Spoken Language, British Sign Language and Communication Support Interpreting Policy

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Endorsing Body: Equality and Diversity Steering Group

Governance or Assurance Committee Health Care Quality Assurance & Improvements Committee

Implementation Date: January 2013

Version Number: 4

Review Date: September 2022

Responsible Person Equality and Diversity Manager
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CONSULTATION AND DISTRIBUTION RECORD

| Contributing Author / Authors | Hina Sheikh |
| Consultation Process / Stakeholders: | Rick Edwards Patient Information Manager |
| | Eddie Docherty Communication Officer |
| | Michael McLuskey – Interim Deputy Director of Finance |

Distribution:

CHANGE RECORD

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<th>Version No.</th>
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<td>Sept 14</td>
<td>Hina Sheikh</td>
<td>Revision</td>
<td>2</td>
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<tr>
<td>July 2015</td>
<td>Hina Sheikh</td>
<td>Additional info added</td>
<td>3</td>
</tr>
<tr>
<td>May 2018</td>
<td>Risk Department</td>
<td>GDPR statement added into section 3 and updated name of Current data protection legislation Act</td>
<td>3</td>
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<tr>
<td>Sept 19</td>
<td>Hina Sheikh</td>
<td>Review and Update</td>
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1. **Introduction**

   NHS Lanarkshire has a legal obligation to meet the communication needs of patients, service users and carers. This policy sets out how NHS Lanarkshire will provide access to professional interpreting and sign language services.

   Interpreting is defined as the *oral* transmission of meaning from one language to another, which is easily understood by the listener. This includes the conversion of spoken word into British Sign Language (BSL), which is a recognised language in its own right.

   Interpreting can be provided by telephone or face-to-face.

   Interpreters should not be used as advocates. Advocacy is intended to further the view and interest of the service user. Independent advocacy services are available within Lanarkshire to support service users.

   NHS Lanarkshire will ensure that appropriate interpreting services are accessed and provided to meet the health needs of the individual service user or their carer.

2. **Purpose, Aims and Outcome**

   **Purpose:**
   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 and their carers. The policy is aimed at all staff involved in patient care.

   **Aims:**
   This policy will:
   - Provide the framework for NHS Lanarkshire to meet the legal requirements of the Equality Act 2010. The Act places a legal duty on public authorities to provide barrier free access to those with Protected Characteristics.
   - Describe interpreting and communication support and why it is important
   - Define the roles and responsibilities for NHS Lanarkshire staff
   - Give clear guidance on how to identify the type of interpreting required
   - Direct staff to the protocol for booking an interpreter
Outcome:
A standardised procedure for staff to access interpreting services effectively and efficiently, ensuring service user communication needs are met to enable the provision of healthcare.

3. Scope
This policy provides standards and guidelines on how to access telephone interpreting and face-to-face interpreting. It is applicable to all staff employed by NHS Lanarkshire

3.1 Who is the Policy intended to Benefit or Affect?
This policy affects all NHS Lanarkshire staff and service users and their carers who require communication support during contact with healthcare staff to understand and make informed decisions about their health and care. This policy also relates to both Written Information Leaflet Policy and the Good Communication Guideline.

3.2 Who are the Stakeholders?
NHS Lanarkshire staff, patients, service users, carers and partner agencies

“NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Current data protection legislation Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Current data protection legislation Notice.”

4. Booking Procedure
The following applies to telephone interpreting services, BSL, spoken language face-to-face and any other communication support services.

4.1 Deciding whether an interpreter is needed
Interpreters should be booked/accessed for any consultation or interaction where a patient cannot communicate or understand spoken English to participate in their
Spoken Language, BSL and Communication Support Interpreting policy

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

The protocol chart in Appendix 1 should be used to identify;
- Type of interpreting service to be used (telephone or face-to-face)
- language spoken or type of communication need i.e. BSL

4.2 Types of interpreting services available
There are four different types of interpreting:
- Telephone Interpreting
- Face-to-face interpreting when the interpreter is in the room
- British Sign Language (BSL)
- Note Taking and Lip Reading.

