



Speaking out!

A survey of interpreters
in NHS Glasgow and Clyde

July 2017



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Introduction

Speaking Out ! NHS Glasgow and Clyde - Interpreters Service

During the spring of 2017, UNISON staff received a number of contacts from staff employed as interpreters by NHS Glasgow and Clyde. Generally these staff were concerned that their service was not respected and that the nature of their employment resulted in them being unsupported, misused and sometimes at out at risk.

UNISON NHS Glasgow and Clyde Branch decided to reach out to as many interpreters as possible with a short survey in an attempt to find out more.

The results are disturbing and identify that interpreters employed by NHS Glasgow and Clyde are not being treated properly.

Organisational Structure

The NHSGGC Interpreting Service sits within the Corporate Inequalities Team however the actual service is delivered by HR via the 'contact unit'.

There are 14 employed interpreters with others sessional workers given the number of languages to cover. The service is set up similar to the NHSGGC Nurse Bank and also provides interpreters in a range of languages including BSL.

There were approx 12,544 bookings in March 2017.

UNISON Survey

Using a survey monkey tool, UNISON emailed 231 people we identified as NHSGGC interpreters.

- 153 opened the survey
- 65 Unopened emails (28.1%)
- 16 People accessed the survey through a shared link

64 People completed the survey (42% of those who opened the survey)

Summary

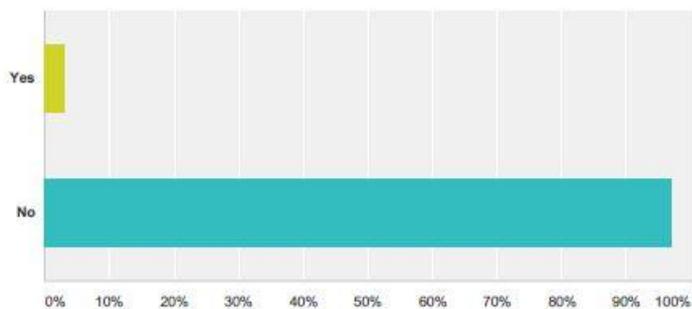
The UNISON survey is not comprehensive and much remains to be done to identify the prevailing issues and appropriate solutions.

It does however highlight significant concerns for UNISON and Interpreter members in respect of staff engagement, training, support and health and safety. It is clear that the 'zero hours' nature of employment is not beneficial to staff, patients or indeed the NHS in the longer term.

Quality of Training

We wanted to know how NHSGGC Interpreters were supported by the employers and whether they felt effectively managed and supported.

Q1 Have management given you an appraisal or personal development plan in the last 12 months?



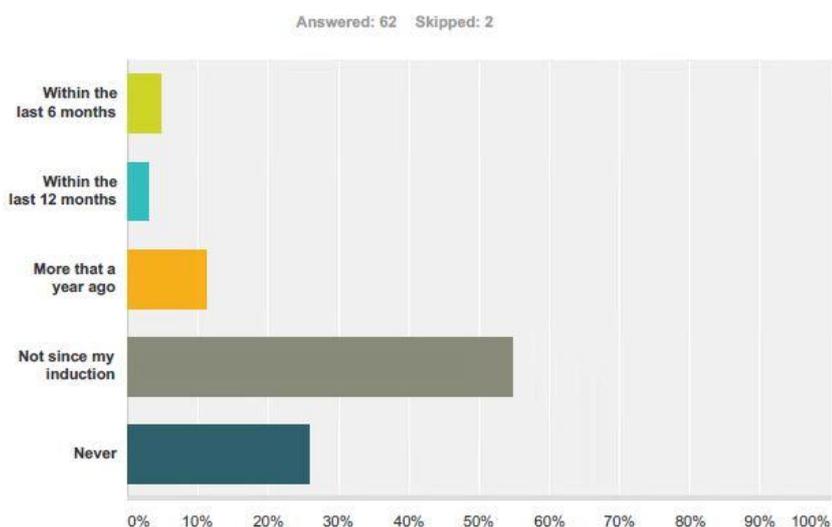
An incredible 97% of respondents said that they HAD NOT received an appraisal or PDP in the last 12 months.

