

Welsh language health standards

Can you explain whether there will be a vote on these standards? I take it that the affirmative procedure means that they can take it or leave it, but they cannot amend the recommended standards once they have been laid. When is this vote scheduled to take place? How much if any consultation has occurred with the other parties in the Assembly on this issue? Do we have any idea of whether we will have any support?

The Regulations are subject to the affirmative process which means that there will be a debate and a vote on the Regulations. Regulations will either be agreed or rejected. There is no opportunity to present amendments to the Regulations. A plenary slot has been scheduled for 6 February.

There has not been any consultation with the other parties – if required, officials can provide a technical briefing for the lead spokespeople from the other parties.

When will the separate regulations be prepared for the 9 professional healthcare regulators with an England and Wales remit? Why does it say there are 10 of them on page 7?

There are 10 regulatory bodies

1. Social Care Wales (previously Care Council for Wales),
2. General Chiropractic Council,
3. General Dental Council,
4. General Medical Council,
5. General Optical Council,
6. General Osteopathic Council,
7. General Pharmaceutical Council,
8. Health and Care Professions Council,
9. Professional Standards Authority for Health and Social Care,
10. Nursing and Midwifery Council

Of these 10 bodies **Social Care Wales** is the only body who is funded by Welsh Government and operates solely in Wales – for this reason we propose that they will be added to the (No. 4) Regulations.

The other 9 bodies are **UK wide bodies**, are funded by the fees paid by their registrants and with the exception of the General Medical Council (GMC) do not have an office in Wales. The GMC has a small office in Cardiff Bay which is not open to the general public

When and what and where is the separate advice on independent primary care providers?

Advice on independent primary care providers is given in MA-L/VG/0368/17 which was sent to you and the Cabinet Secretary for Health on 1 December. Private office have been asked to give you a copy.

When did the Commissioner undertake a standards investigation into the health service and what did she say? Am I correct in saying that she undertook two investigations? Why did she do two?

Can you give me some examples of what regulations are not in this menu which are in the Welsh language standards number 2, 4, 5, 6 education, public bodies, local authorities regulations, and give me a clear line on how I justify the different approach.

See Appendix 1

The Commissioner says that “it is essential to ensure consistency in terms of linguistic behaviour across the health service in Wales in its entirety”. How is this consistent with being “reasonable and proportionate?”

As with local authorities we expect that some basic standards will apply to all bodies – for example the right to receive Welsh language correspondence, and

a duty on all health bodies to consider the effect of their policies on the use of Welsh (policy making standards).

Are these standards valid for pharmacy, dentistry and optometry, community and district nursing, mental health, health services provided by voluntary groups? Can I have a list of who is impacted please?

The standards will only impact on pharmacy, dentistry and optometry if these services are delivered directly by a local health boards or trusts.

Community and district nursing and mental health will be caught if they are delivered directly by the local health board or trust. If they are delivered by a primary care provider they will not be caught.

Services provided on behalf of a local health board by a voluntary group could be caught under the requirement for services provided by a third party to comply with the same standards as the body itself. That is, if a body which is liable to standards sub-contracts some of its services to another company/voluntary organisation the contractor must offer the same level of Welsh language services as if it were the body itself delivering the service. If the contractor fails to comply with the standards it is the body that will be liable.

Eg if a voluntary body was contracted to answer the main switchboard in a hospital on behalf of a local health board and they were expected to provide a Welsh greeting when answering the phone. If the volunteer failed to do this it would be the local health board that would be held liable for not complying with the standard not the contracted voluntary body.

So we will amend the bodies impacted by No 4 to include healthcare regulators? Where is this noted, what is the process to amend this? Will there be a vote?

The (No 4) Regulations will be amended at the same time as these Regulations are made to include Social Care Wales – see pages 10 & 11 of the Regulations. This will be part of the vote on the Regulations.

What is document 1 you refer to on page 1? (is it the standards 2018 themselves?)

What is document 2 you refer to on page 3?(Consultation on healthcare regulators?)

In MA-L/EM/0764/17

Document 1 - the (No. 7) Regulations 2018 (the version we propose to lay) these are subject to some further minor changes

Document 2 – the (Health Sector) regulations 2016 – this is a draft version of the Regulations which were used during the consultation.

Page 5 refers to Clinical Consultations (draft standard 25 of the consultation version at doc 2) Where is this?

