



**Comisiynydd y  
Gymraeg  
Welsh Language  
Commissioner**

## **Written submission on the Welsh Language Commissioner's work in the health and care sector**

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Written submission on the Welsh Language Commissioner's inquiry into the Welsh language in primary care

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Written submission on the Welsh Language Commissioner's work in the health and care sector

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## **The Welsh Language Commissioner's inquiry into Welsh in primary care**

Paper 1

Under Section 7 of the Welsh Language Measure (Wales) 2011 (the Measure), the Welsh Language Commissioner (the Commissioner) has the right to conduct an inquiry into any matter relating to any of the Commissioner's functions. The Commissioner has the power to make recommendations or give advice to Welsh Ministers or any person. Schedule 2 of the Measure provides full details of the Measure's provisions.

### Timeline

April 2013	Terms of reference published
May 2013	Call for evidence announced
June 2013	Inquiry panel begin a series of meetings to examine evidence
August 2013	Public meetings held at the National Eisteddfod
September 2013	Series of meetings held across Wales
October 2013	Survey conducted by Beaufort Research commences
December 2013	Minister and Deputy Minister for Health and Social Services present evidence to the inquiry panel
February 2014	Inquiry report drafted
April 2014	Inquiry report settled. Ministers provided the opportunity to comment on the draft inquiry report
June 2014	Inquiry report published

### Contact with the public/stakeholders:

- 23 public events
- 8 stakeholder events (to share information and gather views)
- Meetings between the Commissioner and her officers with officials from various organizations during 2013-14
- Coverage in both local and national and press, television, radio and social media

### Call for evidence:

- 170+ members of the public contact the Inquiry team
- 26 stakeholders present formal written evidence
- 16 stakeholders present oral evidence to the panel

## Beaufort Research survey

- A quantitative survey of 1,010 fluent Welsh speakers and a qualitative survey of 120 fluent Welsh speakers to gather information about their experience of receiving or not receiving primary care services through the medium of Welsh and the resulting impact.
- The Beaufort report is published on the Commissioner's website.

## The main findings of patient experiences

### Qualitative

The main themes that emerged from the Beaufort survey correspond to the evidence submitted directly to the Commissioner:

- Ability to communicate more effectively through the medium of Welsh
- Being able to use the Welsh language is a matter of respect and dignity
- Lack of information about services/ language choice
- General lack of provision
- Low expectations / the need for an active offer
- Why the patient prefers to use Welsh
- Cases that highlight real clinical risk

### Quantitative

[Sample of 1,010 fluent Welsh speakers who used primary care services during the previous 12 months. The study divided Wales into 3 areas: areas served by the Betsi Cadwaladr University Health Board; areas served by Hywel Dda Local Health Board and the rest of Wales]

### General experience

- English is the main language of primary care services to the majority of Welsh speakers in Wales. On average, 28% of contact is in Welsh. (This figure varies greatly: with a maximum of 41% for experiences with practice nurses to 15% with GP out of hours services)

### Geography

- There is a significant difference by geography – for example 55% in the Betsi Cadwaladr area received a Welsh service from a practice nurse but only 6% received the service from the health boards in south and mid Wales).

### Which providers?

- Patients are most likely to receive a Welsh language service by a practice nurse in a GP's surgery and least likely to receive one from an out-of-hours service, dentist or optician.

### Overall satisfaction

- Respondents were asked about their satisfaction with the availability of Welsh language services: across the whole of Wales 65% were generally satisfied but less than half (46%) were satisfied in south and mid Wales.

### Gap in the provision

- Of those who did not receive a Welsh language service on their last visit, more than a third (37%) would have preferred to receive a service in Welsh or a mixture of Welsh and English. The main reason cited was that the experience would have been better for them.

### Gap in expectations

- The expectations of Welsh speakers who have received a Welsh language service are higher than those that have not received a Welsh language service. 77% would prefer to use the Welsh or a mixture of Welsh and English.

