



PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 February 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Interpretation and Translation Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Sullivan, Head of Strategic Partnerships, Diversity and Inclusion

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The People, Organisational Development and Culture Committee are asked to note and endorse an amendment to the Interpretation and Translation Policy which has been approved via Chair's action on 13 January 2024.

Cefndir / Background

The Health Board is committed to ensuring that all patients (or their Carers) can make informed choices about their healthcare in a dignified manner. To support this, the Health Board will provide high quality interpretation and translation services for, and on behalf of, patients accessing its services, through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified.

The Interpretation and Translation Policy (868) is due to be formally reviewed by February 2025. The aim of the policy is to ensure that all patients and their Carers receive timely, equitable, patient-focused care and do not come to avoidable harm.

An issue was highlighted by the Head of Consent and Mental Capacity regarding a section of text within the Health Board's Interpretation and Translation Policy. The concerns pertained to the use of the term 'best interests' and the potential confusion that including this text could have given that the term 'best interests' is used by the Mental Capacity Act to describe the actions that can be taken where a patient lacks the mental capacity to make a decision for themselves.

In view of the familiarity of clinicians with its use in this context, the use of 'best interests' in the Interpretation and Translation Policy could lead them to believe that someone's inability to communicate due to speaking a different language would allow the clinician to assume they lack capacity.

Asesiad / Assessment

The Interpretation and Translation Policy is due for formal review in February 2025, however due to the concern which has been raised, a change to the policy wording specifically in relation to the section of text in question has been agreed through the process of Chair's action on 13 January 2024.

The previous text in policy read:

"In the event of an emergency situation requiring interpretation relation to consent or treatment, decisions must be made in the patient's "best interests" and should not be delayed by waiting for an approved interpreter. This decision should be fully documented in the patient's health care record."

In consultation with the Head of Consent and Mental Capacity and a Senior Lecturer in Healthcare Law and Ethics at Swansea University a form of wording was agreed which is compliant with the law. The Policy text has been updated to read:

Amended text:

"In the event of an emergency where communication is not possible and there is no time to obtain an interpreter, you may provide immediate treatment necessary to save life or prevent a serious deterioration in the patient's health. This decision and need for immediate treatment must be fully documented in the patient's health care record."

At the same time of making this change to text the link to the guide to accessing Interpretation and Translation Services was also updated to reflect that there had been changes to the Health Board's webpages since the time of the original policy publication.

Following approval of Chair's action on 13 January 2024, the revised policy was uploaded on 15 January 2024.

[863 Interpretation and translation policy](#)

Argymhelliad / Recommendation

The Committee is asked to:

- Note the interim amendments to the Interpretation and Translation policy and endorse the Chairs action taken on 13 January 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.17 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	All Health & Care Standards Apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Culture and Valuing People
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • Public Sector Equality Duty • Equality Act 2010 • Human Rights Act 1998 • Socio-economic Duty (Wales) • Wellbeing of Future Generations (Wales) Act 2015 <p>The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018</p>
Rhestr Termau: Glossary of Terms:	Included within the Interpretation and Translation Policy
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Head of Consent and Mental Capacity, HDdUHB Senior Lecturer, Healthcare Law and Ethics, Swansea University