Standard 25 (in doc 2 attached to MA-L/EM/0764/17)

When an individual (“A”) attends a clinical consultation carried out or provided by you for the first time you must—

- (a) ask A whether A wishes to receive Welsh language support at the clinical consultation,
- (b) if A informs you that A wishes to receive Welsh language support at the clinical consultation, keep a record of that wish, and
- (c) provide Welsh language support to A at clinical consultations from then onwards (unless you carry out or provide the clinical consultation in Welsh).

This standard has been removed from the proposed standards.

Am I correct in saying that there are 21 different groups of service delivery standards? Correspondence, telephone, contracts, receptionists etc . Please tell me that we are going to make it easier for these organisations to understand what is required of them rather than wading through these documents and cross referencing what is relevant to them.

Official’s Response;

Yes there are 21 categories of services. We believe it’s important that bodies and the public understand which standards relate to which type of service. If they do not deliver that services e.g. – no reception service they will know that

those standards do not relate to them.

In general the bodies that have to comply with standards will refer to their Compliance Notice and not the legislation. The Welsh Language Commissioner also conducts general promotional and marketing campaigns to promote standards to the public in a simplified manner.

Has the Health Committee in the Assembly or the Culture Committee in the Assembly done any work on Welsh language and health? What did they say? Can I see the transcript please?

We have checked back to 2012 and could not find any specific work done by the committee on health and language. The question is raised in the context of other enquiries. For instance the Children, Young People and Education Committee's inquiry into 'emotional and mental health of children and young people' asked the Chief Executive of Powys County Council, [hepgorwyd adran 40(2)] about their capacity to offer specialist services.

Am I correct in saying that A and E would come under a "clinical consultation?"

Yes – see MA-L/EM/0764/17 paragraph 5.23 for more detail about the exemption and which standards apply to clinical consultations.

To what extent can a Health Board through its contract with an independent primary care provider tell it what to do?

Please see MA-L/VG/0368/17 (paras 5.12 – 5.20)

It is intended to place Welsh language duties on independent primary care providers through their contracts/terms of service by amending the relevant legislation following appropriate consultation.

The changes to the contract/terms of service regulations will require consultation with the contractors' representative bodies. The process would initially involve consultation and negotiation through the normal channels to agree the duties with:

- the General Practitioners Committee Wales;
- the Welsh General Dental Practitioners Committee and the British Dental Association Wales;
- Optometry Wales; and

- Community Pharmacy Wales.

Once in place, If primary care providers do not adhere to the duties, it is expected as a first step, that LHBs will informally encourage primary care providers to meet the relevant duty. If a primary care provider persistently refuses to adhere to the duties then LHBs can take a more formal approach through the relevant contractual remedies which we expect would be a last resort.

Do independent primary care providers have to provide any Welsh provision at all at the moment?

No.

Can you tell me the names of the 10 health care regulators that will be added to Welsh language standards no 4? Are we forcing the 9 regulators who objected to comply? Who are they? Can I speak to one of the objectors after a briefing from you? Where is this written down officially? Is it in the draft regulations? If not what is the form which will give it legal enforceability? Will this go to a vote?

See above for a list of the regulators page 4

Only Social Care Wales will be added to the (No.4) Regulations – they are content with this approach.

A new set of Regulations will be prepared for the other 9 Regulators that will better reflect the way in which they deliver services.

You say on page 7 5.18 that you are changing the policy, but I don't know what it was in the first place. Can you let me know please?

Before the Assembly is back in session after Xmas I would like a justification for every one of the changes in policy please? Page 7 and 8. This is where much of the criticism will come from. Some of this is already set out in this document, but it would be good in bullet point form. The “unofficial” table that you prepared was very useful, but it did not give a justification for the changes.

So I want to be clear: if a little old 90 year old lady from Gwynedd who speaks poor English goes to hospital and is about to have a complicated operation, she cannot “legally” ask for someone to explain to her in Welsh what is happening,

and what we are offering is that the Health Board makes plans so that they can set out to what extent they will be able to carry out clinical consultations in Welsh 5 years from now, which presumably could say that they still won't be able to. (I think this is quite a tough sell! Any ideas?)

See Appendix 2

I would like to see the financial impact assessment on the Health Services with whom we consulted please.

