



Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust



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<https://velindre.nhs.wales>

Date: 24th September 2024
Ref: CORP 2024 - 183

Dear xxx

Freedom of Information request: Hospital Translation (CORP 2024 – 183)

Thank you for your request for information which the Trust received on 19th September 2024.

Your Request:

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

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

Please find the Trust's response below:

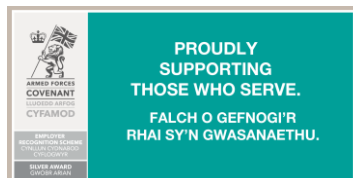
The Trust does not have a policy/guideline whereby the patient is moved to the top of the queue. The Trust is currently in the process of reviewing the Interpreters Procedure. The current version is attached as Appendix 1 below.

I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

You should forward your complaint to:

Mr Ian Bevan via FOI.VUNHST@wales.nhs.uk
Head of Information Governance
Velindre University NHS Trust
2, Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.



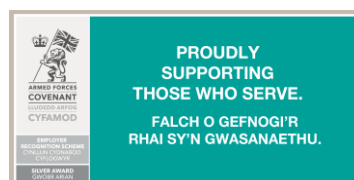
Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:

Information Commissioner's Office - Wales
2nd Floor,
Churchill House,
Churchill Way,
Cardiff,
CF10 2HH
Telephone: 0330 414 6421
email: wales@ico.org.uk

Yours sincerely

Non Gwilym
Interim Director of Corporate Governance
Velindre University NHS Trust
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Mae Ymddiriedolaeth GIG Prifysgol Felindre yn hapus i dderbyn gohebiaeth yn y Gymraeg neu'r Saesneg.
Velindre University NHS Trust is happy to receive communication in Welsh or English.





Ref: WF55

Procedure for Delivering Interpreter Services

Procedure Lead: Diversity and Equality Manager

EXECUTIVE SUMMARY
Procedure for Delivering

Overview:	To provide a framework for staff working with service users who are not fluent in English, have language hearing difficulties of who are deaf. This protocol aims to ensure that both the health professional and client are able to communicate effectively.
Who is the policy intended for:	All staff and service users
Key Messages included within the policy:	<ul style="list-style-type: none"> • To communicate effectively the diagnosis and treatment to the service user. • To clearly communicate procedures and further care management to the service user. • To enable service users to make informed choices and to give informed consent to treatment. • To give informed consent to treatment. <p>Key procedural areas are: Section 8 – Procedure for booking face to face interpreters and BSL interpreters. Section 10 – Procedure for language line telephone interpretation service.</p> <p>The use of family and friends for interpretation It is inadvisable to use family and friends for interpreting as they may have difficulty in relaying medical advice and information accurately. However in some cases family and friends may be the only option if efforts made to gain independent interpretation are unsuccessful and lack of any interpretation may be detrimental to the care of the patient. If an apparently competent relative and friend is at hand to undertake interpretation then the balance of risk needs to be assessed by the healthcare professional who is delivering care.</p> <p>Otherwise, offer a professional interpreter and suggest that the family member/friend can stay with the patient to advocate or clarify issues via the interpreter. Try to use the same person to interpret if several contacts are required to enable a relationship of trust and understanding to develop between the service user and the interpreter.</p> <p style="text-align: center;">Children should never be used as interpreters for medical or personal information except in dire emergencies.</p> <p>Try to back up information where possible with written information in the appropriate language.</p>
PLEASE NOTE THIS IS ONLY A SUMMARY OF THE POLICY AND SHOULD BE READ IN CONJUNCTION WITH THE FULL POLICY DOCUMENT.	

Interpreter Services

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Procedure for Delivering Interpreter Services

1. Purpose of Procedure

To provide a framework for staff working with service users who are not fluent in English, have language and/or hearing difficulties or who are deaf. This procedure aims to ensure that both the staff member and service user are able to communicate effectively.

2. Definitions

An Interpreter is a person who facilitates spoken communications between two people who speak different languages (Poonam Knight, 1998)

The British Sign Language (BSL)/English Interpreter is a person who facilitates communication between deaf, sign language users, and people who do not use sign language.

Wales Interpretations and Translation Service (WITS)

WITS can provide a 24 hour, 365 days a year booking facility to allow public service staff to continue with their own roles whilst WITS locates an interpreter or translator for them.

