

## Not Equal: Follow-up workshop

As part of our ongoing work to ensure the voices of Deaf people are heard, on 23rd March we held a further workshop to bring commissioners and providers of Health and Social Care services together with Deaf service and their families/carers users.

This was the first workshop after the publication of our report [Not Equal](#) and was an opportunity for representatives of the city's health and social care organisations to share their responses to the report's findings with Deaf people. We also invited them to bring examples of good communication practice.

Each organisation provided a written response to the report, including whether they plan to act on the recommendations we made. The full written responses are in the appendix of this document.

### The five recommendations to commissioners and providers of NHS and Social Care services:

1. Providers of NHS and Social Care should recognise the legal requirement to meet the Accessible Information Standard and ensure that it is consistently applied within their organisations.
2. Commissioners should consider the use of measures and/or incentives to ensure the Standard is being implemented by providers.
3. Contract monitoring of LanguageLine Solutions should include the experiences and views of Deaf people.
4. Providers should ensure health and social care staff have at least a basic understanding of the needs of, and the problems experienced by, Deaf people and are aware of their responsibilities under the Equality Act 2010.
5. Local providers should act to ensure information about their complaints and concerns process is accessible and available in BSL, including information about NHS complaints advocacy.

During the workshop, opportunities for working together to resolve some common issues were identified and there was some challenge about whether the plans the organisations had put in place would result in the positive change for Deaf service users and carers. Key points are summarised in the table on the next page.

The second part of the workshop involved participants editing and fleshing out a leaflet 'Do's and Don'ts for Communicating with Deaf People' which we will make available to all partners.

**Who was in the room?**

Service users, Sheffield Clinical Commissioning Group (CCG), Sheffield Teaching Hospitals NHS Foundation Trust (STH), Sheffield Health and Social Care Foundation Trust (SHSC), Sheffield City Council (SCC), Disability Sheffield, Citizens Advice Deaf Advice Team and a British Sign Language Interpreter.

**Sheffield Clinical Commissioning Group (CCG):**

- Already ask that services meet the Accessible Information Standard (AIS) and report any issues.
- Implementation of the AIS has been added to the hospital audit GPs will be asked questions about implementation during practice visits,
- The CCG have learnt from the workshops, would like to work with Deaf people to improve access to care and they'd also like to engage in a similar way with different groups.
- The CCG is considering hosting a Practice Learning Event on AIS to further staff understanding and if this goes ahead, Deaf patients and carers will be involved.
- The CCG will look at how to gain more feedback from service users on access and quality of interpreters, and took note that it is difficult to complain about an interpreter if there is no choice but to communicate through that interpreter.
- Training given to staff in services so far has been general and may need to be more in-depth.

**Sheffield Teaching Hospitals (STH):**

- Responsibility for Equality and Diversity now sits at Director level and a new member of staff is leading on implementation of the AIS.
- An Equality and Diversity group has been set up to consider any inequality within the Trust services and to enable good practice to be shared between departments.
- Although the Trust are satisfied with a 98% 'fill rate' for BSL interpreters, The Trust was asked to recognise that this figure doesn't show the number of times appointments are cancelled or patients go without an interpreter because one wasn't booked. A Deaf patient illustrated this point, explaining that she has regularly attended an outpatient clinic at STH for three years and an interpreter has never been provided even though staff know she is Deaf.
- The Trust plan to create a BSL video about their complaints and feedback process. They were urged to work with local Deaf people to make sure the video is clear and understandable. Discussions followed about possible methods for encouraging and collecting feedback from Deaf patients and carers so that they can be logged and used in contract meetings.
- The Trust plan to launch e-learning on the AIS (a training package accessed online). Sharon offered to help with the content of the training.
- The recording and flagging elements of the AIS require information about communication needs to be provided by the patient's GP and effective use of the STH patient record system - both of these were felt to be hurdles.