A draft Explanatory Memorandum and Regulatory Impact Assessment (financial implications) is attached.

Can you explain (page 10) what the fear of the Commissioner imposing a clinical consultation standard in a sunrise clause without her first imposing the operational standard to prepare a plan means?

If a 'sunrise' date is not set in the Regulations the Commissioner is at liberty to set the 'gold standard' of offering clinical consultations in Welsh without allowing the bodies' time to increase their ability to do so. The responses to the consultation made it clear that they do not currently have the capacity to offer clinical consultation in Welsh consistently across all their services. The planning standard is intended to give a body at least 5 years to plan and develop its ability to offer clinical consultations in Welsh. Our concern is that that Commissioner could decide to forgo this step.

Can I be clear- 5.33 – health services will produce a plan – if after 5 years it looks like they will be able to provide a Welsh language clinical service, the regulations could be changed at that point. What would the process be for changing the regulations? Would it have to come through the Assembly, or would it be up to the Commissioner to change?

Official's response;
Amending the Regulations (eg to add, amend or delete a standard) would requiring an amending sets of regulations be made by the affirmative procedure in the Assembly.

Paragraph 5.34- Can you explain what in addition to the standards consulted upon is being added to the responsibilities of the local health board? (This will be important to stress to the Welsh language pressure groups- that we have gone further than what we suggested in the consultation)

This paragraph relates to primary care.

In the consultation version of the Regulations primary care was excluded (no standards applied). However there were some standards that placed a duty on the health boards to provide some services and support to primary care providers in relation to Welsh language, see the table below. These standards did not require a primary care provider to do anything – they did not have to display bilingual signs or bilingual literature.

In response to the consultation the approach has been changed so that;

- i) if a local health board directly delivers primary care all the standards that apply to that local health board also applies to the primary care services they deliver (with the exception of standard 19 , telephone calls made by the body)
- ii) the standards in the consultation version of the Regulations in the table below have been reduced to the following
 - Health boards will be required to promote on their website any primary care providers who are willing to provide all or part of its primary care service in the medium Welsh.
 - health boards to provide a translation service and promote its use to primary care providers to enable them to obtain Welsh language translations of signs displayed in connection with its services.
 - health boards to provide and promote the wearing of badges that convey that a primary care provider (or staff member) speaks Welsh
 - health boards are required to provide training courses, information or hold events aimed at primary care providers to raise awareness of the Welsh language and how it can be used in the workplace

The approach for independent primary care providers is discussed in MA-L/VG/0368/17.

Standards relating to primary care – in the draft consultation version

When you know that a primary care provider is willing to provide its primary care service or part of its primary care service through the medium of Welsh, you must designate and maintain a page on your website (in Welsh) containing that information.

You must provide a translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs displayed in connection with its service.

You must encourage the use of a translation service provided by you in accordance with standard 84.

When you produce a document in relation to a primary care service for public use, you must produce that document in Welsh.

If you produce a document in relation to a primary care service in Welsh and English (whether separate versions or not) you must not treat any Welsh language version less favourably than you treat the English language version.

When you send a document you have produced for public use to a primary care provider, you must also send a Welsh language version of that document.

You must ensure that—

- (d) the text of each page of your website which relates to a primary care service is available in Welsh,
- (e) every Welsh language page on your website which relates to a primary care service is fully functional, and
- (f) the Welsh language is not treated less favourably than the English language on your website which relates to a primary care service.

You must ensure that—

- (g) the text of the homepage of your website which relates to a primary care service is available in Welsh,
- (h) any Welsh language text on your homepage which relates to a primary care service (or, where relevant, your Welsh language homepage) is fully functional, and
- (i) the Welsh language is treated no less favourably than the English language in relation to the homepage of your website which relates to a primary care service.

You must ensure that when you publish a new page on your website which relates to a primary care service or amend a page which relates to a primary care service—

- (j) the text of that page is available in Welsh,
- (k) any Welsh language version of that page is fully functional, and
- (l) the Welsh language is treated no less favourably than the English language in relation to that page.

If you have a Welsh language web page which relates to a primary care service that corresponds to an English language web page, you must state clearly on the English language web page that the page is also available in Welsh, and you must provide a direct link to the Welsh page on the corresponding English page.