### No difference for some

- A number of those interviewed noted that they have no preference for receiving a Welsh or service: about 4 in 10 of those that received an English service and about 2 in 10 of those that received a Welsh language service.

### Patients' right to express themselves

- 90% of those surveyed are of the opinion that Welsh speakers should have the right to express themselves in Welsh, wherever they live in Wales.

### Active offer

- A very small minority reported that they received an active offer services through the medium of Welsh (ranging between 3-6%).
- 83% believed that a Welsh language appointment should always be offered to Welsh speaking patients if a Welsh speaking service is available.

### Right to active offer

- 82% of those surveyed believed that if it is available, a Welsh speakers should always be offered a Welsh language service.

### Lack of information

- A significant proportion of Welsh speakers are uncertain whether or not a Welsh language service is available to them. 42% say that they would not know how to access Welsh language provision (66% in health boards in south and mid Wales).

### Young people

- According to the sample, young people between 16-34 were least likely to have used the Welsh language in their last contact with a primary care service. The reasons for this need to be looked at more closely.

### NHS Direct Wales

- This is a sample of 137 of those from the first sample that had used the service in the last 12 months. Nevertheless, it provides an insight into the experience:
  - Only 40% chose the Welsh option (among the reasons: better to discuss in English;

other family member being non-Welsh speakers; expect a more efficient service in English)

- Of those, 58% had the initial conversation in Welsh.
- Of those referred onwards (73%) just over a half were provided with a Welsh language service.
- 16-34 year olds used this service most often (see above)

### The Report

Evidence from the public and stakeholders is summarised in the report, published on 10 June. It outlines the Commissioner's conclusions which form the basis for the report's recommendations.

The full report, published electronically on the Commissioner's website, outlines in detail the evidence presented of the patient's experience of primary care services in Wales, case studies, quotes by the public and stakeholders, research sources and examples of best practice.

The full report will be of interest to anyone working in the health and care sector, in particular those responsible for planning services and improving the patient experience. It will also be of interest to regulators and providers of education and training as the report looks at the factors responsible for creating a workforce suitable for a bilingual country.

### Conclusions and recommendations

#### Clarity and guidance to the sector

- The Commissioner has asked Welsh Ministers to respond fully to the report and to designate a Chief Officer within Government to take responsibility for leading the improvement of Welsh language provision in primary care.

#### Respect and dignity

- Acknowledging a person's identity as a Welsh speaker and enabling them to use the Welsh language is a significant component of treating the patient with respect and dignity. It is important to patients and a prominent element of professional values and a quality service. However, concerns have been highlighted by the patient experience and therefore the Commissioner is calling for clear policy guidance and practical instructions to providers.
- The Commissioner is also calling for guidance to be provided on the relationship between the use of the Welsh language and the quality of care.



### Language choice and the provider's duty

- Guidance and a clear definition is needed on this concept. Providers need to know exactly what is expected. Patients need to know what services they can expect in Welsh.

### Active offer

- The evidence highlights the gap between Welsh language provision and the active offer of services. The potential to increase the amount of services offered actively already exists. This in time will help increase patient awareness and ensure that information about what is on offer is made available. The Commissioner is calling for policy leadership to enable systematic action to improve the quality of the patient experience.
- The Commissioner is also calling for data on the percentage of patients that are actively offered a Welsh language services to be measured, in order to track progress.
- The concept should be embedded in education and training.
- There is a need to embed the practice in guidelines and instructions.
- There is a need for practical, visible procedures.
- There is a need to use organizations' performance management measures and patient satisfaction exercises.
- There is a need for more meaningful consultation with Welsh-speaking patients.

