

# **Implementing Standards for Better Health to the planning and provision of face-to-face interpreting in health and social care**

## **EXECUTIVE SUMMARY**

A study about implementing face to face interpreting standards across the North

West London health and social care economy

Feb 2008 Update

## **Executive Summary**

### **Introduction**

In order to improve access and service performance for patients with language needs using GRIP NHS interpreters, between 2006/07 GRIP conducted a study involving 7 NHS commissioners and senior managers about assessing and making recommendations on applying the core Standards for Better Health (S4BH) to face to face (F2F) interpreting services. The study was conducted using both literature review (desk research) and interviews (field research).

The outcome of the study produced 21 recommendations covering the seven domains of patient safety; clinical and cost effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities and public health.

This summary presents these recommendations together with the subsequent GRIP service implementation and improvements. These have been grouped according to each of the 7 domains of S4BH.

### **The Study Context**

In July 2004 the Department of Health (DH) published a standards based planning framework entitled National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08 for the NHS and Social Services to use in planning, commissioning and delivering services for the next three financial years. In April 2005 the Healthcare Commission published the Criteria for Assessing Core Standards for Better Health (S4BH) setting out the elements to be used to annually assess compliance against the core standards for the NHS organisations.

The DH Review of Service Delivery Models for Translation and Interpretation Report (2003) indicates that language studies show continuing variations in the coverage, type and quality of provision. It also shows that patient quality of care is affected by poor patient-GP communication, which increases the risk to patients' misdiagnosis, under-referral and receiving ineffective treatment and is more likely to result in lack or reduced access to services. It also suggests that bilingual health services help to improve patient compliance with treatment and ensure patients use the NHS more effectively. The DH review (2003) recommends that NHS organisations should specify clear information for the provision of services, set key principles, priorities, standards and a commissioning framework.

The NWL Strategic Health Authority Review of Language and Communication Support Services (O'Reilly et al 2005) identified that there is a strong tendency to use external agencies to provide interpreting and translation services. There is a myriad of external agencies, ranging in size and ownership structure (commercial, charitable, NHS or local authority authorities owned) and commissioning organisations use more than one external agency. The review estimates that the approximate value of the internal and external interpreting market is between £2.7 million and £3.8 million for NWL NHS organisations. The review also indicates that there is a lack of commissioning performance monitoring associated with the absence of formal agreements with interpreting providers.

It is in this context the GRIP study explored the implementation of the Core S4BH required for NHS organisations in their planning, commissioning and delivering of services, which includes the provision of face-to-face interpreting services across the NWL health and social care economy. The purpose was to ensure that GRIP complied with the Core S4BH as an NHS service specialised in the provision of face to face interpreting services.

### **Implementing the Recommendations**

The outcome of the study produced 21 recommendations covering the seven domains of patient safety; clinical and cost effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities and public health. This summary presents these recommendations together with the subsequent GRIP service implementation and improvements. The recommendations have been grouped according to each of the 7 domains of S4BH. The GRIP service improvements are described after the corresponding recommendations.

### **First Domain: Patient Safety Recommendations**

1. Permanent or freelance interpreters should report incidents affecting patients' safety such as child protection and health and safety. They should use the NHS incident reporting system for this purpose.
2. Interpreters should be trained to perform this new function, which should be specified in the commissioning contract as well as in the job descriptions or code of practices or conducts.
3. Health providers working with interpreters should be aware of the responsibility of interpreters to report incidents.
4. CRB standard clearance should be compulsory for permanent and freelance interpreters.

The above recommendations are based on the domain outcome that specifies that patient safety is enhanced by the use of the health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients, and that it relates to everyone delivering NHS services. Commissioners should clarify the objectives of the reporting to determine if incident reporting from interpreters should encompass all patients or only those with language needs that interpreters come across in their work. Commissioners should also clarify how prescriptive the reporting should be to determine if interpreters should report every incident about which they have concerns or only serious incidents.