Language Line – This is a 24 hour telephone line service which allows the health professional to have a three-way telephone conversation between an interpreter and the client. The service has qualified interpreters who are specifically trained and monitored in their performance. The Language Line service provides over one hundred languages and can be accessed in the community as well as in the hospital.

Telephone Interpreting is not considered good practice for sensitive or complicated situations (Sanders 2002) so 'face to face' interpretation using a link worker or interpreter is the better practice. Nevertheless this service can be very useful particularly during unsociable hours and when interpreters are not available.

3. Background

It has been established that good communication is one of the most important aspects of effective care and that without it inappropriate treatment, complaints and litigation increase (Audit Commission, 1993).

Individuals regardless of what language they speak, have a 'fundamental right' to proper treatment and care. This is often jeopardised when the health professional and client speak a different language (Alexander, 1999).

Public institutions such as Velindre NHS Trust now have a legal responsibility to provide an appropriate interpretation service which may also require bilingual link workers. The failure to do this has been identified as one of the most common forms of institutional racism (Macpherson 1999).

The use of the service user's relatives, friends and/or children is deemed highly inappropriate and has implications regarding confidentiality and accuracy. The use of bilingual staff to interpret is also not recommended (Sanders, 2002)

4. Groups of Staff and Service Workers Affected by Protocol

Groups of staff would include any health professionals working within Velindre NHS Trust who may come into contact with the service user. The important aspect is that it affects any service user who is unable to communicate effectively in English or who chooses to receive services through the medium of Welsh. Other groups affected by this protocol would be the interpreter liaising between the health professional and service user.

5. Aims

To establish clear guidance for staff in the use of interpreters as appropriate in their service areas e.g. a clinical consultation.

6. Objectives

- To communicate effectively the diagnosis and treatment to the service user.
- To clearly communicate procedures and further care management to the service user.
- To enable service users to make informed choices and to give informed consent to treatment.
- To give informed consent to treatment.

7. Roles and Responsibilities

It is the Divisions/Departments responsibility to book interpreters when required, and where possible in advance of the consultation.

8. Undertaking Risk Assessment

In order to identify whether you need to use an external interpreter you must undertake a risk assessment. In some instances using family members or suitable members of staff is entirely appropriate. However, there may be complex situations in the healthcare setting where potentially life threatening decisions need to be made, or other issues may become a necessary and/or a primary concern. If decisions involve major risks or highly complex treatment, or there are any concerns that the patient (who needs an interpreter), is subject to being a 'Vulnerable Person' then **Independent** 'Accredited' interpreters will be required.

Vulnerable Persons concerns could include:

- Child Protection
- Vulnerable Adults
- Domestic Abuse
- Other (ie. mental health assessment when face to face interpretation is necessary)

If any of these issues are suspected, and the only interpreter present is a family member who potentially could be implicated in possible abuse, then the use of independent 'accredited' interpreters is paramount, and a **risk assessment must be completed**.

In some circumstances, patients may 'refuse' an independent interpreter based on concerns regarding confidentiality. In relation to complex treatment, this **MUST** be appropriately documented, but in other extraordinary circumstances (ie. Child Protection) these may become the 'primary' concern, with the patients' preference becoming a secondary issue. If in doubt, this needs to be discussed with the Divisional Clinical Governance Lead and the specific healthcare professional.

NB – In Emergency situations involving consent or treatment where the above is a real concern – decisions must be made in the patients 'best interests' – NOT delayed waiting for an interpreter, and fully documented in the patients notes.

9. Consent

The Mental Capacity Act 2005 now applies in relation to determining whether a patient has capacity to give their consent. It is a principle of the Act that a person is assumed to have capacity to make decisions for themselves unless it is established on the balance of probability that they do not.

A patient will not be deemed to lack capacity merely because they have a limited ability to communicate. Care should be taken not to underestimate the ability of a patient to communicate, whatever their condition. In some cases it may be because English is not the patient's first language. Health professionals should take all steps which are reasonable in the circumstances to facilitate communication with the patient, using interpreters or communication aids as appropriate and ensuring that the patient feels at ease. In particular careful consideration should be given to the way in which information is explained or presented to the patient.

It is not appropriate to use children to interpret for family members who do not speak English. Children are also protected by Section 11 of the Children Act 2004 which places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children, thus reinforcing the view that it is not appropriate to ask a child to interpret or translate.