### Planning services

- One obvious conclusion is the need to arrange the service around the patient, not the reverse. Primary care is changing and the patient will increasingly become the focus of the care package - the more collaborative model and the development of neighbourhood networks provide opportunities and possibilities.
- The Commissioner is asking Welsh Ministers and organizations responsible for ensuring the provision of primary care to measure the capacity of the existing workforce to offer Welsh language services.
- The Commissioner calls on the Welsh Ministers to ensure that outcomes for Welsh speakers are considered as future services are designed. The Measure gives official status to the Welsh language and Welsh Ministers are expected to steer services that are consistent with

the principles of the Measure, moving away from providing English-only primary care experiences for Welsh speakers.

### Mainstreaming

- The evidence highlights lack of clarity regarding responsibilities. Many referred in particular to the national contracts and the lack of consideration given to the Welsh language. Similar comments were also made about guidelines and frameworks; regulation and inspection.

### The Workforce

- There is inconsistency across the sector in terms of recognising the Welsh language as a skill for the workplace. Recognition is needed from secondary education onwards. Starting point for current and future workforce planning; service quality measures.
- There are gaps in data – this needs to be rectified in order to feed meaningful information into workforce planning processes.
- The Commissioner is asking Welsh Ministers to provide national leadership to address the requirements of bilingual workforce planning and to respond to current shortcomings. It will require joint planning with health bodies and education and training providers.
- There is a need to strengthen the commissioning relationship between the Welsh Government, employers and education providers so that the needs of a bilingual workforce is part of the information flow.
- Elements of the infrastructure are in place and provision in some higher education sectors is developing. The Commissioner is calling for collaboration in order to structure training programs that will meet the sector's Welsh language provision needs.
- There is also a need for regulatory bodies that influence the health and care curriculum to mainstream Welsh language considerations into their regulatory requirements.

### Technology

- The evidence received raises concerns about the lack of mainstreaming Welsh language needs in technology. There is a need to facilitate the requirements of providers to meet the needs of Welsh patients and the Commissioner calls for any technology developments to facilitate this.
- The main issues raised in the evidence point to a lack of consistency in provision in terms of recording the patient language choice and the subsequent flow of information; and also

recording staff language skills.

- IT developments in surgeries offer opportunities.

### Research and data

- A number of stakeholders identified the need for more data relating to the Welsh language in the health sector in order to ensure a sound knowledge base for professional understanding, and to enable the effective planning of services.
- The need to mainstream the Welsh language into research, including patient surveys and questionnaires was noted.
- Particular attention must be paid to the health consequences of Welsh-speaking patients.
- The Commissioner calls for a knowledge base that will inform a primary care improvement programme that will lead to better outcomes for patients. There is a need to identify key indicators and to fill gaps in the knowledge base.
- The Commissioner calls for any research information to be made widely available to assist those responsible for service and workforce planning to effectively meet the needs of Welsh speaking patients.

## The next steps

The report is only a starting point. It portrays a picture of the reality of the patient experience today and looks at the barriers that exist for both patients and providers. It also highlights opportunities identified by stakeholders. It raises a number of questions for Welsh Ministers, the health sector and beyond - and for the Welsh Language Commissioner. The Commissioner will now plan the next steps. In the first instance the report will stimulate discussion but the intention is to facilitate that discussion and to take further action, provide advice on a number of levels both at policy and practical levels.

The Commissioner has asked Welsh Ministers to respond fully to the recommendations within six months. The Health Minister has expressed a willingness to identify the next steps.

The Inquiry Panel's meeting in May noted the Commissioner's main focus for the next few months:

- September 2014      start a stakeholder engagement programme
- October 2014        organise a seminar
- December 2014     inquiry panel reconvenes to consider the Welsh Ministers' response



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## **Written representation on the Welsh Language Commissioner's work in the Health and Social Care sector**

Paper 2

## **1. Health Boards and National Health Service Trusts in Wales' Welsh Language Schemes**

The annual monitoring report is the main vehicle used by public bodies to report on performance against the targets of their Welsh Language Schemes. All Health Boards and National Health Service (NHS) Trusts in Wales have committed to submitting an annual monitoring report to the Welsh Language Commissioner (the Commissioner).