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>There will be a financial implication linked to the cost of accessing interpretation and translation services. HDdUHB cannot accurately predict future expenditure as this depends on the health needs of individuals who require these services.</p>
Ansawdd / Gofal Claf: Quality / Patient Care:	<p>The practice of using family or staff as interpreters is discouraged as it can lead to: poorer health outcomes for the patient; the patient/carers understanding may be compromised; and any decision making based on informal, untrained interpreters could impact detrimentally on the ongoing or future care of the patient.</p> <p>A detrimental outcome could expose HDdUHB to litigation. The use of interpreters accessed through a professional interpretation service provides protection for both the patient and HDdUHB.</p> <p>The Policy aims to eliminate all forms of discrimination and promotes equality and inclusivity, thus improving quality and patient care.</p>
Gweithlu: Workforce:	<p>This Policy will help to improve communication between staff and service users leading to more positive outcomes for all.</p>
Risg: Risk:	<p>Discrimination towards service users can have a serious impact upon an individual's health and wellbeing and can result in poor outcomes of care. This Policy aims to reduce discrimination and promotes fair and equitable access to services for all who access them.</p>
Cyfreithiol: Legal:	<p>HDdUHB could face legal action if found to be acting in a discriminatory way towards service users. This Policy will mitigate these risks and provide assurance that procedures are in place to address the communication needs of service users.</p>
Enw Da: Reputational:	<p>Incidents of discrimination are often reported in local and national press and can cause reputational damage to HDdUHB. The Interpretation and Translation Policy has been designed in order to reduce the likelihood of reputational damage by prescribing fair and equitable treatment of service users and any communicational requirements.</p>

Gyfrinachedd: Privacy:	<p>Approved and accredited interpreters and translators are bound by data protection, confidentiality and information governance regulations and public liability insurance is in place.</p> <p>In emergency situations where it may be necessary to use staff or adult family members to help communicate basic information about care or personal history, staff will need to make a judgement call based on the risk of harm to the individual whether or not to continue. Staff should be mindful of data protection and patient confidentiality under these circumstances, and they should use other staff members or adult family members/carers to interpret clinical information, medical terminology or to facilitate decision making about clinical care.</p> <p>For situations where staff, adult family members/carers, have been used to assist with interpretation, staff must document any evidence and decisions in the patient's health records.</p>
Cydraddoldeb: Equality:	<p>An equality impact assessment was undertaken for this Policy when approved in February 2022 and no negative impacts have been identified.</p>

Interpretation and Translation Policy

Policy information

Policy number: 863

Classification:
Corporate

Supersedes:
Previous versions

Version number:
3

Date of Equality Impact Assessment:
11/11/2021

Approval information

Approved by:
PODCC

Date of approval:
13/01/2024

Date made active:
15/01/2024

Review date:
03/02/2025

Summary of document:

The health board is committed to ensuring that all patients (or their Carers if required to do so on behalf of the patient) can make informed choices about their healthcare in a dignified manner. The health board will therefore provide high quality interpretation and translation services for, and on behalf of, patients accessing its services, through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The aim of this policy is to ensure that all patients and their Carers receive timely, equitable, patient-focused care and do not come to avoidable harm.

Scope:

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their Carers, or those acting on behalf of the patient who are Limited English Proficient, regardless of the clinical setting.

This policy also applies to all staff who work within Primary Care within the Hywel Dda Health Board area.

For the purpose of this policy, the term child refers to an individual up to the age of 18.

For the purpose of this policy the term Carer is defined as someone who provides unpaid help and support to a relative, friend or neighbour who could not manage on their own, due to chronic or life limiting illness, disability, frailty, physical impairment, mental ill health or substance misuse

To be read in conjunction with:

Hywel Dda UHB Strategic Equality Plan and Objectives

[133 - Equality and Diversity Policy](#) (opens in a new tab)

[153 - Equality Impact Assessment Policy and Procedure](#) (opens in a new tab)

[894 – Putting Things Right PTR Management and Resolution of Concerns Policy](#) (opens in a new tab)

[312 - Chaperone Policy](#) (opens in a new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Executive Director job title:

Director of Public Health

Reviews and updates:

1 – new policy

2 – review 0/05/2022

3 – amendment to paragraph 13.01.2024

Keyword

Interpretation, translation, British Sign Language, BSL s

Glossary of terms

Approved interpreter	An Interpreter provided by a professional interpretation service commissioned by the Health Board.
Interpreter	A person who interprets a spoken or signed (British Sign Language) message from one language to another. This can be either face-to-face or by telephone and can include web-based services.
Translation	Translation is the transmittal of written text from one language into another, including Braille. Translation does not strictly have to be into written text – it can also mean translation into audio, CD, or PDF for a website.