**Sheffield Health and Social Care Foundation Trust (SHSCFT):**

- The Trust have found that implementing the AIS is challenging and more complicated than it at first appears.
- An audit has been carried out and found that communication needs are not routinely being recorded on their electronic patient record system.
- The Trust plan to develop a communications tab within the system with flags in red to alert people to important information.
- There is a specialist regional service (The South Yorkshire Service for Deaf People with Mental Health Needs) which consists of a community psychiatric nurse (CPN) and a support worker, patients can be referred to this service for 'secondary care'.
- For primary care mental health needs, the Trust is currently looking at how to make their IAPT service (Improving Access to Psychological Therapies) more accessible to different groups and this could include Deaf people.
- Advocates felt that there was confusion about where Deaf people can go for mental health care and that people are signposted to the wrong place, for example to the Deaf health charity Sign Health instead of IAPT, or to websites instead of face-to-face support. Another patient was sent to a group session without an interpreters.

**Sheffield City Council:**

- The council representative felt unable to describe the response in full and that there are other managers who are better placed to do so.
- At the moment there is no Deaf Awareness training for social care staff. Advocacy and advice staff are aware that First Contact and social care staff need to understand the needs of Deaf people.

## Next steps

Healthwatch will meet with providers individually and agree a date to review service user experiences.

We will work with our partners to produce a BSL video about our investigation and what local Deaf people can expect from services.

We will also liaise with Healthwatch England to ensure that our local findings contribute to the national evidence base.

## Appendix of responses:

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8 February 2018

Healthwatch Sheffield  
The Circle  
33 Rockingham Lane  
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Dear colleagues,

### **Response from Sheffield City Council to the Healthwatch investigation report**

We are writing in response to the investigation you have carried out in relation to the experiences of Deaf people accessing social care services in the city. Thank you for sharing these experiences with us. We hope that we are able to use them now and in the future to improve Council services. Our aim is to ensure that our Deaf, Deafblind and hard of hearing citizens do not face barriers, and are not denied the same opportunities and access to Council services as others.

Our responses to your recommendations are as follows:

- 1. You asked us to recognise the Accessible Information Standard requirements. Embed the standard in the organisation (written protocol, monitor unmet need, standard letters, texting and email communication, protocol and training in SignLive)***

Sheffield City Council undertook a range of work to prepare for the introduction of the Accessible Information Standard in August 2016. This included briefings to senior management, and communications to adult social care staff and partner/provider organisations. We reviewed the existing service provision (e.g. Language Line Solutions) and approached a range of other organisations to agree ways we could purchase services, e.g., Makaton, note-taking, cued speech.

In commissioning a provider of translation and interpretation services in 2016, we made specific references in our contact specification to the requirements of the Accessible Information Standard. We required bidders to provide details of how they

would meet this requirement, and specifically state how they would provide a British Sign Language interpretation service. We also asked bidders to say how they would use technology, such as video interpretation, to support access to services for the Deaf community and others.

We made changes to our client recording system to ensure the full detail of the person's information/communication needs could be recorded. Detailed guidance was provided to staff to explain the requirements, the likely communication needs and how the worker can meet these needs.

We have a regular drop in service where the Deaf community can meet with a member of staff who uses BSL to ask questions and discuss any issues they have.

***You asked for some immediate actions with regards to A – E in your report.***

- A. Sheffield City Council has written guidance for managers on the use of translation and interpretation services. This was published in April 2016. One of the aims of the guidance is to ensure that customers who have difficulty communicating are not disadvantaged in accessing key council services. The guidance refers to the duty placed on the Council through the Accessible Information Standard to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. It states that this means making sure people get information in different formats, for example, via a British Sign Language interpreter.
- B. Demand for British Sign Language interpretation is monitored through regular contract monitoring. Quarterly reports are provided by Language Line Solutions, which show all requests for interpretation made in the previous quarter. These reports show details of the service requesting an interpreter, as well as the time and date requests were made. The reports show any requests not met. Language Line Solutions' interpreter booking system uses GIS tools to map unmet demand and assess the need to recruit additional interpreters in a particular language and location to meet unmet demand.

Unfortunately, the supply of qualified BSL interpreters in the Sheffield locality is limited. A search through the National Registers of Communication Professionals website indicates that there are only 24 BSL interpreters within a 20 mile radius of Sheffield City Centre. At the same time, demand for BSL interpreters is from across public service providers across the Region.

