Spoken Language, British Sign Language and Communication Support

Interpreting Policy

Lead Manager:	Equality and Human Rights Manager
Responsible Director:	Director of Corporate Planning and Policy
Approved By:	
Date Approved:	26th March 2015 (still current 23 May 2019)
Date for Review:	Awaiting National Policy
Replaces Previous Version:	July 2012

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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 (NHSGGC).

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 NHSGGC's Clear to All (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, lip speakers, note takers and speech-to-text reporters (palan typists) 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 note taker 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). Where there are concerns around the child's safety or welfare interpreters must be used to interview children alone without a parent or guardian present to clarify the child's version of events and to enable their wishes and feelings to be understood".

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).**

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

Booking Procedure

Date Revised: May 2019 (awaiting National Policy)

Date for Review:

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Contact Details

How to contact us

Phone: **0141 347 8811**

Email: interpretingservices@ggc.scot.nhs.uk

For out of hours requirements, please call us on 0141 347 8811 to be connected to the appropriate service.

For out of hours requirements, please call the contact centre on 0141 347 8811, where you will be provided options for your interpreting requirements and your call will be re-directed.

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 at HR Connect/Interpreting. Language ID cards and posters are also available.

If you are unable to identify the language call Call Capita on **0800 004 2000 (Option 2)** 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
- Telephone interpreting.
- British Sign Language (BSL) interpreting
- Note Taking and Lip Reading

Appendix 3 illustrates Good practice for booking face to face interpreters.

Appendix 4 illustrates the benefits of face to face interpreting vs telephone interpreters (Capita)

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:

Telephone interpreting should now be used for all appointments under 41 minutes. This applies to all short appointments unless the patient has additional vulnerabilities, such as a cognitive impairment or hearing loss, or is a child over 2 years old.

Capita is our provider for telephone interpreting and can be accessed 24 hours per day, 7 days per week.

You can also use Capita –

To establish the patient's language if it is not apparent

- If there is a medical emergency and no time to wait for a face to face interpreter

3.   Booking a face to face interpreter or a BSL interpreter

Core hours: 8am until 6pm Monday to Friday, and 8am until 4pm on Saturdays and Sundays

NHS Greater Glasgow and Clyde Staff Bank

Dalnair Street

West Glasgow ACH

Yorkhill Glasgow

G3 8SJ

Interpreting Services Contact Numbers

Contact Centre
Tel: 0141 347 8811

INTERPRETINGSERVICE@ggc.scot.nhs.uk

Contact Centre Team Lead
Andrew Stewart
Tel: 0141 278 2679
Email: Andrew.Stewart2@ggc.scot.nhs.uk

Contact Centre Supervisor
Laura Traquair
Tel: 0141 278 2677
Email: Laura.Traquair@ggc.scot.nhs.uk

Equality & Human Rights Manager
Jac Ross
Tel: 0141 201 4825
Email: Jac.Ross@ggc.scot.nhs.uk

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.

When the booking office processes your 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.

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

4.   Using a telephone interpreter

Capita Livelink - Telephone Interpreting

Please note that telephone interpreting should now be used for all appointments under 41 minutes. This applies to all short appointments unless the patient has additional vulnerabilities, such as a cognitive impairment or hearing loss, or is a child over 2 years old.

Capita is our provider for telephone interpreting and can be accessed 24 hours per day, 7 days per week. They have 2 options, which are telephone interpreting and interpreting via an app, they are both known as LiveLINK.

When you experience a language barrier, call Capita Translation and interpreting (Capita TI) and you will be connected to an interpreter within seconds.

Telephone interpreting is now available via a mobile app as well as by telephone. There is no operator to go through, making it quicker and easier to use the service.

You will need your 6-digit department code for telephone interpreting and a password for the mobile app. If you do not yet know your code and password –

Acute sites – click here or go to Staffnet/Interpreting services

All other sites – call 0141 347 8811

Telephone

Call **0800 004 2000**

Choose option 2 - telephone interpreting

Enter your 6-digit department code

Enter the 3-digit language code – [click here](#) to view list or go to HR Connect/Interpreting

You will be connected to an interpreter in as little as 15 seconds

Tell the interpreter if your patient is with you or if you need them to contact the patient on another number.

Use your speaker phone to give the interpreter your first question/statement

Let the patient and interpreter know when you are finished the conversation

Mobile App

Download the **Capita LiveLINK Client App** free from your app store

Log in using email address – which is your **CODE@capitalivelink.com -** and your password

You will only need to log in once - not every time you need an interpreter.

Click 'Get Service'

Select the language you require.

You will then be connected to an interpreter.

Use the speaker on your mobile to start the session.

You can use this service to phone your patient by clicking on 'Add Call' and entering their number.

Click 'merge'.

5. **Booking an Out of Hours Face to Face Interpreter**

(**Out of hours: 6pm to 8 am Monday to Friday and 4pm to 8am Saturday and Sundays))**

If you need a face to face spoken or BSL interpreter out of hours, please call the interpreting service phone number - **0141 347 8811** – then select the option you require, and your call will be redirected.