Carer	A person who is responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves.
Limited English Proficient	If English is not your primary language and you have difficulty communicating effectively in English

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Introduction

Equality and Fairness is at the heart of everything that we do. This means doing our best to ensure that service users are able to understand healthcare information presented to them. This applies to information presented in written form, for example, patient leaflets, letters, and key communications. It also applies to information presented verbally, for example, during clinical consultations.

The Health Board has a process to ensure that people have easy access across the organisation to accredited interpretation and translation services for Welsh, community languages, Braille and British Sign Language, and that best use is then made of the services provided.

Poor communication can be a patient safety risk and presents a major barrier to accessing health care for people who require communication support due to disability or impairment, or because their first language is not English.

It is the Health Board's position that only under exceptional circumstances can family members, friends, carers or members of staff be asked to provide interpretation (see 5.4). The health board commissions independent interpretation and translation services for the patient at no charge to the individual.

The health board is committed to ensuring that all patients make informed choices about their healthcare in a dignified manner. The Health Board will provide high quality interpretation and translation services for service users accessing its services through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The Health Board commissions face-to-face, telephone and online interpretation and translation services.

Any communication requirements should be documented as part of the patient referral process. It is essential that the individual communication needs of our service users are met in order to enhance the patient experience and for the organisation to comply with Welsh language legislation, equality legislation, the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and other statutory requirements.

Scope

This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults) and their Carers, or those acting on behalf of the patient who is Limited English Proficient, this also includes those who use British Sign Language, regardless of the clinical setting.

Aim

The aim of this document is to ensure that all patients and their Carers who are require communication support receive timely, equitable, patient-focused care and do not come to avoidable harm.

Objectives

The aim will be achieved by:

- Identifying whether an interpreter is required to support communication, or whether translation is required for written documentation
- Indicating on the patient's health care records where there is a need for them and/or their Carers to have communication support such as having an interpreter present or using telephone/online interpretation
- Organising interpreters via interpretation services commissioned by the Health Board
- Organising translation services as required

Procedure

Interpretation Service

When should an Interpreter be used?

When interacting for simple care and comfort situations (for example when taking blood) alternative aids may be used, such as the Hospital Communication Guide, or with the aid of flash cards, symbols or gestures. [Please follow this link to the Hospital Communications book](http://online.anyflip.com/kbnnc/igzw/mobile/index.html) (<http://online.anyflip.com/kbnnc/igzw/mobile/index.html>) (opens in a new tab).

An approved interpreter must be used where effective communication is critical to patient care outcomes and patient experience such as, but not limited to:

- admission/initial assessment
- history taking and care planning
- consent for treatments and research
- high risk / life threatening situations
- pre-operative procedures including patient identification and identification of operation site
- Mental Health Tribunals
- if the patient is considered to be a “vulnerable person” – this includes, children, individuals with learning difficulties and patients who have been subjected to or potentially at risk of harm, domestic abuse, coercive control and violence
- explanation of medication or treatments

- when providing care to or interacting with a Limited English Speaking patient or their Carer

Methods of interpreting

Generally, using telephone interpreting should be regarded as the first option except in the following circumstances where face-to-face or video interpretation should be considered:

- Interpreting session lasts more than 30 minutes
- Patient/Carer uses non-verbal communication such as British Sign Language
- Patient/Carer has a communication, cognitive or learning disability which would make telephone interpreting difficult
- Where conversation needs to be recorded for legal reasons (Interpretation via MS Teams has a record function)
- Bereavement and breaking bad news (life threatening diagnosis)
- Ethically difficult or challenging situations

Situations where it may be more appropriate to use a telephone or video interpreter rather than arrange a face-to-face interpreter would be:

- In an emergency where there is insufficient time to organise a face-to-face interpreter
- When access to an interpreter is required unexpectedly
- When anonymity is preferred (the camera can be switched off for video interpreting unless it's a BSL interpreter who will need to see the patient/carers)
- If the conversation is going to be brief (under 30 minutes)
- If there are geographical limitations.