You must provide the interface and menus on every page of your website which relates to a primary care service in Welsh.
All apps that you publish which relate to a primary care service must function fully in Welsh, and the Welsh language must be treated no less favourably than the English language in relation to that app.
When you use social media in relation to a primary care service you must not treat the Welsh language less favourably than the English language.
If a person contacts you by social media in Welsh in relation to a primary care service, you must reply in Welsh (if an answer is required).
You must make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh.
You must promote to a primary care provider the wearing of the badge that conveys that the wearer is able to speak Welsh.
You must provide training courses, information or hold events so that a primary care provider can develop— <ul style="list-style-type: none">(m) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and(n) an understanding of how the Welsh language can be used in the workplace.

You say in para 5.38 that responsibilities and Welsh language duties on independent primary care providers should be considered in relation to **MA-(L)/ARD/5096/16 (paras 5.27-5.29) – what does this say? I don't think I have ever seen this MA.**

5.39 – advice on the proposed approach to Cab Sec (MA-L/VG/0368/17) What does this say? Will I be involved?

5.42 You say that I should consider the advice given in MAL/VG/0368/17 what is that? Have I been given a copy? What is the relevant information?

Private office will provide you with a copy of MA-L/VG/0368/17

5.43 Duties on independent primary care providers will require consultation and a negotiation with the statutory representative bodies. These negotiations haven't commenced. Why haven't they commenced? This has been out for negotiation since July 2016. What is the time scale envisaged for this? (I think I will be challenged quite brutally on this)

The Cabinet Secretary is being asked to agree the revised approach for

independent primary care providers in MA-L/VG/0368/17. Consultation with representative bodies cannot start until that decision has been made.

5.45 Policy officials have considered other options and analysis is provided in MAL/VG/0368/17 (have I seen this?)

Official's response;
Private office will provide you with a copy of MA-L/VG/0368/17

5.61 –You say lack of opportunities for students to train through the medium of Welsh is outside the scope of these Regulations. – I am not clear what the scope is!

We cannot prepare standards within these Regulations that will provide more opportunities for students (i.e. medical students) to train in Welsh as this is not in the direct control of the bodies that are subject to these standards. Standards can only relate to the activities of the body that fit within the scope of Service Delivery, Policy Making, Operational, or Record Keeping standards as defined in the Measure. This is a matter best dealt with through other policy interventions not through standards.

5.66 you are preparing separate regulations for the 8 regulators who have no offices in Wales. Why wasn't this done at the same time as the consultation on this? When will this happen? What is the time scale? You said earlier that some regulators will be included in Language standard number 4, so which regulators will be included in Number 4 and which ones will be subject to new consultation?

Work has commenced on preparing Regulations for healthcare regulators however the Regulations for the health sector bodies have been prioritised. Due to the objection of the UK wide Regulators to be included in the (No.4) Regulations, it was decided to treat that as a separate work stream.

5.68 It says that NHS Business Service Authority was included in the Commissioner's second investigation. What was the difference between the

first investigation and the second? Has there been a third? Does she plan anymore? What did they cover and when did they take place?

5.71 You say more work needs to be done in relation to NHSBSA (Business Service Authority) and NHS blood and transplant authority. Do we know why the Commissioner did not include these organisations in her investigation? What do you mean by more work needs to be done? When will a decision be made on these bodies?

The NHSBSA was included in the Commissioner's investigation. We believe that not including NHS Blood and Transplant was an oversight on her behalf.

As explained in para 5.71 the services provided to the public in Wales by these organisations are limited and the ways they are provided are different to the organisations subject these Regulations. For example interaction with NHSBSA is mainly online whilst the NHS Blood and Transplant have a small number of specialist nurses working in hospitals in Wales as well as online services for becoming a donor. Because of these differences careful consideration needs to be given to which standards should apply and in which circumstances. The timetable for future Regulations is a matter for discussion with the Minister.

Regulatory impact assessment. Can I see a copy of what the estimates are please? One response said it would cost £1m and now you are saying that the new revised proposals could cut the cost by £500k , can you give me some kind of ball park of what this is going to cost please with a breakdown for each health board?

A copy of the Explanatory Memorandum and Regulatory Impact Assessment is attached.

5.90 I will need a very robust 5 bullet point note for why we are rowing back from our proposals on clinical consultations. This is where the key concern is likely to come from.

