

Enw'r corff: Bwrdd Iechyd Prifysgol Cwm Taf

What is your experience or opinion of the standards regime? I would like to hear in particular about the processes of setting and enforcing standards, and your experience of implementing or preparing to implement the standards within your organisation.

It is difficult for the Health Board to provide evidence in response to question 1 as the Welsh Language Standards have yet to be imposed upon Health Boards within Wales. Therefore we can only anticipate how effectively the Health Board would be able to implement and monitor the Standards. In November 2016, the Health Board submitted a detailed response to Welsh Government's consultation process on the proposed Standards for healthcare organisations. Please see attached document containing our consultation response.

The Welsh Language Commissioner's role includes regulatory functions and responsibilities for promoting and facilitating use of the language. Is the balance right?

The Health Board believes that the balance of the Welsh Language Commissioner's role is right. Initially the Health Board had concerns that the Commissioner would be acting solely as a regulator. However, over the past year or so, the Health Board has found the Commissioner's publications, guidance documents and workshops very informative and useful. Staff who attended the workshops have been able to use the content of the workshop to help promote and facilitate the use of Welsh in the workplace for staff and service users. The Health Board would like to see the publications, guidance and workshops continue in the future. The Commissioner has promoted good initiatives and encourages organisations to replicate good practice. Having monitored other public sector organisations who have undergone an investigation, our understanding is that the Commissioner has worked with those organisations to help them overcome challenges instead of just acting in a monitoring and regulatory capacity. The Health Board is supportive of this approach.

What is your experience or opinion on the current arrangements for promoting and facilitating the use of the Welsh language. In particular I would like to hear your views on who should be responsible for promoting the Welsh language, whilst keeping in mind the confusion that may arise where a number of bodies are operating in the same field.

The responsibility for promoting the Welsh language belongs to everyone. The Commissioner, Welsh Government, public sector organisations, private sector and the public have a duty to promote the Welsh language and its use within Wales. The Welsh Language Commissioner, along with Welsh Government, should monitor how organisations are promoting and facilitating the use of Welsh.

Ymateb Bwrdd Iechyd Prifysgol Cwm Taf fu'n atodiad i'w hymateb i'r alwad am dystiolaeth: paratoi ar gyfer Bil y Gymraeg

In order to put our comments on the draft standards into context, we have provided a snapshot of the health board and its services which demonstrates the complexity and enormity of healthcare service provision across the geographical area.

Some facts and figures from the last year financial year...

Around **1.5 million** people contact GP Practices,
136,349 emergency attendances, **474,301** outpatient attendances
Responded to **29,790** emergency calls,
249,998 people see an Allied Healthcare Professional
14,278 people attend Day Care, **307,530** radiology examinations,
57,902 inpatient admissions, **3,917** births.

This means each day.....

Around **5,800** people need to see a GP,
82 emergency calls are dealt with
373 people receive treatment in A&E,
1,300 people have an outpatient appointment,
843 x-rays are carried out, **11** babies are born within our area.

During the consultation period, discussions about the proposed Welsh Language Standards have taken place between senior managers within the UHB, Welsh Language Officers across Wales, various clinical groups, stakeholder references groups and Welsh Government representatives. Further to the discussions held please see the comments below from the UHB.

****A summary of the comments received can be found at the end of this response.***

SERVICE DELIVERY STANDARDS

Standards relating to correspondence sent by a body (1 – 7)

Although the health board may consider these standards as reasonable, they are not proportionate. The health board could not implement and monitor these standards across such a large and diverse organisation, where multiple staff correspond with the public in a variety of ways, on a daily basis from within various locations. The health board could take steps towards ensuring that general correspondence will be produced bilingually as far as possible, although it will not be possible for the health board to ask individuals for their preferred language choice, keep a record, and then ensure that all correspondence from all sources will be in Welsh from then onwards. Due to the nature and volume of correspondence that the health board has with individuals, persons, and the public, it would not be possible for it to create a foolproof system that could record language choice and trigger any future correspondence in Welsh. Correspondence is not issued from a central department within the health board. Staff from various directorates may correspond with service users according to the services that they require and may not have access to previous correspondence, in line with other legislation such as the Data Protection Act 1998. For example, an individual who attends a regular clinic within one of our hospitals may register Welsh as their preferred language and receive

correspondence in Welsh from that clinic. However, should the same individual wish to receive correspondence about our Public Forum events in Welsh too, our Public Engagement Manager would not have access to any clinical patient records.

