	The Welsh NHS Confederation response to Culture, Welsh Language and Communications Committee scrutiny of the Welsh Language Standards (No 7) Regulations 2018.
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Introduction

1. The Welsh NHS Confederation, which represents the seven Health Boards and three NHS Trusts in Wales, welcomes the opportunity to respond to the Culture, Welsh Language and Communications Committee scrutiny of the Welsh Language Standards (No 7) Regulations 2018 for health services.

2. The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

Summary

3. The delivery of bilingual NHS services is crucial to the provision of person-centred care. To deliver care and treatment in a patient's preferred language allows NHS bodies to establish a closer relationship with patients, enhances their ability to place the needs of the patient at the heart of the treatment process, and allows the patient to engage more positively in their treatment process by increasing their understanding of the treatment they receive. Health Boards and NHS Trusts have made significant progress in providing bilingual services in recent years and are committed to deliver a truly bilingual NHS for the people of Wales.

4. Throughout Wales, the Welsh language is used across a range of communication platforms. Examples include face to face consultations and providing care across the whole system (acute, primary and community); online and social media platforms; and administrative support, including Executive Board papers and minutes. Our members are using the Welsh language in all parts of their respective organisations and these new Standards will increase the organisations' understanding of the demand for Welsh language services, plan for services now and in future, and improve their capacity to offer services in Welsh.

5. We welcome the progress that has been achieved over the past 18 months and the greater degree of clarity afforded by the Welsh Language Standards (No.7) Regulations 2018 (the Regulations), but significant challenges remain. The Standards must be considered against the challenging backdrop that the NHS is working in, including rising demand, workforce recruitment challenges, finances and the fact that the NHS is a 24/7

service. Health Boards experience different challenges, and in more Welsh speaking population areas it will be easier for those Health Boards to attract and train Welsh speaking workers in lower banded posts than in areas where there are less people speaking Welsh, both in relation to attracting the workforce but also the need for Welsh speaking services in areas where the population of Welsh speakers is low. However, recruitment problems and shortages are the same across all Health Boards when it comes to nurses and specialist areas.

6. While we have highlighted a number of challenges below, we must emphasise that not all concerns highlighted within our submission are relevant to all Health Boards and Trusts. Across Wales, due to local demographics, some Health Boards have already implemented Schemes that address some of the issues that will face other Health Boards going forward.

Achieving a bilingual healthcare system

7. The Welsh NHS Confederation and our members recognise the importance of providing Welsh language services to patient. The Welsh NHS Confederation Policy Forum recently published *'One Workforce: Ten actions to support the health and social care workforce in Wales'*, which highlights the importance of investing in Welsh language provision across the health and social care workforce to ensure that patients and their families receive individual, person-centred care in their chosen language.

8. As highlighted within the Explanatory Memorandum, under the arrangements set out in the NHS Wales Planning Framework and the NHS Finance (Wales) Act 2014, Health Boards and NHS Trusts are under a duty to prepare Integrated Medium-Term Plans (IMTPs). Within current IMTPs, the NHS is required to demonstrate '*that services are planned and delivered in line with the strategic framework for health and social care in Wales 'More than just word…;' and the Welsh Government's response to the 'Welsh Language Commissioner's Primary Care Inquiry Report'*. In addition, Health Boards and Trusts' commitment to the Welsh language is further outlined by the responsibilities to the '*More than just Words…*' framework and the Well-being of Future Generations (Wales) Act 2015.

9. Our members welcome the growing recognition of the importance of meeting language needs and the impact this can have on the delivery of safe, high quality care and a positive patient experience. In particular, our members support the concept of the 'active offer' in relation to Welsh services and agree that the move from Welsh Language Schemes to a workable set of Welsh Language Standards has the potential to bring about the positive change required. Moreover, our members believe that the Welsh Language Standards should provide greater clarity for both organisations and members of the public on what provision they can expect to be provided in Welsh upon the Standards coming into force over time.

10. The Welsh Language Standards are also sufficiently clear in terms of their purpose in delivering the new legislative framework for NHS Wales. They provide the certain regulatory factors required to ensure that the Welsh language is not treated any less

favourably than English. In this regard at least, our members are fully supportive of the policy intent and the direction of travel towards a truly bilingual NHS for Wales.