To follow

[hepgorwyd adran 42]

6.17 Re-consulting – I understand that we are required to consult if we revise the standards from the ones on which we consulted? On what grounds do we justify not doing this in this instance? Especially as it seems that we adapted our ideas in October after the end of the consultation period from a fundamental blanket primary care approach to those services not sub-contracted. Are you making an assumption that the public are going to focus on the fact that 10% of primary care providers will need to provide more robust Welsh language services whilst ignoring the likely noise that is likely to come as a result of the 90% not having to comply with much at all? How would I respond to that criticism?

6.9 says that there is no requirement in the Measure upon Welsh Ministers to consult on the draft standards or regulations before they are made?

[hepgorwyd adran 40(2)] What does the Welsh Language Commissioner think?

Is there any way we can put something in relation to the monitoring of use of these “rights” into the regulations? It would be good to encourage people to use Welsh language services and to say that if you use them, we will in future ask them to do more, so it will incentivise people to use the services. I would like to pursue this approach in relation to the private sector (but I understand that it may be difficult to write this in a legal text)

The Commissioner’s priority is seeing these Regulations made so that she can proceed to impose duties on bodies. The use of some Welsh language services is measured by bodies and presented to the Commissioner as part of her monitoring system.

The draft Regs themselves!

Is the copy that I have the final proposals?

There is no reference in the Regs from what I can see to them needing to be Reasonable and Proportionate, can you confirm that this is the case?

In the Explanatory Note it suggests that we should work towards ensuring that the Welsh language is treated no less favourably than the English language when an activity is carried out. That phrase work towards is what gives us cover is that correct? Where I feel we are exposed: treat Welsh no less

favourably than the English language (where does it say this in law?) The regulations do not have this “cover” of working towards from what I see. Can you confirm that this is the case. How far does no less favourably extend?

It says that these regs will come into force on 28th Feb. Is this all sorted out in terms of Assembly time table? Will the committee want to consider them before they are voted upon? What happens if we need to reconsult? Do we go ahead with the parts where we do not need to reconsult?

Official’s response;

A plenary date is likely to be the 6 February or later

It is a decision for the committee if they wish to consider them – they will have 20 days from the date the Regulations as laid to do this.

Consulting again on the proposed Regulations will delay making these Regulations until after the consultation and the responses have been considered and, if necessary, the Regulations are amended in light of the comments received.

Can you explain the difference between a “case conference” and a “clinical consultation?”

Official’s response;

In the regulations;

a clinical consultation is defined as

“clinical consultation” (“*ymgyngoriad clinigol*”) means a health provision interaction between one or more individuals and a body;

“health provision” (“*darpariaeth iechyd*”) means the provision of health services as part of the national health service to an individual and includes the assessment, diagnosis or treatment of that individual;

a case conference is defined as;

a “case conference” (“*cynhadledd achos*”) means an interaction the main purpose of which is to discuss an individual’s (“A”) health related provision and is between—

- (o) A,
- (p) one or more bodies, and
- (q) one or more persons where at least one of those persons is a county council or a county borough council in Wales;

This does not impact on National Health Service Trusts and Community Health Councils- was this included in the consultation? Will people be upset that these are excluded? What about social care Wales, was there concern that this sector was left out?

NHS Trusts, if they provide clinical consultations and case conferences will be caught by the relevant standards and definitions.
Community Health Councils are not caught as they do not provide (as far as we know) clinical consultation or case conferences as defined in the Regulations.
Social Care Wales will be subject to the (No.4) Regulations which do not include standards about case conferences and clinical consultations.

Page 10 of Regs: Commissioner is not authorised to give a compliance notice to NHS trusts etc requiring them to comply with the following standards-

- i) 65-68
- ii) 78-78A What page in the regs are these on?

The relevant standards are;

Standards relating to primary care

Standard 65:When you know that a primary care provider is willing to provide a primary care service or part of a primary care service through the medium of Welsh, you must designate and maintain a page on your website (in Welsh) containing that information.

Standard 66:

You must—

- (a) provide a translation service for use by a primary care provider to enable it to obtain Welsh language translations of signs displayed in connection with its service, and
- (b) encourage the use of a translation service provided by you in accordance with this standard.

Standard 67

You must—

- (c) :make available to a primary care provider a badge for it or its staff to wear to convey that they are able to speak Welsh, and
- (d) promote to a primary care provider the wearing of the badge.

