

Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Interpreting & Translation Procedure & Policy

Question 2a: Lead Assessor's details

Name	Isla Bumba	Tel. No	
Job Title:	Equality & Human Rights Lead Officer	Ext:	29557
Department	Equality & Human Rights	Email	Isla.bumba@nhs.scot

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

No

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	To revise the procedure in order to clarify key guidance surrounding British Sign Language, using staff members as interpreters, using family or friends as interpreters and it explains how the interpreting and translation provisions are not only to ensure person-centred care, but to protect our staff from any associated risks. With pressures increasing on both planned and unplanned care, we are seeing increasing numbers of patients whose preferred language is not English, they must be offered appropriate communication support to enable them equal access to NHS Fife health care, and to empower them to make informed choices.
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>think: children and young people, adults, older age etc.</i></p>	<p>All ages will have equal access to NHS Fife's interpreting and translation services. For children who's preferred language differs from their parents, both parent and child will be offered an interpreter for their preferred language. There is no expected impact on specific age groups.</p>
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>The updated policy allows for expansion on the requirement for BSL interpretation and should result in a positive impact on this group. Additionally, the procedure covers translations into other formats such as audio, Braille and mp3 for those with sight impairments resulting in a positive impact on this group. This procedure also outlines the NHS Fife text service which can be used by patients who are deaf, hard of hearing or have verbal impairments resulting in challenges with talking on the phone; therefore this should positively impact these groups of people.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i> <i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>In Fife, many patients of diverse ethnicities do not have English as their preferred language. This policy outlines the necessity to meet the communication needs of each of these patients and illustrates staff on how to achieve this. This policy will positively impact groups of diverse ethnicities whose preferred language is not English.</p>
<p>Sex – <i>think: male and/or female, intersex,</i></p>	<p>Patients of all sexes shall have equal access to the Interpreting and translation services</p>

<p><i>Gender-Based Violence</i></p>	<p>therefore there is no anticipated impact on this group.</p>
<p>Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>Patients of all sexual orientations shall have equal access to the Interpreting and translation services therefore there is no anticipated impact on this group.</p>
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i> <i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>Patients from all religion and belief groups will have equal access to interpreting and translation services; therefore there is no anticipated impact on this group.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	<p>NHS Fife currently does not have a Gender Identity Clinic however all trans and gender-nonconforming patients treated in NHS Fife, they will have equal access to interpreting and translation services. For Gender Identity Clinics, NHS Fife patients will be referred to the nearest clinic and will have access to that health boards Interpreting and translation provisions. There are no anticipated impacts on this group.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>All pregnant patients will have access to the interpreting and translation services. There are specific arrangements for enhanced Interpreting and translation services for face-to-face interpretation due to the complex nature of a number of these appointments – this will positively impact this group. For patients/parents whose children speak English as their preferred language, but the parents/patient does not, an interpreter will still be provided – also impacting these individuals positively.</p>
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>Access to the NHS Fife Interpreting and Translation services will not be impacted by marriage and civil partnerships – therefore there is no anticipated impact on this group.</p>

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Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

N/A

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	X	No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Language Line Solutions
Information Governance

Due to numerous instances where this procedure had not been utilized correctly, this review was completed urgently and the following groups were consulted as part of each investigation:

Ward 31 VHK
Ward 43 VHK
A&E
Ophthalmology QMH

Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is required.

No stage 2 EQIA required.

N/A

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

All anticipated impacts are listed above, with no negative impacts identified, therefore no requirement for Stage 2 EQIA.

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

N/A

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

N/A

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

N/A

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.


If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	n/a
Email	n/a
Telephone (ext)	n/a
Signature	n/a
Date	n/a

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	Isla Bumba
Email	Isla.bumba@nhs.scot
Telephone (ext)	29557
Signature	
Date	13/02/2023

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot