

# Trust Policy for Access and Delivery of Interpreting Services

<b>Department / Service:</b>	All Clinical/Patient Departments	
<b>Originator:</b>	Michelle Norton-	Deputy Director of Nursing
<b>Accountable Director:</b>	Helen Blanchard	
<b>Approved by:</b>	Senior Nurse, Midwifery and AHP Committee	
<b>Designation:</b>	GOVERNANCE	
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<b>This is the most current document and should be used until a revised version is in place</b>		
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust (WAHT)	
<b>Target Departments</b>	All clinical/patient areas	
<b>Target staff categories</b>	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 services at WAHT.

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

Document extended for 3 months as per TLG recommendation

## 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 <sup>th</sup> May 2012	Rani Virk
11/06/12	Policy updated to reflect the information on services available from Pearl Linguistics- new providers.	Rani Virk

## Access and Delivery of Interpreting Services

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
August 2016	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
August 2017	Document extended in line with TMC approval	TMC
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	

## 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	
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	

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## 1. Introduction

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.

Worcestershire Acute Hospitals NHS Trust is committed to ensuring that all patients are communicated with appropriately. Effective patient care depends upon the accurate exchange of information. This can be a problem if the patient 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 services for those people for whom English is not their first language, or who may have hearing or sight disabilities.

## 2. Scope of the Policy

This policy makes clear on how to access interpreting services at WAHT across the 3 hospital sites. It will provide guidance on the use of staff, family and acquaintances in interpretation. 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:

<b>Interpretation:</b>	The conversion of speech from one language (including British Sign Language and other sign languages) to another.
<b>Interpreter:</b>	An appropriately qualified (minimally a bilingual skills certificate and usually the Diploma in interpreting) individual employed solely to translates speech into the language a patient can understand
<b>Communication Support:</b>	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.
<b>Translation</b>	Conversion of written word from one language to another. In-house interpreters provide a limited translation service to corporate departments only (e.g. communications department for Patient Information Literature)
<b>Bi-lingual/</b>	Staff who can verbally communicate in language/s other than

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<b>multi-lingual staff</b>	<p>English. These staff would not be expected to request an interpreter to communicate with the patient if they share an ability to communicate in that language.</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>
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**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 communication session **between the Health Care Professional and a patient speaking the same language will only contain** two people.

## 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 reduce costs incurred by using external agencies. Requesting interpreter services a minimum of 24hrs in advance of need greatly reduces cost and also 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.

There is a central budget for the interpreting needs and it will be invoiced to the nursing division. However, each directorate must pay for their own translation.

## 5. Policy Detail

### 5.1 Applied Language Solutions (ALS)

Pearl Linguistics is contracted to provide interpreting & translation services for the Trust 24hrs a day. An extensive range of languages are available. See below for details on booking arrangements.

### 5.2 How to book telephone Interpreters?

1. Please **call 0800 206 1119** and enter your 6 digit Language Access Code (without the first letter).
2. You will then be connected to an operator.
3. The Operator will need the following information:
  - Trust Name
  - Department or Service Name
  - Your First Name and Surname
  - Required Language

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4. The operator will then put you on hold whilst they find the first available interpreter.
5. Once an interpreter has been arranged, you will be transferred to a three-way telephone line.
6. Introduce yourself to the Interpreter.
7. Brief the interpreter on the issue, where you are and describe the type of telephone equipment you are using (conference telephone, dual handset, single telephone).
8. Introduce yourself and the interpreter to the client.
9. If your client is on the phone to you, you will speak to the interpreter and pause for him/her to interpret.
10. If your client is present, you will need to pass the phone to your client each time you finish speaking to the interpreter.

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

### 5.3 How to book Face to Face 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. We may be able to send you an interpreter with only one hour's notice; however that would limit our options in order to match your requirements, such as age, gender, etc.

Every time you need an interpreter, please fill an online Interpreting Request Form:

<https://imperial.orbit.pearllinguistics.com/login>

If you do not have your log in details, please contact Pearl on 020 7253 7700 or email: [hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)

You can request electronic or hardcopies of the form from Pearl Linguistics. Please make sure you fill in all the sections so that we can book the best possible interpreter for your session. Once filled, please email the form to:

[hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)

Alternatively you can fax it to: 020 7253 0700.