In relation to **emergency or life-threatening circumstances**, the '**best interests**' of the patient are paramount in decision-making. In these circumstances, **where the patient lacks capacity to make a decision**, and there is no evidence of any prior wishes (through a Lasting Power of Attorney or Advance Decision) then Health Professionals must always act in patients 'Best Interests'. This is the legitimate course of action, even if at a later date it is discovered that the patients' wishes were otherwise. If decisions are being made in **normal situations**, where emergency or life threatening treatment is not required, health professionals should refer to the Mental Capacity Act.

10. Welsh Language

If a service user wishes to communicate through the medium of Welsh, then you should refer to the Trust's Welsh Language Scheme, which is available on intranet or in hard copy from the Welsh Language Officer.

11. Procedure for Booking Face to Face Interpreters and British Sign Language Interpreters

Identify the need for an interpreter or for translation of written material and phone the Wales Interpreter & Translation Service (WITS) to make the booking. Tel 01633 245300 or email WITS@gwent.pnn.police.co.uk

WITS will book an interpreter and will ask for the following information:-

- Name of the service user
- Language required
- Date & time & venue of appointment
- Name of the person making the booking and department where the interpreter is required (WITS will have a list of each department and their cost codes so that this can be placed on the booking form and matched up for payment)

Once the interpreter has been booked, WITS will confirm the booking with the person who requested the interpreter by phone and will send an electronic record of the booking form to the designated Divisional signatory immediately.

Following the appointment, a member of staff will sign the WITS Claim Form provided by the WITS interpreter to confirm that the interpreter has attended the appointment with the service user. This is required by the interpreter to validate payment and it is their responsibility to get it signed by a member of Velindre NHS Trust.

WITS will send one monthly bill to the Finance Department at Velindre Trust HQ. This will be divided into each cost code area and invoices will be sent out for authorisation by Divisions who will be able to check against their records.

Once electronic validation has been completed – payment will be made to WITS.

How to book a British Sign Language/English Interpreter

Identify the need for BSL Interpreter

Contact WITS as per procedure for booking a face-to-face interpreter and they will book a BSL interpreter using the same processes

12. Procedure for Language Line Telephone Interpretation Service

This service will provide a simple alternative for short interpretations which are needed immediately. Though staff should assess the suitability of telephone interpreting for individual circumstances

Velindre NHS Trust has signed up to an interpreter service called 'Language Line'. This is a three-way telephone link which will:

- Enable a quick, effective communication across language barriers.
- Provide a fully comprehensive 24 hour, 7 day a week service linking into 100+ languages.
- Provide training for staff to ensure clear communication with our service users.
- Compliments face-to-face interpreting but does not replace it.
- States that all its interpreters:
 - Hold the Diploma in Public Service Interpreting where available.
 - Abide by Code of Ethics as set down in National Register of Public Service Interpreters in Accuracy/Impartiality/Confidentiality.
 - Undergo induction and ongoing training focusing on customer issues.

Billing and Audit

All Divisions will have a user code and will be billed accordingly

Division	Divisional ID Code
Velindre Cancer Centre	408086
Welsh Blood Service	282357
Corporate Services	282358

Management of information includes a monthly breakdown for Audit which includes:

- Access code
- Location/department
- Date and time of call
- Name of caller
- Language
- Interpreter ID
- Duration of call

A Language Line proforma is available (Appendix 2) so that each Division can cross reference telephone calls with Language Line billing.

Protocol for Use – When the Service User Is With You

If two telephones could be plugged into one telephone socket using an adapter or a speakerphone, this will help to maintain eye contact with your patient/service user and avoids passing one handset back and forth.

You will need to fill out the Language Line proforma so that your Division can cross reference telephone calls with Language Line billing.

Identify your clients preferred language. A 'Point Card' is available of 28 of the commonest languages which may be helpful to the client to help identify the language required where appropriate.

Show the client the translated message from the 'Point Card' which in English reads:

'Point To Your Language. We will get an interpreter on the telephone to help us'.

Access to Language Line Telephone Service

Each Division has been issued with a customer ID code which is confidential to your organisation and department. This is so that each Division can be billed accordingly.

When your service user/patient is with you:

Ring telephone **Language Line** on **0845 310 9900** (local rate).