If the patient/Carer is a child, an approved over the phone, online or face-to-face interpreter must be used. This does not prevent the family from being present to provide support as they would do in any other circumstances.

Interpreting may be provided face-to-face, via telephone or online video. The decision as to which means of interpreting is appropriate to use lies with the professional judgement of the health care professional.

Use of non-approved interpreters

The use of staff, spouses/partners, family members, Carers or friends is not acceptable unless there are exceptional circumstances relating to emergency situations (see section [emergency situations](#)). In most cases, telephone or online based interpretation services should be used.

In suspected safeguarding situations the exceptional circumstances do not apply and an interpreter must be used.

Children and young people, other patients and members of the public must **never** be used as a non-approved interpreter.

The patient/Carer may indicate a preference for the interpretation to be conducted by a non-approved interpreter of their choice. In such circumstances, the patient must be encouraged to use an approved interpreter. However, if the patient /Carer insists on using a non-approved interpreter, the health professional would need to make a judgement whether an approved interpreter is also required to give assurance that the interpretation provided by the non-approved interpreter is reliable.

If the patient/Carer, after being advised of the risks involved, insists on using a non-approved interpreter a member of staff should use the telephone interpretation service to make sure that the points below are discussed and understood:

- That using a non-approved interpreter could lead to a poor outcome for the patient
- That the patient/Carers understanding may be compromised and any decision making based on informal, untrained interpreters could impact detrimentally on the ongoing or future care of the patient
- That the health board cannot be held accountable for misinterpretation
- That the use of interpreters accessed through a professional interpretation service provides protection for both the patient and the health board
- That the decision to proceed with a non-approved interpreter will be fully documented in the patient's health care records

Emergency situations

Use of staff – in an emergency situation, telephone and online based interpretation is available for use. However, it may be necessary in some exceptional cases to use staff members to communicate information about care or personal history, interpret clinical information, medical terminology or to facilitate decision making about clinical care.

In the event of an emergency where communication is not possible and there is no time to obtain an interpreter, you may provide immediate treatment necessary to save life or prevent a serious deterioration in the patient's health. This decision and the need for immediate treatment must be fully documented in the patient's health care record.

Use of family and Carers

In an emergency situation, it may be necessary to use adult family members to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care.

The role of an interpreter

The role of an interpreter should be respected and they should not be asked to work outside their boundaries. Interpreters are responsible for:

- interpreting accurately

- keeping all information obtained in the interpreting session confidential
- explaining cultural differences where appropriate

Their role does not include:

- giving their own opinion
- chaperoning
- advocating for the patient, family member or staff member
- undertaking other tasks such as written translation
- Lifting patients, looking after the patient's children etc.

Intimate examinations and procedures

Refer to HDHB Policy 312 – Chaperone Policy for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during an examination or procedure, the patient must be shielded from the interpreter by use of curtains or screens, or by the use of telephone or online interpretation services with the patient camera switched off.

Translation Service

When a written translation service should be used

Translations should be used for care critical communications such as:

- Professional to professional letters
- Health care records
- Letters to or from patients

All documents that are translated by the health board's commissioned translation service must adhere to the health board's information governance requirements.

If a patient is Limited English Proficient or has a disability, the use of translations should be considered for any leaflets or other information normally issued as part of patient care, including, where required, translation into Braille and Easy Read.

Translation is not a substitute for an interpreter. Simply giving a translated document should not be considered as meeting the obligation to provide communication support. If an interpreter is needed then one must be provided.

As with spoken communication, healthcare staff must satisfy themselves that the patient understands the written document. This may require the assistance of an interpreter. The patient may not be able to read their language. They may speak one language but read in another. Some spoken languages do not have a written form.

When translated documents are developed, consideration should be given to the cultural appropriateness of the text and any graphics.

