialised terminology which might prove difficult to translate into the second language
 - explain the course of the session as you have envisaged
 - give the interpreter an opportunity to raise any issues s/he might foresee occurring during the course of the session
- You should make sure the seating positions enable smooth three-way communication. The interpreter should be sitting either between the speakers

or in any other central position that would not hinder the audibility of the interpretation.

- Once the client arrives, it is advisable that you introduce yourself both to the client and the interpreter.
- Eye contact should be maintained with the client, rather than with the interpreter, and the whole interview should be conducted in direct first-person speech.
- You or your client has the right to decide to discontinue the service of a particular interpreter in the subsequent sessions without stating any reason.

After the session

- At the end of the session, you may be asked to verify the interpreter's time sheet.
- You are encouraged to share feedback about the service via the links above you can also share feedback with the head of Patient, Carer and Public Engagement.
- Should an occasion arise when the interpreter does not attend the interpreting session, for any reason, this should be reported **immediately** to Word360. They should arrange for an emergency provision to be made (this may need to be via video call). They will take all necessary measures to ensure this practice is not repeated.
- Key Performance Indicators are set with Word360 to monitor bookings and attendance.

Training

Information regarding requesting an interpreter and use of the telephone and video interpreting services will be available on the Trust intranet. The links are included above (and via webinar training).

It is the responsibility of all managers to ensure their staff are aware of and have access to new, revised and existing Trust policies/procedures.

8. Background

8.1 Equality requirements (See Appendix 3]

The 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. The assessment confirms that there should be no patients, carers, staff and/or visitors discriminated against with the use of this Policy.

9. Financial risk assessment (see Appendix 4)

Effective use of growing Interpretation Services Budget mandates the use of working with providers AA Global and Word360 interpreters. Where appropriate, video services are encouraged – this is a cost effective measure that can provide on demand support as well as the provision of a range of languages which may not be possible to provide from within the local areas. Video interpreting does not require additional transport costs. It will not always

be appropriate to provide interpreting that is not in person and face to face and discretion and decision will be devolved to the Divisions making the booking. Advice can be sought from the Head of Patient, Carer and Public Engagement.

Current financial management of the interpreter service lies centrally with Corporate Nursing.

10. Consultation

This document was developed through discussion with the Patient, Carer and Public Engagement Steering group. The policy was also discussed at IDEA Committee and the current providers AA Global and Word360.

The contract for BSL was developed alongside stakeholders from the local D/deaf community and a representative from the Chaplaincy team who is also a member of the IDEA Committee.

This document has also been shared with members from the Patient and Public Forum.

11. Approval process

This Policy will be presented to the Clinical Governance group and submitted for approval at The Trust Management Executive as per the governance process (Key Documents).

10. Implementation

Plans for Implementation

The policy will be implemented by sending out communication to staff about the location of core documents on the staff intranet.

Targeted communication to Divisions will focus on sharing awareness of Webinars to support staff training.

Staff will have easy access to the policy via the Intranet.

Posters are available for all staff to support language identification. Posters will be made available to empower D/deaf patients to check if a booking has been made on arrival in key locations at the Trust.

Managers will implement this policy within their areas of responsibility and can be contacted by staff for advice.

11. Monitoring and compliance

- AA Global provides a monthly report on activity and usage
- Word360 have been requested to provide a monthly report on activity and usage

- Activity and Key Performance Indicators are monitored by the Head of Patient, Carer and Public Engagement.
- Any themes are raised at Bronze control/Senior staff meetings, quarterly Patient Experience/Engagement reports (Clinical Governance), at IDEA Committee/Patient, Carer, Public Engagement Steering Group/Learning Disability Steering group or divisionally as required. Themes from PALS and Complaints are shared with the Head of Patient, Carer and Public Engagement.
- Annual reporting demonstrates numbers and engagement – IDEA report/Annual Report.

12. Policy Review

This Policy should be reviewed on a 3 years; this is in line with the Trust Policy reviews.

Appendix 1: AA Global Guides for Interpreting and Translation



Quick Guide AA
Global.pdf

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=128518&type=full&servicetype=Attachment>

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=128519&type=full&servicetype=Attachment>

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=86263&type=full&servicetype=Attachment>

Appendix 2: Word360 Guides for Sign Language Interpreting and Translation



CT- F2F- V2.pdf



WAHT -
Registration guide.pdf

Appendix 3:

CODE OF PRACTICE FOR INTERPRETERS

Worcestershire Acute Hospitals NHS Trust acknowledges that due to communication difficulties, many patients, carers and/or relatives are unable to effectively access the services provided. The Trust as part of its Equality and Diversity Strategy is committed to the eradication of such inequity and to this end provides an interpreting service. The following code of practice provides a framework for In-house, Sessional Interpreters and healthcare professionals using interpreters.

1.0 Confidentiality

1.1 The interpreter will remain impartial and will respect confidentiality of patient, carer and/or relative and the healthcare practitioner.

