

# Trust Policy for Access and Delivery of Interpreting Services

#### 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.

This policy ensures that people who use Trust services and require language support or use British Sign Language have equal access to those services via a robust and accessible interpreting service.

Department / Service:	All Clinical/Patient Departments	
Originator:	Anna Sterckx	Head of Patient, Carer
		and Public Engagement
Accountable Director:	Chief Nursing	
	Officer	
Approved by:	Trust Management	
	Board	
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	

**Key amendments to this Document:** 

Date	Amendment	By:
11/06/12	Change of providers for the Interpreting and Translation services which are Pearl Linguistics – 14th 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 <sup>nd</sup> July 2015	TMC
August206	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
August	Document extended in line with TMC approval	TMC

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 1 of 27	Version 5



2017		
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 <sup>th</sup> January 2021	Document review date extended by 12 months in line with amendment to Key Document Policy	Anna Sterckx
7 <sup>th</sup> 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
September 2025	Digital First approach (to include telephone and a move away from face to face bookings – with exceptions) Accessible Information Standards included details of the current external provider for interpreting and translation: Word360 Definitions" has been updated to include "On Demand" and the process for accessing support through staff. Statement added to the Purpose of this Document to clarify equal access. References have been reviewed and extended to include the NHS England national Framework (2025) and the updated Accessible Information Standard.	ТМВ

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 2 of 27	Version 5



References: Code:

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Building the Best - Choice Responsiveness and Equality in the NHS DOH	
2003	
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Guidance on providing BSL and English Interpreters under DDA – Disability	
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Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 3 of 27	Version 5	



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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 and 2026 refresh: NHS England  » Accessible Information Standard	
NHS England » Improvement framework: community language translation and interpreting services	

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 4 of 27	Version 5



<u>Cc</u>	ontents_	Page
1.	Introduction	6
2.	Scope of the Policy	6
3.	Definitions	6
4.	Responsibility: Digital and Telephone First approach	8
5.	Policy detail	8
	5.1 Word360 Language Provision process and guides	8
	<ul><li>5.2 How to book Interpreters and key info</li><li>5.3 Trust Client ID</li><li>5.4 How to Book Services</li></ul>	8 8 8
6.	Background	13
	<b>6.1</b> Equality requirements	13
	6.2 Financial Risk Assessment	13
	6.3 Consultation Process	13
	6.4 Approval Process	14
7.	Implementation	14
	7.1 Plan for implementation	13
8.	Monitoring and compliance	14
9.	Policy review	15
Аp	pendices	
1 SC 2 3	Word360 Guides for Interpreting and Translation including \ P Code of practice when operating as an interpreter. Equality Impact assessment	/ideo On Demand
4	Financial risk assessment	

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 5 of 27	Version 5	



#### 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: <a href="https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edselp&AN=S0022480421005710&site=eds-live&custid=s6973606">https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=edselp&AN=S0022480421005710&site=eds-live&custid=s6973606</a>

It is to be noted that British Sign Language (BSL) is recognised as an official language in the United Kingdom and that this is recognised in the BSL Act 2022. This is also covered in the Accessible Information Standards, which requires all provides of NHS care and adult social services to meet the information and communication needs of people with disabilities, impairments or sensory loss.

#### 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 antidiscriminatory practices, whilst promoting and developing services which are sensitive to the needs and rights of the individual including his / her racial and

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 6 of 27	Version 5



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 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	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.
	A staff member can support with interpreting only if it is <b>not</b> possible for an interpreter to support the patient. Video interpreting which can be "pre-booked" and is available "On Demand" is in place at Worcestershire Acute Hospitals Trust. Video relay ("on demand" and "pre-booked" must <b>always</b> be explored, along with telephone). If <b>all options</b> have failed, including face to face interpreting, then a staff member can be called upon <b>if</b> they can communicate in the patient's chosen language. In this instance staff <b>must</b> consider whether that staff member is working in an unfamiliar environment and what the impact of translating could be on their wellbeing. Consideration must also be made if the staff member might be known to the patient, carer and/or family members (members of the same local community for example). As video and telephone are both available, it is expected that these options will provide choice and availability of interpreters.  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 — IF all other options have been explored. This will be in exceptional circumstances and should be considered only in discussion with Senior Nursing staff.  Bi/multi lingual staff who are not trained interpreters should <b>not</b> be asked to 'interpret' outside their own work area and their use in the work area is discouraged <b>unless avoidable</b> . Bilingual staff are not obliged to interpret and should acknowledge any

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 7 of 27	Version 5	



Iimitations in language knowledge as appropriate.