Accessing Interpretation and Translation Services

[Please follow this link to the Equalities, Diversity & Inclusion Intranet page, where you will find the most up-to-date guidance for accessing Interpretation and Translation services](#) (opens in a new tab)

If you require translation into Braille, Easy Read, DeafBlind Manual, Moon, Makaton etc, please contact the Strategic Partnerships Equalities and Diversity Team via Phone: 01554 899055 or via email: inclusion.hdd@wales.nhs.uk

Non-compliance with the policy may result in an adverse impact for patients, requiring investigation in line with HDdUHB Policy 514 - Management and Investigation of Incidents.

Monitoring

Complaints and concerns received regarding this policy will be noted on Datix and through PALS, and will be considered on an individual basis and appropriate action taken.

References

Equality Act 2010

Human Rights Act 1998

Well-being of Future Generations (Wales Act) 2015

Social Services and Well-being (Wales) Act 2014

Welsh Language (Wales) Measure 2011

Health and Care Standards in Wales

All Wales Standards for Accessible Communication and Information for People with Sensory Loss

This procedure has been developed with reference to a range of similar procedures across the NHS in England, Wales and Scotland.

Appendix 1 - Legal and Ethical Issues and management responsibilities

Hywel Dda University Health Board has legal, ethical and business responsibilities to provide effective communication support.

Legal responsibilities are embedded in the Equality Act 2010, Human Rights Act 1998, Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014, Welsh Language (Wales) Measure 2011, The Welsh Language Standards (No. 7) Regulations 2018, Health and Care Standards in Wales.

Ethical responsibilities lie in ensuring patients are treated equally, receive high quality care, are fully informed and involved in decisions about their care and can give informed consent.

Management responsibilities lie in ensuring effective use of resources. Poor communication contributes to non-compliance with treatment, cancelled appointments, repeat admissions, delayed discharge and exposure to litigation for negligence and errors.

Illness and other stressful healthcare situations can have a negative impact on anyone's ability to communicate effectively but especially that of someone whose first language is not English. A person who might usually cope well with English or be able to lip read may find it more difficult to communicate or may revert to their first language in stressful situations. Similarly, older people with dementia may revert to the language they spoke as a child.

People who are Limited English Proficient:

- may not be able to give informed consent
- may not be able to ask questions or seek assistance
- may not be aware of what services are available to them
- may not be able to use medication properly or follow care plans because the information is in English
- may come from cultures with different understandings of health and illness
- may come from countries with different healthcare systems and so not understand how to use NHS services or understand their rights and responsibilities within the healthcare system

Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk

Tel: 01554 899055

Form 1: Overview

1.	What are you equality impact assessing?	Interpretation and Translation Policy
2.	Brief Aims and Description	<p>The Health Board is committed to ensuring that all patients (or their Carers if required to do so on behalf of the patient) can make informed choices about their healthcare in a dignified manner. The Health Board will therefore provide high quality interpretation and translation services for and on behalf of patients accessing its services, through the use of interpreters who are bilingually competent, neutral, independent and professionally trained and qualified. The aim of this policy is to ensure that all patients and their Carers including those who are Limited English Proficient, receive timely, equitable, patient-focused care and do not come to avoidable harm.</p> <p>This policy applies to all Hywel Dda University Health Board staff who care for patients (children and adults), and their Carers, who are Limited English Proficient, regardless of the clinical setting. , For the purpose of this policy, the term child refers to an individual up to the age of 18.</p>
3.	Who is involved in undertaking this EqIA?	<p>Helen Sullivan – Head of Strategic Partnerships, Diversity and Inclusion</p> <p>Alan winter – Senior Diversity and Inclusion Officer</p>
4.	Is the Policy related to other policies/areas of work?	<p>133- Equality and Diversity Policy</p> <p>153- Equality Impact Assessment Policy and Procedure</p> <p>514- Management and Investigation of Incidents Policy and Guidance</p> <p>312 -Chaperone Policy</p> <p>All Wales Putting Things Right Guidance</p>
5.	Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)	<ul style="list-style-type: none"> • All staff in clinical settings who need to arrange interpreter services • Patients / carers who require the services of interpreter • All staff who are required to arrange the translation of appropriate documents