Reduction in the number of Standards

11. We welcome the Welsh Governments' preferred option to reform the current standards system, particularly the removing or amendment of those Standards that did not appear to contribute directly to improving services or would have been costly to implement with little benefit or value. We are pleased that this has resulted in 64 fewer Standards than had originally been proposed. As highlighted in our previous written responses, some Standards included in the draft Regulations were unclear, overly onerous and bureaucratic.

12. While there have been substantial changes to Schedule 4 (Record Keeping Standards) and Schedule 5 (Standards which deal with supplementary matters), we are glad that some aspects of Schedule 4 have been retained e.g. those that require the body to keep a record of complaints they receive relating to their compliance with Standards, the Welsh language skills of their staff and the Welsh language skills required for new and vacant posts are recorded. We believe that retaining these Standards will be important for workforce planning, especially in relation to the duty to produce a 5-year improvement plan, and that complaints are considered an important and valuable indicator of the public perception of the quality of Welsh language services provided and where services can make improvements. As our response to *'Review of concerns (complaints) handling within NHS Wales*' highlights, when care does not meet the high standards which patients deserve and expect, we must make sure action is taken to put things right and the feedback and experiences of patients, their families and staff are critical in helping the NHS in Wales to provide the high standards of care that staff strive to deliver on a daily basis.

13. We are pleased also that the Standards relating to specific types of documents being produced and published have been deleted in favour of a more measured approach. We support that the Standard which requires the Health Board/ Trust to base their decision whether to produce the document in Welsh is done on an assessment of the subject matter and the anticipated audience has been retained. This will ensure that Welsh information will be produced or published only if there is an obligation to do so.

Comments relating to specific Standards

Schedule 1: Service Delivery Standards

Clinical consultations

14. We had previously expressed particular concern regarding Standard 25 namely the ambiguity and impracticality of the provision of Welsh language support at a clinical consultation. We support the new approach set out in the Regulations tabled requiring

NHS bodies to publish a 5-year improvement plan setting out the extent to which they are able to offer to carry out clinical consultations in Welsh, the actions they will take to increase their ability to offer clinical consultations in Welsh and a timetable for those actions. The 5- year improvement plan will support the NHS to set out the key milestones on how they will work towards implementing the active offer during clinical consultations and assess the extent to which they have complied with their plan. We consider this to be a much more practical approach that is reasonable and proportionate.

15. In our response to the draft Standards, specifically draft Standard 25 which dealt with the provision of Welsh in clinical consultations, our members suggested that were this Standard to be implemented this could lead to vital information being lost in translation, perhaps in terms of the outcome of the consultation or the severity of what was being discussed. Even in instances where there are Welsh-speaking members of staff working within Health Boards and Trusts, it is likely that a number of these individuals would not feel comfortable delivering care, treatment or a diagnosis in Welsh for fear that their own Welsh language capabilities are not of a sufficient standard to adequately convey information, especially given the complicated nature of medical terminology.

Active offer

16. We support the number of Standards within the Regulations that put forward the principle of an active offer and will sit within the policy infrastructure of '*More than just words…..*' as this will continue to play an important part in the understanding and promotion of the 'active offer' as the Standards become embedded e.g. Standard 2, which relates to NHS organisations asking individuals who correspond with them whether they wish to receive correspondence in Welsh, to keep a record of the individuals wish and ensure forms and future correspondence is in Welsh; Standard 19, which relates to telephone calls; Standards 23-24, which require bodies to ask inpatients on the first day of admission whether they wish to use Welsh to communicate; and Standard 25, which relates to case conferences.

17. These Standards build on good practice developed by a number of Health Boards/ Trusts to identify the language choice of inpatients and is a natural progression from existing Welsh Language Schemes and '*Mwy na Geiriau (More than just words)….'.* We are pleased that the active offer principle is embedded in the Standards because it is recognised that there is more to do to consistently implement the active offer advocated in '*More than just Words…'.* The proposed Standards mean that Health Boards and Trusts will be required to take a more proactive and strategic approach to mainstreaming the Welsh language and promoting the active offer.

18. The Standards would ensure a patient's language choice is made clear to staff, thus increasing opportunities between patients and (Welsh speaking) staff to interact in Welsh and for the active offer to be implemented. However, while we support the Standards in principle, it must be highlighted that not all patient administration systems currently have the facility to record language choice.