- C. As part of preparations for our replacement client recording system we have also reviewed the range of standard letters our services use when communicating with service users and carers. This includes new guidance for staff that highlights the requirements under the Accessible Information Standard, and wider accessibility and good practice (e.g., translation, alternative formats and communicating securely by email, corporate design policy regarding clear print and plain language). As far as possible, these letters are generated by our systems to ensure they are consistent, include key standard information and are personalised (e.g., name and address) from the client's primary record.

- D. A client's need or preference for email or text communication is recorded in the client record, and services have the ability to securely email correspondence and send text messages. As part of our preparations for the introduction of the Accessible Information Standard we also ensured services were aware of the ways they could meet needs for other electronic communications (e.g., correspondence sent on a USB stick, CD or DVD).
- E. In commissioning a provider of translation and interpretation services in 2016, we asked bidders to submit proposals on how they could innovate to improve the delivery of interpretation services. Language Line Solutions proposed a Video Interpretation Service for BSL. This service is provided by Language Line Solutions through 'SignLive'. SignLive provides instant access to a fully qualified interpreter through a tablet or laptop device.

The Council's use of BSL interpreters is fairly low (approximately 170 bookings a year) and many of these are lengthy bookings and/or in situations where it is not practical and or appropriate to use video interpretation, e.g., a social work appointments in a customer's home. As a result, SignLive is not being used by the Council at the present time. Its potential is being evaluated by the Council, particularly for drop-in situations, like First Point in Howden House, where this would be an enhancement on the current service provision. If introduced, employees will be given appropriate training on how and when to use SignLive, and we would look at ways to engage service users, through Healthwatch, in the implementation process, where appropriate.

**2. You asked us to consider the use of measures/incentives for care providers to ensure they meet the Accessible Information Standard.**

In preparation for the introduction of the Accessible Information Standard we reviewed our contract requirements to ensure care providers recognise the need to meet the requirements of the Standard, and explained how we would in future include this as part of our contract monitoring. We also featured information about the requirements of the Standard in a range of correspondence/news channels (e.g., SCC provider ebulletin).

**3. You asked us to consider the views of the Deaf community when monitoring performance of the contract with interpretation and translation service.**

In commissioning a provider of translation and interpretation services in 2016, the Council held workshops with service providers to establish what was required in the contract specification. These workshops included representatives of social care services, but not members of the Deaf community or other community groups.

The contract with Language Line Solutions is balanced in favour of quality over cost, and includes a number of Key Performance Indicators, including fulfilment rates for BSL interpreters, against which Language Line Solutions' service quality is assessed. During the first year of the contract (November 2016 to November 2017) monthly performance reports were provided, which included the number of

BSL booking requests and the percentage fulfilled. As we moved into the second year of the contract, it was agreed to receive quarterly reports. The reports also include details of any complaints made about Language Line Solutions. The performance reports are considered at regular contract review meetings, which include representatives from Sheffield City Council, Sheffield Teaching Hospital and Sheffield Clinical Commissioning Group. As commercial contract management meetings, they do not include representatives of the Deaf community or other service users.

A key performance indicator in the contract is customer satisfaction. This covers service management satisfaction, and end user satisfaction. The commissioners are having discussions with Language Line Solutions about how to best implement this performance indicator.

The current contract is scheduled to run until the end of 2019, with an option to extend for up to two years. As part of this review process, the commissioners will consider how to incorporate service user views into the process.

**4. You asked us to ensure staff understand the needs of, and problems experienced by the Deaf community, and our duties under the Equality Act 2010.**

Staff receive advice and training on the Council's equalities duties and how we identify and meet needs as part of induction and ongoing throughout their employment. Specifically for the introduction of the Accessible Information Standard we provided detailed 'how to' guidance, which explained communication need in detail, including a description, demand/size of the population where known, what support might be required (e.g. specific format for documents, professional support in meetings, need for extra time/longer appointments, etc.), and services the person can purchase (e.g. transliterator, note-taker) including how to assess the quality of the service provider (e.g. skills/qualifications/membership).