6.	What might help/hinder the success of the Policy?	Staff familiarity with the policy and published guidance
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Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
Article 2 : The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3 : The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5 : The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6 : The right to a fair trial Example: issues of patient choice, control, empowerment and independence	✓	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11 : The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			✓	<p>Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.</p> <p>Additional data collection around the number of uses for these services will be considered.</p>	No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	✓			<p>The impact of not having a BSL interpreter when one is required could be significant. However, it's unclear at present as to whether there is a lack of knowledge around the services available, an unwillingness to use these services or a lack of demand. Data will be closely monitored over the coming year and awareness raising communication will be issued.</p>	
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.			✓	<p>Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.</p> <p>Additional data collection around the number of uses for these services will be considered</p>	No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.

Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.			✓	<p>Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.</p> <p>Additional data collection around the number of uses for these services will be considered</p>	<p>No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.</p>
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Form 3 Gathering of Evidence and Assessment of Potential Impact

Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.	✓			This Service has already been used specifically for pregnancy and maternity advice, ensuring that parents to be and new parents fully understand the advice given to them and are able to ask any questions and obtain any clarity they feel they need. We will continue to monitor and encourage usage as appropriate.	
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	✓			The purpose of this policy and provision of these services is to ensure that individual's whose first language isn't English have a fair and equitable opportunity to access all HDUHB services, understand any medical advice provided to them and be able to ask any questions they may have.	The service is already well used, with interpretation already having taken place in 13 languages. Further awareness raising around this provision should increase usage of the services available, having a positive impact on patient experience.
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			✓	Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services. Additional data collection around the number of uses for these services will be considered	No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			✓	Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services.	No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.

				Additional data collection around the number of uses for these services will be considered	
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✓	Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services. Additional data collection around the number of uses for these services will be considered	No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.
Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty			✓	Access to interpreter and translator service provide a crucial service for both staff and patients to ensure that they understand and are understood within the healthcare setting. There are no negative impacts to those who do not require these services. Additional data collection around the number of uses for these services will be considered	No impact envisaged at this time, however, further data is in the process of being gathered. This document will continue to be updated if this position changes as a result of the receipt of additional data / information.
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	✓			More often than not Welsh speaking staff are available to discuss issues with patients in their first language. However, if those in charge of the patient's care are unable to speak Welsh fluently, this service can and will be called upon.	

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information to make a fully informed decision on any potential impact?	It would be useful to have a breakdown of those who require interpretation service by each of the protected characteristics as this would allow a better quality analysis. However, an individual's right to privacy also needs to be considered, as does the appropriateness of collecting data at that time.
2.	Should you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	No (please see explanation above)
4.	What additional information (if any) is required?	Further information around the individuals requiring the use of the service.
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).	Work will be done on scoping the feasibility and appropriateness of further data collection.

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	1	0	0
Disability	2	2	4
Gender Reassignment	1	0	0
Human Rights	1	2	2
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	3	2	6
Race/Ethnicity or Nationality	3	3	9
Religion or Belief	1	0	0
Sex	1	0	0
Sexual Orientation	1	0	0
Socio-economic Deprivation	1	0	0
Welsh Language	1	1	1

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	Yes
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No

What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	<p>Data around the number of uses and locations will continue to be monitored. The location of use data will inform future awareness raising around these services.</p> <p>Further analyse locations where there is no service usage and target awareness raising comms as appropriate.</p> <p>Staff and patient feedback - The new patient feedback system, once fully functional, will allow the sharing of monitoring data around each of the protected characteristics and may also be able to capture interpreter use.</p>
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	<p>Monitor usage data on a six monthly basis by the Strategic Partnership Team</p>
Where positive impact has been identified for one or more groups please explain how this will be maximised?	<p>Communication of the policy and associated guidance is key to ensuring that all staff are aware of how to access these facilities as required.</p>

Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this.

If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.

Comms will be issued to all sections of HDUHB to ensure that everyone is aware of the services available and that the provision includes BSL interpretation

If the policy is applied appropriately there should be no negative impact.