Once your interpreter is booked, your coordinator will confirm the booking of an interpreter by emailing the Interpreter Request Form back to you, with the indication 'CONFIRMED' at the end of the form, providing the name of the interpreter and a job reference number.

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

**5.4 How to book British Sign Language Interpreting**

All BSL interpreters are freelancers and are used as and when needed. There is also an unfortunate national shortage of BSL interpreters in the country; therefore, it is crucial that you don't leave your BSL interpreter bookings to the last minute. Please book as soon as you know you need an interpreter in order for us to cater for your needs.

Every time you need a translation, please fill an online Request Form:  
<https://imperial.orbit.pearllinguistics.com/login>

If you do not have your log in details, please contact Pearl on 020 7253 7700 or email: [hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)

Alternatively you can fill a BSL Interpreting Request Form. You can request electronic or hardcopies of the form from Pearl Linguistics. Please make sure you fill in all the sections so that we can book the best possible interpreter for your session. Once filled, please email the form to: [hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)

Once your interpreter is booked, your coordinator will confirm the booking of an interpreter by emailing the Interpreter Request Forms back to you, with the indication 'CONFIRMED' at the end of the form, providing the name of the interpreter and a job reference number.



The Trust also has a contract in place with Deaf Direct Communication Services to provide sign language interpreters. Interpreters should be booked for all medical appointments. For information on how to book Deaf Direct interpreters please click on the following links:

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

**5.5 Deaf Direct**

The Trust also has a contract in place with Deaf Direct Communication Services to provide sign language interpreters. Interpreters should be booked for all medical appointments.

Interpreters should be booked for all medical appointments. This ensures that medical staff can understand their patients' needs and symptoms and the deaf patient understands their diagnosis and treatment.



**Request an interpreter by calling Deaf Direct:**

<b>For advance appointments</b>	<b>9am – 5pm</b>	<b>01905 746305</b>
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For emergency admissions	9am – 5pm	01905 746305
	Out of Hours	07725 244129

Look on the Worcestershire Acute intranet for further advice on booking sign language interpreters and tips on communicating with deaf and hard of hearing people

### **Procedure for booking a Sign Language Interpreter**

#### **Is the client a deaf sign language user?**

This may be in the patient notes, you may know from previous experience, or they may arrive at a clinic without an interpreter having been booked.

There is a contract in place with Deaf Direct Communication Services.

For advance appointments	9am – 5pm	01905 746305
For emergency admissions	9am – 5pm	01905 746305
	Out of Hours	07725 244129

The bookings coordinator will need the following details:

- Your full name / job title / contact number / email
  - Clients full name & NHS number
  - Date, time and approximate length of appointment
  - Location of appointment – hospital site, clinic name, etc
  - What the appointment is for – e.g. outpatients, ENT, MRI, etc
  - Any special instructions – e.g. Dr name, no metal at MRI
- For advance appointments the coordinator may ask you to move the date/time to ensure that an interpreter can be provided. Please be flexible wherever possible.
  - Deaf Direct will always send a confirmation letter by email/post. You will also be sent a feedback form about the service & interpreter.
  - Once the appointment has taken place please return the feedback form.
  - If the patient has further appointments make another interpreter booking. Please update the patient notes to ensure interpreters are booked if they need to return to the hospital at any point in the future.

### **Helpful Hints for Clear Communication with deaf and hard of hearing people.**

People with a hearing loss 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 loop. People will often nod and smile as if they understand you because they are embarrassed to admit they have difficulty communicating.

**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.

**If the client is a 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 & a sign language interpreter should be booked. Please refer to the procedure for booking a sign language interpreter on the intranet.

**Braille, Large Font or Easy Read:**

To arrange Braille, Large Font or Easy Read please call 0800 084 2003 and select option 1 for more details.

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

**5.6 Translation services**

Every time you need a translation, please fill an online Request Form:

<https://imperial.orbit.pearllinguistics.com/login>

If you do not have your log in details, please contact Pearl on 020 7253 7700 or email: [hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)

Alternatively you can email, or post your document to Pearl Linguistics.

**Email:** [hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)

**Post:** Pearl Linguistics, 2nd Floor, Jordan House, 47 Brunswick Place, London, N1 6EB

Please send the documents with a covering letter stating:

- full contact details
- which language(s) you want it translated into
- when you require the translation delivered back to you

Once we have received your documents, we will review your project and e-mail you back a cost estimate in line with the agreed rates. If you are happy with it, we will go ahead.

