NHS North Kirklees and
NHS Greater Huddersfield
Clinical Commissioning Groups

Interpreting Services

NHS GREATER HUDDERSFIELD AND NORTH KIRKLEES CLINICAL COMMISSIONING GROUPS

Service specification

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	1
Service	Interpreting services
Commissioner Lead	Jen Love
Provider Lead	Greater Huddersfield Clinical Commissioning Group
Period	April 2018 – March 2021
Date of Review	March 2020

1. Population Needs

1.1 National/local context and evidence base

The NHS is committed to providing high quality, equitable, effective healthcare services that are responsive to the needs of all patients.

Equality of access to health services is identified as a principle in several Acts and documents including:

- The NHS Constitution
- Equality Act 2010
- Public Sector Equality Duty 2011
- Health & Social Care Act 2012
- Human Rights Act (1998)
- European Convention for the Protection of Human Rights & Fundamental Freedoms (1950)
- United Nations Convention on the Rights of the Child (1989)
- UN Convention on the Rights of Persons with Disabilities 2005
- Social Value Act 2013
- NHS England Accessible Information Standard (ISB 1605)

The purpose of this document is to set out the principles which are needed to ensure a safe, high quality interpreting and translation service in primary health care to meet the needs of a diverse population in Greater Huddersfield and North Kirklees.

Failing to match a patient's first or preferred language can impact on patient experience and health outcomes, the frequency of missed appointments and the effective of consultations. It may have serious implications such as misdiagnosis and treatment, ineffective interventions and, in extreme circumstances, preventable deaths. In the first instance translation services should be made available by telephone.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

- High quality, safe interpreting and translation service
- Improve the patient experience
- The 8 principles detailed in section 3.2: access, right type of interpreter, timeliness of access, personalised approach, professionalism and safeguarding, patient feedback, translation of documents, quality assurance and continuous improvement.

KPIs required

- Service availability 24/365
- Face to face Interpreter availability confirmed within 24 hours in common languages including sign language and 48 hours or more for rare languages.
- The choice of e-consult for face to face consultations.
- Interpreter cancellations made at least 24 hours prior to the appointment.
- Telephones are answered within 3 rings for telephone interpretation.
- Translation quotes are sent within 30 minutes.
- Client emails are responded to within 30 minutes.
- Finance enquiries are dealt with within 2 hours.
- Call backs are done within 30 minutes (unless during lunch time).
- Dispute investigations start on the same day.
- Disputes are (where possible) resolved within 48 hours.
- Invoices are sent on the 2nd of every month for the previous month's work (or immediately if requested).
- Monitoring and Management Information are sent within 3 working days (or on the specified deadline). Monitoring to include break down of activity and patient demographics.
- Ensure that referral criteria for face to face consultation is adhered to and audited.
- Evidence of patient engagement and use of feedback in any service changes

3. Scope

3.1 Aims and objectives of service

The aim of the service is to ensure a safe, high quality interpreting and translation service in primary health care. The objective is to reduce the risk of serious implications such as misdiagnosis and treatment, ineffective interventions, and, in extreme circumstances, preventable deaths.

3.2 Service description/care pathway

Access

Patients must be able to access primary care services in a way that ensures their language and communication needs do not prevent them receiving the same quality of healthcare as others.

- The services should be responsive to the patient's linguistic & cultural needs – including both individual and family interpretation if required.
- The provider should work with the primary care provider to develop / integrate the booking system with the primary care online booking system

Booking of interpreters

Staff working in primary care should be aware of how and what type of interpreter services to book when needed.

- Where interpreting is required for a patient, the primary care provider is responsible for ensuring an interpreter is booked whenever an appointment is made.

- The Primary Care provider must adhere to agreed guidance for face to face appointments (see appendix 1)

- The primary care provider should confirm to the patient in advance of the appointment that an interpreter has been booked.

- Interpreters must be registered with an appropriate regulator (Annex 1) and should be experienced and familiar with medical and health-related terminology.

- All relevant staff, including reception and practice managers, should be regularly provided with information by the commissioned agencies on the arrangements for booking interpreters. This should include what service is provided, who the provider agency is (are), how to book; what referral information is required and how to complain and respond to complaints by patients. This will be communicated twice yearly and if there is any change to the service provision.

- All staff within primary care services should be offered training (by the commissioned agencies) to raise awareness of the role of interpreting; the impact on patients and clinicians of high quality interpreting and appropriate types of interpreting for specific situations. There will be an annual update to primary care services by utilising the internal practice protected time or attendance at the external shared practice protected learning time.

