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Issues in Outsourcing Valuable Professionalism

The partnership existing between private businesses and public service organisations with the explicit purpose of reducing public service costs is not an easy relationship. As Adam Smith told us in 'The Wealth of Nations', the public interest is not well-served by the interests of individual business people who work with few or badly-framed controls. Indeed, those who manage private businesses are duty-bound to focus on increasing the profits of their enterprises over and above all other consideration. For them, it is a case of shareholders before stakeholders.

This model is now deeply embedded in our society, particularly given austerity measures over recent years. But if public service organisation's procurement controls and frameworks are poorly crafted, then we will continue to see the abuse of public money continue while business owners increase their wealth at the public's expense. Notwithstanding the fact that public funds are being wasted as a result of poorly framed controls and the shareholders of the private businesses exploiting these are profiting while they watch over the ruining of our public services, we can expect to see the continued use of private agencies working on behalf of public services.

As the controller of spend in a local council, a government department, a health service operation, the courts or a police service, procurement management is tasked with ensuring public money is deployed effectively and sensibly. But often targets for procurement management do not focus on quality, or on effectiveness or on being sensible. Rather, targets for buyers are invariably focused on frugality. The approach seems to be buy the cheapest and leave it to the practitioners to solve the resulting inherent challenges. Procurement managers gain plaudits and win kudos for their approaches for buying competitively, while professional practitioners weep because these more often than not leave them with inadequate support to deliver a task.

Hitting spending targets at the cost of poor delivery should not be considered an achievement. Underfunding the legal aid system so that it can offer little aid, border controls so that they do not have the resources to control a border, police services so that they do not have enough officers, police stations or custody suites to service the public, cleaning services in hospitals so that they provide a poor cleaning service that encourages killer diseases, or troops so that they are using equipment that falls apart in combat can in no way be considered a success. While spending targets may have been hit, professional practitioners and those relying on their services are left high and dry.

When procurement management suggests a low-cost alternative is 'fit for purpose', most practitioners shudder in anticipation of the un-fit service they are about to receive. Worse still is when procurement management deems a practitioner 'fit to practice' in the public service arena simply because they are cheap. Almost without fail this less than professional practitioner is not fit to practice, will make mistakes and potentially cost the public purse millions and damage reputations.

Perhaps one of the best examples of how this downward spiral of poorly framed controls, wrong-headed procurement targets, use of private companies and unfit outside-services leads to waste and life-threatening situations lies in the NHS.

The National Health Service Act 2006 states in the exercise of their functions, managers in the NHS 'must have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them by the provision of health services'. Therefore, if a patient does not speak English, then NHS managers need to reduce this inequality. The first problem with the wording of this legislation, i.e. the framing of controls, is that 'reducing inequalities' is not the same as 'removing inequalities'; and frameworks based on badly-constructed laws create loopholes that will be abused.

The framework for procuring interpreters is clear. According to 'Guidance for Commissioners: Interpreting and Translation Services in Primary Care', spoken language interpreters 'should be registered with the National Register of Public Service Interpreters (NRPSI) and hold a Diploma in Public Sector Interpreting (DPSI) (Health)'. It also stresses that interpreters 'should have training in medical terminology'.

Here are the second and third problems with the framing of controls. By adding the word 'should' to the above sentences, the framers have allowed procurement managers to step away from highly qualified and professional interpreters who understand medical terms, who are needed to not only fulfil the need to reduce inequality to access services but can also, moreover, ensure equality.

Rather, the framers have allowed under-qualified, cheaper, less-effective practitioners into the system. The framers state 'it may be acceptable to use an interpreter who has a minimum of NVQ Level 3 in interpreting'. The DPSI referred to earlier is a Level 6 degree-equivalent qualification, whereas a Level 3 qualification is equivalent to an 'A' Level.

By not making it statutory to use highly qualified and experienced interpreters who understand medical terms, who are accredited, registered and regulated by NRPSI, the framers are allowing procurement management to explore cheaper options. By not mandating the need to use degree-qualified professionals, the framers are allowing private agencies to stock up on under-qualified pseudo-interpreters and market them to NHS services at reduced rates.