2.0 Role of the Healthcare Professional

2.1 The healthcare professional shall (where possible):

- inform interpreter of language spoken
- whether any relative or friends will be present
- brief the interpreter prior to the interview
- use jargon free language
- the healthcare professional will not see the interpreter as an advocate for the client but will value the knowledge/experience of the interpreter
- de-brief the interpreter following the interview

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- ✦ not use the interpreter to deliver medical instructions unless it is direct interpretation
- ✦ expect the interpretation to take longer to deliver as explanations may need to be given

3.0 Role of the Interpreter

3.1 The interpreter will be seen as a professional and behave as such:

- ✦ The interpreter shall interpret truly and faithfully to the best of their ability between the parties without anything being added or omitted.
- ✦ The interpreter shall not deliver medical instructions unless it is by direct interpretation via a medical professional.
- ✦ The interpreter shall not counsel patients but only interpret what is said by the healthcare professional.
- ✦ The interpreter will work within the values of the user agency and those values of the community culture of the client
- ✦ The interpreter will at all times be sensitive to the needs of both parties
- ✦ The interpreter will be sensitive to the cultural, religious and personal needs of the clients
- ✦ The interpreter will not be biased in terms of race, gender, religion, sexuality, disability, nationality, age or class
- ✦ The principles of confidentiality will be maintained at all times
- ✦ The interpreter will not see her/himself as an advocate but their knowledge/experience will be valued by the healthcare professional
- ✦ The interpreter will respect the right of all parties who object to them being the interpreter for the session
- ✦ The interpreter shall arrive punctually in good time for the work session. Lateness is both unprofessional and causes anxiety for both the client and the healthcare professional
- ✦ The interpreter will dress and behave in a professional manner, abiding by the Trust's Code of Ethics and conduct the interview to the best of her/his abilities
- ✦ The interpreter will wear an ID badge whilst on Trust premises
- ✦ The interpreter shall feedback to the healthcare professional any issues arising from the interview. For example if additional support or counselling is required
- ✦ The interpreter shall not take advantage of any information obtained in the course of their work
- ✦ The interpreter shall not delegate work s/he has accepted to another interpreter without consent from their line manager/coordinator
- ✦ The interpreter shall attend appropriate training courses in order to improve the efficiency and effectiveness of their work.

4.0 Issues for Consideration prior to Interpreting

4.1 When accepting work, the interpreter must ensure that s/he has the necessary information to enable her/him to decide immediately whether s/he can accept the engagement and carry it out competently. This should include:

- a. Availability: The interpreter should ensure that they are available at the time requested

- b. Language: The healthcare professional making the request should (where possible) identify:
- ↳ The language spoken
 - ↳ Patient details and hospital unit number
 - ↳ Time and duration of interview
 - ↳ Location of the interpretation to take place and details of the person booking
 - ↳ Cultural and gender specific
- c. Language: The interpreter should ensure that they are fully competent in the language requested and the skill of interpreting.
- d. Partiality: The interpreter should ensure that s/he operates in a position of neutrality. For instance, interpreters should not accept assignments involving relatives or people they are closely involved with, at work or at home, without the prior consent of both parties.

5.0 Preparations of Clients

5.1 Whenever possible the interpreter shall inform both parties of the interpreting process, highlighting the following factors:

- a. All that is said will be interpreted
- b. The interpreter may intervene for the following reasons:
- ↳ to ask for clarification if s/he has not fully understood what is being interpreted
 - ↳ to point out if a client has not understood the message although the interpretation was correct
 - ↳ the interpreter will interpret subsequent explanations and not give them herself/himself
 - ↳ The communication will take place between the two parties. The interpreter, therefore, will use direct and not indirect speech
 - ↳ The interpreter will alert a client to possible missed information due to cultural differences.

6.0 Before the Session

- ↳ The interpreter shall arrive punctually in good time for the work session:
 - ↳ for planned interview 5 minutes prior to the interview
 - ↳ in case of emergency, as soon as possible following the request
- ↳ The interpreter shall interpret truly and faithfully to the best of their ability between the parties without anything being added or omitted.
- ↳ Where direct interpretation cannot take place, all parties are to be made aware of this and where possible appropriate explanation should be given in the most simplistic and easily understood format for the patient.

7.0 During the Session

- ↳ Make sure everyone is introduced

- Explain your role – say you are here to interpret everything from the health professional to you and everything from you to the health professional
- Let the patient know that everything will be confidential
- Seating plan
- Be aware of your body language
- Always use clear speech – no jargon or mumbling

8.0 At the end of the Session

- The Health Professional should ask the patient if there are any questions.
- Ask if they need you to contact anyone
- Let the patient know you are leaving

9.0 Debriefing

- Interpreting may often take place in a sensitive situation, which can be traumatic, both for the patient and the interpreter. To this end it is of paramount importance that:
 - Debriefing and support is provided to the interpreter
 - Additional support (where appropriate) is provided to the patient and their relatives or carers.
- If you feel you need to speak to someone about a difficult situation or traumatic incident that you have been involved in, telephone your line manager and ask to speak to them.

Appendix 3 Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Appendix 4

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Deputy Director of Finance before progressing to the relevant committee for approval

Appendix 5 Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Trust Safeguarding Adults Policy		
Date finalised:		Dissemination lead:	Jane Smith
Previous document already being used?	No	Print name and contact details	Deputy Director of Nursing
If yes, in what format and where?			
Proposed action to retrieve out-of-date copies of the document:			
To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
All Trust staff	Notice to all staff on IT Bulletin Board	E	Directions will be given on how to access the Trust Policy and the countywide Policy
Senior Nurses, Midwifery and Allied Healthcare Professionals	Discussed at Senior Nurse, Midwives and AHP monthly meeting	P/E	
Policy to be disseminated through Directorate clinical governance processes with assistance from Directorate clinical governance leads	Through Directorate team meetings	P/E	Will require support from Clinical Directors and Matrons of all directorates with clinical governance leads. The Trust Safeguarding adults committee will request for the Policy to be placed on Directorate meeting agenda's through above contacts.

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		Date due to be reviewed	
Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent
			Contact Details / Comments