Timeliness of Access

Patients requiring an interpreter should not be disadvantaged in terms of the timeliness of their access.

- The provider of the interpreting services should provide appropriate materials to practices as part of the commissioned service. This should include information

leaflets, information material for the practice website.

- Patients should not be disadvantaged by waiting longer for the appointments or to access primary care services because an interpreter is required.

Personalised Approach

Patients can expect a personalised approach to their language and communication requirements recognising that 'one size does not fit all'.

- Where a patient requires continuity of care (for example, end of life care) they should be enabled to access the same interpreter wherever this is practicable.

- Interpreters should complete their assignment and role to the satisfaction of the patient and healthcare professional and to the standards set out by the professional body. See Annex 1 – Qualifications and Regulators

- The Provider should always offer a registered interpreter. The use of a patient's family, friends of any age or unqualified interpreters is strongly discouraged.

- Responsibility for clinical judgements rests with the professional primary care staff who should fully participate in the consultation. The interpreters are not to be used as a chaperone.

Professionalism and Safeguarding

High ethical standards, a duty of confidentiality and safeguarding responsibilities are mandatory in primary care and this duty extends to interpreters.

- The service providers staff must be registered with an appropriate regulator be suitably qualified and have the skills and training to work in primary care.

- The service provider must ensure that its staff has undergone appropriate checks and clearance in line with Independent Safeguarding Authority guidelines to work in this sector.

- All interpreters must be directly employed by the interpreting service provider or directly sub-contracted to them. The agency must not sub-contract to another company or organisation.

- Interpreters must be trained annually to an appropriate level in relation to safeguarding. For telephony interpreting this will be at Level 1 and for face to face interpreters, at Level 2. The service provider is responsible for ensuring that staff and contractors have access to this training and development free of charge.

- All interpreters must complete an annual Information Governance (IG) course. The service provider is responsible for ensuring that staff and contractors have access to this training and development free of charge.

- To safeguard disclosure of personal data, the Service provider must meet all

information governance toolkit requirements for their interpreting staff / contractors to access appointments and related information. The provider should demonstrate the development and implementation of a secure online access system.

- Interpreters should introduce themselves and their role to all parties prior to the start of their assignment and explain the purpose of their role. (The Interpreter's Declaration.)

- The interpreter is present only to facilitate communication during the appointment. They **should not** be asked to undertake additional/ ancillary duties during the appointment time. (e.g. those which may be delivered by a carer or advocate.)

- Interpreters are present to interpret for everyone in that appointment including the patient, parents or carers, any representative / chaperone and healthcare professionals.

Compliments, Comments, Concerns and Complaints

Patients and clinicians should be able to express their satisfaction with the interpreting service in their first or preferred language and formats (written, spoken, signed etc.) as appropriate.

- The provider should ensure that easy to follow and confidential procedures are in place to enable feedback about the interpreting service. The compliments, comments and complaints procedure (CCCP) should be available in appropriate languages and formats including written, spoken and BSL signed video.

- Any response to patients' comments should be in their own preferred language within 5 days of receipt of the complaint.

- Patients should be able to access the CCCP directly. To do this patients need to be made aware of the following:
  name / contact details of the service provider
  details of the registering body
  the interpreters full name.

- A system must be in place that enables patients and clinical staff to complain about the interpreting service they have received. It must be independent of the individual interpreter and practice staff must be aware of how to access this and direct patients to this process.

- The Interpreting service provider will collate and publish data on comments and their resolution annually in a service satisfaction report. The service satisfaction report should be made available to commissioners, primary care providers for whom they are commissioned and on their own website

Translation of documents

Patients and healthcare professionals should have timely access to appropriately and effectively communicated documentation that will enable and support their healthcare.

- Documents which are usually free to patients within GP practices and dental practices which may empower them to take more control of their own wellbeing and health should be available to patients in their preferred language and format

at no additional charge. (Practices may wish to engage directly with the organisations that provide such literature.)

- Documents translated for the benefit of patients must be translated by competent and appropriately trained translators and not by practice staff. Staff may be used to communicate simple messages such as future appointment dates or where staff are specifically trained to do this work.

- Patients should be able to request their summary care records to be translated into their preferred language and format (including Easy Read, Braille and other accessible formats) at no cost to themselves (over and above the standard cost of accessing their patient records).

- Where patients register with a practice and are in possession of documents in languages other than English which relate to their health these should be translated into English at the earliest possible opportunity. This will ensure patient safety and continuance of care. These documents should be included into the patient record in both languages.

- Letters to patients should be provided in their preferred language and in an appropriate format.