Free Text comments included:

- They only inform us on changes by email.
- We haven't had any training since the bank of interpreters was created
- No appraisal or PDP since the service started
- None since I started working in 2012
- Never received any appraisal or any other evaluation of my work since I started working in
- Never had any appraisal since 2010 when we started with NHS

Q2 When was the last time the NHS arranged training or development for you?

80% of respondents said that they had received no training either ever or since they received induction training and staff meetings seem to have stopped completely more than two years ago.



Free Text comments included:

- Training should be on going depending on the interpreters needs.
- Since I started the job in 2011
- A couple of optional external courses were recommend very early on
- Never have I received any training
- Not only do they ignore my development, they ignore me totally. I never was informed about some changes in regards to payment process, expenses payment, or new manager. There are no regular meetings with interpreters; we do not have any opportunity to have any online forum to discuss issues. Moreover our complains are ignored and never replied to. I have constant issue with wrong payment for worked hours and the interpreting service is not able to send the correct information about weekly payment.
- General meeting we had with previous manager who retired two years ago. last meeting was 2 years ago

Finding

There is significant evidence to suggest that NHSGGC Interpreters are not properly supported, trained or developed. There is no doubt that the 'casual' nature of their employment is such that they are second class citizens within the NHSGGC team.

Training and staff engagement are essential requirements within the NHS in Scotland and it is unacceptable that staff feel unsupported and ignored.



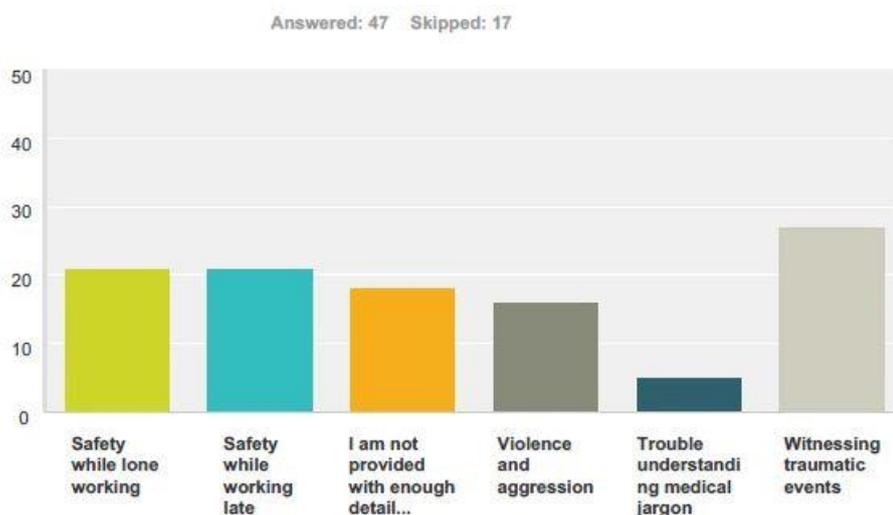
HEALTH AND SAFETY

Given the individual and isolated nature of the work carried out by NHS Interpreters, UNISON wanted to test how confident they were about reporting serious incidents or concerns and whether they had experienced incidents of concern.

Q3 Are you confident on how you would report a health and safety issue using DATIX?

A whopping 86% of respondents told us that they were not confident using DATIX and many used the free flow narrative box to tell UNISON that they had never heard of DATIX or did not know what it was.

Q4 Do you have any of the following health and safety issues or concerns? (Select all that apply)



Safety when lone working	44.68
Safety while working late	44.68
I am not provided with enough detail before being asked to accept a job	38.30
Trouble understanding medical jargon	10.64
Witness traumatic events	57.45

Free Text comments included:

- I am a fully qualified and experienced interpreter and know how to handle different situations, however ,some patients have intimated to me that some new interpreters do not seem confident understanding medical terms due to the blind recruitment.
- None.
- I do not have any concerns about safety and I always carry my own comprehensive manual on medical jargon and understanding
- I don't have any problem with any of what you mentioned

