Spoken Language, British Sign Language and Communication Support

Interpreting Policy

Lead Manager:	**Corporate Inequalities Manager**
Responsible Director:	**Director of Corporate Planning and Policy**
Approved By:	
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1. INTRODUCTION

1.1. The purpose of this policy is to make sure there is a consistent and clear approach to the provision of interpreting and communication support for our patients. The policy is aimed at all staff involved in patient care.

1.2. This policy is intended to be used in conjunction with the **Interpreting Services Booking Procedure** (see *Appendix 1*) which gives details on recommended good practice for accessing interpreters and communication support within NHS Greater Glasgow & Clyde (NHSGG&C).

1.3. This policy and associated booking procedure is based on the NHS Scotland Interpreting Competency Framework (see *Appendix 2*).

2. SCOPE

2.1. The policy relates to both NHSGG&C's Accessible Information Policy and to the Communication Support and Language Plan. It aims to:

- Describe interpreting and communication support and why it is important
- Define the roles and responsibilities of those responsible for implementing this policy and procedure
- Direct staff to available guidance for the provision, review and monitoring of interpreting and communication support
- Increase compliance with the Interpreting Services Booking Procedure.

2.2. Interpreting and communication support relates to all forms of communication support that will meet a patients communication needs whilst using NHSGGC services. This includes face to face spoken language interpreters, telephone interpreting, British Sign Language (BSL) interpreters, deafblind communicators, Deaf relay interpreters, lipspeakers, notetakers and speech-to-text reporters (palantypists) and any other forms of communication support required to meet the needs of the patient.

3. WHY IS INTERPRETING AND COMMUNICATION SUPPORT IMPORTANT?

3.1. Effective communication is vital for the provision of high-quality services and care. Many of those who access NHSGGC services have difficulty understanding what is being said to them. This may be because English is not their first language, that they are British Sign Language users or Deaf or deafened and require a lip speaker or notetaker or they have a condition which limits their ability to communicate (e.g. following a brain injury or a stroke).

3.2. It is important, therefore, that for all health appointments or interventions that we provide an appropriate interpreter or communicate support for the patient to participate in their care.

3.3. NHSGGC provision of interpreters and communication support enables people to make more informed choices about their care. For staff, it will aid communication with patients, will assist with diagnosis, and help in the process of obtaining informed consent. It will also promote the effective and efficient use of resources.

3.4. There is a legal requirement to provide interpreting and communication support to patients and their carers. The Equality Act 2010 places a legal duty on public authorities to provide barrier free access to those with Protected Characteristics, this includes race and disability. NHSGGC has published an Equality Scheme covering sex, sexual orientation, age, race, disability, gender reassignment marriage and civil partnership and faith. NHSGG&C is also committed to addressing the discrimination caused by social class and poverty as it contributes significantly to the increasing health inequality gap.

3.5. A key priority within the Equality Scheme is the Communication Support and Language Plan. This identified the need for interpreting and communication support for all patients who require it.

4. ROLES AND RESPONSIBILITIES

4.1. NHSGGC requires a clear structure and process to implement the Interpreting Policy and to ensure that it is co-ordinated across the entire organisation. Each Director will be expected to take a visible leadership role in their areas of responsibility for the implementation of this policy.

4.2. **All** staff are required to put the patient's communication needs at the centre of the services they deliver. Staff will ensure:

- Only professional interpreters should be used in a health appointment or intervention. Only in an urgent/emergency should a friend or family member be used until a professional interpreter arrives, but not children under 16 years. A young person may be asked for information to establish facts only.
- That they follow the instructions described in the **Interpreting Services Booking Procedur**e. It is **not the responsibility** of the patient to book or provide interpreters.
- Continuity of interpreters is to be offered in the following circumstances:

  - Mental Health appointments
  - Trauma related appointments
  - Maternity appointments
  - A series of therapeutic interventions
  - End of life care
  - For patients with additional vulnerabilities such as dementia
  - All appointments for children (whether the child or the parent/guardian requires an interpreter).

4.3. Managers must ensure that **all** staff are familiar with the **Interpreting Policy** and the **Interpreting Services Booking Procedure** and that key staff access the 'Working with an Interpreter' e learning module.

4.4. The cost of providing interpreting and communication support lies with NHSGGC and **must not** be passed on to any member of the public. A central NHSGGC budget covers the cost of providing interpreting and communication support (as well as translation and accessible formats).

5. REVIEW

5.1. This policy will be reviewed every three years, or before if there are significant changes to laws or practice.

6. MONITORING

6.1. The process of monitoring the policy and guidance will be ongoing. This may take different forms of engagement with both staff and patients. Reporting will take place on an annual basis and will form part of the reporting requirements for the Equality Scheme.

7. IMPACT ASSESSMENT

7.1. The Accessible Information Policy and associated guidance have been equality impact assessed to make sure that the identified groups are not disadvantaged or discriminated against. The Equality Impact Assessment can be found on NHSGGC's equality website (**www.equalitiesinhealth.org**).