- Translation of documents can include the reading to the patient of a letter (or source of information) into the language required by the patient – known as sight translation.

Any information provided to individual patients should be in an appropriate format to meet the individual's needs, as specified within 'The Accessible Information Standard'

- Automated on-line translating systems or services such as Google-translate **must not be used**.

Quality Assurance and Continuous Improvement

The interpreting service should be subject to systematic monitoring for quality assurance and to support continuous improvement to ensure it remains of a high quality and relevant to local needs.

- Clear lines of accountability must be in place between the commissioner, healthcare professionals using the service, the agency and the freelance or directly employed interpreter providing the interpreting/translation service.

- Accountability must be auditable and governance processes must be in place for interpreting and translation services. It must be clear who the commissioner is, who the providing agencies are and who the clients/recipients of the service are and a clear trail of who has received the service and when.

- Once commissioned the service should be subject to regular performance monitoring against the specification to ensure that the service continues to meet patient needs. This may include for example, checks to ensure that interpreters are suitably qualified and registered, appointments are being kept, governance is effective, costs are being monitored and the level of compliments, comments and complaints recorded.

- Data on service satisfaction should be fed into a service development Improvement Plan (SDIP) developed by the interpreting service provider. Commissioners, primary care providers, interpreter and patient representatives should be involved in the

development of the SDIP. The SDIP should be available to patients and primary care providers. The SDIP should support quality assurance of the interpreting service and compliance to these eight principles.

- Information governance and data protection are significant features of a high quality and effective service. The service provider will be expected to comply with the information governance requirements set out in Annex 2.

3.3 Population covered

The service is available to all patients registered with a Greater Huddersfield CCG practice and a North Kirklees CCG practice.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusion – any individuals that are not registered with a Greater Huddersfield practice or North Kirklees practice.

3.5 Interdependence with other services/providers

The service has links with primary care, secondary care and community services.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- NHS England Accessible Information Standard (ISB 1605)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- See Annex 1

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-D)

The provider will actively gather patient experience data. Alongside this further quality and performance indicators apply as set out in appendix 1.

5.2 Applicable CQUIN goals (See Schedule 4E)

None applicable.

6. Location of Provider Premises

The Provider's Premises are located at:

The General Practice and/or branch surgery of the Provider as named in the NHS Standard

Contract. This may also include home visits to the service user's place of residence.
7. Individual Service User Placement
Not applicable.

Annex 1 - Qualifications and Regulators
Qualifications and Regulators for Interpreters for Deaf People

Organisations should ensure that communication professionals working with Deaf, deafened and deafblind people (including British Sign Language interpreters and deafblind manual interpreters) used in health and social care settings are registered with the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD).
Registration confirms they hold suitable qualification(s), are subject to a Code of Conduct and complaints process, have appropriate insurance, hold an enhanced disclosure from the Disclosure and Barring Service, and engage in continuing professional development.

The NRCPD includes the following professional categories:
- Registered Interpreter for Deafblind People
- Registered Lipspeaker
- Registered Notetaker
- Registered Sign Language Interpreter
- Registered Sign Language Translator
- Registered Speech to Text Reporter

If it is impossible to engage an NRCPD Registrant, organisations MUST ensure that the communication and language professional holds relevant interpreting qualifications and, in the case of British Sign Language (BSL), has achieved BSL level 6 or an honours degree in their second language, in line with NRCPD registration requirements. They must also have appropriate insurance and an enhanced disclosure from the Disclosure and Barring Service. It is recommended that interpreters are asked to sign up to the online update service.

To meet requirements of patients must also have access to American Sign Language (ASL) qualified interpreter.

Qualifications and Regulators for Interpreters for Spoken Languages

Spoken language interpreters should be registered with the National Register of Public Service Interpreters (NRPSI).
Requires discussions with key organisations

Spoken Face to Face interpreters including Video Interpreting

Will be determined based on research and advice from a range of partners including:

- NRPSI
- Nation Association of Linguists.

The minimum qualification for face to face interpretation in spoken language should be a National Vocational Qualification Level 6 with a health element or a Diploma in Public Services Interpreting (Health).

Telephone Interpreters

Will be determined based on research and advice from a range of partners including:

- NRPSI
- Nation Association of Linguists.

The minimum qualification for telephone interpreters should be a National Vocational Qualification Level 6 with a health element.