The Trust has a contract with Word360 for spoken languages other than English and non-verbal interpreting and translation. This includes and is not limited to British

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 if the presence of the carer is approved by trust guidelines. It is the Health Care Professional's (not the interpreter) responsibility for managing all parties within the session.

Sign Language.

Word360 language provider can advise on how to gain the most from available technology which includes inviting multiple professionals to the same video interpreting session. Information is available via the dedicated Interpreting and Translation pages on The Source.

#### 4. Responsibilities and Duties

4.1. Procedure for the Access and Delivery of Interpreting Services

From 01.09.2025, all bookings for Interpreting Services are to be made as video or telephone interpreting (with some exceptions). Video can be:

- Pre-booked
- On Demand
- Accessed via laptop (or phone)
- Accessed via a WoW machine (x8 are available across sites)

Face to face bookings are no longer permitted, unless in certain circumstances. This includes for patients who are d/Deaf and communicate using British Sign Language and who are also visually impaired/Blind who are not able to communicate using digital technology, patients who have a learning disability and for complex and sensitive bookings.

Full details about how to book can be accessed on the Interpreting and Translation pages on The Source: Interpreting and Translation Services with Word360

If any staff member feels that a face to face booking is needed, for anything other than situations covered in the list below, they will be required to gain permission from the Divisional Director of Nursing or their named staff contact, detailing why this is required. If approved, details must be submitted to the Deputy Chief Nurse. It is to be noted that face to face bookings make take time to gain an interpreter and that this should be factored into making the request.

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 8 of 27	Version 5	



#### **Exceptions:**

Face to face bookings will be accepted only in:

- Areas experiencing known and verified wifi outage/connectivity issues
- Terminal diagnosis breaking bad news
- Upper GI scoping
- MRI with contrast
- For patients who are d/Deaf and Visually Impaired/Blind
- For patients who have a learning disability

Staff need to be mindful of efficient forward planning to support a positive patient and carer experience and meet patient need. Requesting interpreter services (prebooked) a minimum of 48hrs 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 and on demand interpreting can be accessed via the WoW machines and laptops for ongoing conversations. Family interpreting in place of a booked interpreter is not encouraged.

There is a central budget for interpreting and translating needs and it will be invoiced to the nursing division. It is to be noted that the move to digital first interpreting with telephone interpreting supports a positive patient, carer and family experience, can reduce missed appointments and delays and is an efficient and cost saving approach.

#### 5. Policy Detail

#### 5.1 Word360 Language Provision process, documents and guides

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 Word360 24 hours a day.

An extensive range of languages are available. Details about how to book and how to decide which service to use are available on the Source (staff intranet) and in **Appendix 1**.

You can find all the helpful documents and guides here: <u>Interpreting and Translation</u> <u>Services with Word360</u>

- You can access an interpreter "On Demand" (video) and pre-booked video. You can do this on one of our "WoW" machines or on your laptop or ipad. Details are in the page links above.
- You can book video, telephone and written translations. You can book face to face in exception only.
- You can book all appointments via a dedicated portal and you can "fast book" via telephone.

#### 5.2 How to book Interpreters? Please see the Source link above.

1. You need to register an account by visiting: the Word360 Registration Page

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 9 of 27	Version 5	



- 2. To register and find out how to book visit the Word360| WHAT-Training Page
- 3. Visit the Word360| WHAT-Training Page you will find downloadable guides explaining how to:
  - Use on-demand video and telephone interpreting,
  - Pre-book video, telephone and face to face interpreters
  - Request a written document translation and other.

You will also be able to view a training video.

- 4. Contact 0121 5541981 or teamwork@word360.co.uk
- 5. You can sign up for a Word360| Q&A webinar
- 6. For an **emergency** and **out of office hours** support:
  - Call the out of hours team on:01215541981
  - Call 02033226365 to access the on-demand telephone interpreting service
  - Go to <u>Word360| Wordskii Live</u> to access on-demand video interpreting service
- 7. The Trust's Client Access code is: 121513

Please note: A department code is needed for On Demand interpreting

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 a face to face 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.