**5. You asked us to ensure information about our complaints process is accessible and available in BSL.**

Sheffield City Council's approach to complaints is that we welcome complaints as an opportunity to improve our services. Our definition of a complaint is 'any expression of dissatisfaction, whether justified or not'.

Customers may complain in any way they choose to – in person, face to face, in writing, by email or online. We encourage customers to use the online form on our website, which allows customers to provide their details, details of the complaint, how it has affected them, and what they would like us to do.

Details of the Complaints Policy, including an Easy Read leaflet and Easy Read form are on the website at [www.sheffield.gov.uk/tellus](http://www.sheffield.gov.uk/tellus). The website does not have a BSL version of the Complaints Policy, and there are no current plans to produce one. Clear posters explaining how customers can complain have been distributed to all in-person customer access points.

If a customer wishes to make a complaint and there is a communication need, such as the need to use BSL, then in line with our guidance on the use of translation and interpretation, the service being complained about should consider whether an interpreter is required to support the person complaining.

We trust this response will support the Deaf community to understand what they can expect from the Council. In the meantime, if you have any immediate questions or concerns, please do not hesitate to contact us.

Yours sincerely

**Simon Richards**  
**Head of Adult Safeguarding**  
**& Practice Development**

**Paul Taylor**  
**Head of Customer Services**



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13 February 2018

Margaret Kilner  
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Dear Margaret

**Not equal: The experience of Deaf people accessing health and social care in Sheffield.**

Thank you for sending us a copy of this helpful and informative report, and for highlighting the issues faced by Deaf people. We welcome the recommendations in the report and are looking at how we can best implement them.

Sheffield Clinical Commissioning Group is a commissioner rather than a provider of healthcare and therefore the recommendations that are most relevant to us are recommendations 2 and 3.

Recommendation 2 is that commissioners should consider the use of measures and /or incentives to ensure the Accessible Information Standard is being implemented by providers.

We actively encourage our providers to implement the Standard. The National Core Contract requires providers to comply with the Accessible Information Standard. General Practices are also asked to record any issues that they have with communication on their systems, which should trigger an alert. As a result of the Healthwatch report we are checking with providers that these processes are active and working.

We are ensuring that, as we recommission services, requirements to meet the Accessible Information Standard are clearly articulated and we are looking at ways to monitor compliance with this. As a result of this Healthwatch report we are revisiting what we can do to encourage providers to implement the Standard, particularly in relation to British Sign Language (BSL).

As part of our response to the Healthwatch report we are identifying ways to engage with Deaf people through some of our primary care forums in order to identify what we can do support practices to implement the recommendations in the report. We also have regular learning programmes for GPs, receptionists and practice managers and we will look at how we could use these to increase awareness of the Accessible Information Standard as well as the needs and experiences of Deaf people.

Recommendation 3 is that contract monitoring of LanguageLine Solutions should include the experience and views of Deaf people. We agree with this recommendation. The contract held by the CCG with LanguageLine sets this out the requirement to seek feedback from patients about their experience. Based on the findings of this report we think there is more we could do. We commission interpreting services for Primary Care and for Continuing Healthcare and therefore will focus on these areas. To increase the information we have in relation to experience and views of Deaf people we will engage with them directly to find out how we can best encourage people to give us feedback and how we can make it easy for them to do so. We will improve our links with organisations that support Deaf people and ask them to let us know on a regular basis of any concerns or examples of good practice that they are aware of. We will then ensure that the feedback that we receive is used as part of our contract and quality monitoring.

Although the other recommendations are for providers they are also relevant to some of the activities of the CCG and so we are seeking to implement them within our own organisation.

Although the Accessible Information Standard is applicable to providers rather than to commissioners we recognise that the Standard represents best practice and that it is therefore useful and relevant to the areas of our work in which we have direct contact with patients, such as Continuing Healthcare. A programme of work is currently underway, including a review of the letters that we send to continuing healthcare patients and relatives, and the actions suggested by Healthwatch will be incorporated into this.