Appendix 1

Interpreting Services Booking Procedure

Interpreting Service including British Sign Language (BSL) or any other Communication Support

Booking Procedure

Date Revised: 24 February 2012

Date for Review:

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Contact Details

NHS Greater Glasgow and Clyde Interpreter Service

Interpreting Services Call Centre

Tara House

1st Floor

46 Bath Street,

Glasgow

G2 1HJ

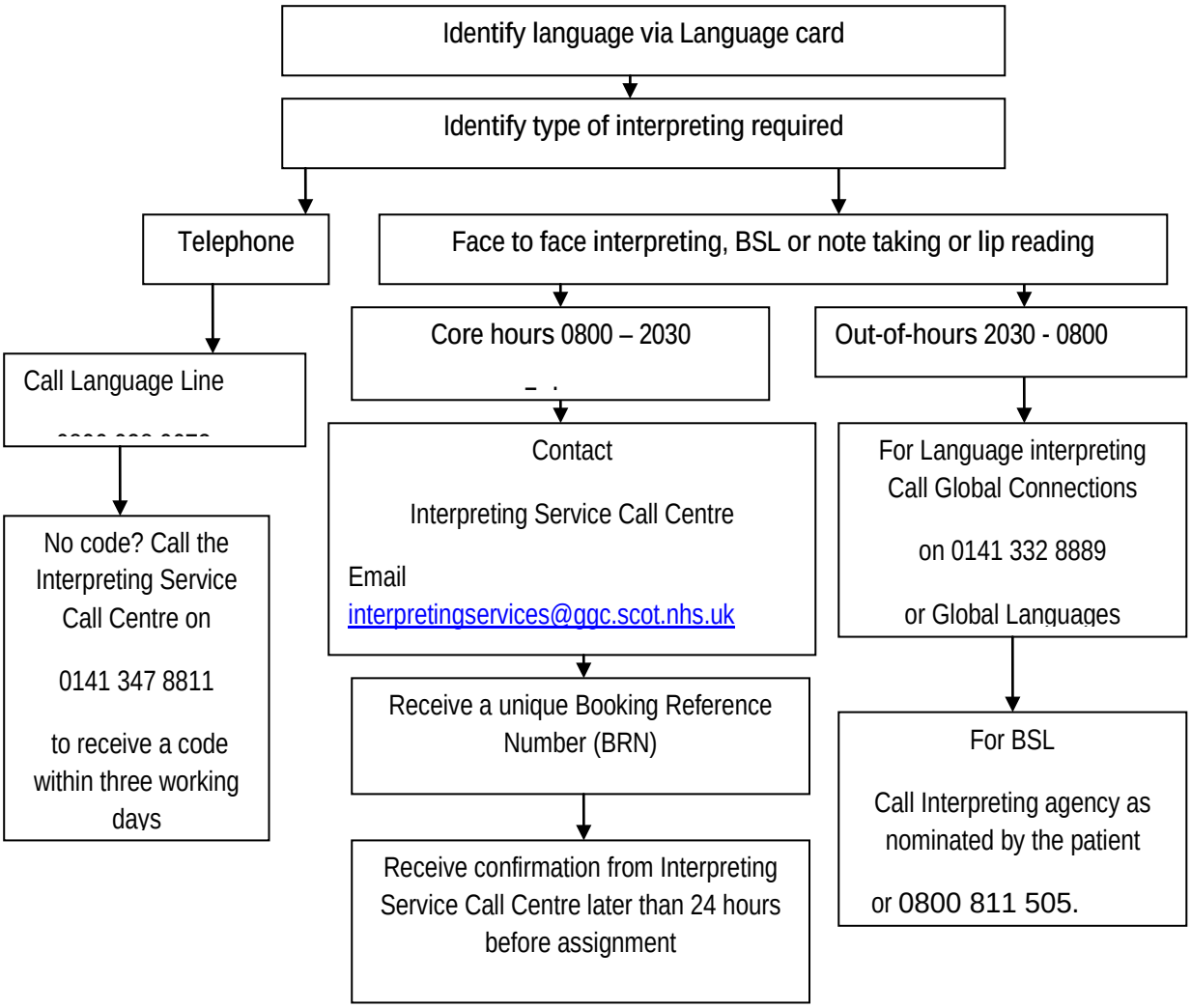
Telephone Number: 0141 347 8811

E-mail Address: interpretingservices@ggc.scot.nhs.uk

Staff Net: Accessible via Staff Net/Info Centre/Interpreting Services

Opening Hours: The Call Centre is open from 0800-2030hrs, Monday to Sunday.

Booking system – Flow Chart



1. Deciding if an interpreter is needed

Interpreters should be booked for any consultation or interaction where a patient cannot communicate or understand English sufficiently well to participate in their appointment or procedure.

This is determined by the patient and/or clinician by requesting communication support.

To determine which language is required use the list of languages found on Staffnet/Info Centre/Interpreting Services.

If you are unable to identify the language call language line on 0800 0280073 for assistance.

2. Different Types of interpreting service available.

There are four different types of interpreting:

- face to face interpreting when the interpreter is in the room and
- Telephone interpreting.
- British Sign Language (BSL)
- Note Taking and Lip Reading

Appendix 1 illustrates Good practice guidelines for working with face to face interpreters.

Appendix 2 illustrates Good practice guidelines for working with telephone interpreters (Language Line)

2.1 Face to Face Interpreting

Face to face interpreting is carried out using simultaneous or consecutive interpreting and requires the interpreter to be present during the consultation. Simultaneous interpreting is when the interpreter speaks at the same time as the English speaker with a slight delay. Consecutive interpreting is when the interpreter hears a section of English, then interprets it.

Simultaneous interpreting should be requested for group work situations or when there is more than one language speaker in the room, e.g. ante natal group work.

Interpreters will generally be allotted one hour for each assignment, however, in some cases the length of assignment can last several hours.

2.2 Telephone Interpreting

Accessing interpreting over the telephone is an immediately available method of interpretation.

Telephone interpreting can take place either by:

- Using the loud speaker facility on your phone, or;
- Connecting the three different parties - the service provider, the interpreter and the patient – in three different places through a telephone conferencing system.
- The service provider and patient being in the same place and using a handset each, sharing a handset or a telephone with central speaker and hands free button.

When to use telephone interpreting:

- If a patient attends for an appointment and no interpreter is booked
- To establish the patients language if it is not apparent

- If there is a medical emergency and no time to wait for a face to face interpreter
- It may not be appropriate in some cases to use a telephone interpreter if there are sensitive or critical issues to be discussed e.g. gender based violence, bereavement, mental health appointment, paediatric emergency.