- We often witness traumatic events and work in very distant and dangerous places. It's usually a problem in winter when the day is short. Nobody has offered any support or counselling. Nobody suggests we take a taxi, if using public transport, to get home safely.
- Some of home visits are not in good areas and while waiting for NHS staff during day or late evening increases safety concerns. One can't leave the place as what if interpreter doesn't see the NHS staff coming.
- Mental health constantly affected by difficult cases with no support or debriefing. Information on the exact nature of the appointment (e.g. an abortion) that may trigger the Interpreter would help.
- NHS staff expecting that the interpreter provides personal details (full name) when client there too
- safety while waiting in the street for the health professional to arrive anywhere in the area of Govanhill
- The medical staff does not understand a role of Interpreter and we are sometimes dismissed.
- I am often asked to do tasks which are not in line with my professional boundaries. I am also witnessing improper behaviour towards the clients (often some form of discrimination) which according initial information I must report. Unfortunately when I complain about it it never get further and I was never informed about results. However I was called to meet on the particular HC where the events took place and the medical staff was informed/or non-directly get information from my presence there with manager that it was me who was complaining – I felt exposed and punished on this occasion because for some period of the time I never get job at that particular HC.
- We haven't had any vaccine such as Hepatitis A, B or C etc
- No concerns
- I carefully choose home visits e.g. To high rise flats, certain areas of Glasgow. Sometimes you attend appointments that are very emotional e.g. Psychology dept
- appointments certain medical procedures. No help is offered. E.g. Debriefing emotional support etc.

Findings

It is evident from the responses that some staff have no immediate concerns for their health and safety.

However a significant number of NHSGGC Interpreters are concerned and some have highlighted issues which clearly indicate that there is a feeling of vulnerability within this workforce.

NHSGGC has very clear obligations to ensure that staff (and patients) are safe when engaged in NHS activity. Given the nature of the NHS Interpreters role it is concerning that as a group they feel unsupported (in respect of their involvement around traumatic cases) and that the employers obligation to ensure that they are safe at work is being ignored.

PATIENT CONTACT

Responding to specific concerns from some members who were concerned that they were are times inappropriately left on their own with patients we asked:



Q5. NHS terms and conditions clearly state that interpreters should not be left on their own with patients. Are you left alone with patients?

- 58% of respondents said that they had occasionally been left alone with patients
- 30% of respondents said that they were left alone with patients 'all the time'
- 12% of respondents said that they were never left alone with patients

Free Text comments included:

- At hospitals there is always medical staff present in doctors surgeries or medical centres I usually meet the patient in the waiting area prior to meeting the doctor, I have no problem with this
- It depends on the kind of the patient
- I don't think the staff is aware of those terms. They often take us straight to the patient and ask us to wait for a doctor, for example. I tend to have a book with me so that I don't need to speak to the patient or ask for a family room while waiting.
- Don't mind sitting with patients who are often quite isolated or vulnerable and find it reassuring to chat to someone in their language. Not only does this help build trust, it is often in these moments that patients reveal vital information. Glasgow University conducted research on the problems of no unnecessary contact between patients and interpreters, which was not reviewed by the service in relation to their policies. That said, giving interpreters a choice to do so or not is needed and it is not always appropriate.
- During assignments for in-patients it is standard practice for nurses to take us straight to patients room to wait for consultants. When I refuse this I often get un-courteous reaction, I have also been told angrily that they have never heard about such a thing and I am the only interpreter who has refused that
- In waiting rooms, in clinics, in hospital rooms and even with mental health patients who are aggressive.