5. Telephone Interpreting

5.1 When to use telephone interpreting:
- Most appointments that require foreign language interpreters (unless they meet the criteria specified in section 6.3)
- If a patient attends for an appointment and no interpreter has been booked
- To establish the patient’s preferred language if it is not apparent
- If there is a medical emergency and no time to wait for a face-to-face interpreter

5.2 How to use telephone interpreting
Telephone interpreting can take place either by:
- Using the loudspeaker 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
5.3 Accessing a telephone interpreter

Follow the instructions on protocol as detailed in Appendix 1
(Please note that each acute site and locality will have individual ID codes and nominated authorisers for face-face interpreting that are specific to their sites. The document in appendix 1 is generic blank one).
The site specific codes can be found on the interpreting page on firstport see link:
http://firstport2/staff-support/interpreting/default.aspx

Language Lines Good practice guidelines illustrate how to work with telephone interpreters are at Appendix 5.

6. Face-to-Face Interpreting

Face to face interpreting is carried out using simultaneous or consecutive interpreting. The interpreter is present during the consultation.

- Simultaneous interpreting is when the interpreter speaks at the same time as the English speaker with a slight delay. 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.
- Consecutive interpreting is when the interpreter hears a section of one language then interprets it into another.

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

6.1 Criteria for when to use or book a face-to-face interpreter:

1. British Sign Language User/DeafBlind service user

For Community Languages;

2. Is the consultation expected to last for more than 30 minutes? – (use your discretion as it’s still cost effective to use telephone interpreting up 50 minutes).
3. Is there a mental health aspect to the consultation?

4. Does the consultation involve serious diagnosis or bad news?

5. Does the consultation involve giving consent for an operation or investigation or has a power of attorney? (this is very specific and routine consent does not require a face to face interpreter)

6. Does the consultation involve Child Protection, Vulnerable Adults or Gender Based Violence issues?

7. For complex discharge instructions

8. Maternity services (triage/routine pre and post-natal care does not require face to face)

9. Encounters that involve family discussion

11. Is there another reason for why a face to face interpreter would be appropriate for this consultation (Patient has dementia or other complex needs). **Staff will be asked to explain and discretion will be used by nominated authorisers.**

6.2 **Do’s and Don’ts Guide for British Sign Language (BSL) interpreter**

British Sign Language (BSL) is the preferred/First language of many deaf people. A BSL/English interpreter is a professional who is trained and experienced in working between the two languages.

In NHS Lanarkshire face to face interpreting is currently the only option available for deaf people who need a BSL interpreter. Requests should be dealt with following NHS Lanarkshire interpreting protocol.
Do’s: | Don’ts:  
---|---
1. You must offer the patient access to and use of a professional BSL interpreter. | 1. Never use or assume that a friend/family member will interpret for the patient (see to point in Do’s).
2. If a patient requests/insists on using a friend/family member as an interpreter, they should still be offered access to a professional BSL interpreter as it is important that the information the patient receives is accurate so that they can make an informed choice about their care. If they still insist on using a friend/family member this should be recorded in their notes. | 2. Do not communicate with the patient using written notes – unless the person has clearly expressed that is their preferred way of communication. As English is not a BSL user’s first language, do not assume that the person is competent in understanding written English.
3. Identify type of interpreter that is required. Not all deaf people use BSL and an interpreter may not be the most appropriate option. | 3. Do not delay in booking interpreters – book as soon as a need has been identified or a future appointment has been set.
4. Book an interpreter (using NHS Lanarkshire’s protocol). | 
5. Consider any patient requests when booking an interpreter, for example, specific interpreters for continuity of care or gender of interpreter (all interpreters still need to be booked using the NHS Lanarkshire interpreting protocol). | 
6. Ensure that information on BSL interpreter requirements is added to the patient’s notes for future appointments. | 
7. Accessing a BSL interpreter can be challenging, therefore, book an interpreter as soon as possible. For repeat appointments this should be either immediately for next appointment or diaried to be booked a minimum of three weeks in advance. | 
8. Always book a **double appointment** for all interpreted sessions (BSL or spoken language). | 

6.3 **Protocol for Deafblind interpreters/interpreting**

A Deafblind service user requiring the use of a Deafblind Guide/Communicator will book directly with Deafblind Scotland [http://www.deafblindscotland.org.uk/](http://www.deafblindscotland.org.uk/) and will arrive with the Guide/Communicator of their choice. The Guide/Communicator will ask NHS Lanarkshire staff to sign a time sheet as proof of attendance to service/s.
Staff are not required to pre-book Deafblind Guide/Communicator as the service user will do that directly themselves.

