

Ref. No: From: Date: Subject:

196190721 Students / Research 19/07/21

Interpreting services

### **REQUEST & RESPONSE**

- 1. Please confirm your Trust's overall spending on Translation and Interpreting Services, for each of the financial years:
  - a. 2018-19

18/19 £235,479.26 (interpreters), £220.20 (translation)

- b. 2019-2020
  - 19/20 £224,563.41 (interpreters), £414.00 (translation)
- c. 2020-2021 £60,616.53 (interpreters) £2,182.44 (translation)
- 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. prebooked consultations)
  - e. Breakdown of spending between inpatient vs outpatient services

### If available, please

#### 2018/19

Face to face - £227,732.96

Telephone - £7,708.30

Translation - £258.80

Video - nil

No info available on inpatient vs outpatient spend

#### 2019/20

Face to face £219,822.16 Telephone – £4,403.35 Translation – £752.00 Video – nil

No info available on inpatient vs outpatient spend

#### 2020/21

Face to face	1932	53,448.53
Telephone	817	7,168
Translation	14	2,182.44
Video	0	0

No information available re inpatient v outpatient spend

## 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)

Under section 12 of the Freedom of Information Act St Helens & Knowsley Teaching Hospitals Trust does not have to comply with a request if we estimate that the cost of complying with the request would exceed the appropriate cost limit of £450. The appropriate limit has been specified in the Freedom of Information (Appropriate Limit and Fees) Regulations 2004 associated with the Act. The £450 cost limit represents the estimated cost of one person spending 18 hours answering the questions asked.

- b. Please confirm what is the current process for clinical or administrative staff to book:
  - An in-person / face to face interpreting consultation -Online portal
  - 2. A telephone interpreting session Phone call
  - 3. A video interpreting session Online portal

#### 4. Do you employ your own in-house / face-face interpreters? If yes:

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

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

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

DA languages

- b. Are you able to provide approximate fee / interpreting session for:
- i. In-person/face to face interpreting
- ii. Telephone interpreting
- iii. Video interpreting

Unable to provide this information – the MI reports we receive from the provider of this service states *We respectfully request that this information remains confidential due to commercial sensitivity under Section 43. 2 of the Freedom of Information Act. Information is exempt information if it prejudices commercial interests.* 

## 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? January 2022
- 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? We are not aware of any exclusivity clause with our existing provider
- 7. From which budget within your organisation are interpreting services funded? Which staff member/role is responsible for signing off that budget?

No central budget, each area is billed for their usage, directorate managers would be responsible for approving invoices

 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 lead
Head of patient inclusion and experience
Deputy director of governance
Patient experience manager

- 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)

Do not hold this information in this format

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)

Do not hold this information in this format

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

Nil

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

Nil

- 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)

The policy states that an independent interpreter must be used, but clinicians are able to carry out consultations in a language they are fluent in.

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? Cheryl Farmer, Head of patient inclusion and experience