To pre-book an interpreter, or to access on-demand video interpreting, please log onto to your Wordskii Account.

If you do not have a Wordskii Account please register for one or call the Word360 Customer Service team on 01215541981.

# If your request is urgent please use the on-demand telephone interpreting service: 02033226365

You are invited to share your feedback about the interpreting experience with Word360 following the appointment. You can share your feedback:

- Directly after the appointment on the linguist's electronic timesheet
- Via your Wordskii account
- By emailing: feedback@word360.co.uk
- Key Performance Indicators are set with Word360 to monitor bookings and attendance. Any feedback gained is also shared in regular reports.

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 10 of 27	Version 5	



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 (unless you are accessing On Demand), 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: Word360| WAHT:Training Page an overview is contained in Appendix 2

#### The services you can book with Word360 are:

- Video Interpreting
- Face to Face Interpreting
- Written Document translations
- Documents in Easy Read, Large Print and Braille (please note that for patient letters Large Print and Braille can be accessed through Synertec printing)

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

#### 5.4 How to Book overview:

#### 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

- Find the page on The Source: <u>Interpreting and Translation Services with Word360</u>
- **Click Here**" to book an interpreter you will be taken to this page: <u>Word360 | WAHT interpreting</u> which you can see below:

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 11 of 27	Version 5





Click the "How to Sign Up" button.

#### **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. The pages on the Source "Interpreting and Translation" contain guides, tips and useful resources which includes posters.

#### Join online Training Sessions

To help you and your teams to familiarise yourselves with the Wordskii platform, Word360 have set up a series of Drop-In webinars where they will provide an overview of the system and give you the opportunity to ask any questions. (You can always email them too at any time).

You can book on to webinars by visiting <u>Word360| Q&A Webinar</u>. 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.

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 12 of 27	Version 5



If you are experiencing WIFI connectivity issues, please contact the Trust's IT team in the first instance. Details are available on the Source.

#### 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 Video Interpreters
- Request Written Document Translation
- Request Face to face interpreters

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

# 6 Supporting Clear Communication with people who are d/Deaf and people who have hearing loss/impairment

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 may be embarrassed to admit they have difficulty communicating. It is important to cater communication to the individual.

Below are some useful tips to support clear and effective communication. You can also find useful resources on The Source here: <u>Deaf Aware</u>

- 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 (this is not for people who communicate using BSL).
- 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.
- Speak normally, not too loudly and not too slowly.
- If you are not sure that the person understands, you can always write it down.
  Keep notes simple giving key information only. Please note that not all d/Deaf
  users may understand written English as it is a completely different language to
  BSL for example.

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 13 of 27	Version 5



- Always be patient and friendly, take the time to communicate to ensure that the information has been understood. Your approach will need to be based on the individual.
- 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 or letter in Easy Read for example.

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. This may not be possible and it is important to use video interpreting to support understanding. For a medical appointment 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 Written document translation request on Wordskii. If you are sending a letter, you can use the Synertec system to send letters in Braille, large font and on contrast paper for example.

**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:
  - o Clarify cultural differences
  - Explain specialized 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/they 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. This will be relevant for video and face to face.
- 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 meeting/session/appointment/ 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.

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 14 of 27	Version 5



#### 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 methods outlined in this policy; 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 alternative provision to be made (if this is face to face, this may need to be via video or telephone 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 Source (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.

#### 8. Financial risk assessment (see Appendix 4)

Costs for Interpreting and Translation provision have been rising year on year. The cost of transport for interpreters to come on site for face to face bookings is considerable and some months is the same as costs for the actual interpreting. This is resulting in monthly costs exceeding £28 000. Costs are also incurred for DNA patients. A digital solution is now in place at many Trusts across the country and a light touch has been in place at Worcestershire Acute Hospitals Trust, to encourage the use of video and support staff awareness and confidence with a new way of working. To support this x8 machines have been purchased and are available across the Trust. These machines have been paid for by Charitable Funds and from the Patient Experience budget. However these machines are not being accessed to the anticipated level and this, along with rising costs has determined a Digital First approach from September 01<sup>st</sup> 2025. Telephone is still promoted. Face to face will be approved on exception only as outlined in this policy.