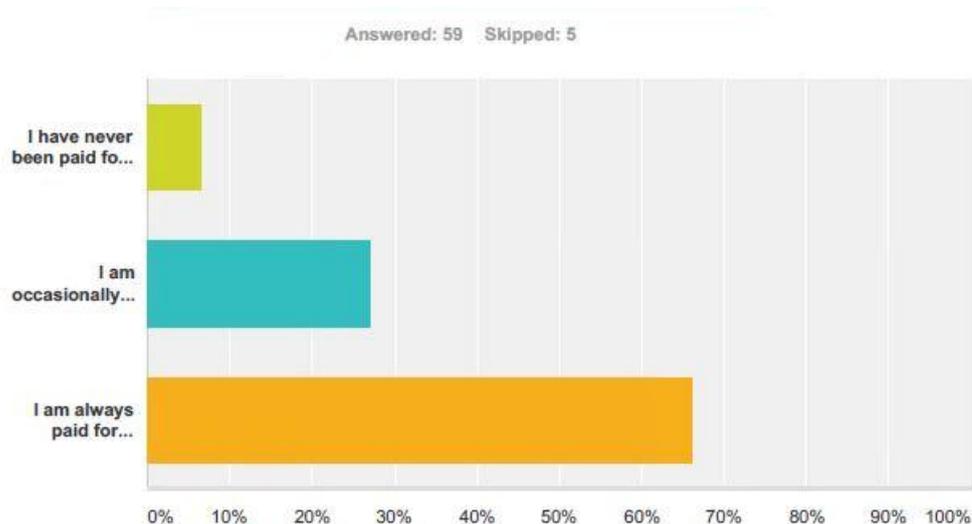
Findings

There is a balance to be struck between patient safety, data protection and practical delivery of a service. It is evident that there is no clear policy or system in place across NHSGGC and that as a result NHS Interpreters, other staff and patients could be at risk of poor practice.

Pay and Conditions

Recognising the nature of 'bank' or 'zero hours' work, we asked participants:

Q6 Are you paid for appointments which have been cancelled on short notice?



Whilst this response suggests that there is a practice whereby interpreters are not always paid properly, 32 respondents also used the free text option. The response below was 'typical' of the narrative provided:

- I am paid for appointment cancelled in the same day, however only minimum for 1 hour. It is a problem, because I lose my income when I am booked for a whole day (6hour for surgery procedures) and whole procedure is cancelled I get pain only 1hour minimum, despite the fact that I had to be available for requested time. NHS almost never offer me any additional job to cover my cancelation. To ask for any job in the same day is usually late and the interpreter is left without income.

We also asked them:

Q7 - Would you like to find out how trade unions help solve issues in your workplace?

75% of respondents said that they wanted to find out more about unions.

Findings

Across the UK there is an emerging campaign, supported by litigation which is pushing back on unfairness and misuse of zero hours contract workers.

There is a pressing need for NHSGGC to review its current employment practice to ensure that it is not at risk; or at future risk of litigation and that it is meeting the 'Fair Work' principles set out by the Scottish Government.

ADDITIONAL COMMENTS

Finally and in recognition of:

- a) The limitations of this survey
- b) The breadth and scale of experience amongst NHSGGC Interpreters,

We offered a free text space for them to tell us more – and they did!

Q8 Please use this space to add any comments you feel that are relevant to the survey

- I've been working as interpreter since 2001 when first interpreting services started with Glasgow city council . In 2010 When NHS decided to have their home bank interpreter we joined and were highly respected at that time due to our lengthy experience & being qualified too in our field! Last year NHS adv for contract interpreters based on band A total of six or eight outsider people were randomly given the job without them having any interpreting qualification / experiences!! They were only offered the job because they accepted lower pay. A few of us (including my self) were shortlisted for the contract at a time. We all rejected it as it's longer working hours/ more commitment & far much less pay than what we get!! We are willing to accept the contract if it's based on band 6 like Lothian NHS and not 4. So please help
- I personally feel interpreters are taken for granted/ barely tolerated as a necessary evil and definitely not valued. They should be respected as a valuable resource by all members of the NHS especially reception staff. The payment for interpreting is £20/hr with no payment for travel time. A review of the payment structure is urgently required.
- Travelling time is not paid. I use public transport and am travelling mostly over an hour each way. Sometimes it brings me below minimum wage rate when travelling takes longer. If I refuse a job on basis of being too far, I'm made to feel as if it's not an acceptable excuse.
- I feel like the new appointment system isn't very fair. Before, when the interpreting services made phone calls instead of sending texts about available jobs, I was contacted very often and I know that this is because I am very reliable and I always answer my phone (if I can obviously), and I accept jobs if I can and never refuse to take a job just because it is too far away. Now, before I manage to get through to the Interpreting Services to ask whether the job is still available, quite often it has already been taken, even if I call straight away. I understand that this is to save the booking coordinators' time, but not sure how this works for interpreters and what the best solution would be here. In any case, it doesn't seem very fair.
- I often hear patients/NHS clinical staff complain about some interpreters for a variety of reasons (being late, rude, unpleasant, incompetent etc). This has been the case since the start. Clearly the interpreting services have not done anything about those interpreters if they are still around 6 years later? Wouldn't there be a way of surveying the clinical staff somehow?