CCG staff undertake mandatory training in equality and diversity. We will identify whether there are gaps in our staff's knowledge and understanding of the needs of Deaf people and if there are we will take appropriate action to address this.

The CCG's complaints and feedback policy is currently being reviewed. As part of that review we will engage with organisations such as Citizens Advice Sheffield's Deaf Access Team, Disability Sheffield and Voiceability to identify whether there are any barriers to Deaf people accessing our feedback mechanisms and, if so, what we can do to address those barriers. We will ensure that BSL interpreting is easily available to Deaf people who want to provide us with feedback. We will produce a BSL video explaining how patients and carers can provide feedback to the CCG. We will ask organisations and groups that support Deaf people to help us promote our complaints processes.

Finally, we would like to thank Healthwatch, the Citizens Advice Sheffield's Deaf Advice Team, Disability Sheffield and all those who participated in the workshops and the production of the report.

Yours sincerely



Dr Tim Moorhead  
Chair NHS Sheffield CCG



Maddy Ruff  
Accountable Officer



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09 February 2018

Dear Healthwatch

**Response from Sheffield Health and Social Care NHS Foundation Trust to the Healthwatch Report *Not Equal – The Experiences of Deaf People Accessing Health and Social Care Services in Sheffield***

Thank you for giving us the opportunity to respond to your report on the Experiences of Deaf People Accessing Health and Social Care Services in Sheffield.

Firstly we felt it would be helpful to confirm our arrangements for meeting the Accessible Information Standard. Our main patient information system is known as **Insight**. We Trust provide Mental Health, Learning Disability, Drug and Alcohol and some specialist services and Insight is used in all these services.

Insight had a number of changes made to it to meet the Accessible Information Standard and allows for the recording of information and communication support needs. There are flags on the system that highlight for staff that a person has a 'need' recorded and prompts them to check so they are aware when sending letters, booking appointments etc. The system is also able to record this information for carers when their details are recorded on Insight.

We have recently undertaken an audit of the recording of Disability and of needs under the Accessible Information Standard. Although there is some recording of Accessible Information Standard needs across a range of services this is small compared to the numbers of service users who we believe anecdotally have a need for accessible information or communication support. In addition we have very small numbers of people with 'hearing' recorded as a disability.

For people who use our mental services there is a regional Clinical Nurse Specialist in Mental Health and Deafness. We have regular contact with the Nurse Specialist and she routinely informs us of any concerns expressed by Deaf service users regard to our services. From time to time we check with the Nurse Specialist to see how many people she is working with who use secondary mental health services in Sheffield; this tends to be around four to six people. This clearly does not represent all of the Deaf people who use our services. One area we have recently been exploring further is access to the Improving Access to Psychological Services (IAPT) service by Deaf service users.



Anecdotal evidence suggests that in a number of services staff are aware of the needs of Deaf service users and in particular the need to book BSL interpreters however this is not widely recorded on the Insight system as required under the Accessible Information Standard.

In terms of the specific recommendations of the report please see our response below to the recommendations that are relevant to Sheffield Health and Social Care NHS Foundation Trust.

**Recommendation 1 - Protocol describing how and in what circumstances a BSL interpreter should be booked with staff trained in the process.**

We have a staff intranet page that includes information about what BSL interpreting is and about how to book a BSL interpreter. Interpreting and translation is provided for our services by Enable2. We expect that for all of our appointments BSL interpreting will be provided face to face and that all BSL interpreters provided through Enable2 are fully qualified BSL interpreters registered with the relevant professional bodies. This means registered on the NRCPD and for interpreters that are provided for work in all mental health and medical settings that they are Members of the Register. Enable2 are required to confirm that they meet these standards through contract review. We reserve the right to book interpreters from other providers if they cannot be provided through Enable2. We also pay a minimum of three hours for BSL interpreter bookings.

**ACTION PROPOSED:** We are about to undertake a survey of services to review their experience of accessing interpreting and translation; this includes a question on whether services know how to book a BSL interpreter and any issues they have experienced with this.