Reports for the year 2012-2013 were submitted by ten organisations during June 2013. As a result, each organisation received a formal response to their reports from the Commissioner, offering comments on content as well as specific recommendations. As a result of the report and responses, the Commissioner's officers held a series of feedback meetings with officers from the organisations to discuss individual reports and consider any necessary action.

In terms of performance, several bodies continue to take positive action to ensure compliance with their Language Scheme. However, a number of the areas where insufficient progress was made were common to a number of organizations. Two issues remain problematic. Firstly, workplace planning within the context of Welsh language skills. It is acknowledged that there are difficulties in recruiting Welsh speakers to some areas of the health and social care sector. However, it appears that very little work has been done across the NHS to ensure that language skills are included in workforce planning (with only one health board implementing a language skills strategy). Recruitment difficulties should not excuse organizations from adopting a strategy to ensure a skilled workforce that can provide a service in Welsh. The second problematic field is services provided by independent contractors in the provision of primary care. It is essential that health sector bodies become more proactive in their dealings with independent contractors and undertake more systematic and strategic planning in order to ensure that the language needs of users are met.

The reporting process enables the Commissioner, and the organizations to identify risks to the implementation of the Language Scheme. In addition to the problem areas above, the new shared services structure of the NHS bodies in Wales, and the NHS information technology infrastructure were identified as the main risks common to all organizations.

In an overview report of annual monitoring reports, the Commissioner proposed nine recommendations to improve future performance. The recommendations related to the following areas:

- New policies and initiatives
- Contracting and commissioning services
- Language skills
- Recruitment
- Training
- Technology
- Websites and new media

Welsh Language Schemes and the current reporting and monitoring arrangements will continue until Welsh Language Schemes are superseded by Standards in relation to the Welsh language.

## **2. Standards in relation to the Welsh language**

The Welsh Language (Wales) Measure 2011 establishes a legal framework to impose duties on some organizations (relevant persons) to comply with statutory standards relating to the Welsh language.

The Commissioner began the statutory process of imposing duties by carrying out standards investigations to determine whether an organization should be liable to be required to comply with standards, and if so, what standards should be specifically applicable to them.

The first round of standards investigations held in relation to local authorities, national park authorities and Welsh Ministers was completed on 18th April 2014. The evidence received was used to assist the Commissioner in drawing conclusions in a standards report. The reports were submitted to the Welsh Ministers on 30th May 2014.

The Commissioner will undertake the second round of standards investigations in September 2014, with the third round to begin in March 2015. Details for rounds 2 and 3 were published on the Commissioner's website on 27th January 2014 in order to make clear to organizations and the public what the Commissioner's schedule for undertaking standards investigations will be over the next two years.

The main health and social care bodies in Wales, including the health boards and NHS Trusts, are included in the second round of standards investigations. A full list of organizations to be included in rounds 2 and 3 is provided in appendix 1.

### **3. Complaints in relation to the Welsh Language in Health and Social Care**

The Commissioner has statutory powers to investigate the failure of organizations to implement their Welsh Language Schemes and to respond to complaints about interference with an individual's freedom to use Welsh. Where an individual has a complaint about a public organization, the individual is expected to submit the complaint initially to the organization in question, and allow it to respond. If the organization fails to provide a response that satisfies the individual, the Commissioner will consider the complaint in detail. If it is not possible to resolve the complaint informally, or if it appears a serious failure has occurred on the part of a public organization, a formal investigation may be undertaken. In doing so, the Commissioner will consider the point of view of the complainant and that of the public organization.

The Commissioner has received the following number of complaints about the health sector:

2013/14 – 27 complaints

2012/13 – 32 complaints

The Welsh Language Board received the following number of complaints about the health sector:

2011/12 – 20 complaints

2010/11 – 26 complaints

2009/10 – 24 complaints

### **4. Relationship with the Older People's Commissioner for Wales**

The Welsh Language Commissioner and Older People's Commissioner for Wales signed a memorandum of understanding 10th June 2014 that sets out how they will co-operate, work together and exchange information.