3. Booking a face to face interpreter or a BSL interpreter (Core hours 0800 – 2030 Monday to Sunday)

Contact the Interpreting Services Call Centre by e-mail or telephone:

E mail: interpretingservices@ggc.scot.nhs.uk

Telephone: 0141 347 8811

Bookings should be made as far in advance as possible.

3.1 Provide details for booking coordinator

You will be asked to provide the following details

- Location in which you require the interpreter
- Department
- Language and/or dialect required
- Specific gender required
- Is the same interpreter required
- Date of assignment
- Time of assignment

- Estimated length of assignment
- To whom the interpreter should report on arrival
- Name of person booking the interpreter
- Contact number
- Date of request

In certain circumstances the same interpreter may be booked for consecutive assignments with the same patient. This is appropriate for sensitive appointments such as maternity, gender based violence, trauma and terminal illness. This should be arranged through the Interpreting Service, not the interpreter.

On receipt of the request you will be allocated a unique Booking Reference Number (BRN) which will also be passed on to the Sessional Interpreter/Agency.

This number will be used as the reference for the interpreter's timesheet which they will bring with them to the assignment.

This Booking Reference Number (BRN) should be recorded in the patient's notes.

When the interpreter has been allocated to the assignment you will be contacted with the following information.

- Name of the sessional interpreter/agency
- Information on whether the interpreter is from the NHSGGC Interpreting Services or from an external agency
- Confirmation of the unique BRN

Following the assignment you are required to sign a timesheet for the interpreter.

Sessional interpreters should give you a copy of their timesheet (middle copy) and you should file this in a specialist interpreting file in date order at your base.

4. Booking a telephone interpreter

Is telephone interpreting the most appropriate form of interpreting required?

If yes and you have a code for contacting Language Line, follow the instructions as detailed in appendix 7.

If you do not have a code for contacting Language Line, contact the Interpreting Service Call Centre to register your services details and you will be contacted within three days with a Language Line code.

5. Booking an Out of Hours Interpreter (Out of hours 2030 – 0800 Monday to Sunday)

Again, which form of interpreting is more suitable – telephone, face to face, BSL, note taking or lip reading?

If a face to face interpreter is required contact either of the following external Interpreting Agencies.

Call Global Connections on 0141 332 8889 or

Global Languages on 0141 429 3429

If you require a BSL, note taking or lip reading

Call the interpreter agency as nominated by the patient or 0800 811 505.

You will be asked to provide the following details

- Location in which you require the interpreter
- Department
- Language and/or dialect required
- Specific Gender required
- Date of assignment
- Time of assignment
- Estimated length of assignment
- Who to report to on arrival
- Name of person who booked the interpreter
- Contact number
- Date of request

On receipt of the request you will be allocated a unique Booking Reference Number (BRN) which will also be passed on to the Sessional Interpreter.

This number will be used as the reference for the interpreter's timesheet which they will bring with them to the assignment.

This Booking Reference Number (BRN) should be recorded in the patient's notes.

When the interpreter has been allocated to the assignment you will be contacted with the following information.

- Name of the sessional interpreter

- Confirmation of the unique BRN

Following the assignment you are required to sign timesheet for the interpreter.

The interpreter should give you a copy of the timesheet (middle copy) and you should file this in a specialist interpreting file in date order at your base.

Following completion of the interpreting assignment fax or send form to Interpreting Service Call Centre for processing payment of invoice and for audit purposes.

For telephone interpreting follow section 4. Acute A&E, Mental Health, Addictions Services and Maternity currently all have codes for Language Line. Do not include this in the general policy?

6. Process for dealing with an interpreter booked through an external agency

In the event that the Interpreting Services Call Centre is unable to source an interpreter for a booking they will forward this request to specialist interpreting recruitment agencies to cover the booking.

A member of staff at the location of the assignment must check and sign the agency interpreter's time sheet and retain a copy at their base.

7. Pre-Assignment Check

The NHSGGC interpreter or interpreter from the external agency should present themselves to the specified person as detailed at the time the booking request was made.

The unique Booking Reference Number (BRN) and photo identification badge should also be checked to ensure that the details match the request.

If there is any doubt as to the details of the assignment please contact the Interpreting Services Call Centre for assurance.

The interpreter should be briefed by staff prior to commencement of the patient appointment of any specific terminology and the general context of the health appointment.

8. Cancellations

8.1 Cancellations of Interpreting Bookings – Core Hours

Cancellations of interpreter bookings must be made more than 4 hours in advance of the booking start time by contacting the Interpreting Services Call Centre either by:

E mail: interpretingservices@ggc.scot.nhs.uk

Telephone: 0141 347 8811

Cancellations of interpreters with less than 4 hours notice will incur the full cost of the interpreter if suitable redeployment is not possible.

If, on arrival, the interpreter is no longer required e.g. the patient fails to attend, the Interpreting Services Call Centre must be informed.

8.2 Cancellations of Interpreting Bookings – Out of Hours

If on arrival for the booking the interpreter is no longer required, the Interpreting Service Call Centre must be informed no later than the following morning.

8.3 Cancellations by Interpreters

It is expected that once a booking has been allocated the interpreter will attend the assignment.

Interpreters are advised that they must give as much notice as possible of any cancellations to allow for the Interpreting Service Call Centre to allocate another sessional interpreter.

Cancellations of bookings will be monitored and performance issues where required will be addressed and monitored by the Interpreting Services Business Manager.

9. Submission of timesheets / payment process

Interpreters will be supplied with timesheets by the Interpreting Services Call Centre.

Timesheets are required to be signed off to verify completed assignments and facilitate payment to the Sessional Interpreter.

Staff members who booked the assignment must ensure that all the relevant columns are completed accurately.