**Monitor the number of appointments where a BSL interpreter is required but has not been booked and if this leads to a cancellation.**

There is no process for specifically monitoring this internally however as mentioned above for mental health secondary services the regional Clinical Nurse Specialist in Mental Health and Deafness would routinely contact us if this was a problem.

Enable2 are required to report to us through our monitoring arrangements when they have not been able to provide a requested interpreter.

**ACTION:** We will check the numbers of appointments requiring BSL interpreters that Enable2 have not been able to provide interpreters for.

**Write appointment letters in simple language with confirmation that an interpreter has been booked.**

We aim to provide appointment letters in simple language, however, we do not currently confirm that a BSL interpreter has been booked.

**ACTION PROPOSED:** We will look at our systems for providing appointment letters to look at what changes we can make in order to confirm that a BSL interpreter has been booked. In some services this is already confirmed by text message so we will aim to roll this out as good practice.

### **Enable two way text or email communication**

Our policy on use of mobile phones by staff does allow for communication by text if required, email communications can also be facilitated. Information is available on the staff intranet pages on interpreting and translation which provides advice on using text and email.

### **Written protocol and training for staff on using SignLive**

Under the Accessible Information Standard we need to be able to provide video interpreting and our contact with Enable2 requires that this is provided if we request it. In reality we would not aim to use video interpreting as the nature of our services generally mean that we would expect to provide person to person BSL interpreting. We aim to keep this under review because in terms of day to day communications we recognise that service users' use of technology is continually developing. We do not believe there is a need for training at present but will review this.

### **Recommendation 3 - Contract monitoring of language line solutions should involve experience and views of Deaf people**

Our contract is with Enable 2.

**ACTION PROPOSED:** We will discuss this with Enable2 at the next contract review meeting.

### **Recommendation 4 - providers ensure that staff have at least a basic understanding of the needs of and problems experienced by Deaf people and area aware of responsibilities under the Equality Act 2010.**

#### **ACTION PROPOSED:**

- We will use the results of the survey mentioned above to review where there may be gaps in the knowledge and understanding of staff and look at training that may be required to address these. Our links with the regional Clinical Nurse Specialist in Mental Health and Deafness outlined above means that a number of services have an increased awareness of the needs of Deaf people. We do offer training to our clinical staff in mental health services on working with Deaf people.
- We will review if any specific training sessions would be useful for the GP services for which we are responsible.
- A new web Easy Read resource is currently being developed this will include a range of easy read information for Deaf service users with Learning Disabilities.
- The regional Clinical Nurse Specialist in Mental Health and Deafness has offered to support the IAPT service in looking at how they can make their leaflets and resources more accessible for Deaf people.
- We plan to review the general accessibility of our web site when it undergoes a planned upgrade due to take place shortly.

### **Recommendation 5 - information about complaints and concerns available in BSL including information about advocacy**

We do not currently have information available in BSL on complaints or advocacy.



**ACTION PROPOSED:**

- We will discuss producing some information in BSL in collaboration with the regional Clinical Nurse Specialist in Mental Health and Deafness.
- We will discuss the best way of making this available to Deaf people with our Head of Corporate Affairs and in liaison with Healthwatch to ensure we involve Deaf people in this discussion.
- We will consider opportunities to collaborate with other NHS organisations on this issue.

With kind regards

A handwritten signature in black ink that reads "Kevan Taylor". The signature is written in a cursive style with a horizontal line above the first name.

Kevan Taylor  
Chief Executive



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PJW / ES EDI-1

Margaret Kilner  
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Dear Margaret,

First of all can I introduce myself and provide some context as to why I wanted to make a personal connection with you in submitting our response to the report Not Equal, the experiences of deaf people when accessing health and social care in Sheffield.

I have been recruited by Sir Andrew Cash as Director of Organisational Development at the Trust. This post has been created to put a real focus on shaping our organisation to deliver the very best for our patients through developing, supporting and enabling our staff to be at their very best. Central to my portfolio is Equalities, Diversity and Inclusion. Since joining the Trust three weeks ago I have been working to understand where we are and what we need to do to make this an excellent place to give and receive care and treatment.