The health board is supportive of corresponding in Welsh upon request and there are many improvements that we could make to our existing methods of capturing and recording this information. However, whereas the health board will continue to respond in Welsh to correspondence received in Welsh, it cannot guarantee that there would not be a delay due to the time needed for translation depending on volume of translation requests. Should the need for translation significantly increase, the timeliness of correspondence would be compromised and the increased costs for translation would divert public funds away from frontline services which would not be considered reasonable or proportionate.

Standards relating to telephone calls made and received by a body (8 – 21)

With 8,000+ members of staff, the health board could not ensure that all calls made to staff direct lines will meet the standards. The health board could introduce an auditing process to monitor calls made to staff direct lines, however, this would be done on a random basis. Providing a bilingual greeting will have very little impact upon patient care, therefore, the time and effort needed to try and measure and monitor these standards makes them disproportionate. The health board could, however, target key patient facing areas such as receptions, outpatients, clinics, etc, to ensure that calls are answered bilingually.

Also, as above reasons stated for Standards 1-7, the health board will not be able to ask individuals for their language choice, keep a record of this choice and ensure that calls will be made in Welsh from then onwards.

Standards relating to a body holding meetings that are not open to the general public (22 – 24)

Given the list of exemptions on page 42, the health board could possibly comply with these standards. However, the list is not exhaustive and it would be better to state that all meetings between a body and members of NHS staff are exempt. However, the health board would find it difficult to justify spending public money on translation services for meetings that are not open to the public, where holding the meeting bilingually may not have any relevant impact upon our actual service delivery. Our issues of concern are the cost and availability of simultaneous translators and again, our ability to monitor compliance across the organisation when multiple meetings take place each day across all locations.

Standard relating to clinical consultation (25)

At present, should an individual need Welsh language support during clinical consultation, the health board feels confident that it could meet this requirement on most occasions. However, it is unreasonable and disproportionate for the health board to keep records of an individual's request for Welsh language support and to provide support from then onwards. There is no central database in existence to record and share this information amongst staff and such a system would cost a considerable amount of money and contradict other clinical codes of conduct and legislation such as the Data Protection Act 1998 and the Caldicott principles which dictate how we share clinical or patient information. Procedures such as placing

indicators on patient notes is possible, however, not all staff have the right to access these notes. For example, patients who have multiple health conditions may be seen by several members of staff within different departments on separate occasions who will not always have the right to access information provided during previous clinical consultations. The same is true of other patient information such as allergies, prescribed medications, etc. The health board is often dependent upon the service user to inform us each time they use one of our services about their personal circumstances that could affect the treatment they receive. Keeping such records of personal information is difficult due to the varying nature of healthcare services.

A clinical consultation could range from a doctor doing the rounds on the wards, a nurse doing observations, staff administering medication, scanning and x-ray procedures, and so on. This means that an individual may experience contact with various staff at various locations during clinical consultations, thus making it impossible to implement and monitor this standard in its entirety. For example, a person admitted to A&E may need to see several members of staff for several assessments and procedures before being admitted to a ward. It wouldn't be possible for a member of staff to provide Welsh language support continually throughout this process at all stages. Whereas the health board recognises the significance of Standard 25, our main priority has to be the provision of timely, expert health care and we feel that it would be impossible for us to implement this standard, in particular for unscheduled care. We may be able to make improvements where scheduled care is concerned, but again, the nature and unpredictability of patient healthcare means that once again we cannot measure and monitor compliance making this standard unreasonable and disproportionate.

We simply do not have, and nor are we likely to be able to recruit, the number of Welsh speakers required for us to be able to provide Welsh language support continuously for Welsh speaking service users. We are concerned that the requirement could possibly take clinical staff away from their duties at a time when we have major staff shortages. There is also an element of clinical risk if the Welsh language support is not commensurate with the need of the patient, and the health board would recommend for qualified translators to be present for certain elements of clinical consultation, again leading to cost implications and possible delays in treatment, which could sometimes be of a critical nature, for example within A&E departments. The health board would ask that Standard 25 is redrafted to take into account the multidisciplinary and nature of healthcare, making reference to unscheduled and scheduled care.

Standard relating to case conferences (26)

Please see above response to Standard 25.