### **GRIP Implementation**

- a. Since Sep 06, the GRIP induction training for new sessional interpreters incorporates the following key topics: Child Protection, Health and Safety, Confidentiality, Incident Reporting and Understanding Core Standards for Better Health. All new interpreters are trained using the new induction programme.
- b. GRIP Interpreters have been fully briefed about the use of the Trust Incident Reporting. This has led to an increase of submitted incident reports from 1 yearly to 4 over 7 months. For the purpose of reporting interpreters are supported by the GRIP Interpreting Development Lead.
- c. In Aug 06, the person specification of the sessional interpreters was also reviewed and CRB standard clearance together with a minimum interpreting and English Language qualifications and experience were added as essential criteria.

### **Second Domain: Clinical and Cost Effectiveness Recommendations**

5. Partnership working should be developed among commissioners and/or agencies to meet patients' interpreting needs across organisational boundaries.
6. Partners should clarify areas of competition and collaboration to develop transparency and realism of purpose built on shared vision, shared values and agreed working objectives.
7. Partnership objectives should be expressed as outcomes for patients with language needs and benefits for interpreters.

These recommendations are based on the core standard C6 of the domain that specifies that healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met. The commissioning process should regard the Guidance on the Health Act Section 31 partnership arrangements (Department of Health, 1999). Compliance with this guidance may entail consulting with the

Strategic Health Authority with the aim of identifying how best to develop partnership arrangements in this area.

### **GRIP Implementation**

- a) GRIP has established partnership working arrangements with Brent Teaching PCT to reduce patients DNAs by enhancing the use of interpreters to notify patients of their appointments.
- b) Work is still ongoing in this complex area where suppliers competition appears to be hindering partnership development.

### **Third Domain: Governance (leadership and accountability)**

8. The (contractual) arrangements between NHS commissioners and interpreting providers should incorporate the seven domains of S4BH as the framework for delivering interpreting services.
9. External interpreting agencies should be notified of the applicability of S4BH, and only those agencies that meet the requirements should be used to process the booking of interpreters for patients with language needs.

These recommendations are based on the domain outcome that specifies that managerial and clinical leadership and accountability ensure probity, quality assurance, and quality improvement and patient safety. The participants of this study called for the need to incorporate S4BH into the contracts with providers, and concerns were raised about the accountability of external agencies with regard to financial controls, as well as to meeting S4BH.

### **GRIP Implementation**

- a. For the purpose of financial accountability, a new information management system for reporting to commissioners was developed and introduced. The new system contains analysed data regarding their financial and interpreting performance across 5 reports. The first report shows the cost analysis for the last financial year per batch/month, sessions and hours. The second report shows the languages demand analysis (including top ten languages). The third report shows the usage analysis by customers (including the top ten users). The fourth report shows the yearly cost analysis per booking outcomes of standard, out of hours, urgent, customers DNA, patients DNA and late cancellations. The final report lists all itemised interpreting bookings provided by GRIP. The reports are submitted to GRIP main NHS commissioners twice yearly.

- b. We are working with Brent PCT and Westminster PCT to review their current SLAs with a view to incorporating the core S4BH framework. On completion we would distribute this information among NHS organisations for the sharing of good practices.

#### **Fourth Domain: Patient Focus**

- 10. The interpreters' role should be enhanced to incorporate new responsibilities to help patients to navigate the NHS system, and to utilise interpreters when conducting needs assessments, consultations or surveys with patients with language needs.
- 11. Interpreters should be properly trained to perform this new function, which should be specified in the commissioning contract as well as in the job descriptions of interpreters.
- 12. Confidentiality should be explained to patients to enable them to give an 'informed consent' to use interpreters who abide by this principle or to use their friends and relatives who are not required to comply with the NHS confidentiality policy.

These recommendations are based on the domain outcome that specifies that healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices. Participants identified that interpreters were under-used and they could be used to engage patients to enhance the patient's experience.

#### **GRIP Implementation**

- a) The job description of the sessional interpreters was redesigned with a patient focus approach. In order to achieve this, we also used the dimensions of the NHS Knowledge and Skills Framework of communication, quality, information and knowledge, service improvement, equality and diversity, personal and people development as well as Principles of Conduct in the NHS.
- b) The Interpreters Administrative Handbook containing all procedures and expected standards of performance has been reviewed to incorporate clear responsibilities for interpreters to help patients to access and navigate the NHS system.
- c) A new Operations Handbook is also being developed to ensure consistency of service and customer care for the administration, confirmation and cancellations of bookings.