See link for further definition [http://www.deafblindscotland.org.uk/](http://www.deafblindscotland.org.uk/)

6.4 How to book a face to face interpreter:

Once you have checked you meet the criteria for face-to-face interpreting:

- Download and complete an interpreter request form (from Interpreting page on FirstPort) [http://firstport2/staff-support/interpreting/default.aspx](http://firstport2/staff-support/interpreting/default.aspx)
- Send to a named nominated authoriser (listed on your site’s ‘accessing interpreting support protocol’)
- If authorised, the nominated authoriser will forward it to the site’s admin team to book, if not authorised request will be returned to the requester
- Admin team will book and confirm with a booking reference number
- If the booking is out of hours the on call manager/s will contact the service provider to request the interpreter and will be given a confirmation booking reference number (BRN)
- In certain circumstances the same interpreter may be booked for consecutive assignments with the same patient. This is appropriate for sensitive appointments such as BSL, maternity, gender-based violence, trauma and terminal illness.

**Please note that only nominated authorisers will be able to authorise face to face interpreters so please familiarise yourself with the list of your nominated manager/s**

6.5 Booking Reference Number (BRN)

The service provider will allocate a unique BRN to each request. The BRN will also be passed on to the sessional interpreter. The BRN is a reference for the interpreter’s timesheet which they will bring with them to the assignment and should be recorded in the patient’s notes.
6.6 Pre-assignment check

- Familiarise yourself with the guide on working with interpreters. See Appendix 3.
- The interpreter should report to the person named on the booking request. The unique BRN and the interpreter’s photo identification badge should be checked to ensure that the details match the request.
- If there is any doubt as to the details of the assignment please contact your Booking Office.
- The interpreter should be briefed by staff prior to the patient’s appointment on any specific terminology and the general context of the health appointment.
- A leaflet explaining the role of an interpreter to patients is available in a number of community languages see link: http://firstport2/staff-support/interpreting/default.aspx

7. Cancellations/No show

7.1 Cancellations - Core Hours

- Cancellation or No Show, the requester to inform via email Interpretingservice@ggc.scot.nhs.uk or call 0141 347 8811

**It is the responsibility of the requestor to do this**

- Cancellations of interpreter bookings must be made more than 24 hours in advance of the booking start time. Staff should telephone their Booking Office who will in turn contact the service provider.
- Cancellation of an interpreter with less than 24 hours’ notice will incur the full cost of the interpreter if the service provider is not able to redeploy the interpreter.
- If, on arrival, the interpreter is no longer required e.g. the patient fails to attend, the Booking Office must be informed.

7.2 Cancellations - Out of Hours
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- If the interpreter is no longer required, contact the relevant on-call manager for your area. The on-call manager will inform the service provider and the Booking Office the following morning (Monday – Friday).

8. Signing of timesheets

Interpreters’ timesheets must be signed off to verify completed assignments so that payment can be made. These can be signed by the person who has requested/or who used the interpreter.

The timesheets are in duplicate:

- Top copy - sent to Interpreting Services Call Centre by the interpreter
- 2nd copy – retained by the interpreter

The Interpreters use one timesheet for multiple jobs please ensure that you sign on the timesheet that shows your completed job.

Timesheets should not be authorised prior to the end of the assignment.

9. Performance/Capability Issues or Complaints

9.1 Face- to- Face interpreters are provided by NHS Greater Glasgow & Clyde and are bound by all NHS Greater Glasgow & Clyde Policies and Procedures when undertaking an assignment at NHS Lanarkshire. Should there be any concerns about an interpreter who is assigned to your service, they should be reported to your authorising manager and then to the Interpreting Service Manager for the NHS Greater Glasgow & Clyde Interpreting Service. If a patient has a complaint this should be handled in accordance with the NHS Lanarkshire complaints procedure.