Standards relating to meetings arranged by a body that are open to the public (27 – 31)

Much of this is in line with current practice, however, it may be difficult to implement and there may be a time and cost implication in ensuring that all written material will be produced bilingually. Given the extent of some of the written material produced for some meetings, the health board must challenge whether it would be reasonable and proportionate for us to ensure the translation of all written materials.

Standards relating to a public event organised or funded by a body (32 -33)

These standards appear to be reasonable but may not be proportionate in relation to the size of the organisation and the number of public events that are organised within specific departments. Monitoring compliance will be an issue again where multiple public events take place across the health board. Whereas the health board will always, where possible, welcome and support Welsh speaking participants, it would not be reasonable or proportionate for the health board to spend excessive amounts on translation services for smaller public events such as coffee mornings, etc. Equally, it may not always be possible for the health board to meet the large translation costs involved for larger public events, such as open days and recruitment events. Public events are part of the health board's continuing professional development and public relations and we would not want to deter staff from arranging public events for the reason that they are unable to meet the requirements of these standards.

Standards relating to a body's publicity and advertising (34)

There will be a time and cost implication in ensuring that publicity and advertising material is produced in line with this standard.

Standards relating to a body displaying material in public (35 – 36)

Due to the size of the organisation and the sheer volume of material on display, e.g. daily menus, it is not reasonable or proportionate to expect the health board to comply. Again, this is due to the excessive costs of translation and our ability to monitor implementation across the whole of the organisation.

Standards relating to a body producing and publishing documents (37 – 47)

Generally, the health board will be compliant with these standards. However, there are concerns regarding the volume of documents that are produced by the health board and the health board's ability to monitor compliance across such a large and diverse body.

Also, in relation to Standard 39, further definition of what constitutes a 'certificate' or 'card' will be required. In addition, medical certificates and cards may need to be produced in line with national templates which would need to be addressed nationally.

The health board is also concerned that should some documents be produced in Welsh only, they will only be understood by Welsh speaking staff which may lead to an element of risk that could impact upon patient care, which is unreasonable.

Standards relating to a body producing and publishing forms (48)

These standards are unreasonable and disproportionate giving the fact that many of our forms are produced on a national basis and comply with rules and regulations beyond the control of the health board. Also, where a translation service is required to interpret data received in Welsh, there could be a time delay which could affect service provision and impact upon patient care, especially where prompt responses are required.

Standards relating to a body's websites and on-line services (49 – 54)

The health board could comply with these standards, however, there is an ongoing time and cost implication for translation. There may also be issues around All Wales policies concerning NHS Wales websites which may need to be addressed before the health board is able to implement these standards.

Standards relating to a body's use of social media (55 – 56)

The All Wales Social Media Policy document would need to be renegotiated before we could even attempt to implement these standards. With regard to Standard 55, the health board finds this unreasonable and disproportionate due to the nature of social media. Information is provided instantly making it difficult to allow time allocation for translation. These standards conflict with our aim to provide information quickly and effectively via social media and it may also prevent non-Welsh speaking members of staff from using social media in their work to promote events and services.

Standards relating to signs displayed by a body (57 -59)

Whereas the health board could comply with new or renewed permanent signage, it would be impossible for us to extend this to temporary signage. Staff and contractors throughout the health board display large quantities of temporary signage across the various locations on a daily basis which may contain urgent information for service users, e.g. relocation of clinics, facilities that are out of order, etc. It is extremely difficult for the health board to monitor temporary signage and we would suggest that Standards 57 – 59 are amended to reflect this.

Standards relating to a body receiving visitors at its buildings (60 – 63)

The health board could comply with these standards within our main reception areas only.

Standards relating to notices made by a body (64 – 65)

The health board could not comply with these standards as they are unreasonable and disproportionate, as per the reasons given for temporary signage (Standards 57-59). However, the health board is committed to publishing notices bilingually in the printed press.

Standards relating to a body awarding grants (66 – 70)

At present, the health board doesn't offer what the regulations define as a 'grant'. However, if we were to award grants in the future, there may be a time, cost and resource implication for us to implement these standards which could impede our ability to comply.

Standards relating to a body awarding contracts (71 – 75)

The health board could comply with these standards but not without a cost implication.

Standards for raising awareness about Welsh language services provided by a body (76 – 77)

The health board could comply with these standards.

Standard relating to a body's corporate identity (78)

The health board could comply with this standard.