The timesheets are in triplicate:

- Top copy - sent to Interpreting Services Call Centre by the interpreter
- 2nd copy – to be filed in a separate interpreting file at the location where the assignment took place
- 3rd copy – retained by the interpreter.

Time sheets should not be authorised prior to the end of the assignment.

10 Performance and Capability Issues

Interpreters are bound by all NHS Greater Glasgow & Clyde Policies and Procedures when undertaking an assignment. Should you have any concerns in relation to an interpreter who is assigned to your service, they should be reported to your line manager and the Interpreting Service Manager for the NHSGGC Interpreting Service.

11 Incident Reporting

All incidents should be recorded in writing using the DATIX system.

This form is intended as an immediate record of events following an incident involving a member of the Interpreting Services.

Appendix 1

Working with Face to Face Interpreters: Good Practice Guidelines

1. Before the Session

Sessions with an interpreter will take longer than sessions where you are able to speak directly to a patient. You should allow for this when setting the time of the sessions.

You will also need to allow a short time at the beginning and the end of the session to brief/de-brief the interpreter.

Topics you should cover:

(a) **Background details**

If the interpreter has not worked with the client before it is helpful for them to have basic details of the case before they begin.

- Client's name, age, country of origin, language and dialect
- Purpose and expected content of the session
- Any specific terminology which may be used in the session

(b) **Working methods**

If you have not worked with the interpreter before you will need to spend a few minutes explaining your method of working to them. The interpreter will explain how they work best, covering:

- Interruptions – if either party is speaking for too long and the interpreter cannot hold all the details
- Asking for clarification and meaning for the client and yourself
- Seating arrangements – ensuring that everyone is comfortable and able to relate to each other
- How the interpreter should intervene if anything is done or said which may be culturally unacceptable to the client, or where the interpreter feels that there is a clear misunderstanding

2. During the Session

(a) Introduce yourself to the client and allow the interpreter to introduce him or herself. On a first session the interpreter should introduce themselves along the following lines: -

> "My name is ……., and I am a professional interpreter. I will interpret anything that is said in the session. Please do not say anything to me that you do not want translated. What you say here is confidential and I will not tell anyone else about what you say here today"

(b) Working with the interpreter

Seating	Ensure that everyone can see each other and that eye contact will be easy
When speaking	Speak directly to the client, using their name.
Content	Only say things to the interpreter which are to be interpreted to the client, the client can feel alienated if the interpreter and you have a private conversation.
Listening	When the client is talking stay involved, show you are listening through your body language
Timing	Speak in manageable chunks and allow the interpreter sufficient time to translate
Understanding	use straight forward language and avoid jargon, encourage the client to ask questions and check to see that they have understood. Explain medical terms to ensure comprehension as you would in any patient / clinician interaction

Breaks	Be aware of when the client or interpreter may need a short break particularly if the client has been talking about distressing experiences.
Leaving the room	If you need to leave the room, you should not leave the interpreter alone with the client

3. After the Session

In a short debriefing after the session you can check out the following:

- General feedback - did the session go smoothly? Were there any problems working together?
- Specific feedback and clarification – any factual observations from the interpreter, or feedback on the cultural context of gestures or modes of behaviour
- Check how the interpreter is feeling after the session, particularly if it was an emotionally charged session
- Complete and sign the interpreters record slip

4. Problems with the Session

Talk to the interpreter about any difficulties, which may arise. Check the issues covered below to see if you can decide what may be going wrong.

Points to check if something seems to be going wrong:

- Does the interpreter speak English and the client's language fluently?
- Is the interpreter acceptable to the client (same gender, similar age)?
- Is the client prevented from telling you things because of his/her relationship with the client?
- Are you creating as good a relationship as possible with your client?
- Is the interpreter translating exactly what you and your client are saying, or are they putting forward their own views and opinions?
- Does the interpreter understand the purpose of the interview and what their role is within it?
- Have you given the interpreter time to get to know the client and explain what is happening?
- Does the interpreter feel free to interrupt you when necessary to point out problems or ask for clarification?
- Are you using simple, jargon-free English?
- Are you allowing the interpreter enough time?
- Are you maintaining as good a relationship with the interpreter as you can?

Appendix 2

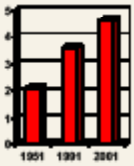
Tips for Working with an interpreter in a Healthcare Setting

TIPS FOR WORKING WITH AN INTERPRETER IN A HEALTHCARE SETTING

1. **Brief the interpreter** – Identify the name of your organisation to the interpreter; provide specific instructions of what needs to be accomplished and state whether you need help with placing a call. The interpreter can assist you in getting the call off to a good start by introducing you and your facility and then relaying your initial question.
2. **Speak directly to the patient** – You and the patient should communicate directly with each other as if the interpreter were not there. The interpreter will relay the information and then communicate the patient's response directly back you. Also, speak naturally (not louder) and at your normal pace (not slower).
3. **Segments** – Speak in one sentence or two short ones at a time. Try to avoid breaking up a thought. Your interpreter is trying to understand the meaning of what you are saying, so express the whole thought if possible. Interpreters will ask you to slow down or repeat if necessary. You should pause to make sure you give the interpreter time to deliver your message.
4. **Clarifications** – If something is unclear, or if the interpreter is given a long statement, the interpreter may ask you for a repetition of what was said.
5. **Ask if the Limited English Speaker (LES) understands** – Please don't automatically assume that the LES patient understands you. In some cultures a person may say "yes" as you explain something, but it doesn't necessarily mean they understand. It may just mean they want you to keep talking because they are trying to follow the conversation. Also, please keep in mind that a lack of English does not necessarily equate to a lack of education.
6. **Do not ask for the interpreter's opinion** – Avoid asking the interpreter for opinions or comments. The interpreter's job is to convey the meaning of the source language and not allow personal opinion to influence the interpretation.
7. **Everything you say will be interpreted** – Try to avoid private conversations with your colleagues. Whatever the interpreter hears will be interpreted.
8. **Avoid jargon or technical terms** – To help your patient and interpreter better understand you, don't use industry jargon, slang, idioms, acronyms, or technical terms. Clarify vocabulary that is unique to the situation and provide examples if needed to explain a term.
9. **Length of interpretation session** – Many concepts you express may have no equivalent in other languages. The interpreter may have to describe or paraphrase the terms you use. As a result, an interpretation might take twice as long as a conversation carried on in English only. Please avoid interrupting the interpreter while he or she is interpreting.
10. **Reading scripts** – Though we may not notice it, we often talk more quickly when reading a script. When reading a script, prepared text, or a disclosure, please slow down to give the interpreter a chance to keep up with your pace.
11. **Culture** – Professional interpreters are familiar with the culture and customs of the LES. During the interpretation session, the interpreter might identify and point out a cultural issue of which you may not be aware. Also, if the interpreter feels that a particular question is culturally inappropriate, he or she may ask you to rephrase it.
12. **Closing of the call** – The interpreter will wait for you to initiate the closing of the call. When appropriate, the interpreter will offer further assistance and will be the last to disconnect from the call.