Accident and Emergency / Out Of Hours

To book a BSL interpreter for unplanned visits or out of hours please contact one of the following agencies -

Sign Language Interactions **03333447712**

D.A Languages **01619282533**

Deaf Services Lanarkshire **01236604808** or

Deaf Connections **01414201759**

BSL Online Service

We also provide an **online interpreting service**, enabling the patient to communicate with staff while waiting for a face to face interpreter to arrive.

The online service means that in an emergency, staff can quickly link up to an interpreter at any time – 24 hours a day, 7 days a week - and communicate with their patient.

It can also be used during hospital stays, when an interpreter is not available.

BSL Online is accessed through special laptops which come ready to use with simple instructions. Staff should contact the relevant departments to access the service.

To view a short film on how to use BSL Online, click here.or go to HR Connect/Interpreting.

BSL Online is currently available at the following sites -

Queen Elizabeth University Hospital

- Accident & Emergency Department
- Support & Information Service (Tel: 0141 452 2387)
- Spinal Injury Unit

Glasgow Royal Infirmary

- Accident & Emergency Department
- Acute Assessment Unit
- Wards 51, 52, 53 & 65

Stobhill Hospital

- Minor Injuries Unit

Royal Alexandra Hospital

- Accident & Emergency Department

Inverclyde Royal Hospital

- Accident & Emergency Department

Beatson West of Scotland Cancer Care

New Victoria Hospital

- Support & Information Service
- Minor Injury Unit

Gartnavel General Hospital

- 3rd Floor Offices

Gartnavel Royal Hospital

- The Hub

West Glasgow Ambulatory Care Hospital

- Outpatients Department

Vale of Leven Hospital

- Receiving Ward

Royal Hospital for Children

- Outpatient Department
- Accident & Emergency Department
- Paediatric Cardiac Services

Maternity Services

- Princess Royal Hospital
- Queen Elizabeth University Hospital
- Royal Alexandra Hospital

Mental Health Facilities

- Stobhill Hospital
- Ravenscraig Hospital
- Dykebar Hospital
- Leverndale Hospital

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.

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 (if less than 24 hours in advance.)

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, and signed.

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

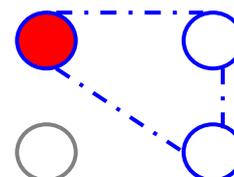All incidents should be recorded in writing using the DATIX system.

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

Appendix 1

NHS Scotland Competency Framework

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

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
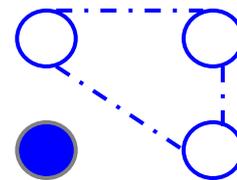
ISP-1. ASSESSING COMPETENCE

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
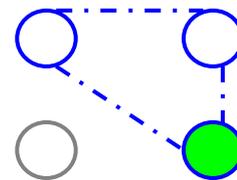
PSI-1. COMPETENCE

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.

<mark>PSI-3. ETHICS & CONDUCT</mark>

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.

<mark>PSI-4. SKILLS & TECHNIQUES</mark>

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.

Appendix 2

Working with Face to Face Interpreters: Good Practice Guidelines

1. Before the Appointment

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

You may also need to allow a short time at the beginning of the appointment to 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 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 0141 347 8811

Appendix 4

Benefits of telephone and face to face interpreting

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

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.

Appendix 5

Interpreting Services   Booking Request Form

- Bookings should be made using the Staffnet Booking Form, which can be found as follows
  http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/InterpretingServices/ISBRF/Pages/InterpretingServicesBookingRequest.aspx
- If you do not have Staffnet, then please complete the form below 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 on 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 – 6.00pm to 8.00am Monday to Friday, 4pm to 8.00am Sat-Sun, 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

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

How to Access Interpreting Support Poster (also available to download here)

How to access interpreting support - April 2019

NHS Greater Glasgow and Clyde

Identify Language Required using Language ID card

Identify type of interpreting support required

British Sign Language

Face to Face Interpreting
Contact: Interpreting Service
Core Hours: 8.00am - 6.00pm - Mon-Fri
8.00am - 4.00pm - Sat-Sun
Email: interpretingservice@ggc.scot.nhs.uk
Tel: 0141 347 8811

Out of Hours Tel: 0141 347 8811

Online Interpreting
Available 24/7
Use when Face to Face Interpreter not present. See HR Connect/Interpreting for how to access and use.

How to use online interpreting
www.equalitiesinhealth.org/online-interpreting

Spoken Language

Telephone Interpreting
Available 24/7
Use for all appointments under 40 minutes if possible. Go to HR Connect/interpreting for codes.

Telephone:
0800 004 2000
Mobile App:
Download Capita LiveLINK Client App

Face to Face Interpreting
Contact: Interpreting Service
Core Hours: 8.00am - 6.00pm - Mon-Fri
8.00am - 4.00pm - Sat-Sun
Email: interpretingservice@ggc.scot.nhs.uk
Tel: 0141 347 8811

Out of Hours Tel: 0141 347 8811

Deafblind Communication

Deafblind Communication
Contact: Deafblind Scotland
Core Hours: 9.00am - 5.00pm - Mon-Fri
Tel: 0141 777 6111

Out of Hours Tel: 07715 421 388

Caring for Deaf Patients who use BSL
www.equalitiesinhealth.org/bsl

For further information, language ID cards and posters, go to HR Connect/Interpreting.

Equalities In Health