Section 21 of the Welsh Language (Wales) Measure 2011 outlines the extent to which the Commissioner can work collaboratively with ombudsmen and other commissioners. It can include:

- Cooperation in respect of their separate investigations



- Undertaking joint investigations
- Preparing and publishing joint reports in respect of their separate investigations or joint investigations

## **5. More than Just Words – A Strategic framework for Welsh language services in health, social services and social care**

The Welsh Government established a working group to take responsibility for driving forward the implementation of the Framework, and to report on progress to the Welsh Language in Health and Social Services Task Group. It is not clear to the Commissioner at present the procedures that will be followed by the Welsh Government in order to monitor the Framework's implementation, and to measure the Framework's impact and achievements, in particular in relation to improvements in patient and service user experiences.

In monitoring the implementation of some elements of other strategies that make provision for the Welsh language, such as Welsh in Education Strategic Plans derived from the Welsh Medium Education Strategy and the School Standards and Organisation Act 2013, the Government receives annual reports on the implementation of the plans from the local authorities. The Commissioner believes that the effectiveness of this and other monitoring methods currently used by the Welsh Government should be considered in deciding on the best course of action for monitoring the implementation of the Framework.

## **6. Integrating Health and Social Care**

The Welsh Government, all local authorities and health boards in Wales have adopted statutory Welsh Language Schemes. As the Welsh Government sets out to strengthen collaboration across various services, they are required to plan, commission and provide integrated health and social care services that meet the duties of specific legislation, the Welsh Language Act 1993 and the Welsh Language (Wales) Measure 2011. Reforming the way that care is delivered does not alter that duty.

However, where integration means closer working relationships and partnerships between organizations, rather than integrating functions into one organization, governance arrangements become complicated and can lead to a lack of transparency in relation to roles, responsibilities and accountability. It is worth noting the following comment from Sir Paul Williams' recent commission:

“...citizens need clarification on how responsibilities are allocated amongst various organizations so that they understand their entitlement to services and how to utilize these services. They also have the right to expect continuous and co-ordinated services which together satisfy their needs, without having to negotiate or arrange such provision independently.”

To mitigate these problems, any agreement / contract between organizations providing integrated health and social care services should refer to the need to comply with their respective legislative duties in relation to the Welsh language, and provide clarity regarding roles and responsibilities.

In conducting the standards investigation referred to in section 2 of this paper, the Commissioner found that the standards proposed in relation to the activities outlined in schedule 9 of the Welsh Language (Wales) Measure 2011 do not place a duty on organizations to consider the Welsh language in respect of cross-boundary joint planning. The Commissioner, in the standards investigation report, proposes additional standards to be specified in regulations that places a duty on organizations to specify the steps taken to deliver services in Welsh when those services are provided jointly.

In order to comply with the general undertakings made in Section 78 of the Government of Wales Act 2006, as revised, and its Welsh Language Scheme, the Welsh Government should pay particular attention to all opportunities to improve Welsh medium provision in integrating health services and social care. Local authorities, health boards, other statutory agencies and the Welsh Government all have a duty to undertake planning locally and nationally to identify the opportunities that exist to close any gaps in the provision of Welsh services in health and care across Wales. It's essential that organizations rectify those areas where Welsh speakers are not currently provided with a service that is equal to that received by non-Welsh speaking users.

## **7. Welsh-medium prescriptions**

A matter arose in a pharmacy in Bangor during January 2014 where it appears that a medical prescription was refused due to the fact that a section was written only in Welsh. According to reports, the pharmacy in question was unable to accept the prescription due to non-compliance with guidelines concerning the dispensing of prescriptions. According to these guidelines, published by the British National Formulary (BNF) and the Welsh Government in

the form of the All Wales Prescription Writing Standards (AWPWS), which are considered to best practice by the medical profession, prescriptions should be written only in English.