The operator will ask you for:

- Your ID code
- Your organisation name
- Your name (initial and surname)
- The language you require and state gender of interpreter if appropriate – best practice
- The location of your service user./patient i.e. With you.

You will be put on hold

Approximately 90 seconds later the operator will connect you to an interpreter.

- Make a note of the interpreters ID number
- Brief the interpreter (e.g. explain who, where and what)
- Advise the interpreter what phone set up you have e.g. single handset, speaker phones, two handsets
- Ask them to introduce you and themselves to patient/service user
- Follow this with your lead question e.g. how may I help you?
- Proceed with the conversation
- The interpreter will relay the information between you
- Give the interpreter time to interpret between you and your patient/service user.

End the call by saying:

'I have all the information I need, is there anything else you would like to ask me?'

Remember

- You are in control of the conversation
- The interpreter will translate the words you say
- To help the interpreter, break up your questions/information into concise points
- Use direct speech; where possible avoid jargon and technical terms
- Do not be afraid to double-check or rephrase if you feel there has been a misunderstanding
- Interpreters cannot give advice or opinions and must remain neutral
- If you need an interpreter of a specific gender we will meet your request whenever possible

Protocol for use – Making Outgoing Service User Calls

The operator will connect you to an interpreter, then conference your service user into the call.

Have your service users name and telephone number ready. Telephone Language Line on 0845 310 9900 (local rate).

The operator will ask you for

- Your ID code
- Your organisation name
- Your name (initial and surname)
- Required language
- Clients location eg. Not with you
- Give the operator your clients name and telephone number

Stay online while the operator connects you to a trained interpreter (about 30 seconds)

Note the interpreter's ID code,

- Brief the interpreter – explain the operator is phoning your service user.
- Ask them to introduce you and themselves to your client and give the interpreter your first question or statement`
- The operator introduces your client into the call and the interpreter proceeds as directed.
- Proceed with the conversation
- The interpreter will relay the information between you
- Give the interpreter time to interpret between you and your client

End the call by saying:

'I have all the information I need, is there anything else you would like to ask me?'

Protocol for use – Handling Incoming Service User Calls

If you have conference facilities

Put your service user on hold using your organisation's conference call facilities
Try to obtain your clients telephone number in case they hang up whilst on hold

Ring telephone Language Line on 0845 310 9900 (local rate)

The operator will ask you for:

- **Your ID code**
- **Your organisation name**
- **Your name (initial and surname)**
- **The language you require and state gender of interpreter if appropriate**
- **The location of your patient ie. On Hold**

Brief the interpreter, then conference your service user into the call

If you don't have conference facilities: Note your service user's telephone number, language, and name if available. Assure your service user that you will call back shortly with an interpreter. Follow the procedures for 'making outgoing client calls'

Ensure that a proforma is signed by the interpreter at the end of the consultation

13. The Use of Family and Friends for Interpretation

It is inadvisable to use family and friends for interpreting as they may have difficulty in relaying medical advice and information accurately. However in some cases family and friends may be the only option if efforts made to gain independent interpretation are unsuccessful and lack of any interpretation may be detrimental to the care of the service user. If an apparently competent relative and friend is at hand to undertake interpretation then the balance of risk needs to be assessed by the healthcare professional who is delivering care.

Otherwise, offer a professional interpreter and suggest that the family member/friend can stay with the patient to advocate or clarify issues via the interpreter.

Try to use the same person to interpret if several contacts are required to enable a relationship of trust and understanding to develop between the service user and the interpreter.

Children should never be used as interpreters for medical or personal information except in dire emergencies.

Try to back up information where possible with written information in the appropriate language.

14. Complaints/Concerns

It is important during every situation where an interpreter is used that the interpreter is conducting his/her duties in a professional manner. If there is any doubt, whether it is a face-to-face or telephone consultation, then the consultation must be terminated and a report made back to the Divisional Director of Departmental Manager in your area.

15. Divisional/Trust Leads

- VCC – Divisional Signatory – (TBC)
- WBS – Divisional Signatory – (TBC)
- Trust Management Lead – Ceri Harris, Diversity & Equality Manager, Ext: 6557

16. Divisional Codes

The code for each Division is available from the Departmental Managers, Divisional Signatory and / or the Trust Management Lead as appropriate.