#### **Fifth Domain: Accessible and Responsible Care**

- 13. The interpreters' role should be enhanced to use their knowledge and experience about how accessible and safe services are and how they are experienced by patients, so that their views may be considered when designing or redesigning services for patients with language needs.

14. NHS access targets should be incorporated in the (contractual) arrangements between commissioners and interpreting providers.

These recommendations are based on the domain outcome that specifies that patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of the service delivery or the care pathway. Participants acknowledged input from interpreters would be useful when designing services for patients with language needs, especially chronic disease services.

### **GRIP Implementation**

- a. GRIP interpreters contributed to the evaluation of the Trust direct providers survey by assisting patients with language needs to complete the survey as part of their normal booking work for appointments with patients with language needs.
  - b) GRIP confirmation of interpreters targets were reviewed to accommodate for the need to provide interpreters with less than 24 hours notice, and also guarantee provision at hospitals.
- b. GRIP new confirmation targets are 97% confirmation for bookings received with more than 24 hours, and 95% for bookings received with less than 24 hours notice.
- c. GRIP interpreters punctuality rates were also introduced to ensure that all interpreters attend their bookings 95% of the time on time.
- d. Work is still ongoing with the Trust about how best to involve interpreters in its services redesign.

### **Sixth Domain: Care environment and amenities**

15. Permanent and freelance interpreters should have access to health and safety training and occupational health services.
16. Permanent and freelance interpreters should have the vaccinations to perform their duties safely in clinical environments.
17. Permanent and freelance interpreters should have occupational health assessments and clearances as part of their recruitment.
18. Interpreting agencies should have in place systems to minimize occupational hazards for their interpreters and to respond to occupational hazards for their interpreters.

These recommendations are based on the domain outcome that specifies that healthcare is provided in environments that promote patient safety and staff wellbeing. The findings showed that health and safety training should be part of the induction training of interpreters,

and highlighted concerns about external agencies not having occupational health services.

### **GRIP Implementation**

GRIP interpreters' access to the Trust Occupational Health Services was enhanced and an assessment of their vaccinations was done last year. This included measles, flu, varicella (chicken pox), herpes and other general immunisation required for their work.

- a. We also notified GRIP interpreters about using Occupational Health for counselling and other support services such as psychology and counselling, complementary therapies, and the availability of 3 Fitness Suites.
- b. Occupational Health assessment for the recruitment of interpreters was already in place.

### **Seventh Domain: Public Health Recommendations**

19. The interpreters' role should be enhanced to make the best use of their services and to integrate it into the communication process so that messages about NHS health priorities targets are conveyed to patients with language needs to help reduce health inequalities. Interpreters should be properly trained to perform this new function.
20. Interpreting services should be incorporated in the major incidents planning and emergencies of the Trusts.
21. Interpreting agencies should have internal emergency planning to deal with major incidents, which should be part of the (contractual) arrangements to deliver their services in the NHS.

These recommendations are based on the domain outcome that specifies that programmes and services are designed in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas. Participants acknowledged that interpreting services should be included in major incidents planning such as July 7th 2005 or the flu pandemic. They also acknowledged that there were still huge health inequalities around smoking and chronic diseases within black and ethnic minority communities and involving interpreters around health inequalities would be a strategy, which should help to improve this work.

### **GRIP Implementation**

- a. GRIP interpreting services are now part of the Trust major incident planning and emergencies such as the Flu Paendemic Plan.

- b. Work is still ongoing regarding training interpreters so that they can communicate to patients NHS priorities and targets.
- c. GRIP is currently developing its own internal plan for dealing with major incidents such as July 7<sup>th</sup>.

The implementation of Core Standards for Better Health is ongoing for GRIP. The above examples show key achievements in our efforts to improve patient access and service improvement for patients with language needs.

### **How to get further information**

The full study is available on request from: Elizabeth Mori, Head of Services, GRIP NHS Language Services, Soho Centre for Health and Care, 1 Frith Street, 2nd floor, room # 2.030, LONDON, W1D 3HZ.