Standards relating to courses offered by a body (79 – 81)

The health board's ability to comply with these standards is totally dependent upon the number of Welsh speaking staff who are qualified to deliver education courses, therefore the standards could be unreasonable and disproportionate. There are many courses such as the expert patient programme, specific disease related training, etc, which rely on the clinical expertise of the trainer to provide quality training for our staff. With the current low turnover of existing staff within training roles, it could possibly take many years for us to be in a position to recruit Welsh speaking trainers who could provide such specialised courses.

Standard relating to public address systems used by a body (82)

The health board could comply with this standard for pre-planned announcements, however, the health board could not guarantee that spontaneous announcements could always be made in accordance with this standard, therefore, we feel that the standard needs to be re-worded accordingly.

Standards relating to primary care (83 – 97)

The health board approves of the decision to make primary care contractors exempt from compliance with the former draft Standards and the health board finds many of these new draft standards relating to primary care much more reasonable and proportionate in that the health board will continue to encourage primary care contractors to promote and provide services bilingually. However, we do have concerns that the health board should not be seen to be providing translation services and training free of charge to primary care providers as we cannot do the same for other 3rd party contractors. The public may object to public money being spent to fund private contractors.

POLICY MAKING STANDARDS

Standards relating to considering the effects of a body's policy decisions on the Welsh language (98 – 107)

The health board finds these standards to be reasonable and proportionate. However, we feel that exemptions or references need to be made for policies that are drafted on an All Wales basis or on a UK national basis. We do have some concerns over Standard 107 and 107A as we feel that we can only encourage and negotiate primary care contractors to provide services bilingually, and cannot compel them to make policy decisions in accordance with the Standards, therefore it seems irrelevant for the health board to produce and publish such a policy.

OPERATIONAL STANDARDS

The health board is of the opinion that the Operational Standards will have little or no impact on patient care and will only use up time and resources that could be better used in implementing the Service Delivery Standards. As the standards deal with the organisation's internal administration processes, one could question why these standards should be imposed upon public sector organisations when they will not be placed upon private sector organisations within Wales who also may employ Welsh speaking staff and who have greater capacity to accommodate the increased costs.

There will be a time and cost implication for complying with the operational standards in relation to the translation of documents. Also, insufficient numbers of Welsh speaking staff would make these standards extremely difficult to implement. However, we feel that a central approach to these Standards coordinated by NWSSP would help health boards to achieve compliance for some of the standards, for example, using All Wales recruitment templates, e.g. appointment / interview letters, etc. We are happy to work with NWSSP to achieve this.

Standards relating to the use of the Welsh Language within a body's internal administration (108 – 121)

108 – Could comply

109 – We think contracts should be provided bilingually where a person has requested it in Welsh as there will be other persons, i.e. line managers, workforce and OD staff, who will need English copies.

110 – This is not reasonable or proportionate due to the large number of staff and data relating to employment that is sent out. This standard is unachievable for the health board and will add significant delays in staffing procedures due to the need for translation.

111 – This is not reasonable or proportionate due to the large number of staff and data relating to training that is sent out.

112 – 113 – The health board could comply with these standards however, we must challenge whether it is reasonable to translate documents of this nature when the day to day interaction between the line manager and employee is in English.

114 – The health board could comply with paper forms but our online staff resource ESR is English only. All NHS staff must use this national system. Enabling ESR to operate bilingually would need to be done centrally.

115 – 121 The health board could comply for locally produced policies but national policies would need to be translated centrally and forwarded to health boards for use.

Standards relating to complaints made by a member of a body's staff (122 – 125) and Standards relating to a body disciplining staff (126 – 129)

The health board does not feel that these standards are reasonable and proportionate due to the current insufficient numbers of Welsh speaking staff in post who are able to deal with Welsh speaking staff. Due to the sensitive nature of these standards, it is not deemed appropriate to use external translators to attend meetings about confidential staff-related matters. Staff who are employed to oversee procedures such as disciplinary hearings are highly skilled and have expertise knowledge of the process. Introducing the use of a 3rd party translator could, in our opinion, undermine managerial hierarchies, HR staff and Union representatives, could compromise working relationships between staff and erode confidence and confidentiality. The health board will continue to utilise the Welsh skills of our existing staff who are involved in these processes, and will carefully consider Welsh language skills when recruiting to future vacant posts, however, due to the number of different staff involved in these staff processes, it is unlikely that the health board will ever have a team of Welsh speaking staff who are able to conduct HR staffing procedures without the use of an external translator, which could also incur potentially high costs for the organisation too.

