Written evidence submitted by South West London and St. George’s Mental Health Trust (ATW0334)

1. The impact of a time cap of 30 hours per week is unfair to Deaf staff many of whom are already employed by SWLSTG NHS Trust on 37.5 per week hour contracts.

2. There are many inconsistent decisions made regarding individual Deaf staff ATW provision. This seems to often depend upon the experience of the AtW advisor.

3. AtW advisors often appear not to have any knowledge about Deaf culture or Deaf awareness and can be offensive to Deaf staff.

4. As a mental health Trust, we have six specialised Deaf services. The trust needs interpreters that can work in different settings: schools, hospitals; mental health clinics; client’s home; social care; workplaces, and therefore using the same interpreter may not be appropriate because they have different skills (e.g. children, adults, parents, relay interpreters etc.). Also there is a wide geographical coverage in our Trust from London, home counties, East Anglia, Kent, Sussex and Surrey – this means we need to book interpreters in different places sourcing local interpreters wherever possible. Crisis mental health work may mean we need them quickly.

5. There has been no continuity from AtW advisors for Deaf staff, this means agreements have been lost or forgotten, and Deaf staff have to tell their story many times over to different advisors.

6. There has been poor communication via telephone/email, many Deaf staff have left tens of messages to have no-one return them.

7. The AtW advisors are based in many places in UK, and we wonder whether the hourly rate a member of Deaf staff receives varies sometimes considerably depending upon the location of the AtW advisor.

8. Each member of Deaf staff receives an individual rate according to their own needs as assessed depending upon their job role and responsibilities as well as their number of working hours. It appears that these assessments are subjective, there needs to be clearer criteria applied consistently across the UK.

9. AtW do not inform Deaf staff when their rate is coming to an end or when there needs to be a review.

10. AtW has strongly recommended (so Deaf staff have felt under pressure) that where a full-time interpreter is needed that they or their employer needs to employ the interpreter on a PAYE basis.

11. AtW has reviewed many Full-time staff and offered a drop in hourly rate to £18-£19 per hour. As qualified interpreters are only used in our specialised service due to confidentiality of mental health, this means those Deaf staff cannot employ a qualified interpreter with the new hourly rate. This rate
would employ only trainee interpreters which are not suitable for the complexity of this work.
This has impacted most on our Deaf staff in Cambridge as because of their location and therefore need to book local interpreters they chose not to have our specialist administrator help them with their AtW. (The Trust employs a specialist administrator as part of its employer’s duties to respond to the needs of Deaf staff employed appropriately). These Cambridge Trust staff (one qualified, the other unqualified), have received a terrible service from AtW with mixed messages, a reduction in rate and hours and very poor communication. As a result they were unclear what the AtW agreement had been and carried on booking their interpreters to undertake their unchanged role in the organisation. When AtW finally reviewed their cases, it was to drop the hourly rate significantly so that they were not able to employ qualified interpreters, and also worrying, being able to pay for the interpreting they had already received. These cases have been escalated under the appeal route and being considered by AtW.

12. Contracts are negotiated sometimes very quickly without full consultation with Deaf staff.
13. Some of our Deaf staff are healthcare assistants, and when they are accepted onto a nursing training (or other qualifying training) we are astounded to discover that their rate and number of hours have been dropped to a ‘student rate’. This means that access to their learning is hampered by not being able to afford qualified interpreting on their university days. This has left the Trust in a difficult financial position, needing to find money for two new student nurses that was not budgeted for in the Trust.
14. All of the above have a clinical impact of the service the Trust can offer to its patients who are Deaf and have mental health difficulties, a complex and specialist client group. Many of our Deaf staff who have had reduced ATW support have had to offer a reduced service to our clients as they are not able to offer such a flexible timetable for visits and appointments if they do not have an interpreter. This has reduced the quality of the Trust’s service to this client group, especially as Deaf clients often prefer to be seen by Deaf rather than hearing staff.

13 August 2014