Effective use of growing Interpretation Services Budget mandates the use of working with the provider Word360 who can support with a video approach.

Access and Delivery of Interpreting Services			
WAHT-CG-682 Page 15 of 27 Version 5			



Video services are encouraged – this is a cost effective measure that can provide on demand support as well as pre-booked. It is also an effective solution to ensure the provision of a range of languages which may not be possible to provide from within the local area. 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 in this case, approval must be sought from the Deputy Chief Nursing Officer. Advice can be sought from the Head of Patient, Carer and Public Engagement.

Current financial management of the interpreting and translation service sits centrally with Corporate Nursing.

#### 9. Consultation

This document was developed through discussion with the Patient, Carer and Public Engagement Steering group. The policy was also initially discussed at IDEA Committee and has been updated (most recently in 2025) with the current provider Word360.

The contract for BSL was developed alongside stakeholders from the local D/deaf community and a representative from the Chaplaincy team who was also a member of the IDEA Committee. This formed a panel who supported the competitive tender process.

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

#### 10. Approval process

This Policy will be presented to members of the Patient, Carer and Public Engagement group and Fundamentals of Care Committee for awareness and comment and submitted for approval at The Trust Management Board 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 and specifically about the change to a Digital and Telephone First approach.

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

Staff will have easy access to the policy and links in this policy via the Source.

Posters are available for all staff to support language identification. Posters are also available to empower patients and support staff. These are all available on the Source Interpreting and Translation pages.

I am Deaf cards are available to empower D/deaf patients to check if a booking has been made and to support a booking to be made if it has not been. These cards were

Access and Delivery of Interpreting Services		
WAHT-CG-682	Page 16 of 27	Version 5



co-produced with the local community, have been shared with community groups and a local Deaf Charity, have been sent to all Divisions and are available to order through Xerox. The details are on The Source pages and on the Trust website.

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

#### 11. Monitoring and compliance

- Word360 provides a monthly report on activity and use.
- Activity and Key Performance Indicators are monitored by the Head of Patient, Carer and Public Engagement.
- Any themes are raised at Fundamentals of Care Committee, quarterly Patient Experience/Engagement reports (Quality Governance Committee), Patient, Carer, Public Engagement Steering Group/Learning Disability Steering group or divisionally as required. PALS and Complaints are shared with the Head of Patient, Carer and Public Engagement.
- Annual reporting demonstrates numbers and engagement Equality and Diversity Annual Report/Annual Report.

#### 12. Policy Review

This Policy should be reviewed every 3 years; this is in line with the Trust Policy reviews. The policy may be updated as service need/legislation requires.

Access and Delivery of Interpreting Services			
WAHT-CG-682 Page 17 of 27 Version 5			



**Appendix 1: Word360 Guides for Interpreting and Translation** 

All current guides can be downloaded here: Word360 | WAHT interpreting These guides include:

WOW SOP 2 PAGE On Demand: GUIDE 2023 (1).pdf

Registering for an account: Registration guide.

#### Appendix 2:

#### 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

The interpreter will remain impartial and will respect confidentiality of patient, 1.1 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, carer 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 meeting/session/appointment
- 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

Access and Delivery of Interpreting Services				
WAHT-CG-682	Page 18 of 27	Version 3.2		



#### 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 feed back 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/they has accepted to another interpreter without consent from Word360
- → 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/they has the necessary information to enable her/him/they to decide immediately whether s/he/they can carry the booking 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

Access and Delivery of Interpreting Services				
WAHT-CG-682	Page 19 of 27	Version 3.2		



- 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/they 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

- 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/they 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/themself
  - 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 (on demand will be on demand and not in advance):
  - for planned face to face, this will be 5 minutes prior to the session
  - in case of emergency/on demand, 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 the interpreter will say that they are here to interpret everything from the health professional to the patient and everything from the patient to the health professional

Access and	d Delivery of Interpre	ting Services
WAHT-CG-682	Page 20 of 27	Version 3.2



- 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 they 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 an interpreter feels they need to speak to someone about a difficult situation or traumatic incident they have been involved in, they will have been informed that they are to telephone their line manager and ask to speak to them.
- → To provide Word360 with feedback regarding the interpreter's performance please email feedback@word360.co.uk. Please ensure to add the booking ID number. Alternatively, you can add feedback via Wordskii against each booking or when filling in the linguist's timesheet.