Following an investigation, the Commissioner came to the conclusion that there is no statutory basis for the BNF and AWPWS guidance on the use of English, and no act exists that states that Welsh cannot be used in writing instructions to the patient.

The Commissioner submitted recommendations to Welsh Ministers in accordance with her functions under Part 2, Section 4 of the Welsh Language (Wales) Measure 2011 to ensure that instructions to patients can be written in Welsh.

Following the submission of the recommendations, a meeting took place between the Commissioner and the Minister for Health and Social Services where it was agreed that the Welsh Government would take a series of steps to implement the recommendations. The Minister has committed to updating the Commissioner of progress on implementation the recommendations before the summer recess.

## **8. Social Services and Well-being (Wales) Bill**

The Commissioner presented evidence to the Health and Social Care Committee of the National Assembly for Wales on 17th June 2013. Concern was expressed at the lack of direct references to the Welsh language on the face of the Bill, and inconsistencies in the way the Welsh language is considered by Welsh Government departments. The Commissioner has stresses on several occasions the importance of considering the Welsh language as a cross cutting issue in a variety of policy areas and context. This includes making and implementing legislation.

In a brief submitted under Section 4 of the Welsh Language (Wales) Measure 2011 to the Minister and Deputy Minister for Health and Social Services, opposition spokespeople on health and social care, and opposition spokespeople on the Welsh language, the Commissioner proposed the following amendments during stage 2 of the Bill's passage through the National Assembly. However, we believe that the Government should consider the need to include considerations relating to the Welsh language in its Bills from the beginning, and that the purpose of the stages for considering amendments is to refine those considerations.

## Second stage Amendments

### Definition of 'Well-being'

*The Bill's definition of 'well-being' should include the need to be sensitive to the linguistic needs of those who use the Welsh language, particularly children. Considerations for so doing are as follows: -*

*A responsible authority should be aware of an adult or child's culture and language in order to protect and promote their well-being, particularly children.*

*A responsible authority should ensure that children and adults obtain all necessary information in order to care for their well-being and this may include the need to ensure that information should be available in Welsh in accordance with the language used by the individual and family.*

*The language medium should suit the individual's age and development and respect the family language practice. In addition the child's linguistic wishes must be respected in order to protect and promote the well-being of that child.*

*Interviews should be held in the child's preferred language and, in the case of family members, in accordance with their chosen language - in order to protect and promote the child's well-being.*

*The principle set out above needs to be specified on the face of the Measure in order that it may be applied in practice. The principle should apply to any individual in need of care if his or her language is Welsh.*

## PART 2

*Registers of blind, deaf and other disabled people*

*-In section 9, include a sub section specifying that a person's language should be registered on the register in sub section (1) in order to meet the linguistic needs of persons - be they Welsh or English.*

## PART 3

*Assessing the needs of individuals - adults, children and carers*

*-In section 18 (2) (b) – include the duty to conduct an assessment in the Welsh language in accordance with linguistic needs or a person's language preference.*

#### PART 4

*Meeting needs - adults, children and carers*

*-Include a duty on an authority to meet the linguistic needs of adults, children and carers in accordance with those needs or preferences - either in the Welsh language or English language.*

#### PART 6

*Main duties of local authorities in relation to children they look after*

*- Include a duty on the authority to meet the linguistic needs of children who receive care and accommodated children e.g. specify that the following functions are to be offered in Welsh:-*

*- contact*

*- child or family visits*

*- Befriending services and advice*

*- personal adviser*

*- Include in section 62 (3) (b) at the end of the existing clause the following wording "particularly in the context of a child whose first language is Welsh" and,*

*- in 76 (d) include at the end of clause (i) the wording "particularly in the context of a child whose first language is Welsh" and,*

*-at the end of clause 76 (d) (ii) include the words "including a child whose first language is Welsh"*

The amendment in relation to the Welsh language in the final Bill is as follows, and we hope that it will lead to good outcomes for those that wish to receive care through the medium of Welsh.