GROWTH IN U.K. ETHNIC MARKETS

According to the U.K. Census of 2001, the foreign-born population in the U.K. has grown from 3.8 million in 1991 to nearly 5 million in 2001.



How many of your patients speak a language other than English?

ASK ABOUT ALL OUR QUALITY LANGUAGE SERVICES

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- Document Translation
- Face-to-Face Interpreting
- Language Line® Phone

CALL US ON

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OR SEND US AN EMAIL AT

enquiries@languageline.co.uk

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Appendix 3

Summary of best practice regarding booking interpreters

1. Clearly state the required language and dialect (if appropriate) when initiating an assignment.

2. Ascertain if the gender of the interpreter is important.

3. Give as much notice as possible for the assignments.

4. Ensure that the information regarding the department and location are accurate.

5. For further information or advice regarding how to work with interpreters, contact Interpreting Services Manager or undertake an e-learning module (not yet finalised)

6. Give accurate information regarding approximate duration of the assignment.

7. Block book for future appointments if possible especially where continuity of interpreter is essential e.g. therapeutic appointments.

8. Give consideration to the safety of the interpreter when you book e.g. does the service user/patient have history of volatile behaviours?

9. For further information or advice regarding working with interpreters contact , NHS Greater Glasgow and Clyde Interpreting Service on xxxxxx

Appendix 4

Benefits of face to face interpreting and telephone interpreting

Benefits of face to face interpreting

- Allows good eye contact and ability to see body language of the patient, the staff member and the interpreter
- Beneficial when working with sensitive issues e.g. trauma, gender based violence, child protection cases
- Appropriate for dealing with bereavement and breaking bad news
- Helpful if the consultation involves therapeutic counselling
- A more cost effective form of interpreting when sessions can last one hour.

Benefits of telephone interpreting

- Availability of language in some cases
- Provides anonymity for the patient, particularly for small communities
- Availability can be 365 days a year and at short notice
- Can deal with ad hoc or unexpected interpreting sessions
- Allows speedy resolution to a situation
- Useful for setting up a future interpreting session that is face to face or to confirm an appointment
- Responds to emergency and urgent situations
- Cost effective for an appointment which is less than 60 minutes
- Maybe less intrusive into the consultation setting

Appendix 5

Interpreting Services Booking Request Form

- Complete this form for each Interpreter you wish to request and return to the Interpreting Service at interpretingservices@ggc.scot.nhs.uk
- Booking requests should be submitted where possible well in advance of the actual appointment time
- If after submitting this booking request form an Interpreter is no longer required then please advise the Interpreting Service immediately by telephone 0141 347 8811
- Please ensure all sections of this form are completed in full to ensure accuracy of appointment information provided to the assigned Interpreter
- All information contained within this form will be treated in the strictest of confidence
- For Out of Hours Bookings - 20.30 to 08.00 Monday to Sunday you should complete this form as soon as possible and return it to the interpreting services call centre where a reference number will be allocated

Request 1

Your location	
Directorate/CHP/CHCP/MHP/GP/Dental /Ophthalmic practice etc	
Your name	
Your Contact number	
Date of assignment	
Time of assignment	
Purpose of Appointment e.g. GP appointment, maternity , discharge	
Who to see – name of clinician	
What is the exact location of interpreting assignment Building /Name & Dept	

Street Town Postcode	
Contact Details of Person the Interpreter is meeting: Name: Tel/Mobile:	
Name of patient	
What language is required?	
Gender	
What is the expected length of appt.?	
Please use this section to record any additional instructions e.g. background information /directions to venue etc	
Booking Reference Number	

To make more than one request simply copy the form and complete the details

Appendix 6

Accessing a Telephone Interpreter (Language Line)

Accessing a Telephone Interpreter

When your client is with you

1. Dial 0800 028 0073 (0207 715 2630 for mobile users)
2. The operator will ask you for:
   - **Your client ID** (your 6 digit client number) (_____)
     (Please note: this code is **confidential** to your organisation or dept)
   - The language you require? (you can ask for a male or female interpreter)
   - Or if you are unsure please ask for language assistance.
   - What organisation are you calling from?
   - What is your personal code? (answer with your full first and last name)
3. Stay on line while the operator connects you to a trained interpreter (about 30 seconds). The operator will then inform you the interpreter is 'now on line'.
4. Note the interpreter's ID code, introduce yourself and brief the interpreter saying what phone you are using, e.g. single/ dual handset, speaker phone or mobile.
5. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement.

   Give the interpreter time to interpret between you and your client.

