

Freedom of Information request 015803 – Interpreting Services

25 August 2021

We would be very grateful if you could help by providing the following information, under the provisions of the Freedom of Information Act (2000):

1. Please confirm your Trust's overall spending on Translation and Interpreting Services, for each of the financial years:

- a. 2018-19 - £147,370
- b. 2019-2020 - £150,606
- c. 2020-2021 - £89,381

2. If available, for the financial years specified in Question 1, please provide a breakdown of:

- a. Total spend on written translation
- b. Total spend on telephone interpreting
- c. Total spend on video interpreting –
- d. Total spend on in-person/face to face interpreting (i.e. pre-booked consultations) -
- e. Breakdown of spending between inpatient vs outpatient services

Unable to provide this information, the Trust does not electronically record the information by breakdown of the various translation services that are used. The information is collated under the general heading translation and interpreting

3. If available, please provide a breakdown of the:

a. Total number of in-person/face to face interpreting sessions booked (break down by language, specialty, and clinical area) - not recorded

a. Please confirm what is the current process for clinical or administrative staff to book:

- i. An in-person / face to face interpreting consultation
- ii. A telephone interpreting session
- iii. A video interpreting session

(for example, via Intranet, digital / app based, phone call)

The Trust has a section on its intranet which informs staff how to book an interpreter if the need arises and the process that needs to be followed to do this. This section includes contact telephone numbers and guidance on how to pre-book an interpreting session and also how to book an emergency session.

4. Do you employ your own in-house / face-face interpreters? If yes: - No

- a. How many interpreters do you have on payroll (breakdown by substantive and bank)?
- b. What languages do they cover?
- c. What is the hourly pay for in-house interpreters

5. Do you outsource interpreting services to an external provider? If yes:

a. Which provider(s) do you currently use? - Word 365

b. Are you able to provide approximate fee / interpreting session for:

i. In-person/face to face interpreting

ii. Telephone interpreting

iii. Video interpreting

- The level of competition currently experienced within the NHS is such that the release of detailed information specifically relating to individual agencies would have a prejudicial impact on the Trust and would weaken the Trust's position in a competitive environment, therefore the Trust wishes to use Freedom of Information exemption section 43 (2) Commercial Interests (where Information is exempt information if its disclosure under this Act would, or would be likely to, prejudice the commercial interests of any person (including the public authority holding it)).

6. If you outsource the provision of interpreting services to an external provider, could you please confirm:

a. Whether the provider was contracted via a national framework? If so, which one? - Health Trust Europe

b. When does the current contract expire? - 2024

c. Is there is an exclusivity clause, which would prevent the trust from piloting additional / complementary interpreting services during the duration of your contract with your existing provider? - No

7. From which budget within your organisation are interpreting services funded? Which staff member/role is responsible for signing off that budget? - Costs are funded from various budgets across the Trust.

a. Which stakeholders are involved in the decision concerning contracting of interpreting services (no need to provide actual names – please only provide role and/or job titles) - Procurement Department

8. If available, could you please provide the following information for the financial years 2018-19, 2019-20, 2020-21:

a. Anonymised list of procedures cancelled due to lack of interpreter for key stages (for example Consent process), including date when procedure was due and date when it was rescheduled (alternatively, if unable to adequately anonymise, would you be able to provide us with the 1) total count of procedures that had to be cancelled 2) average delay until procedure rescheduled 3) break down by specialty (if possible)

b. Anonymised list of outpatient appointments cancelled due to lack of interpreter, including date when procedure was due and date when it was rescheduled (alternatively, if unable to adequately anonymise, would you be able to provide us with the 1) total count of procedures that had to be cancelled 2) average delay until procedure rescheduled 3) break down by specialty (if possible)

c. Total number of incidents where one of the contributing factors was language barrier

d. Total number of complaints where one of the contributing factors was language barrier

- Unable to provide this information, cancellations due to language barrier would come under general hospital cancellations

9. What is your hospital's policy on allowing multilingual clinicians or administrative staff to perform ad-hoc interpreting for patients?

a. Is this 1) not officially allowed 2) allowed in exceptional circumstances 3) encouraged (alternatively please attach any relevant policies and we will review these ourselves)

- Please see extract from our policy below.

Use of staff as interpreters

Staff members are a valuable resource of language support for the organisation but should only be used in certain circumstances and with consent from the patient. Bilingual staff should only be used to help communicate information. Failure to provide a qualified interpreter may leave the Trust open to challenge should the information given by a staff member prove to have been misconstrued or misunderstood.

If the adult patient consents to the staff member providing interpreting services, all health professionals involved in this episode of care must then respect their choice, provided the staff member agrees to interpret accurately what is said, and that there is no conflict of interest. The offer of using a professional interpreter, and the patient's choice not to do so, should be recorded in their health records. The individual must also be aware that they can reverse this decision at any point.

Whilst staff can provide this service if they are present at the time and competent to interpret, there should be no request made for other staff members within the organisation to make themselves available to provide interpreting i.e. no global emails requesting if a staff member could be available to interpret.

10. If we would like to engage in conversation with a member of staff in your organisation to discuss the innovation we propose to develop, who would be the most suitable person to approach? -

- The Procurement Department dgft.procurement@nhs.net