Standards relating to a body's information technology and about support material provided by a body, and relating to the intranet (130 – 136)

The health board would face serious cost implications if it were to translate the intranet due to the volume of information on the intranet and the fact that it changes on a day to day basis. Thus, the health board finds standards 131 – 136 unreasonable and disproportionate. The intranet is a workable website that changes multiple times a day. This is not a static content website that may be amended once every few months, it is in a constant state of change. It has over 60,000 pages at the last count, and is worked on by hundreds of staff users. The time taken to translate this extensive resource would mean that information provided to staff would become irrelevant and out of date. Our ability to change the format of our current intranet to include bilingual pages would also depend upon the capabilities of our intranet which is determined by NWIS.

Standards relating to a body developing Welsh language skills through planning and training its workforce (137 – 147)

137 – Could comply

138 – 140 The health board would have considerable difficulty in complying with these standards due to the current insufficient number of Welsh speaking staff who are able to provide staff training in the medium of Welsh. The cost implications of having to employ either an external Welsh speaking trainer or translator would be vast given the amount of staff training that is provided to staff. We don't anticipate that a lot of staff would take up the offer to receive training in the medium of Welsh and therefore the extra cost of providing training bilingually could not be justified.

141 – 142 There is a serious cost implication in funding and providing Welsh language training for staff during working hours. Even where the cost of training could possibly be met, the cost of supplying replacement staff to cover those who attend training could be extremely high. It is difficult for line managers to agree to release clinical staff on the frontline as there are regulations that must be adhered to for patient safety. With staff shortages and current recruitment issues, it would be even more difficult for us to actually find suitable replacement staff. Therefore, the health board feels that these standards are not reasonable. We will, however, continue to support staff who wish to learn Welsh in any way we can, where possible.

143 – 147 Could comply

Standards relating to a body recruiting and appointing (148 – 152)

148 – Could comply

148A – Where Welsh skills are deemed 'essential' for a post, then it is reasonable and proportionate for the post to be advertised in Welsh. However, due to the large number of posts where Welsh skills are deemed 'desirable', it is unreasonable and disproportionate for the health board to advertise these posts in Welsh. This would have serious time and costs implications for the health board due to translation which would affect recruitment turnaround times. The health board also concerns about over promoting the Welsh language during recruitment procedures as it has, in the past, discouraged non-Welsh speaking applicants. Direct feedback from head hunters, recruitment fairs and recent recruitment has shown that some applicants were deterred by the potential need to speak Welsh which has an adverse effect on our ability to attract the appropriate staff to areas where they are desperately needed.

149 – Could comply

149A – It is unreasonable and disproportionate for the health board to translate every job description as this would have serious time and cost implications due to the excessive number of job descriptions within the health board. Job descriptions can also be tailored to the individual member of staff and do not necessarily follow a set template.

149B – Could comply although the delays caused by translation will be challenging in terms of turnaround times for short listing and may result in longer lead in times for recruitment, which is an issue for health boards currently. The health board, therefore, finds this standard unreasonable given the nature of the labour market. We also consider that this is risky and inappropriate given the data protection regulations and the need for the applicant to be shortlisted by the appointing officer.

150 – The health board could not guarantee a full interview panel of Welsh speakers to conduct interviews where applicants have specified that they would like an interview in Welsh. The panel needs to be relevant to the role with the relevant skills and expertise to assess the candidate. The use of a translator would be needed to comply with this standard which has a cost implication for the health board. Therefore this standard is unreasonable and disproportionate.

151 – See response to above

152 – Could comply

Standards relating to signs displayed in a body's workplace (153 – 155)

Whereas the health board could comply as regards new or renewed permanent signage, it would be impossible for us to extend this to temporary signage. Staff across the health board display large quantities of temporary signage across the various locations on a daily basis which may include essential information for staff, e.g. health and safety information.

Standard relating to audio announcements and messages in a body's workplace (156)

The health board could comply with this standard for pre-planned announcements, however, the health board could not guarantee that spontaneous announcements could always be made in accordance with this standard, therefore we feel that the standard needs to be re-worded accordingly to make exemptions for announcements that may affect the health and safety of staff and service users.