*Section 13, page 11, after line 8, insert -*

*'(f) the actions required to provide the range and level of services identified in accordance with paragraphs (d) and (e) through the medium of Welsh.'*

## Appendix 1

### Health and Care organizations to be included in rounds 2 and 3 of the standards investigations

<b>Public bodies: Local Government etc</b>	Local Health Boards (7)	Abertawe Bro Morgannwg University Health Board  Aneurin Bevan Health Board  Betsi Cadwaladr University Health Board  Cardiff & Vale University Health Board  Cwm Taf Health Board  Hywel Dda Health Board  Powys Teaching Health Board
	Community Health Councils (9)	Abertawe Bro Morgannwg Community Health Council  Aneurin Bevan Community Health Council  Betsi Cadwaladr Community Health

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		<p>Council</p> <p>Brecknock and Radnor Community Health Council</p> <p>Cardiff and Vale Community Health Council</p> <p>Cwm Taf Community Health Council</p> <p>Hywel Dda Community Health Council</p> <p>Montgomery Community Health Council</p> <p>Board of Community Health Council's Wales</p>
	National Health Services Trusts (3)	<p>Welsh Ambulance Service NHS Trust</p> <p>Velindre NHS Trust</p> <p>Public Health Wales NHS Trust</p>
	Special Health Authority	NHS Business Service Authority
	Sector Skills Councils (2)	Skills for Care and Development

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		Skills for Health
	Professional Standards Authority for Health and Social Care (Council for Healthcare Regulatory Excellence in Schedule 6 of the Welsh Language (Wales) Measure 2011)	Professional Standards Authority for Health and Social Care (Council for Healthcare Regulatory Excellence in Schedule 6 of the Welsh Language (Wales) Measure 2011)
	Care Council Wales	Care Council Wales
	General Medical Council	General Medical Council
	General Chiropractic Council	General Chiropractic Council
	General Dental Council	General Dental Council
	Nursing and Midwifery Council	Nursing and Midwifery Council
	General Optical Council	General Optical Council



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	General Osteopathic Council	General Osteopathic Council
	Health Professions Council	Health Professions Council
Schedule 5 (1) – Public Authorities	NHS Wales Shared Services Partnership	NHS Wales Shared Services Partnership
Schedule 5 (1) – Public Authorities	National Institute for Social Care and Health Research (NISCHR)	National Institute for Social Care and Health Research (NISCHR)
Schedule 5 (1) – Public Authorities	General Pharmaceutical Council	General Pharmaceutical Council
Schedule 5 (5) – Persons providing services to the public who receive public money amounting to £400,000 or more in a financial year, where —  (a) that person also received public money in a previous financial year, or  (b) a decision has been made that that	Hafal	Hafal

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person will receive public money in a subsequent financial year		
Schedule 5 (5) – Persons providing services to the public who receive public money amounting to £400,000 or more in a financial year, where –  (a) that person also received public money in a previous financial year, or  (b) a decision has been made that that person will receive public money in a subsequent financial year	Wallich-Clifford Community	Wallich-Clifford Community
Schedule 5 (5) – Persons providing services to the public who receive public money amounting to £400,000 or more in a financial year, where –  (a) that person also received public money in a previous financial year, or  (b) a decision has been made that that person will receive public money in a subsequent financial year	Gofal Cymru	Gofal Cymru

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<p>Schedule 5 (5) – Persons providing services to the public who receive public money amounting to £400,000 or more in a financial year, where —</p> <p>(a) that person also received public money in a previous financial year, or</p> <p>(b) a decision has been made that that person will receive public money in a subsequent financial year</p>	Leonard Cheshire Disability	Leonard Cheshire Disability
<p>Schedule 5 (5) – Persons providing services to the public who receive public money amounting to £400,000 or more in a financial year, where —</p> <p>(a) that person also received public money in a previous financial year, or</p> <p>(b) a decision has been made that that person will receive public money in a subsequent financial year</p>	Royal Voluntary Service	Royal Voluntary Service