# Appendix 3 Equality Impact Assessment Tool



# Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

<u> </u>		- /	
Herefordshire & Worcestershire STP		Herefordshire Council	Herefordshire CCG
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council	Worcestershire CCGs
Worcestershire Health and Care NHS Trust	<b>*</b>	Wye Valley NHS Trust	Other (please state)

Name of Lead for Activity	Anna Sterckx, Head of Patient, Carer and Public	
	Engagement and Janet Neate, Volunteer Manager	

Details of individuals completing this assessment	Name Anna Sterckx	Job title Head of Patient, Carer and Public Engagement	e-mail contact Anna.sterckx@nhs.net
Date assessment completed	23.09.2025 (to replace template).	e assessment completed a	and submitted on previous

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Interpreting and Translation Policy
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that the Interpreting and Translation Policy is up to date with the current processes to provide clarity for staff.

Access and	d Delivery of Interpre	ting Services
WAHT-CG-682	Page 22 of 27	Version 3.2



Who will be affected by the development & implementation of this activity?	□ Service User □ Patient □ Carers □ Visitors	□ Staff □ Communities □ Other		
Is this:	<ul> <li>□ Review of an existing activity</li> <li>□ New activity</li> <li>□ Planning to withdraw or reduce a service, activity or presence?</li> </ul>			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Review of existing policy to ensure that the policy is up to date along with current developed practices. Interpreting and Translation data is routinely reviewed and was considered. Volunteer and key stakeholder feedback.			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Patient and Public Forum, key stakeholders at the Patient, Carer and Public Engagement steering group – this includes internal and external stakeholders.			
Summary of relevant findings	Revision of policy to ens current provider details a	ure clarity over processes and to ensure are up to date.		

#### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. Please tick one or more impact box below for each Equality Group and explain your rationale. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potentia I positive impact	Potentia I <u>neutral</u> impact	Potenti al negativ e impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	Y		-	Interpreting is provided for all ages.
Disability	Y			Interpreting is provided for patients who have a disability or who do not have a disability. No discrimination.
Gender Reassignment		Υ		No discrimination
Marriage & Civil Partnerships		Υ		No discrimination
Pregnancy & Maternity		Y		No discrimination

Access and	d Delivery of Interpre	ting Services
WAHT-CG-682	Page 23 of 27	Version 3.2



Equality Group	Potentia I positive impact	Potentia I <u>neutral</u> impact	Potenti al negativ e impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		Υ		No discrimination
Religion & Belief		Υ		No discrimination – requests can be made for specific gender by patient for preference and choice
Sex		Υ		No discrimination – requests can be made for specific gender by patient for preference and choice
Sexual Orientation		Υ		No discrimination
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		Υ		No discrimination
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	Y			No discrimination

### Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Active monitoring in place through monthly reports and an internal monitoring dashboard. Reporting	Active monitoring in place through monthly reports and an internal monitoring dashboard. Reporting	Head of Patient, Carer and Public Engagement	Dynamic review.

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 24 of 27	Version 3.2	



	through Fundamentals of Care Committee and Quality Governance Committee. Annual EDI report and EDS22. Big Quality Conversation annually with targeted groups (BSL for example).	through Fundamentals of Care Committee and Quality Governance Committee. Annual EDI report and EDS22. Big Quality Conversation annually with targeted groups (BSL for example).	
How will you monitor these actions?	Dashboard. Monthly and quarterly reports. Regular reporting to the Fundamentals of Care Committee and Quality Governance Committee. Annual Big Quality Conversation survey and engagement programme.		
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Dynamic and Poli		

<u>Section 5</u> - Please read and agree to the following Equality Statement

#### 1. Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Anna Sterckx
Date signed	23.09.2025

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 25 of 27	Version 3.2	



Comments:	Approved
Signature of person the Leader Person for this activity	Anna Sterckx
Date signed	23.09.2025
Comments:	Approved

























#### 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:	Measures are in place with this policy to reduce current costs.

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

Access and Delivery of Interpreting Services			
WAHT-CG-682	Page 27 of 27	Version 3.2	