- HS hasn't given me any job when I told them my availability of each week because I am based in Edinburgh. However, I worked with them since 2011.
- I feel that being on zero contract has paved ways for NHS interpreting service to work against our advantages for example like recurring more interpreters when they have enough interpreters at their disposal which made think that I'm not important!
- Often the ones who suffer the most are patients who do not receive interpreting support which is the legal requirement. If you would like to discuss the issue further please contact
- Never get a pay rise or appraisal since I first joined. I wanted to get my DPSI, but it is a bit expensive and I am not allocated many jobs to put money aside so I thought the NHS could help us to get it. Like paying part for us or paying the whole exam and once passed we can pay back by instalment. I which I can progress in the interpreting field but it is not possible for us that's why I am not anymore excited by my job.
- I still do not understand why NHS keep passing jobs to private agencies when an NHS interpreter is available.
- Work is not shared fairly & no-one to talk to & we r treated as numbers
- I would like to say sometimes when an email is sent to me it states they have had meetings with interpreters on behalf of us. Who are they and I have never been asked for my opinion and I do not know who they are?
- Elderly clients most of them are Hakka speakers with Cantonese bring the second language so why are interpreters not informing the doctors or receptionist to ensure that a Hakka interpreter I'd requested.
- I hope you can come up with some good news to improve the great service
- Payslips are a bit confusing, it's not clear what period is the payment for. Example: On payslip states Week 13 for the week ending 25/06/17 but the payment is
- actually for 2 week prior to that.
- am quite happy with my work with NHS
- Please help us to be valued. I am qualified interpreter and I still get the same amount or less work then unqualified interpreter. What's the point of doing diploma. No sick pay no other perks
- All we want is to be treated equally to other NHS staff. We are not informed about anything that takes place in our office, especially if there are some new rules being introduced, new members of staff changing, plans for the future. We have no meetings to get that information and nobody is interested in our opinions. We are totally alone, having only each other for support. We constantly beg for jobs despite being in the business for over 10 years and having huge experience. It's very humiliating. We are doing a great job but are appreciated by no one...
- Lack of job availability
- I would like to discuss the issues related to job allocation process, qualified interpreters as more expensive option being denied and the number of jobs allocated always depending on the job coordinator

- Interpreters have very little rights and can be discarded at any time being told there is no work in their language. I have been interpreting since 2001 and have rarely been sick since I cannot afford to be. Recently I have developed a problem with my foot and have been told that an operation might help but in view of the recover time I could not consider this as I would receive no sick pay for any of my employers. Over the years many interpreters have attempted to sick up groups to express their grievances but this has never been successful and contracts are fought over by agencies who often accept the most economical bids simply to win the contract which then has serious repercussions on the conditions of pay for the interpreters. I consider furthermore that there is little solidarity between us due to this lack of rights.
- Safety issues especially when working late and the most important is to be paid for the hours that NHS books us for as sometimes it's like 5-6 hours for surgery for example and when it's cancelled for some reason we are paid for one hour only and that's the whole income for the day is gone. The reception staff and the nurses at the NHS most of them are nice people but sometimes we come across some of them that acts very racist and disrespectful as if she is paying the interpreter from her own pocket like delaying us or signing the job sheet for less time I personally submitted a complaint about one of them and I don't know how the issue was dealt with.
- We spent long time in our travel but travel time is not paid and we are in zero hour contract though many of us with NHS FOR MANY YEARS.
- Rate of is the same when the service was started many years ago.
- Jobs are not allocated fairly among the interpreters
- I have stopped doing interpreting jobs for NHS because on lots of places the receptionists are very unfriendly towards us, made me feel uncomfortable being there.
- Some places I have been, staff were under the impression an interpreter is earning £40 to £50 per hour. I have been told "how easy is for you to make a fortune! "
- Feel undervalued by the Service - no real recognition for the vital work we do. Don't even know names of current managers, who to report anything to (except booking coordinators). Completely isolated- no contact with other interpreters either. Have not had a meeting in years. Essentially on a zero hour contract, which is very difficult if relying on this work as main source of income.
- No discussion around pay increases since started - consider paying those who do not have an interpreting qualification (but have now amassed years of experience) the same as those who have a qualification but little experience. Pay should also be more in
- line with general industry rates, reflecting the skilled nature of the work. It has never been made clear how bookings are allocated fairly. The health and wellbeing of interpreters must be taken into account and addressed.
- The interpreter is asked to interpret for more clients when only 1 client was booked. NHS staff is making 2,3 or more hours booking and if the client is not coming the
- timesheet is completed for 1 hour or less (the interpreter should be paid for keeping such slot free). Sometimes NHS staff goes earlier to the home visit and when interpreter arrives the job finished already.

