

North East Joint Health Scrutiny Committee

item 3



North East Joint Health Scrutiny Committee

Minutes of meeting held on 27 November 2018 at South Shields Town Hall

Present:

Councillors: McCabe (Chair) (South Tyneside), Chaplow (Durham), Green (Gateshead), Loynes (Hartlepool), Snowdon (Sunderland), Taylor (Newcastle), Watson (Northumberland) and Watts (Redcar)

Also in attendance:

Paul Baldasera (South Tyneside), Mike Bird (Northumberland), Nigel Cummings (Sunderland), Angela Frisby (Gateshead), Stephen Gwilym (Durham), Peter Mennear (Stockton), Alison Pearson (Redcar), Joan Stevens (Hartlepool) and Brian Springthorpe (South Tyneside),

Colin Hope (NHS England), Urwi Patel (Language Empire), Andrew Turner (Language Empire), Dawn Marshall (Becoming Visible), Sue Lee, Charles Murphy

1. Apologies

Cllr Craven (North Tyneside), Dryden (Middlesbrough), Grainge (Stockton), Caroline Breheny (Middlesbrough) and Joanne Holmes (North Tyneside)

2. Minutes of the last meeting

The Committee approved the minutes of the last meeting held on 7 September 2018 as a true record.

3. Translation and Interpretation Service

Colin Hope advised the Committee that the original contract had been awarded in 2013 and had 4 providers, which included Becoming Visible for BSL and Language Empire for spoken and sign. The contract was scheduled to end on 31 March 2018 and following market testing a new contract was tendered through the Crown

Procurement Service. The contract was designed to rationalise the number of providers and provide competitive rates. Language Empire was awarded the new contract.

It was accepted that there had been teething troubles, however, improvements had been made.

Andrew Turner advised that the contract had initially been awarded at short notice. Language Empire had tried to agree work with previous incumbents but no deal had been agreed with Becoming Visible. Since April 2018 14,000 requests had been received and every effort was made to ensure that specific requests for individual or male/female interpreters were met.

Dawn Marshall wished to provide a perspective from Becoming Visible and the wider deaf community. The deaf community faced particular challenges and Becoming Visible had been working with the NHS since 2003. The Crown Procurement Service contract had used a 'one size fits all' approach which did not meet the needs of our region or service users. It still had not been explained why this process had been used to establish a new contract and services users and GPs should have been consulted. Going to a GPO was a difficult challenge for a deaf resident as they needed to have trust in the interpreter to deal with personal and sensitive information. Examples were given where interpreters did not turn up, or had to leave before the consultation had finished and more deaf residents advised that they would not go to the GP or would use a family member. Questions needed to be asked about the effectiveness of the service and the balance of value for money versus safeguarding of residents. A recent court case which involved Language Empire was also highlighted.

Sue Lee advised that she was a freelance BSL interpreter of 20 years' experience and acknowledged that the issue was very emotive for all involved. The Committee was advised that 31 interpreters had indicated that they were unwilling to work with Language Empire and believed that the contract was still being delivered using unqualified interpreters. There was widespread, national concern over how Language Empire reputation and how it operated, which included interpreters not being paid and a report from the Devon area which indicated concerns over false bookings. It was stressed that deaf residents needed qualified, efficient and moral interpreters.

The Chairman stressed that the Committee needed to establish the current position of the service in the North East as part of its role to scrutinise NHS services.

A Member raised the issue of a patient satisfaction survey. Colin Hope advised that the issue had been discussed with Dawn Marshall and it had been agreed to carry out a survey although this had not yet taken place. The majority of the service was language translation not BSL. It was pointed out that deaf residents often struggled with English and written patient surveys might not be the best method of obtaining views. Colin Hope accepted the points made and gave assurances that ways would

be found to address this concern and that when completed the survey findings would be provided back to the Committee. Colin Hope advised that for the most recent period, April to October 2018, 71% of requests were met when a named interpreter was requested and 94% when a specific gender of interpreter was requested. Furthermore, it was pointed out that the court case referred to involved intellectual rights and not service provision and that Language Empire had appealed the case.