19. While we support that telephone and correspondence should be bilingual, currently it would be difficult to implement fully as there are several data systems within Health Boards and Trusts which are not compatible with each other. Some departments/clinics also record their data exclusively via paper systems, which would make language choice onerous and difficult to transfer.

20. In addition, the Data Protection Act 1998 prohibits some individuals accessing some systems. All complaints are recorded on a Datix system; however, not all staff have access to this system for confidential reasons and therefore even though language of choice can be recorded on Datix, it is unlikely that this choice will be communicated quickly.

21. The principles of Standards 23, 23A and 24 in relation to inpatients are currently being implemented across Health Board areas. The main concern is scaling up - will this be achievable when trying to implement on a large scale? There is also the challenge of ensuring that computer systems function in such a way that the patient's language choice is clear to staff members even when the patient receives treatment in more than one clinical department.

Primary Care

22. Overall, we support Standards 65 – 68 and the amendments to the draft Standards. The Standards now mean that only primary care services provided directly by Health Boards will be subject to the same standards as the other services provided by the Health Board. This means that the Regulations treat primary care services provided directly by Heath Boards in the same way as secondary care services. This will make it easier for Health Boards to plan and organise Welsh language provision across services. Moreover, implementing the Standards within managed practices and encouraging the implementation of Standards within independent primary care providers should lead to improvements for service users.

23. We recognise the need for Welsh language provision within primary care and welcome the flexibility that the Regulations is showing. Our members acknowledge and support the recommendations put forward by the Welsh Language Commissioner in her report '*My Language, My Health: The Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care*' and our members have taken forward a number of these recommendations.

24. We agree that it is not reasonable to place duties on Health Boards that would make them responsible for any failure to comply with Standards by one of its independent primary care providers as they do not have any direct influence over the way individual providers deliver services. However, we acknowledge and support that in future, awareness and improved Welsh language services could be introduced through prescribing a small number of Welsh language duties on independent primary care providers through primary care contracts or terms of service agreed between the Health Board and primary

care provider. However, whilst supporting their inclusion in the Standards, we remain concerned that the particular workforce challenges in this area will in some cases make some of the Standards impossible to deliver. With reference to the proposed enforcement of Standards for independent primary care providers through the contractual arrangements in place, it is difficult to envisage how this might work in practice. If a particular Standard was not enforced, despite it being included in agreed contractual arrangements, it is not clear whether the compliance action from the Commissioner's Office and potential financial penalty of up to £5,000 would be applied to the Health Board, or the independent primary care contractor.

Websites and on-line services

25. While currently all our members websites, apps and publications are available in Welsh, there needs to be consideration in relation to putting up bilingual information on social media, particularly in instances when a message needs to be conveyed urgently e.g. the unforeseen closure of a GP practice, or the cancellation of outpatient appointments due to unsafe weather conditions.

26. As well as a delay in providing information via social media in Welsh, there will also be translation costs incurred. Not all Health Boards and Trusts have in house translation services and translation work is contracted to external freelance translators which means that the turnaround of translation requests is dependent on the translators' capacity.

Schedule 2: policy making Standards

27. We support the Standards within Schedule 2, which ensure that all policy decisions, strategic plans, consultation documents and research are communicated in Welsh. We particularly support Standard 78 which requires Health Boards to publish an explanatory note for all decisions around Welsh language primary care service, as well as an explanatory note, published and made available via the organisations' website every five years after the implementation of the Standard, that sets out the extent to which the organisation has complied with that Standard. While this will raise awareness, and improve Welsh language provision in primary care, it is important to note that the workforce recruitment and retention challenges that the NHS faces is considered as part of the policy and the assessment.

28. As part of its current requirements under the Welsh Language Scheme, Health Boards/ Trusts assesses all policies, new or revised, for effects on the Welsh language. We do however acknowledge that the scrutiny levels currently in existence require strengthening to ensure policies are also assessed for the opportunity or lack of opportunity to use the Welsh language, as well as treating the Welsh no less favourably.

Schedule 3: Operational Standards

Internal administration

29. Generally, we support the Standards within Schedule 3 because they build on good current practice and work towards producing an improvement plan. This appears to present a more practical and achievable option over a longer period. It also provides the NHS with the tools to monitor and assess the current structure. However, some challenges still need to be considered before coming into force.