Translators

People used to translate written documents should hold at least one of the following qualifications:

- an honours degree in the relevant language and/or a degree in translation
- Qualifications and Credit Framework Level 7 qualification in translation such as the Institute of Linguists Educational Trust (IoLET) Diploma in Translation
- a masters level qualification in translation
- National Vocational Qualification Level 5 for special needs
- a recognised post graduate qualification in translation (for transcribers this should be the Diploma in Public Services Interpreting (health))
- Qualified Membership of Chartered Institute of Linguists or the Institute of Translating and Interpreting.

Annex 2: Information Governance

The interpreting service provider and individual interpreters will be required to comply with NHS information governance requirements and be able to demonstrate they can process personal data and sensitive personal data in a secure, confidential manner, giving assurance to patients, clinicians and commissioners about the way they handle patient information.

A2.1 Where patient data is to be shared electronically the interpreting service will be required to have and maintain an N3 network connection, to enable to safe transfer of patient data between organisations providing NHS services. This may be facilitated by the provision of an NHS.net email account or a .gsi.gov.uk email account.

A2.2 All persons acting as interpreters must complete annual Information Governance (IG) Training. This could be done through the IG Training Tool provided by HSCIC or another training tool that has been accredited by HSCIC.

A2.3 Interpreters used by the service must either be directly employed by the contracted interpreting service provider or directly sub-contracted to them. The agency must not sub-contract to another company or organisation (in past experience this has led to further levels of sub-contracting). Sub-contracting further than this presents governance and accountability issues, and responsibility for any actions, omissions, and impact becomes blurred and diluted. This also creates the risk that patient information (including sensitive personal data) is disclosed inappropriately to more parties than necessary, which could be construed as a breach of Data Protection (relevancy and proportionality).

A2.4 Service provider must find a way to enable interpreting staff to find out details of assignments in a way which meets all information governance requirements. It is therefore advised that they create a secure online portal for interpreting staff to access their appointments and related information. This system must provide a full audit trail of all accesses by anyone employed by the contracted agency. Audit trail functionality should include (but not limited to):

- Audit trail by staff username (to see who, when, and what they have accessed)
- Audit trail by patient (to see which staff members have accessed the record, when, and what they did).

A2.5 For the contractor to comply with Data Protection Act 1998, patient information must:

- be kept no longer than necessary
- be used for the purpose intended, and only the minimum necessary used to achieve that purpose
- be accurate (subject to best endeavours of the contractor)
- be processed only for the purposes specified by the contractor
- kept securely, and disposed of securely when no longer required
- not be processed outside of the European Economic Area (EEA) without adequate safeguards and protections in the non-EEA country the processing is intended to take place
- be processed in accordance with the patient's rights

A2.6 In order to comply with Principle 1 of the Data Protection Act (DPA) patients must be provided with a Fair Processing Notice. This means that they are told by the contracted agency:

- who the data controller is for their data (this will usually be the contracted agency)
- what data might be held and for what purposes
- with whom their data may be shared and why

 the format their information may be held in and any rights associated with that format (patients have a right under Section 12 Data Protection Act to be given a copy of the logic involved where decisions are made about them solely by automated means).

A2.7 Processing of personal data by the contracted agency (or sub-contractor) will require a Schedule 2 condition.

A2.8 Processing of sensitive personal data by the contracted agency (or sub-contractor) will require a Schedule 3 condition, as well as a Schedule 2 condition9.

9 Processing includes almost everything that you do with data – obtaining, using, amending, disseminating, disclosing, altering, retaining and destruction of data.

A2.9 Contracted agencies will be required to report annually to their commissioner(s):

 the number of information governance breaches that have occurred in relation to the number of appointments/contacts for the year (i.e. 2 breaches out of 100,000 contacts)
 a report broken down by type of breach
 the remedial action that has been taken
 the steps that have been taken to prevent future occurrences.

A2.10 Identifiable data should only be shared with the commissioner when relevant and there is a lawful basis to do so.

A2.11 Patients will have the right under Section 7 DPA to submit a Subject Access Request to the contractor. The contractor must respond to this accordingly.

Appendix 1

Practice guidance for requesting Face to Face Interpreting Service

In exceptional circumstances, General Practices can contact Language Services (provider to be confirmed) directly to book a face to face interpreter. The exceptional circumstances are listed below. Restrictions on the use of face to face interpreters remain the same and providers must use telephone interpretation in the majority of cases.

Appointments lasting 60 minutes or more and block bookings are no longer considered a reason for using face to face interpreting.

Exception
Child protection case conferences
Safeguarding issues
Working with survivors of torture if the patient prefers a face to face interpreter
Bereavement/breaking bad news
Cognitive Impairment
Speech/hearing Difficulties
Therapeutic counselling