   Continue the conversation.
6. Let your client and the interpreter know when you have finished. Thanks the interpreter and say 'end of call'

Making outgoing client calls

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

1. Have your client's name and telephone number ready.
2. Follow steps 1 and 2 for '**When your client is with you**', but advise the operator your client is **NOT with you**.
3. Give the operator your client's name and telephone number.
4. Stay on line while the operator connects you to a trained interpreter (about 30 seconds).
5. Note the interpreter's ID code.

   Introduce yourself and brief the interpreter: explain the operator is phoning your client.

   Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement.
6. The operator introduces your client into the call. The interpreter proceeds as you directed above.
7. Give the interpreter time to interpret between you and your client.

   Continue the conversation.
8. Let your client and the interpreter know when you have finished.

Handling incoming client calls

If you have conferencing facilities

1. Put your client on hold using your organisation's conference call facilities (try to obtain your client's telephone number in case they hang up while on hold).
2. Follow steps 1 and 2 for '**When your client is with you**', but advise the operator your client is **ON HOLD**.
3. Brief the interpreter, then conference your client into the call.

If you do not have conferencing facilities

1. Note your client's telephone number, language and, ideally, name.
2. Assure your client that you will call back shortly with an interpreter.
3. Follow the procedures for '**making outgoing client calls**'.

Useful Numbers

1. **General enquiries, ftraining line and materials**

   Tel: 0800 169 2879
   Fax: 0800 783 2443
   Training: 0800 298 4334
   Email: enquiries@languageline.co.uk
   Website: www.languageline.co.uk
   Post: 25th Floor, 40 Bank Street
   Canary Wharf, London E14 5NR
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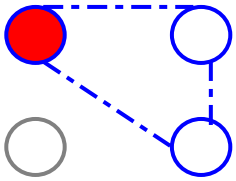
Appendix 2

NHS Scotland Interpreting Competency Framework

NHS Staff



NHS-1. POLICY & LEGISLATION

NHS-1.1 Understanding of the policy: The NHS staff understands the legal requirement to provide interpreting service for patients who require language support accessing healthcare services and its rationale.

NHS-1.2 Commitment: The NHS staff is committed to equality of access to healthcare services for patients who require language support, and continues to communicate the benefits of using interpreters to all parties.

NHS-2. RESOURCE & PLANNING

NHS-2.1 Communication: The NHS staff is supported by good communication strategies to ensure they have a high level of awareness of their obligations to provide interpreters for patients who require language support.

NHS-2.2 Resource allocation: The NHS staff is aware of the arrangement for resource allocation for interpreting and understand that the use of interpreters is a justified expense (I cannot remember whether this is to stay or go…please advise).

NHS-2.3 Clear guidelines: The NHS staff has access to and clear understanding of local guidelines and procedures relating to the booking and use of interpreters.

NHS-3. PRACTICES

NHS-3.1 Interpreting as a 3-way process: The NHS staff recognises that interpreting is a 3-way process, i.e. the interpreter is there to interpret for the practitioner as much as they are there to interpret for the patient who requires language support.

NHS-3.2 Only using competent interpreters: The NHS staff seeks to only use competent interpreters, in order not to risk patient safety through misdiagnosis, wrong treatment or unnecessary repeat visits. This would also minimise wasting resources.

NHS-3.3 Providing information when booking interpreters: The NHS staff provides as much information about the assignment as possible, so that the interpreter can make an informed decision on whether to accept it, e.g. due to conflict of interest or competence; and adequately prepare for the assignment beforehand if it is accepted.

NHS-3.4 Understanding the role of the interpreter: The NHS staff understands the role of the interpreter, the complexity of the role and the interpreting process, and the kind of difficulties and challenges interpreters face. They help the interpreter by allowing an adequate working environment and appropriate seating arrangement wherever possible.

NHS-3.5 Respect for interpreters: The NHS staff respects interpreters as professional colleagues who have been tasked to facilitate communication as part of healthcare service delivery.

NHS-3.6 Health and safety of interpreters: The NHS staff gives due consideration to the health and safety of interpreters working on site, by not exposing them to unnecessary risks, e.g. radiation or infectious diseases; and by ensuring they are not subject to workplace violence, e.g. the interpreter should not be left alone with the patient.

NHS-3.7 Assessing the need for an interpreter: The NHS staff has a consistent approach to assessing whether a patient requires an interpreter to access healthcare services, or whether a practitioner requires an interpreter to treat a patient. They do not make assumptions based merely on the appearance and/or ethnicity of the patient or their ability to communicate in English.

NHS-3.8 Patient's refusal to use an interpreter: The NHS staff follows the appropriate procedures when a patient refuses an interpreter. They seek to understand the reasons for the refusal, explain the importance of using a professional interpreter and break down barriers where appropriate.

NHS-3.9 Continuity of interpreter: The NHS staff assesses whether a patient and the practitioner would benefit from having the same interpreter throughout the patient journey, based on a balance between the nature of their individual case, relevance and patient choice.

NHS-3.10 Working with interpreting service providers: The NHS staff works closely with the interpreting service provider to improve structures and processes of the interpreting service provision and quality.

NHS-4. TRAINING & SUPPORT

NHS-4.1 Training on how to book interpreters: The NHS staff is trained to have a clear understanding of the guidelines and procedures of the booking of interpreters for patients who require language support.

NHS-4.2 Training on how to use interpreters: The NHS staff has access to adequate training on how to use interpreters to help maximise effective communication with patients with require language support, and what to expect from a competent interpreter.

NHS-4.3 Support for interpreters: The NHS staff works in conjunction with the interpreting service providers to provide access to support for interpreters where appropriate, e.g. following a traumatic or stressful assignment.

NHS-5. MONITORING & EVALUATION

NHS-5.1 Feedback: The NHS Board welcomes and seeks feedback from all three parties, i.e. patients, practitioners and interpreters, to help improve service quality and customer satisfaction.

