

FAO: Hayley Hart

1. It is unclear how the 25 places on the BSL course would be allocated - would there be one place for GP practice? One place per Primary care Network? Would places be offered to practitioners in secondary care? Will there be selection criteria to determine suitable staff?

We plan to send out a Course information and receive applications through a brief Expression of Interest (EOI) form. So that we can Best choose those that apply. The Criteria being “places being prioritised to those where it will have most benefit for Deaf BSL users.”

2. What would the time commitment be required from staff to attend the BSL course units mentioned?

The Course consists of a recommended of 64 Guided Learning Hours (Including assessment time) There may be additional time required if people miss lessons. Of course, it would be impossible to think that everyone will be able to guarantee 100% attendance. There are many factors that could get in the way. During the EOI application we would ask that the line-manager of the applicant also signs that they are being given permission to attend and that either work time will be provided or work around shifts.

3. If it is a significant commitment, can it be delivered virtually? Unlikely staff will be able to dedicate much time to travel to classroom in current climate. If it must be face to face, how will this risk be mitigated?

To be completely transparent. There are courses delivered online for British Sign Language. However, these are far inferior to those delivered face-to-face My only analogy would be “try Venepuncture on an orange and see if you draw juice as averse to do venepuncture on a human and draw blood correctly” For anyone in the medical profession, I’m sure they agree that’s an inferior method. The course is planned to be delivered in the correct manner, face-to-face so that student can correctly orientate their hands, and use correct directional pronunciation. There is no comparison.

4. How will staff continue to maintain skills if not using language regularly. Can they build in something that enables staff to practice/use BSL regularly?

As mentioned above Staff will be encouraged and be offered support for their course, The course has a built-in practise session and Deaf Solutions 3 have previously ran a “Sign Circle”. This is when learners can come and practise. This is something we could provide also.

5. Objectives are rather vague - can these be made be more specific in line with requirement for SMART objectives please

Specific – This is a course to facilitate learners to have the basics understanding of BSL following the UK Occupational Language Standards 2010 at Level 1.

Unit	QAN unit number	Unit title	Assessment
BSL101	F/502/4513	Introduction to BSL	Practical assessment of skills

BSL102	J/504/0762	Conversational BSL	Conversation in BSL
BSL103	F/504/0761	Communicate in BSL about Everyday Life	Conversation in BSL

Measurable – There are three units to achieve
[Source: Signature.org.uk]

Furthermore – Deaf BSL users seeing this in action through the aforementioned targeted approach is key to additional measurement.

Achievable – Through the course and the recommended tutorage and support to be given it aligns with the need to have ever more present BSL in the wider Salford Healthcare service. It has been seen from the 19 complaints in 2021/22 that there is a distinct lack of access for BSL users. Who feel “Second Class”. In a way to achieve better understanding and to alleviate communication barriers with interactions this is an attainable aim. With SDCG members, the tutor and student we can support this.

Realistic – There is a distinct lack of BSL skills in the city’s health care provision. Working with the tutor and following the curriculum laid down from Signature it means the learners can achieve and actively use BSL with Deaf BSL users.

Timely – The whole course is recommended for a complete beginner to take a maximum of 90 hours. This is also Continual Professional Development.

6. [What provisions are in place to ensure that people who sign up for the course complete it and continue to practice and use BSL after the completion of their course \(e.g. peer support group\).](#)

This is an important discussion. We could support this and of course encourage Learners to use this “in practise” - During and Post course we could setup a peer support. This could even be online)

7. [How would you measure the impact this training has on healthcare outcomes for d/Deaf people?](#)

The healthcare outcomes would, in each case provide an insight from the Learner and the Deaf BSL users point of view. Breaking down the barriers that Deaf BSL users in the city face is key to finding the balance to the surviving or flourishing.

“Most Deaf people worry most about the
communication support needs being met than a diagnosis.”

[Diane Critchley, Engagement, Experience Officer, June 2021]

To answer this question more fully its gauging the experience of BSL users seeing this in practise. In its deployment is key.

8. [How would clinical risk be mitigated when staff who are trained but not professional BSL translators are conveying information to patients using their new skills?](#)

During ANY Language course it's usually explained to students that a Level 1 would never replace a Language Service Professional being brought in. The Level 1 course would be most suitable for Reception Staff, or staff nurses that will come into contact with Deaf Patients. The clinical risk here would be exactly the same as someone learning another foreign language and also supporting someone.

My Questions

1: Who wrote the above and who has this been deliberated by?

2: Under what examples does the 8 questions have for not providing access.

3: How does the Innovations team feel this (Both strands) would bolster and support d/Deaf people accessing the healthcare system?

4: Do you want to ask anything about the Deaf Awareness Courses aspect?

- This will be a 6 hour session 3hours 1hour break and 3 hours. – Tea/Coffee Provided
- Planned to be at Langworthy Cornerstones – But could be moved.
- This is ALSO Continual Professional Development – (and probably more vital and biggest element of delivery)
- This also includes some very basic BSL Skills – (See point 8 above)
- It is delivered by a Deaf person - <https://www.deafsolutions3.co.uk/about-us/>
- I'm currently working on the booking system

5: You specifically asked about online training, can you please give examples where this hasn't worked.

6: During the many Citizens Panels, and engagements interactions. When have Deaf people said that Deaf Awareness and BSL training is required?

7: There clearly a resistive element in getting staff to learn BSL? In a proper formal fashion? Why is this?

8: In my application I asked to present directly to the panel? Will I get the "8 minute" opportunity?