It was suggested that interpreters should be at the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) level which was the 'gold standards' of qualification. The Committee was advised that there were 40 registered interpreters in the region and that this comprised of 34 fully qualified and 6 trainee interpreters. The gender balance was 34 females and 6 males. 99% of BSL requests were filled. Processes were in place to deal with interpreters' concerns and three had indicated that they would remove their threat to boycott the service and a meeting had been arranged for January 2019 to discuss the situation.

The lack of available interpreters was acknowledged and Language Empire accepted that unqualified interpreters had been used in the past. It was not always possible to supply named interpreters as they may have previous commitments. Cases where an interpreter had left appointments were not acceptable and would be investigated.

It was confirmed that a Complaints Process was in place although again, it was suggested that the poor English language skills of many deaf residents made the process difficult to access. This created an untrue picture which did not recognise the widespread concerns over the performance of the service.

Sue Lee advised that she had met with Colin Hope, representatives of the deaf community and Healthwatch in June 2018 and although a Contract Monitoring Group had been agreed nothing had yet happened.

Andrew Turner advised that Language Empire were committed to the contract and would do whatever they could to support residents.

Discussion took place on the contract procurement and whether or not an equality impact assessment was carried out. It was confirmed that the Crown Procurement Service framework had been followed to award the contract but it was not thought that a separate quality impact had been carried out as it would have formed part of the framework arrangements.

A Member asked when the NHS had been made aware of concerns and what had been done to address them. The Committee was advised that discussions with Becoming Visible had taken place late 2017/early 2018 prior to the contract going live. No meetings had been held with Becoming Visible in the first few months of the new contract. Complaints started to be received broadly covering; unfilled cases, the booking system and quality of interpreters. The Committee was advised how Language Empire attempted to fill appointments even up to the last minute which

sometimes resulted in appointments being missed if no interpreter could be found. The booking system was used to validate payments and complaints had been received from GPs that it was too long and complicated to use. Work continued to try and address this concern. A notice had been issued to Language Empire to ensure that interpreters met the NRCPD standard. It was planned that the initial improvement actions would be completed by January 2019 and the patient survey by February 2019.

Charles Murphy advised that he worked as a community worker with the deaf community. He confirmed that he had received lots of complaints about the booking system and felt that deaf people were suffering over uncertainties that an interpreter would turn up for appointments, their identity and abilities. It was suggested that local deaf communities should be approached for their views.

Members questioned the role of local Healthwatch.

Agreed: (a) That the report be noted and (b) that each council make efforts to find out information from local deaf communities, (c) that information on performance, locality and complaints be circulated and (d) that the issue be reviewed at a future meeting.

4. Joint Scrutiny Updates

Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP JHSC

Stephen Gwilym advised that the Committee had invited the Chief Executive Officer of the trust to attend the next meeting to discuss collaborative work following concerns expressed over the lack of progress of the three centred hospital proposal. The Committee had also received a presentation from Mary Bewley, STP Engagement Lead, on Communications Strategy. The Committee would also consider the collaborative approach of the CCGs following the appointment of an overall Chief Executive Officer and the impact on management structures.

Northumberland, Tyne and Wear and North Durham STP JHSC

Councillor Taylor advised that the Committee had received presentations from Professor Alison Pollack on the Integrated Care Strategy and Keeping the NHS Public on privatisation. Other issues considered included the Engagement and Consultation Strategy, workforce issues and preventative work on mental health concerns.

Tees Valley JHSC

Peter Mennear advised that the Committee had received a report from NEAS on ambulance performance standards, suicide prevention and performance of mental health services. A Task and Finish group had been established to consider Rosemary Park hospital.

South Tyneside and Sunderland JHSC

Paul Baldasera advised that the Committee continued to meet regarding the Path to Excellence programme. Phase 1 of the programme had been completed and the Secretary of State for Health and Social Care had endorsed the service changes. Phase 2 of the programme was in the pre-consultation stage. Formal consultation would take place in 2019.

It was noted that most scrutiny took place at local joint Health Scrutiny Committees and that the regional North East Committee covered more regionally based and specialist services.

The Chairman highlighted the ongoing reviews across the region and the impact that these would have on local residents and communities.

5. Work Programme

Paul Baldasera advised that the Work Programme continued to be flexible to meet the needs of partners and address issues as necessary.

The Chairman advised that he should be contacted should anyone wish additional items to be included.

6. Any Other Business

There was no any other business.

7. Date and time next meeting.

It was agreed that the next meeting would be arranged at a mutually convenient date.