NHS-5.2 Monitoring and evaluation processes: The NHS Board has in place robust and transparent processes to monitor and evaluate the interpreting service they procure, using appropriate quantitative and qualitative performance indicators and monitoring and evaluation tools.

NHS-6. CONTINUOUS IMPROVEMENT (CI)

NHS-6.1 Commitment to CI: The NHS Board is fully committed to continuously improving the quality of healthcare services provided via an interpreter for patients who require language support.

NHS-6.2 Structures and processes to support CI: The NHS Board uses performance evaluation results and feedback to plan and implement their CI initiatives, and keeps a record to chart progress and evidence outcomes.

Interpreting Service Providers

ISP-1. ASSESSING COMPETENCE

ISP-1.1 Recruitment and selection of interpreters: The interpreting service provider uses robust recruitment and selection procedures to select candidates who have the language competence, interpersonal skills and cultural awareness to work or be trained as an interpreter.

ISP-1.2 Assessment on language competence: The interpreting service provider assesses the candidate's language competence in both languages by evidence of qualifications in interpreting where available, and/or by language testing in an interpreting context in both languages where qualifications are not available.

ISP-1.3 Vetting: The interpreting service provider assesses the suitability of someone working as an interpreter in healthcare settings by applying the appropriate level of disclosure check.

ISP-2. INDUCTION & TRAINING

ISP-2.1 Induction for interpreters: The interpreting service provider provides induction for all interpreters working for them to ensure they are familiarised with expectations, policies and procedures, the contexts and settings in which they interpret, and any support available to them.

ISP-2.2 Training for interpreters: The interpreting service provider ensures all interpreters are trained to have a sound understanding of the role of the interpreter, ethics and boundaries, interpreting skills and techniques, coping strategies, and how to deal with cultural inferences.

ISP-2.3 Capacity building: The interpreting service provider provides access to training materials and opportunities in order to help interpreters increase their knowledge of healthcare settings and medical terminology.

ISP-2.4 Training for support staff: The interpreting service provider provides training for their own support staff to help them understand the contexts and settings in which interpreters work, the complexity of the role and the interpreting process, and the kind of difficulties and challenges interpreters face in the frontline.

ISP-3. PRACTICES

ISP-3.1 Code of Conduct: The interpreting service provider has in place a Code of Conduct that governs the conduct of their interpreters as well as robust procedures to deal with any breach, e.g. relating to accuracy of the interpreting, impartiality of the role of the interpreter, and keeping information confidential.

ISP-3.2 Health and safety of interpreters: The interpreting service provider gives due consideration to the health and safety of their interpreters, taking into account both the personal circumstances of the interpreter where appropriate and the requirements of the assignment.

ISP-3.3 Insurance: The interpreting service provider has adequate, appropriate insurance cover for the interpreting service they provide, in particular public liability and professional indemnity insurance.

ISP-3.4 Providing the most suitable interpreter: The interpreting service provider gives due consideration as to which interpreter is the most suitable to be sent to a given interpreting assignment, based on their competence, subject knowledge, gender (if relevant) and availability.

ISP-3.5 Dealing with complaints: The interpreting service provider has robust, transparent and responsive procedures in place to deal with complaints.

ISP-3.6 Working with the NHS Board: The interpreting service provider works closely with the NHS Board to improve service provision and quality.

ISP-4. SUPPORT & CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

ISP-4.1 Pre-assignment support for interpreters: The interpreting service provider obtains as much pre-assignment information as possible, so as to enable the interpreter to make an informed decision on whether to accept an assignment, e.g. due to conflict of interest or competence, and to adequately prepare for the assignment if it is accepted.

ISP-4.2 Post-assignment support for interpreters: The interpreting service provider provides direct post-assignment support, e.g. debrief, and/or access to appropriate support for their interpreters if and when they require it, especially those who have engaged in a traumatic or stressful assignment. The interpreting service provider works with NHS staff to address any concerns or complaints relating to the health and safety of interpreters.

ISP-4.3 Peer support: The interpreting service provider facilitates the development of peer support structures for their interpreters and provides opportunities for sharing experience, learning from and supporting each other.

ISP-4.4 CPD opportunities: The interpreting service provider encourages and provides access to CPD opportunities to help their interpreters develop professional competence.

ISP-5. MONITORING & EVALUATION

ISP-5.1 Monitoring and evaluation processes: The interpreting service provider has in place robust and transparent processes to monitor and evaluate the interpreting service they provide, using appropriate quantitative and qualitative performance indicators and monitoring and evaluation tools.

ISP-5.2 Feedback: The interpreting service provider welcomes and seeks feedback from the NHS staff, interpreter, and patient (if working in conjunction with the NHS Board for service quality evaluation where the issue of patient confidentiality is dealt with) to help improve service quality and customer satisfaction.

ISP-6. CONTINUOUS IMPROVEMENT (CI)

ISP-6.1 Commitment to CI: The interpreting service provider is fully committed to continuously improving the quality of the interpreting service provided to the NHS Board.

ISP-6.2 Structures and processes to support CI: The interpreting service provider uses performance evaluation results and feedback to plan and implement their CI initiatives, and keeps a record to chart progress and evidence outcomes.

Public Service Interpreters

PSI-1. COMPETENCE

PSI-1.1 Language competence in both languages: The interpreter is competent in both languages they interpret in. This competence is based on an assessment of their language ability and fluency in an interpreting context by a competent person and/or accrediting body. For languages that are accredited via qualifications, the interpreter possesses Diploma in Public Service Interpreting (DPSI) or equivalent, with DPSI Health as the preferred option for interpreters working in healthcare settings. For British Sign Language (BSL), the interpreter is a fully registered member with the Scottish Association of Sign Language Interpreters (SASLI) and/or the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD). For languages that are not accredited via qualifications, the interpreter has demonstrable and evidenced language competence in both languages.