## 5.7 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 will be asked to fill in the interpreter's time-sheet. Please note that the start of the session will always be taken as the time when the booking was confirmed for, even if the actual start time of the session is delayed due to unforeseen circumstances unless the interpreter is directly responsible for the delay.
- The interpreter will take the time-sheet away with them at the end of the session.
- Should an occasion arise when the interpreter does not attend the interpreting session, for any reason, this should be reported immediately to Pearl Linguistics. We will take all necessary measures to ensure this practice is not repeated.

### Training

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Information regarding requesting an interpreter and use of the telephone interpreting service will be available on the Trust intranet and in the manager on call folder.

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.

## 6. Background

### 6.1 Equality requirements (See Appendix 3]

The Trust is committed to ensuring that's 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, staff; visitors discriminated against with the use of this Policy

### 6.2 Financial risk assessment (see Appendix 4)

Effective use of growing Interpretation Services Budget mandates the use of internal interpreters or Applied Languages services (ALS) whenever feasible. This is particularly important given the current financial position.

Current financial management of the interpreter service lies centrally in with Nursing, Midwifery and but each directorate pays for its own translation services.

### 6.3 Consultation

Key individuals involved in developing the document

Name	Designation
Michelle Norton	Deputy Director of Nursing
Rani Virk	Lead Nurse for Quality & Patient Experience

#### Circulated to the following individuals for comments

Name	Designation
Sonya Murray	Lead Nurse - Workforce Development
Sharon Ellison	Professional development
Ann Carey	Head Nurse
Jane Smith	Head Nurse

#### Circulated to the following committee's/groups for comments

Name	Committee/group
Chair	Patient Quality & Safety committee
Rani Virk	Senior Nursing & Midwifery forum
Rani Virk	Matrons

### 6.4 Approval process (see Appendix 5)

This Policy is discussed at the Trust Patient Quality and Safety Committee.

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## 7 Implementation

### 7.1 Plans for Implementation

The policy will be implemented by providing staff awareness raising presentations, and posters. Staff will have easy access to the policy via the Intranet and all clinical departments hold information packs containing hard copies in Policy and Procedure files and supporting documentation.

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

### 7.2 Dissemination

**Plan for dissemination** (see Appendix 6)

- Trust staff will be informed of how to access the Trust Policy.
- Awareness of the Policy will be raised at the hospital management teams , intranet , Trust & local Induction training and Senior Nurse and AHP Forums
- Trust policy guide for staff will be issued to all staff at their local induction and will be included in the overview pack on all clinical areas.

## 8 Monitoring and compliance

- Pearl Linguistics provides a quarterly report on the usage of the interpreter's services and Deaf direct.
- The senior nurses will be informed on the usage by providing a report to the nursing and Midwifery committee on a quarterly basis to monitor appropriate usage.

## 9 Policy Review

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

## Appendix 1: Department codes for booking interpreting and translation services

To book:

- Interpreters and Translation services call **0207253 7700** or email [hte@pearllinguistics.com](mailto:hte@pearllinguistics.com)
- Telephone interpreting call **0800 206 1119** and quote your access code see list below:

<b>Client Name:</b>	Worcestershire Acute Hospitals NHS		
<b>Client Code:</b>	153		
<b>Number of Access Codes Needed:</b>	70		
<b>Access Code</b>	<b>Hospital</b>	<b>Ward</b>	
P153101	Alexandra Hospital	Ward 1	
P153102	Alexandra Hospital	Ward 2	
P153103	Alexandra Hospital	MAU - Male	(Ward 3)
P153104	Alexandra Hospital	MAU - Female	(Ward 4)
P153105	Alexandra Hospital	Ward 5	
P153106	Alexandra Hospital	Ward 6	
P153107	Alexandra Hospital	Ward 9	
P153108	Alexandra Hospital	Ward 10	
P153109	Alexandra Hospital	Ward 11	
P153110	Alexandra Hospital	Ward 12	
P153111	Alexandra Hospital	Ward 14	
P153112	Alexandra Hospital	Ward 15	
P153113	Alexandra Hospital	Ward 16	
P153114	Alexandra Hospital	Ward 17	
P153115	Alexandra Hospital	Ward 18	
P153116	Alexandra Hospital	CCU	
P153117	Alexandra Hospital	Day Unit	
P153118	Alexandra Hospital	Discharge Lge	
P153119	Alexandra Hospital	ED	
P153120	Alexandra Hospital	ITU	
P153121	Alexandra Hospital	Maternity	
P153122	Alexandra Hospital	Radiology	
P153123	Alexandra Hospital	Ortho Centre	
P153124	Alexandra Hospital	Theatres	
P153125	Worcestershire Royal Hospital	Radiology	
P153126	Worcestershire Royal Hospital	Riverbank	
P153127	Worcestershire Royal Hospital	Neonatal unit	
P153128	Worcestershire Royal Hospital	Severn	
P153129	Worcestershire Royal Hospital	Avon 1	