RECORD KEEPING STANDARDS

Standards relating to a body keeping records (157 – 165)

With the exception of standard 163 and 164, the health board could comply with these standards. However, we feel that some of these standards need to be more specific in relation to the time that the health board must keep such records. They must also take into consideration other legislation requirements such as the Data Protection Act 1998 which prevents us from developing certain databases containing staff information.

163 – The health board has in excess of 8000 staff, plus those within our hosted organisation. As it is the choice of the individual member of staff to wear a badge, this information would be extremely difficult to collate each year and would prove to be a fruitless task.

164 – Information and guidance is provided to staff on assessing the Welsh language skills needed for new or vacant posts. Assessments are done at the discretion of the member of staff who is assessing the new or vacant post. Due to the volume of job advertisements that are released each week, the health board would not be able to effectively keep a record of these Welsh language skills assessments. However, support and advice is provided by our Welsh Language Manager on carrying out Welsh language skills assessments for new and vacant posts. The HR Business Partner Team could also help to ensure that Welsh skills have been considered for posts. This standard would also need to be in keeping with the requirements of legislation relating to recruitment records.

SUPPLEMENTARY MATTERS (SCHEDULE 5)

Generally, we feel that Standards 166 – 85 in the Supplementary Matters could be re-worded and condensed to just a few standards or even a singular standard relating to the publishing of compliance notices and annual monitoring reports.

Service Delivery Standards (166 – 171)

The health board could comply with these standards.

Policy Making Standards (172 – 177)

The health board could comply with these standards.

Operational Standards (178 – 183)

The health board could comply with these standards with the exception of 181. As stated previously, it is unreasonable and disproportionate for the health board to keep a record of the number of staff who wear a badge.

Record Keeping Standards (184 – 185)

The health board could comply with these standards.

Summary of comments received from staff

Many of our staff who passed comment on the proposed draft Standards agree that it is important for the health board to provide services bilingually and place a great value on the impact this has on our Welsh speaking service users. However, they feel that the Standards, in their current form, will discourage staff from implementing the health board's Welsh language policies and initiatives. They feel that the Standards are not easily interpreted and understood due to the complexity of the regulations document and the wording of the draft standards. In order for staff on the frontline to implement the standards, they will need to be more 'user friendly' with visible, measurable outcomes that will improve patient care. Some staff also feel that the standards are too 'imposing', in that they feel 'forced' to use their Welsh skills. This may deter staff who are not confident in using their Welsh skills from registering their skills at all, keeping them hidden from the health board. There is a concern that extra responsibilities and duties will be placed upon our Welsh speaking staff, being called upon for Welsh language support, which they may not always be confident in providing. They fear misinterpreting information during the translation process, which could possibly have more serious implications for staff, service users and patient safety.

Clinical staff at the Local Medical Committee expressed concerns about the deliverability of the standards. They felt that they would have the reverse effect and create a negative attitude towards the language. There were significant concerns about the clinical risks around record keeping and noted that this was in contradiction with the GMC code. Also, Wales cannot supply the required number of doctors, nurses and Allied Health Professionals and we rely upon recruiting staff from outside of Wales. Therefore the impact of the Standards on recruitment in the international market was also discussed. They felt that in this context, adding the expectation of Welsh language skills is a deterrent and, is arguably, irresponsible in the current labour market. Many staff feel that the draft Standards are unachievable and feel that we will 'set out to fail' from the outset, which will not be good for staff morale which could have an opposing effect on our current efforts to improve bilingual service provision and share best practice. Staff have raised concerns and feel quite resentful about the monies needed to implement the draft Standards which they feel would be better spent elsewhere on patient care and services.

Summary of comments from Independent Board Members

The comments received from a number of our Independent Board Members are in line with those of staff and our Senior Executive Team. Whilst they feel that the general aim of the draft Standards is to be supported, there are some clear practical and financial risks. They deem many of the Standards to be unreasonable and disproportionate for health boards. All of them are concerned about the cost implications of implementing the Standards and the impact upon staff.

Some feel that Standard 25 is 'impractical in the extreme' which will 'raise expectations to a level that cannot be sustained'. The only way for this Standard to be truly implemented would be if all of our frontline staff were bilingual, which is simply unachievable.

They believe that providing bilingual greetings on staff direct lines is not only impractical but also unreasonable, and feel that this is a tokenistic gesture which could impact negatively on staff who are uncomfortable in providing a Welsh greeting.