17. Acknowledgements

This procedure was based on those in existence in Cardiff & Vale LHB and Conwy & Denbighshire NHS Trust.

Appendix 1 - Proforma for the booking and use of Face to Face Interpreters

This is an official record and must be completed at the time of the appointment and every time a language interpreter is used and returned to the Divisional Directors Office – Thank you

Part A: Identification of Need – To be completed by a member of staff

Service User Data

Service User's name: _____ Addressograph

Date of birth: _____

Address: _____

_____ Postcode: _____

Language required: _____

Date of appointment: _____ Time of appointment: _____

Expected time of arrival in the department: _____

Expected time of departure: _____

Name of member of staff identifying need: _____

Part B: Booking of Interpreter – To be completed by a member of staff at the time of booking

Name of Interpreter Provider: _____

Name of Interpreter (if known): _____

ID Number of interpreter (if known): _____

Date of Booking: _____

Booking Reference: _____

Cost / Rate: _____

Time of arrival agreed: _____

Invoice Address:

Name of staff member making booking:

Part C: Divisional Approval – to be completed by a Divisional Secretary

Approved by: _____ Date: _____

Position:

Division: _____ Venue: _____

Part D: Validation for Payment – To be completed by staff member, interpreter & budget holder

Budgetary Control

Signature of staff member to validate consultation: _____ Date: _____

Signature of Interpreter Following Appointment: _____ Date: _____

Invoice number: _____ Amount of Invoice: _____

Checked for payment by: _____ Date: _____

Appendix 2 – Proforma for the use of Language Line Interpreters

Part A: Identification of Need – To be completed by a member of staff

Service User Data

Service User's name: _____ Addressograph

Date of birth: _____

Address: _____

_____ Post code: _____

Language required: _____

Name of member of staff identifying need: _____

Part B: Booking of Interpreter – To be completed by a member of staff at time of booking

Name of Interpreter (if known): _____

ID Number of Interpreter (if known): _____

Date of Use: _____ Time of Use: _____

Name of member of staff involved: _____

Part C: Divisional Approval – to be completed by a Divisional Signatory

Approved by: _____ Date: _____

Position: _____

Division: _____ Venue: _____

Part D: Validation for Payment – To be completed by budget holder

Budgetary control

Reconciliation with Language Line Billing confirmed: _____

Checked for payment by: _____ Date: _____

This is an official record and must be completed at the time of the appointment and every time a language interpreter is used and returned to the Divisional Manager – Thank you.

Appendix 3 – Welsh Translation (Text)

Welsh Language Board

Translation free of charge for no more than 30 words.

Link Line open:

10am-12:30pm and 1:30pm-3:30pm

Monday-Friday

Tel: 0845 6076070

Email: cyswllt@bwrdd-yr-iaith.org.uk

Language Line

Tel: 0800 917 6564

Fax: 020 7520 1450

Email: translations@languageline.co.uk

Online estimate form: www.languageline.co.uk

Welsh Language Translation

For further information in relation to Welsh Language services please contact:

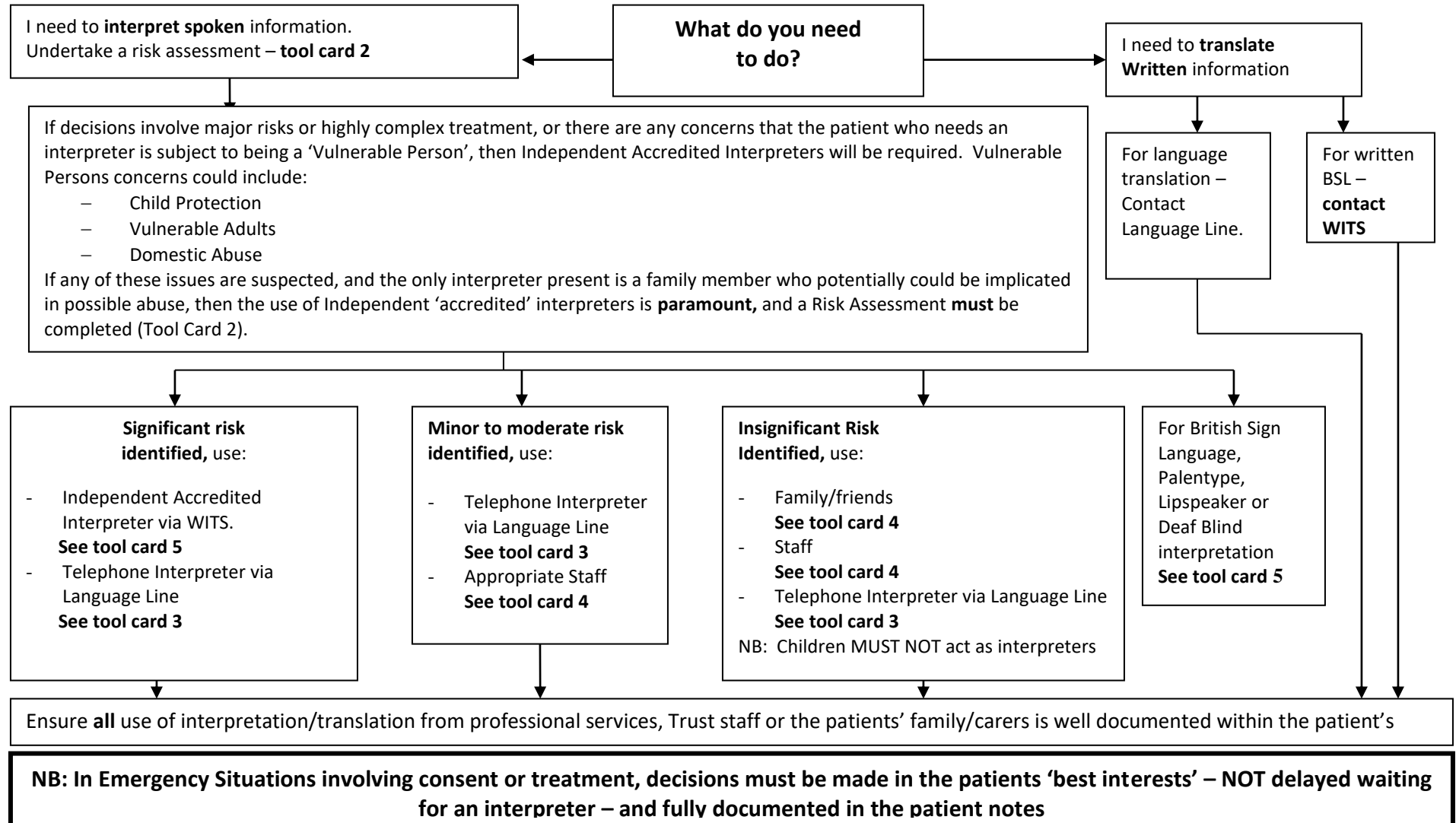
Jo Williams,
Trust Welsh Language Officer
Velindre NHS Trust Headquarters
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
CF15 7QZ

Tel: 029 20 196161 ext 6586

Email: jo.williams5@wales.nhs.uk

Tool Card 1

Interpreting & Translation Options



1a Justification for Use of Independent face to face 'accredited' Interpreter. (WITS)

I have undertaken a risk assessment; a face to face interpreter is required as healthcare staff have concerns for the patients' safety in relation to:

PRIMARY CONCERN	Please Tick
Consent to Major Treatment	
Child Protection	
Vulnerable Adult	
Domestic Abuse	
Other (i.e. mental health assessment when face to face interpretation is necessary)	

**If 'Vulnerable Persons' -
Referral made to appropriate Healthcare Professional:**

Referral made by (name and designation):	Referred to:	Time	Date

Formal decision to engage 'accredited' Interpreter and accepts costs:

Decision validated by:

Please circle as appropriate:	Name	Signature and date
General Manager		
Clinical Director		
Admin/Executive on Call		

A copy of the outcome of this risk assessment should be filed in the patient's records.

Tool Card 2

Undertaking Risk Assessment

Please document decision required and the context:

Addressograph here:

Insignificant Risk	Minor to Moderate Risk	Significant Risk
Simple Communication involving food, clothing, hygiene etc.	Communication or instruction in relation to taking routine medication, referral to internal professionals – Physio, OTs etc. Consent for routine procedures	Consent for complex or potentially life threatening surgery or drug therapy Protection of ‘vulnerable persons’ issues

	Insignificant risk -	Use of Language Line or appropriate staff if available
	Minor to moderate risk -	Use of family or friends appropriate, if not available utilise Language Line.
	Significant risk -	Where applicable, independent ‘accredited interpreter for face to face interpretation required (YOU MUST COMPLETE 2a OVERLEAF) or Language Line.

Assessor(s):	Job Title:
Date:	Signature:

NB – In Emergency situations involving consent or treatment where there is a real concern – decisions must be made in the patient’s ‘best interests’ – NOT delayed waiting for an interpreter, and fully documented in the patients notes.

A copy of the outcome of this risk assessment should be filed in the patient’s records.

Tool Card 3

Telephone Interpretation – Language Line 24hour Telephone Interpreter Service

1 Before you start, remember

- ☀ You are in control of the conversation.
- ☀ The interpreter will translate the words you say.
- ☀ To help the interpreter, break up your questions/information into concise points.
- ☀ Use direct speech; where possible avoid jargon and technical terms
- ☀ Do not be afraid to double-check or rephrase if you feel there has been a misunderstanding.
- ☀ Interpreters cannot give advice or opinions and are obliged to remain neutral.

2 Telephone Language Line on 0845 310 9900

3 The operator will ask you for your ID code

Division	Code	Division	Code	Division	Code
Corporate		VCC		WBS	

- ☀ Your organization name and department.
- ☀ Your name
- ☀ The language you require (tell the operator if a male or female interpreter is required specifically and this will be met whenever possible).
- ☀ The location of your patient.

4 You will be connected to an interpreter

- ☀ Make a note of the interpreters ID number
- ☀ Advise the interpreter what phone set up you have e.g. single handset, speaker phone, two handsets.

5 The conversation

- ☀ The interpreter will relay the information between you.
- ☀ Ask them to introduce you and themselves.
- ☀ Follow this with your lead question e.g. *“How may I help you?”*
- ☀ End the call by saying *“I have all the information I need, is there anything else you would like to ask me?”*

Tool Card 4

Using Friends, Family Members or Trust Staff to Interpret

1 Complete risk assessment (tool card 2)

2 Note

- ☀ In situations where there are child protection, vulnerable adult or domestic abuse concerns a family member or friend **MUST NOT BE USED**
- ☀ Children (Under 18) must not be used for interpretation
- ☀ Their choice and declining of other options must be documented in the patient notes.

3 Using friends and family of the patient for interpreting

A Patient may choose a friend or family member to interpret but they must always be given the option of professional interpretation.

A friend or family member is not an independent interpreter and staff must be aware of the following potential issues:

- ☀ That the information may be influenced or presented in a biased way to the patient.
- ☀ That there may be conflicting interests between the patient and their friend or relative.
- ☀ That we can not be sure of the quality of the interpreting.

4 Using Trust staff for interpreting using the TIS language database of qualified Trust Staff

**The Patient must be in agreement for a staff member to interpret.
You may access a list of staff who fluently speak different languages via
Divisional Directors Office.**

- ☀ Know the exact language (or dialect of a language) that you require.
- ☀ Explain when you require the interpreting to be undertaken as staff are only available during their normal working hours.
- ☀ Contact the member of staff and give full details of the circumstances of the interpreting they are being asked to undertake and establish if they are happy and able to interpret for you on this occasion.

Tool Card 5

Using an Independent Accredited Interpreter via WITS

1

Complete risk assessment (tool card 2)

- ☀ Ensure management agreement to engage interpreter and acceptance of cost.
- ☀ When you have accessed WITS, you will need to use the specific code assigned to your division (as below) **the password for all divisions is**

Division	Code	Division	Code	Division	Code
Corporate		VCC		WBS	

- ☀ The language you require, specialist area i.e. health, the gender of the interpreter.
- ☀ Consider the appointment time, venue and cost effectiveness of coordinating multiple appointments where necessary.
- ☀ You will then need to contact the interpreter directly using the details provided to make the arrangement and confirm that they speak the right language before they set out.

2

During the appointment, remember

- ☀ The interpreter will translate the words you say, to help the interpreter, break up your questions/information into concise points and use direct speech, where possible avoiding jargon and technical terms.
- ☀ Do not be afraid to double-check or rephrase if you feel there has been a misunderstanding and remember that Interpreters cannot give advice or opinions and are obliged to remain neutral. End the discussion by saying *"I have all the information I need, is there anything else you would like to ask me"*