Standard 68:

You must provide training courses, information or hold events so that a primary care provider can develop—

- (e) an awareness of the Welsh language (including awareness of its history and its role

in Welsh culture); and

(f) an understanding of how the Welsh language can be used in the workplace.

Standard 78:

You must produce and publish a policy on providing primary care services which requires you to take the following into account when you make decisions in relation to providing primary care services—

- (g) what effects, if any (and whether positive or negative), the decision would have on—
 - (i) opportunities for persons to use the Welsh language, and
 - (ii) treating the Welsh language no less favourably than the English language;
- (h) how that decision could be taken or implemented so that it would have positive effects, or increased positive effects, on—
 - (i) opportunities for persons to use the Welsh language, and
 - (ii) treating the Welsh language no less favourably than the English language; and
- (i) how the decision could be taken or implemented so that it would not have adverse effects, or so that it would have decreased adverse effects on—
 - (i) opportunities for persons to use the Welsh language, and
 - (ii) treating the Welsh language no less favourably than the English language.

Standard 78A:

On the expiry of 5 years after publishing the policy in accordance with standard 78 (whether or not revisions have been made to that policy) and on the expiry of each subsequent period of 5 years you must —

- (a) assess to what extent you have complied with the policy; and
- (b) publish that assessment on your website within 6 months of the end of the period.

- **Service delivery standards**

Standard 22 A – it says if 10% have informed you that they want to use Welsh. How far in advance would they need to do this? Could they tell you in the morning? Didn't I see something somewhere which suggested that they need to give 5 days notice? Why is this not written into the standard 22A, 22B etc

5 days notice is for case conferences that the patient attends which will require 2 way translation (English to Welsh and Welsh to English). Having two way translation calls for two translators to be present and needs a translator that can translate from English to Welsh (there are fewer translators qualified to translate from English to Welsh). Therefore it was decided that it would be unreasonable for a body to have to arrange this at short notice. The other meeting standards do not include a timeframe. This is something a

body could discuss with the Commissioner as a possible condition to be included in compliance notices.

Standard 20 page 27 says that standards relating to public address systems used by a body, must make the announcement in Welsh, there is no alternative. So how will this work in practice? A message in a Health Board run GP surgery inviting a patient to go to the consultation room would have to be in Welsh irrespective of where it is. (But would this be subject to it being reasonable and proportionate?)

We have considered this standard further and propose that the messages are limited to pre-recorded messages announced over a public address system. This standard will only apply to primary care that is delivered directly by a local health board. Independent primary care providers will not be caught.

Can you explain What Part 2 on page 28 is trying to do? (Standards that are reliant on other standards- special conditions). Also explain Table 1 to me please on page 28. What is meant by main standard and reliant standard? What is the difference? Sorry I am sure this is basic, but it is not entirely clear to me.

The table on page 28 sets out the links between standards and instructs the Commissioner that if she requires a body to comply with a standard in column 1 (main standard) she must also require them to comply with the standard in column 2 (reliant standard).
For example a body that is required to comply with Standard 1 must also be required to comply with Standard 7.

Page 31 – explain para number 26 “A body is not required to produce material in Welsh to the extent that another enactment has specified the wording of a document which would run contrary to that requirement”. Can you give me an example please?

An example would be the wording for no smoking signs which has been specified in a piece of legislation. Therefore if a body is erecting a no smoking sign they would be expected to use the wording specified in that legislation.

- **Policy Making standards**
- **Operational Standards (internal admin)**

Standard 90 provides quite a high bar to reach in terms of Welsh on the Intranet. In particular for a Health Board in South East Wales. This is placing a great deal of faith in the reasonable and proportionate interpretation of the Commissioner. What is her track record on being reasonable and proportionate?

Official's response;

The Commissioner may decide not to impose standard 90 choosing to impose one or more of the less onerous standards 91 – 95. Examples of when she has chosen to do this are the compliance notice for Torfaen and Blaenau Gwent local authorities.

- **Record Keeping standards**
- **Standards that deal with supplementary matters**

What is the difference between the Welsh Language Standards Regulations 2016 and The Welsh Language Standards 2018? Presumably one was prior to the consultation and the other was a response to the consultation.

Official's response;

Yes. The 2016 version was the draft used for consultation.