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
Awareness raising comms to ensure that all parts of HDUHB are aware of the services available.	Alan Winter	11/2/2021		Continue quarterly.

EqIA Completed by:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Team / Division	Strategic Partnership
	Contact details	Alan.winter@wales.nhs.uk
	Date	11/11/2021
EqIA Authorised by:	Name	Helen Sullivan
	Title	Head of Strategic Partnerships, Diversity and Inclusion
	Team / Division	Strategic Partnership
	Contact details	Helen.sullivan@wales.nhs.uk
	Date	11/11/2021



PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 February 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce and Organisational Policies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and OD (Organisational Development)
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Head of Workforce

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to note or approve the recommendations in relation to the documents listed below.

1. Revised Local Policies

None for approval. One for information.

An appendix within one policy has been updated online in the period and it has been agreed with the Policy Co-ordination Officer, Corporate Services, that these changes should be noted for information purposes in this report. Details are outlined in the next section.

2. Local policies yet to be presented for consideration

Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided.

A request for extension of these local policies together with rationale can be found in the next section.

3. All Wales Policy Update

No All-Wales policies have been received for adoption within the Health Board in the period nor have we received their next quarterly schedule.

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

The specific changes are listed as follows: -

1. Revised Local Policies

1085 – Leave and Pay for New & Existing Parents

- No changes have been made to the policy itself, however some changes were proposed by Payroll relating to Appendix 1 - Application form to request maternity leave/pay. Workforce colleagues fully support Shared Services effect this change for our staff as it is something we had previously sought.
- The form now enables staff to request their maternity pay be averaged over the full period or a defined period of their maternity leave thereby spreading pay out more effectively should this be the individual's preference.
- An additional section has been added to highlight to the manager how they inform payroll of the return to work and in what circumstances they would need to complete a Change of Circumstance Form (for example, for a reduction in hours).
- Global staff consultation was not required due to the minor changes made.
- The summary Equality Impact Assessment (EQIA) did not require update.

2. Local policies yet to be presented for consideration

Listed below are the four policies that are outstanding in terms of the timetable for review, together with rational and proposed new policy expiry date.

Local Policy - Extension Requests

Policy Lead Area	Policy Name	Rationale	Extend To
Corporate Nursing	042 - Preceptorship Policy for Newly Qualified Nurses and Midwives	Awaiting feedback from Nursing colleagues.	30/6/24
Corporate Nursing	558 - Management of Nursing/Midwifery Medication Errors and Near Misses	Awaiting feedback from Nursing colleagues.	30/6/24
Recruitment	121 - Relocation Expenses	The consultation on the All-Wales draft policy has just closed. We are awaiting the final version for adoption within the Health Board. It is more prudent therefore to further extend than review this local policy.	31/5/24
Finance	389 - Expenses	Awaiting allocation of policy lead.	30/5/24

Asesiad / Assessment

Following approval of the recommendations contained below, documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

The Committee is requested to:

- **Receive assurance** that the above documents have been reviewed in line with Policy 190.
- **Note** the minor changes made to the 1085 – Leave and Pay for New & Existing Parents Policy
- **Extend** the following policies in accordance with the dates outlined within the report.
 - 042 – Preceptorship
 - 558 – Medication Errors
 - 121 – Relocation Expenses
 - 389 – Expenses

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	2b Employer of choice 2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfil their potential

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termiau: Glossary of Terms:	Included in each document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Local Partnership Forums - Not required due to minor change made to one form. Staff Partnership Forum on 6 February 2024 - for information. Global consultation with staff was also not required

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Enables staff to spread the maternity pay they receive over the full or further period of their maternity leave thus enabling them to budget more effectively through the period of reduced pay.
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation, which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	Failure to apply the appropriate entitlements under the legislation and policy framework effectively may lead to formal complaints which may have a reputational impact.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	A summary equality impact assessment is already in place for policy 1085 however the minor change made is part of our kinder people processes to support staff spread their maternity pay more effectively which may have a positive impact on the length of their maternity leave period i.e. utilise more of the unpaid maternity leave entitlement.