PSI-1.2 Interpersonal skills: The interpreter possesses good interpersonal skills and can interact effectively with people in different interpreting settings and situations.

PSI-1.3 Cultural awareness: The interpreter has awareness and knowledge of the cultures of the languages they interpret in and is able to sensitively draw attention to any cultural aspects which may affect effective communication.

PSI-1.4 Training: The interpreter is trained to have a sound understanding of the role of the interpreter, ethics and boundaries, interpreting skills and techniques, coping strategies, and how to deal with cultural inferences.

PSI-1.5 Experience: The interpreter has built up experience interpreting in healthcare settings over time. An interpreter-in-training practises in simulated scenarios and, where appropriate and consent has been obtained, shadows more experienced interpreters in real-life scenarios before carrying out interpreting alone and only in less demanding assignments.

PSI-1.6 Vetting: The interpreter possesses a current disclosure of an appropriate level to demonstrate that they are suitable to work in healthcare settings.

PSI-1.7 Professional indemnity: The interpreter is fully covered by an appropriate level of professional indemnity insurance obtained through registration with a professional body offering such cover as part of its membership, or registration with a fully insured interpreting service provider, or by other independent arrangements.

PSI-2. SUBJECT KNOWLEDGE

PSI-2.1 Healthcare settings: The interpreter understands the context of interpreting in healthcare settings, and as such has a good level of awareness of the healthcare system in Scotland and the roles and functions of healthcare practitioners.

PSI-2.2 Medical terminology: The interpreter has knowledge of a range of medical terminology to help them interpret effectively and accurately in healthcare settings, and seeks to build upon this knowledge on an ongoing basis.

PSI-3. ETHICS & CONDUCT

PSI-3.1 Confidentiality: The interpreter treats all information received in the course of their duty as strictly confidential, unless required by law to disclose information. The interpreter never derives any personal gain or advantage from such information.

PSI-3.2 Impartiality: The interpreter interprets for both parties who speak on their own behalf and make their own decisions. The interpreter does not advocate, show bias or preferences, or allow their own opinion and personal beliefs to interfere with the communication, e.g. the interpreter does not omit certain words simply because they do not agree with them. The interpreter is fully aware of their professional boundaries and is able to remain detached, particularly in stressful situations.

PSI-3.4 Respect: The interpreter treats all parties with respect and dignity, and does not judge or discriminate against any of the parties on any grounds.

PSI-3.5 Conflict of interest: The interpreter declines to accept an assignment where there may be actual, potential or perceived conflict of interest, e.g. the patient is related to or personally known to the interpreter (actual); the patient has business dealings with a family member of the interpreter (potential); or ethnic origins (perceived).

PSI-3.6 Professionalism: The interpreter acts in a professional manner at all times. The interpreter is reliable, courteous, objective, empathetic, and able to maintain their composure in difficult or stressful situations. The interpreter adheres to the Code of Conduct as stipulated by the professional bodies and/or interpreting service providers they are registered with.

PSI-4. SKILLS & TECHNIQUES

PSI-4.1 Withdrawal from assignments: The interpreter declines or withdraws from assignments which are beyond their competence, may pose a conflict of interest, or involve situations that may interfere with impartiality, e.g. the assignment relates to subject matters that they hold strong personal or religious beliefs in.

PSI-4.2 Preparation: The interpreter uses available pre-assignment information to prepare for the assignment to ensure they do their job as competently as possible.

PSI-4.3 Explaining the role of the interpreter: The interpreter explains their role to both parties at the outset, making specific reference to impartiality, confidentiality, and the need to use first-person interpreting to facilitate direct communication between the parties.

PSI-4.4 Appropriate modes and techniques: The interpreter selects and uses the appropriate mode of interpreting demanded by the situation, switching from consecutive to simultaneous/ whispered simultaneous and vice versa The interpreter provides sight translation, i.e. interpreting a written text, competently as and when required. The interpreter intervenes only to ask for repetition, clarification or explanation, point out that a party may not have understood something,

alert parties of a possible missed cultural inference, and informs all parties of the reason for the intervention.

PSI-4.5 Accuracy: The interpreter interprets accurately and completely the content and meaning of the original message without addition, omission, distortion, or projecting personal beliefs and prejudices into the communication. The interpreter stops and asks for clarification or explanation when they do not fully understand the message.

PSI-4.6 First-person interpreting: The interpreter interprets mainly in first-person mode to facilitate effective communication between the healthcare practitioner and the patient in which they speak on their own behalf and make their own decisions. First-person interpreting helps avoid advocacy and the perception of advocacy, e.g. the interpreter interprets “can I have some antibiotics?” instead of saying “can she have some antibiotics?”

PSI-4.7 Accessing post-assignment support: The interpreter utilises, where appropriate, post-assignment support available to them to help reflect and learn from their experiences and maintain a healthy working life. This could range from short and simple debriefing with the interpreting service provider they work for, to accessing counselling services after traumatic assignments.

PSI-5. FEEDBACK & SELF-EVALUATION

PSI-5.1 Feedback: The interpreter welcomes and seeks feedback whenever possible to help improve their skills, techniques and knowledge.

PSI-5.2 Self-evaluation: The interpreter evaluates and reflects on their own performance and any feedback they receive, and uses this to identify areas for improvement and plan for Continuing Professional Development (CPD).

PSI-6. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

PSI-6.1 Commitment to CPD: The interpreter is fully committed to continuously improving their professional competence through skills development, training and research.

PSI-6.2 Structures and processes to support CPD: The interpreter uses performance evaluation results and feedback to set objectives for their professional development over a period of time, seeks out opportunities to achieve these objectives, and keeps a record to chart progress and evidence outcomes.