- The ladies working at the reception in different hospitals are sometimes rude and ask various information about patient/client although the interpreter explained that we don't have any personal information.
- When hiring interpreters the companies should verify the level of English. Many companies are hiring interpreters only after checking their nationality and this is more and more a problem. Interpreters should be advised re their
- look/clothes, how to act or react when the doctor/NHS staff requires interpreting services, interpreters should never doing the doctor's job regarding advising the patient, etc
- Travelling time to appointments under NHS contract is not paid. I believe that it is in contradiction with EU regulations. However I am not sure how to challenge. Thanks
- I am really concerned about job security considering that I am on a zero hours contract and the department continues to recruit interpreters indefinitely.
- The past couple of years we had not one meeting, no stable point of contact to discuss our concerns with. The new manager hasn't been helpful in the slightest. It has happened severally that my payments have been wrongly calculated and a lesser amount of money paid into my account. Every single time such happens the only person to speak to about it is the manager who has to be chased to get in touch with. He is often busy, not in the office, etc. We don't get a breakdown of payments, we don't know where mistakes are being made, which as mentioned are frequent. We are regularly pressurised to update the office about any changes to hour availability. If I send in email with updates sometimes they don't get processed until a day or so later, phoning in about any issue has basically become impossible as the minimum time you spend waiting on the phone for a booking coordinator is 10 minutes with every single phone call.
- Management has basically alienated employees and not interested in collaboration, only in issuing orders and imposing expectations from above.
- In my opinion we do not get enough support as staff who are working in front line out there
- Interpreters don't get access to the pension, this is just another example of us being treated less favourably.

Findings

This section of our survey offers an interesting insight into how NHSGGC Interpreters feel about working for NHSGGC.

Whilst it is accepted that there needs to be more detailed work undertaken, it is clear that many of those who responded do not feel valued or fairly treated.

CONCLUSION

This survey is a reaction to representations made by NHSGGC Interpreters who have felt the need to 'Speak out!'

Whilst it is acknowledged that there are limitations with the survey. It is clear that as a group they do not feel properly supported, trained, developed or respected by their employer.



The casual, zero hours, ad hoc nature of the service may have been appropriate at a point in time but with 12,000 bookings on average each month and with the multi cultural growth of the Glasgow and surrounding communities it is likely that demand will increase in the years to come.

As NHS employees, interpreters are entitled to be well informed; appropriately trained and developed; involved in decisions that affect them; treated fairly consistently and with dignity and respected and of course to work in a safe environment.

Whilst all NHS workers can make a legitimate argument for better pay, NHSGGC Interpreters seem to be particularly hard done by, due to the bank or zero hours nature of their employment which means that pensions, payments, travel and even holiday pay are all negatively affected by abuse, misuse and the nature of their employment status.

The lack of PDP, training and management support raises some significant questions over the quality and safety of the service. Are all NHSGGC Interpreters suitably qualified; are their skills being developed; are they all member of the PVG scheme. With little or no direct line management it is hard to imagine that they service is the best it could be.

In concluding this survey UNISON calls on NHSGGC to work in partnership with UNISON to better understand the nature of this service and the impact that it has on loyal, dedicated workers, patients and other NHSGGC staff.

Working together there needs to be an urgent root and branch review of the service, to improve on the way staff are supported, ensure that the service links to the wider NHSGGC family and redeveloped the service based on fair employment principles.