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	Hospital	
P153130	Worcestershire Royal Hospital	Avon 2
P153131	Worcestershire Royal Hospital	Avon 3
P153132	Worcestershire Royal Hospital	ASU
P153133	Worcestershire Royal Hospital	Laurel 1 / CCU
P153134	Worcestershire Royal Hospital	Laurel 2
P153135	Worcestershire Royal Hospital	Laurel 3
P153136	Worcestershire Royal Hospital	Hazel Elective
P153137	Worcestershire Royal Hospital	Hazel 2A
P153138	Worcestershire Royal Hospital	Hazel 2B
P153139	Worcestershire Royal Hospital	Highfield
P153140	Worcestershire Royal Hospital	MAU / MSSU / Mulberry
P153141	Worcestershire Royal Hospital	Holly
P153142	Worcestershire Royal Hospital	A/E
P153143	Worcestershire Royal Hospital	ITU
P153144	Worcestershire Royal Hospital	Beech 1
P153145	Worcestershire Royal Hospital	SHDU
P153146	Worcestershire Royal Hospital	Beech H&N
P153147	Worcestershire Royal Hospital	Beech 3
P153148	Worcestershire Royal Hospital	SAU
P153149	Worcestershire Royal Hospital	Theatres
P153150	Worcestershire Royal Hospital	Endoscopy
P153151	Worcestershire Royal Hospital	Juniper (to end March)
P153152	Worcestershire Royal Hospital	Cath Lab
P153153	Worcestershire Royal Hospital	Lavender Gynae
P153154	Worcestershire Royal Hospital	Maternity
P153155	Worcestershire Royal Hospital	Discharge Lounge
P153156	Kidderminster Treatment Centre	Ward 1
P153157	Kidderminster Treatment Centre	Cookley

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P153158	Kidderminster Treatment Centre	MIU
P153159	Kidderminster Treatment Centre	GP WFU
P153160	Worcestershire Royal Hospital	Radiology
P153161	Worcestershire Royal Hospital	Childrens clinic (Dr. Mills Clinic)
P153162	Worcestershire Royal Hospital	Medicine
P153163	Worcestershire Royal Hospital	Ultra sound
P153164	Alexandra Hospital	Michelle Norton deputy Director of Nursing/Erica Swingell
P153165	Alexandra Hospital	Gynaecology – Trust wide
P153166	Both Sites	Dieticians
P153167	Both Sites	Physiotherapists
P153168	Both Sites	Occupational Therapists
P153169	Tenbury Hospital	Pre-Assessment
P153170	Evesham Hospital	Burlington Ward
P153171	Worcestershire Royal Hospital	Outpatient Department
P153172	Alexandra Hospital	Outpatient Department
P153173	Kidderminster Treatment Centre	Outpatient Department
P153174	County wide	COPD Nurses
P153175	Worcestershire Royal Hospital	Ophthalmology clinic

## 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

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
- 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

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- 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.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• 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.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	n/a	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	n/a	
5.	<b>If so can the impact be avoided?</b>	n/a	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	n/a	
7.	<b>Can we reduce the impact by taking different action?</b>	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.

	<b>Title of document:</b>	<b>Yes/No</b>
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.

<b>Title of document:</b>	Trust Safeguarding Adults Policy		
<b>Date finalised:</b>		<b>Dissemination lead:</b>	Jane Smith
<b>Previous document already being used?</b>	<b>No</b>	<b>Print name and contact details</b>	Deputy Director of Nursing
<b>If yes, in what format and where?</b>			
<b>Proposed action to retrieve out-of-date copies of the document:</b>			
<b>To be disseminated to:</b>	<b>How will it be disseminated, who will do it and when?</b>	<b>Paper or Electronic</b>	<b>Comments</b>
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.

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