9.2 Telephone interpreters are bound by Language Lines Policies and Procedures when undertaking an assignment for NHS Lanarkshire. Should there be any concerns about a telephone interpreter, they should be reported to your authorising manager and then to the Regional Business Manager for the Language Line. If a patient has a complaint this should be handled in accordance with the NHS Lanarkshire complaints procedure.

10. Incident Reporting

All incidents should be recorded using the DATIX system.
11. **Interpreting Service Providers:**

NHS Lanarkshires telephone interpreting is provided by Language Line

NHS Lanarkshire Face to Face interpreting services are being provided by NHS Greater Glasgow and Clyde Interpreter Service

12. **Roles and Responsibilities**

NHS Lanarkshire has designed a clear structure and process to implement the Interpreting Policy and to ensure that it is consistently applied and co-ordinated across the entire organisation.

All staff must put the patient’s communication needs at the centre of the services they deliver. Staff will ensure that:

- Only professional interpreters are used during/for a health appointment or intervention. Only in emergency or urgent circumstances 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.

- They follow the instructions described in the Interpreting Services Booking Procedure. It is not the responsibility of the patient to book or provide interpreters.

- Continuity of interpreters is 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)

The cost of providing interpreting and communication support lies with NHS Lanarkshire and must not be passed on to any member of the public.

13. **Resource Implications**

None
14. Communication Plan

The policy will be communicated as follows:
- The interpreting page on Firstport
- Regular reminders in the staff briefing
- All Senior managers will be briefed on the policy and procedure
- Ongoing promotion of the services to local communities who require the service

15. Quality Improvement – Monitoring and Review

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

16. Equality and Diversity Impact Assessment

This policy meets NHS Lanarkshire’s EDIA (tick box)

17. References
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Appendix 1 – Blank Generic Protocol all staff should familiarise themselves with their local site protocol/s see link: http://firstport2/Pages/SearchResults.aspx?s=firstport&k=interpreting

Accessing Interpreting Support Protocol:

What type of interpreting is required?
Staff should add to the patient notes that this patient requires an interpreter.
Telephone interpreting should be the 1st point of access unless the patient/carer meets the face-to-face criteria.

Telephone:
Homephone number: 0800 028 0073
From mobile phone: 02077152630
To save handing the phone back and forth it might be helpful to use the speaker phone facility.
1. The operator will ask you for your language line ID code:
2. The operator will ask:
a. Which language you require
b. Name of your organisation: “NHS Lanarkshire”
c. Where are you calling from? You respond with the name of your surgery/Ward/Dep/site/service
d. Your name, you respond
e. Get connected

Face-to-face: Identify type of language required
• Check criteria is met (see criteria list below)
  If No, use language line protocol
  If Yes, identify language (see list over the page)
  Complete interpreter request form
  Send to named authoriser
  If accepted, authoriser will forward to admin team for booking
  Admin team will book and confirm with a booking ref number

Out of hours: For BSL/Face to Face languages contact on-call service/duty manager for authorisation

Nominate Authorised:
Name: [ ]
Email address: [ ]
Contact number: [ ]

Criteria for when to use a face-to-face interpreter:

1. British Sign Language User
2. Is the consultation:
   • Expected to last for more than 30 minutes? (Use your discretion as it is still cost effective to use telephone interpreting up to 50 minutes)
3. Is there:
   • A mental health aspect to the consultation?
   • Child Protection or Vulnerable Adults?
   • Gender based violence issues?
4. Maternity (labour/routine pre and post natal care does not require face to face)
5. Does the consultation involve/give:
   • Serious diagnosis or bad news?
   • Consent for an operation or investigation or has a power of attorney?
     (this is very specific and routine consent does not require a face to face interpreter)
   • Complete discharge instructions
   • Encounters that involve family discussion
6. Is there another reason why a face to face interpreter would be appropriate for this consultation (patient has dementia or other complex issues)?
   Staff will be asked to explain and discretion will be used by authorising manager.