I will be working with my senior management team to galvanise existing expertise and enthusiasm around this agenda and I am hugely proud to be part of an organisation where so many people want to help us make a difference. I am aware there is work to do and I need to ensure that we have the capacity and expertise to help us take this forward. My expectation is that we will establish a team who can ensure we make a positive impact across Sheffield as well as within Sheffield Teaching Hospitals FT. Our commitment is to deliver care and continuously improve care bringing significant benefits to all of the communities we serve.

Please find attached our action plan in response to the report and we will have representatives at the forthcoming workshops.





I look forward to working with you on this important agenda.

Yours sincerely

A handwritten signature in cursive script that reads "P. Ward".

Paula Ward

Director of Organisational Development

Language Line (Central Nursing) action plan to the Health watch report – Not Equal: The experiences of deaf people accessing health and social care in Sheffield

To be integrated into Trust wide action Plan January 2018.

Recommendation	Actions required	Lead	Responsible person	Time line
1. Providers of NHS and Social care should recognise the legal requirement to meet the five elements of Accessible Information Standard (Identity, flag, record, meet) and ensure that they are embedded and consistently applied within their organisation.				
1a. Establish a written protocol within each service describing how and in what circumstances an interpreter should be booked, with staff trained in the process.	Review Interpreter services policy and related documentation to ensure the needs of deaf people are included and met.  Develop a short concise guideline / protocol to be used by services and delivered through our on-line development system (PALMS). Also promote to staff through the communication team	Jo Evans Patient Information Manager	Karen Jessop Deputy Chief Nurse	September 2018
1b. Monitor the number of appointments where a BSL interpreter is required but has not been booked (and whether this leads to cancellation / re-booking)	Jo Evans will set up a reporting process to identify the data	Jo Evans	Karen Jessop Deputy Chief Nurse	April 2018
1c. Write appointment letters to deaf people in simple language, with confirmation that an interpreter has been booked.	Letter to be provided confirming the service that has been booked.	Jo Evans	Karen Jessop Deputy Chief Nurse	September 2018
1d. Enable two way text or email communication.	Establish multi-disciplinary group to establish best methods to achieve this	Jaki Lowe/Jo Evans	Paula Ward Organisational Development Director	November 2018
1e. Develop a written protocol and training for staff on the appropriate use of SignLive, in conjunction with deaf people. An accompanying BSL video should be made available for deaf service users.	This is included in the policy but requires reviewing with a training package developed through the PALMS system Review IT systems in place for this service make recommendations to ensure it is fit for purpose	Jo Evans Patient Information Manger	Karen Jessop Deputy Chief Nurse	September 2018
2. Commissioners should consider the use of measures and / or incentives to ensure the standard is being implemented by providers.	N/A	N/A	N/A	N/A
3. Contract monitoring of language line solutions should	Work with the local authority and supplies to ensure the	Jo Evans	Lead Nurse	September

include the experiences and views of deaf people.	contract is monitored in a robust manner. Review and manage complaints related to BSL Review the Language Line report 3 monthly. Engage Deaf Advice Centre for expertise and advice	Patient Information Manger	Central Nursing	2018
4. Providers should ensure health and social care staff have at least a basic understanding of the needs of and the problems experienced by deaf people and are aware of their responsibilities under the Equality Act 2010.	The Trust is currently progressing recruitment for a new Equality, Diversity and Inclusion Lead. Once established this role will review training needs on EDI topics.  Identify plans to ensure that any identified gaps are strengthened via job specific training plans and PALMS. 1a above  Communicate to staff via directorate management structures	Jaki Lowe Head of Staff Engagement	Paul Ward Organisational Development Director	October 2018  December 2018
5. Local providers should act to ensure information about their complaints and concerns process is accessible and available in BSL, including information about NHS complaints advocacy.	To be led by the complaints team . The Trust has in use a video regarding the rights of deaf people to complain but this requires review to make it more STHFT focused. Patient Information Team will support the complaints team with this	Health Care Governance team	Sue Butler Head of Patient & Healthcare Governance	October 2018