Concerns were raised about the potential costs of translation which would need to be met by the overall health board budget, which in turn could reduce expenditure on actual patient care.

Other comments were made about standards relating to education courses and Welsh language training. If health boards are forced to offer educational courses bilingually, they fear that they will be reluctant to do so and as a result, may reduce the amount of training courses offered. Welsh language training for staff should be encouraged but not compulsory during working hours. The financial implications will be challenging, particularly for frontline staff and our ability to provide cover for absent staff.

Generally, the Independent Board Members feel that the draft Standards are an 'onerous added legislative responsibility' for health boards which needs to be placed in context with the needs of the health service within Wales. They would like to see

the draft Standards modified and made more workable for health boards in the current financial climate.

Overall summary of comments

The health board has serious concerns over the practicalities of implementing the draft Standards. The possible financial implications are huge and could lead to conflicting attitudes within the workforce where staff may feel that, despite being supportive of providing services bilingually, the monies needed to implement the draft Standards would be much better spent on other aspects of patient care and health board priorities. In addition to the costs of implementing the draft Standards, the health board could also incur further costs due to the possibility of receiving financial penalties for non-compliance. Therefore, we must challenge the reasonability and proportionality of the draft Standards and consider the clinical risks should we be forced to implement them within the health board.

The draft regulations document is difficult to interpret and understand. There appears to be inconsistency and confusion over some of the legal definitions and the explanatory notes, and the concept of reliant standards and the exemptions. There are far too many draft Standards which are sometimes repetitive. We will find it difficult to relay the Standards and their meaning to our staff in a way that they can be easily understood in order to implement them within the workplace. Thus we fear that the importance of the Standards could be weakened in the process of doing so and will discourage staff from engaging with the Standards. The purpose of having standards is to ensure consistency across NHS Wales, yet we feel these draft Standards could be interpreted differently, and might not work within all NHS Wales organisations, which defeats the point of having standards in the first place.

Another main concern for the health board is the fact that the draft Standards are immeasurable for health boards. As detailed in our response to the different Standards groups above, the health board cannot monitor the implementation of the Standards across such a large, diverse, multidisciplinary organisation. Thousands of interactions between staff and service users takes place each day, across a wide variety of healthcare settings. This would require another level of bureaucracy to police and monitor, therefore, the health board cannot measure and guarantee compliance with the Standards at all times. The only way the health board would know if a standard has been breached would be as the result of a complaint or feedback stating so.

As always, the health board will continue to promote Welsh language service provision and will continue to strive to deliver quality bilingual healthcare services to our Welsh speaking service users. Due to the nature of healthcare provision, we do not envisage a time where the health board will be in a position to comply with the draft Standards, especially where unscheduled care is concerned. On a reactive basis, the health board will always strive to provide services upon request, but will struggle to proactively provide Welsh language services in a consistent manner across the board. It seems that the only way we could comply with the draft Standards is to have a truly bilingual workforce, where the large majority of staff would be able to offer healthcare bilingually. Given the number of Welsh speakers within Wales, recruitment shortages and issues that health boards are currently facing, it is highly unlikely that we will be in a position to recruit the Welsh speakers

that are needed to implement the Standards. Especially true within the Cwm Taf area of Wales where the number of Welsh speakers is just under 12%. Therefore, we envisage that we would be reliant upon the use of translators to implement the draft standards which is not ideal when providing quality healthcare which is often of a highly personal and sensitive nature. The translation costs are also going to increase significantly, which may cause resentment amongst staff.

We also feel that the Operational Standards are unreasonable and unnecessary. They will have little or no impact on the services we provide to the public. They also have the potential to cause added conflict and an unconscious bias where staff matters are concerned. The health board will always consider the linguistic needs of staff and will endeavour to meet the linguistic needs of staff wherever possible to ease staff procedures.

Despite the negative comments within this response, the health board continues to support the improvement and progression of Welsh language service provision. We feel that the Standards need to be revised to reflect a more workable and achievable set of targets in the future of healthcare. We feel that the Standards should look more like the action points within the More Than Just Words Framework. A smaller set of more achievable standards would have a far bigger impact upon the health board's ability to improve Welsh language service provision and will also encourage more staff engagement and overall compliance. It would be much more beneficial to have more specific standards that include Welsh language considerations in the health board's planning procedures, rather than broader standards where compliance cannot be measured.