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Booking Request Form for Face-to-face Interpreting Service

1. Before completing check the criteria for face-to-face is met
2. Complete request form (a separate form for each interpreter request)
3. Please ensure all sections of form are completed in full with correct information.
4. Submit booking request to a Nominated Authoriser, the authorisation list of your site/service can be found on the interpreting page on see link: [http://firstport2/staff-support/interpreting/default.aspx](http://firstport2/staff-support/interpreting/default.aspx)
5. Authorisers should forward request forms to General/Admin Office 48 hours in advance.
6. Cancellation/No Show inform via email Interpretingservice@ggc.scot.nhs.uk or call 0141 347 8811. It is the responsibility of the requestor to do this

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<td>Hospital/Primary Care/Service site</td>
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<td>Directorate/Department</td>
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<td>3</td>
<td>Your Name</td>
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<td>4</td>
<td>Your Contact Details</td>
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<td>5</td>
<td>Date of Assignment</td>
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<td>6</td>
<td>Time of Assignment</td>
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<td>7</td>
<td>Duration of Assignment</td>
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<td>8</td>
<td>Preferred Gender of interpreter</td>
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<td>9</td>
<td>Language Required</td>
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<tr>
<td>10</td>
<td>Name of Patient</td>
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<td>11</td>
<td>CHI number (if available)</td>
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<tr>
<td>12</td>
<td>Location of interpreting assignment</td>
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<td></td>
<td>Name of Clinician</td>
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<td></td>
<td>Building/Name &amp; Dept</td>
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<td>Street</td>
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<td>Town</td>
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<td>Postcode</td>
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<tr>
<td>16</td>
<td>Criteria has been checked:</td>
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<td></td>
<td>If yes, which criteria is the request based on Face to face interpreter authorised</td>
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<td></td>
<td>Authorised By:</td>
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<tr>
<td>17</td>
<td>Booked by:</td>
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Appendix 3
Guide to Working with Face-to-Face Interpreters

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
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- 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”

Patients/carers can be given a copy of the leaflet (in a range of languages) on the role of an interpreter see link:

http://firstport/sites/patientinformation/ps/default.aspx

(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
Spoken Language, BSL and Communication Support Interpreting policy

Timing
Speak in manageable chunks and allow the interpreter sufficient time to translate

Understanding
Use straightforward language and avoid jargon. Encourage the client to ask questions and check to see that they have understood. Explain medical terms to ensure they have been understood 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?
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- Is the interpreter acceptable to the client (same gender, similar age)? Is the interpreter 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 4  Telephone Interpreting

## Accessing a Telephone Interpreter

<table>
<thead>
<tr>
<th>When your client is with you</th>
<th>Making outgoing client calls</th>
<th>Handling incoming client calls</th>
</tr>
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<tbody>
<tr>
<td>1. Call 0800 028 0073 or 0207 715 2530 for mobile users.</td>
<td>The operator will connect you to an interpreter, then conference your client into the call.</td>
<td>If you have conferencing facilities.</td>
</tr>
<tr>
<td>2. The operator will ask you for:</td>
<td></td>
<td>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).</td>
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<tr>
<td>- Your client ID (your 6 digit client number) (Please note: this code is confidential to your organisation or dept)</td>
<td></td>
<td>2. Follow steps 1 and 2 for ‘When your client is with you’, but advise the operator your client is NOT with you.</td>
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<tr>
<td>- The language you require? (you can ask for a male or female interpreter)</td>
<td></td>
<td>3. Give the operator your client’s name and telephone number.</td>
</tr>
<tr>
<td>- Or if you are unsure please ask for language assistance.</td>
<td></td>
<td>4. Brief the interpreter, then conference your client into the call.</td>
</tr>
<tr>
<td>- What organisation are you calling from?</td>
<td></td>
<td>If you do not have conferencing facilities.</td>
</tr>
<tr>
<td>- What is your personal code? (answer with your full first and last name)</td>
<td></td>
<td>1. Note your client’s telephone number, language and, ideally, name.</td>
</tr>
<tr>
<td>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’.</td>
<td>The operator introduces your client to the call. The interpreter proceeds as you directed above.</td>
<td>2. Ensure your client that you will call back shortly with an interpreter.</td>
</tr>
<tr>
<td>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.</td>
<td>The interpreter introduces your client to the call.</td>
<td>3. Follow the procedures for ‘making outgoing client calls’.</td>
</tr>
<tr>
<td>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.</td>
<td>The interpreter introduces your client to the call.</td>
<td><strong>Useful Numbers</strong></td>
</tr>
<tr>
<td>Continue the conversation.</td>
<td>Continue the conversation.</td>
<td><strong>1. General enquiries, training line and materials</strong></td>
</tr>
<tr>
<td>6. Let your client and the interpreter know when you have finished. Say ‘and that’s all’.</td>
<td>7. Give the interpreter time to interpret between you and your client.</td>
<td>Tel: 0800 159 2579</td>
</tr>
<tr>
<td></td>
<td>Continue the conversation.</td>
<td>Fax: 0800 755 2193</td>
</tr>
<tr>
<td></td>
<td>8. Let your client and the interpreter know when you have finished.</td>
<td>Training: 0800 755 4524</td>
</tr>
</tbody>
</table>

### Telephone Interpreting

**NHS Lanarkshire**

**Appendix 4**

**Telephone Interpreting**

<table>
<thead>
<tr>
<th>When your client is with you</th>
<th>Making outgoing client calls</th>
<th>Handling incoming client calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Call 0800 028 0073 or 0207 715 2530 for mobile users.</td>
<td>The operator will connect you to an interpreter, then conference your client into the call.</td>
<td>If you have conferencing facilities.</td>
</tr>
<tr>
<td>2. The operator will ask you for:</td>
<td></td>
<td>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).</td>
</tr>
<tr>
<td>- Your client ID (your 6 digit client number) (Please note: this code is confidential to your organisation or dept)</td>
<td></td>
<td>2. Follow steps 1 and 2 for ‘When your client is with you’, but advise the operator your client is NOT with you.</td>
</tr>
<tr>
<td>- The language you require? (you can ask for a male or female interpreter)</td>
<td></td>
<td>3. Give the operator your client’s name and telephone number.</td>
</tr>
<tr>
<td>- Or if you are unsure please ask for language assistance.</td>
<td></td>
<td>4. Brief the interpreter, then conference your client into the call.</td>
</tr>
<tr>
<td>- What organisation are you calling from?</td>
<td></td>
<td>If you do not have conferencing facilities.</td>
</tr>
<tr>
<td>- What is your personal code? (answer with your full first and last name)</td>
<td></td>
<td>1. Note your client’s telephone number, language and, ideally, name.</td>
</tr>
<tr>
<td>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’.</td>
<td>The operator introduces your client to the call. The interpreter proceeds as you directed above.</td>
<td>2. Ensure your client that you will call back shortly with an interpreter.</td>
</tr>
<tr>
<td>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.</td>
<td>The interpreter introduces your client to the call.</td>
<td>3. Follow the procedures for ‘making outgoing client calls’.</td>
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<tr>
<td>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.</td>
<td>Continue the conversation.</td>
<td><strong>Useful Numbers</strong></td>
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<tr>
<td>Continue the conversation.</td>
<td>7. Give the interpreter time to interpret between you and your client.</td>
<td><strong>1. General enquiries, training line and materials</strong></td>
</tr>
<tr>
<td>6. Let your client and the interpreter know when you have finished. Say ‘and that’s all’.</td>
<td>Continue the conversation.</td>
<td>Tel: 0800 159 2579</td>
</tr>
</tbody>
</table>

## Useful Numbers

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

- **Tel:** 0800 159 2579
- **Fax:** 0800 755 2193
- **Training:** 0800 755 4524
- **Email:** enquires@languageine.co.uk
- **Website:** www.languageine.co.uk
- **Post:** 28th Floor, 48 Bank Street, Gantsy Wharf, London E14 5NR

**2. Document Translations**

- **Tel:** 0800 917 0554
- **Fax:** 0800 761 2193
- **Email:** translations@languageine.co.uk
Appendix 5  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 to 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.

Language Line Services • www.language-line.co.uk