Procurement management will then hit their key performance indicators by cutting spending. The private agencies can recruit freelancers who are poorly trained and inexperienced to replace highly qualified interpreters. This approach aids their profit-imperative. Both NHS managers and agency management are satisfied.

But what about the scared, lonely and deeply worried individual who speaks no English and what about the doctor who wants to help but cannot communicate with the patient. This dialogue between practitioner and patient needs to be at the heart and centre of the framework. This dialogue needs to be the key priority of framers, procurement management and those private agencies supplying interpreters. Were this the case then communication between the practitioner and patient would be

enabled by a professional interpreter who would ensure 'the removal of inequalities' with respect to the patient's ability to access health services.

Unfortunately, however, this is currently not the case. Framers have been driven to keep the framework loose to ensure cheapness can be built-in. Managers are expected to hit spending targets. Agencies have to tender at a low price to win a contract, will manipulate frameworks and then keep engagement fees low. The quality of interpreting services provided is thus pushed down as professional, accredited, registered and regulated interpreters quite rightly will not work for rates which do not reflect their qualifications and expertise. The patient and doctor suffer due to this wrong-headed decision-making which ignores putting the patient first, even though, paradoxically, the NHS's values suggest this is the number one priority.

The guidance for NHS procurement managers regarding securing interpreting services suggests using the Crown Commercial Services (CCS) procurement framework for the use of interpreting in public services. This is not a statutory requirement, nor is it mandatory. This framework is undoubtedly more stringent than some NHS Trusts would wish for and NHS advice allows managers to find other routes to 'reduce transaction and administrative costs'. The current CCS approach itself is not as stringent as it could be and there is a great deal of lobbying taking place to ensure the next iteration is more focused on controlling the quality of delivery rather than just driving down prices.

NRPSI is deeply concerned about the quality of interpreting in the NHS and indeed other public service bodies. As the not-for-profit, voluntary accreditation registration and regulating body for the public service interpreting profession, it is the role of NRPSI to do everything within its power to protect public service interpreting standards and the quality of interpreting provided to the public services and the public.

The declining engagement fees offered by privately owned agencies to professional interpreters is an ongoing issue for the public service interpreting profession and one of the greatest single threats to the standard of the language services provided to public service organisations and the public. Professional interpreters working for public services, like many public service support services, have been pushed to breaking point by having their fees successively squeezed by public sector cost-cutting measures and the outsourcing of contracts to private agencies which then set their rates of pay at low levels to enable their profit-making imperatives.

There is some understanding of the difficulties for those running private agencies, where a four or five-year contract means they have many difficulties to overcome to become profitable. By quoting low prices to the public service organisation the agency wins the contract, but there is little time to maximise profits. Year one is about mobilisation to achieve set-up, which will almost certainly be a loss-making year. Year two needs to break even, so all assets will be pressed including the freelance interpreters' fees. This pressure continues through the remaining years of the contract. The agency's executives have a business imperative to act like vultures in the way they pick over their assets and locusts in the way they clean up as much of the public purse as possible before the contract comes up for renewal; there is never a guarantee they will win the contract again.

This current situation for most professional interpreters specialising in working for public service organisations is completely unsatisfactory and is proving untenable. Those public service interpreters who are registered and regulated are highly qualified, skilled and experienced professionals. They play a vital role in ensuring our public services run smoothly and effectively, which is of benefit to the taxpayer. Yet, in many cases, they are being asked to work for fees effectively lower than the minimum wage.

Unable to make ends meet, these highly qualified practitioners are being forced to seek work outside of the public sector or leave it altogether. Linked with the need by agencies to supply interpreters to fulfil their contracts, this has resulted in a skills-vacuum that is being filled by those who are unqualified, inexperienced and ill-equipped to interpret complex government, legal and medical information in often emotionally wrought situations.

This race to the bottom has to stop. Quality has to be protected for the sake of the public and the public purse.