30. While we support that a number of operational Standards have been amalgamated e.g. the Standards placing a duty on a body to provide different types of documents to staff in Welsh, we are pleased that our feedback on internal administration has been considered, which is reflected by Standards 79 – 82. As previously highlighted in our response to the draft Standards, while our members felt that they would be able to provide some basic correspondence in Welsh, such as letters informing staff members of changes to their working hours, annual leave application forms and translating more complex letters would incur considerable costs given the fact that each piece of correspondence is likely to be specific for each employee, thereby leading to considerable delays in responses to Welsh-speaking members of staff.

31. Furthermore, our members are positive about adopting a central approach to the implementation of a revised version of the operational Standards if this was to be co-ordinated by the NWSSP (NHS Wales Shared Service Partnership). Our members believe that ensuring compliance with the Standards would be more achievable if they were encouraged to work collaboratively with the NWSSP towards a number of innovative implementation strategies e.g. using All-Wales recruitment templates.

Standards relating to a body disciplining staff

32. In relation to HR issues around complaints and disciplinary matters, as outlined under Standards 82 – 88, offering disciplinary meetings or correspondence in Welsh could cause delay if the organisation does not have Welsh-speaking individuals within their HR team. There are very clear timeframes within employment law practices that employers and employees must comply with, so concerns still remain that the availability of simultaneous translation might delay some processes which have statutory or set timescales. In addition, some meetings to record the initial assessment of facts and/or suspensions might have to be held as soon as possible to manage any risks - it may not be possible therefore to provide simultaneous translation. Situations that could fall in this category include a member of staff turning up for a shift under the influence of alcohol, or a member of staff being abusive to a patient. In both such instances, an immediate/instant removal from the workplace would be required and there would not be time to source a Welsh speaker.

33. In relation to disciplinary issues, meetings in relation to concerns and disciplinaries are conducted within various departments and services, with some requiring specialist

knowledge and expertise. In these circumstances, there would also be a requirement that Trade Union representatives be present at these meetings. It would be impossible to conduct these meetings without the assistance of simultaneous translation. This would prove to be a costly alternative – for example, one of our members stated that they hold approximately 16 Public Forum Meetings a year. Should the Health Board be requested to provide simultaneous translation services for each meeting, this would mean a cost of approximately £5,000 a year on top of the translation costs for the written materials, for which no extra funds are available. Numerous other 'meetings' also take place across the Health Board which would incur similar associated costs.

34. In relation to HR, consideration needs to be given to the fact that the National Electronic Staff Register (ESR), where annual leave requests are made, is an all-English NHS system. There has been work ongoing in updating and developing a Welsh section within ESR which is still in the development stages and has been negotiated as part of the new Contract with IBM, however, this will be difficult to implement until sufficient processes are in place. Consideration would also need to be given to the national e-rostering as nursing staff request annual leave through this system.

Intranet

35. Similarly, Standards 89 – 95 are problematic. These Standards specify that an organisation's intranet systems must be entirely bilingual. Firstly, there is concern because these pages contain large amount of technical information and there would be significant translation costs if all pages were required to be translated. For example, one Health Board has an estimated 1,300 intranet pages with an estimate of 750 words per page, this equates to approximately 975,000 words in total. If the translation team was to translate at the average of 300 words per hour, in an average 37.5 hour week, this would take 86 weeks to complete, with a dedicated translator. Another Health Board has appointed additional translators over the past 18 months, and even with additional resources, they would struggle to achieve these Standards due to the volume of information. However, some of the functionality to deliver this Standard is outside of the NHS control; there are national suppliers of the Content Management System through NHS Wales Informatics Service (NWIS) and the NHS may be reliant on their support to achieve this Standard, especially if a new Intranet is developed.

36. From a functionality viewpoint, a new wireframe would have to be designed, produced and installed across every Health Board and Trust in Wales to ensure that all IT systems were thoroughly bilingual. Associated costs would relate not only to the setting up of an entirely new IT network, but also the employing of managers and technicians to service and maintain the new system. Even if such a system could be developed, the costs involved would far outstrip our members' financial budgets, rendering them both impractical and unfeasible. Moreover, some of our members employ over 200 devolved editors with full access to uploading content to their individual sites – this reflects the sheer volume of content that is uploaded to these pages on an hourly basis. Thus, the implementation of such Standards would not only put immense pressure on our

members' IT and Communication teams, but also limit the pace at which new content could be uploaded. However, draft Standard 110 does appear to be more reasonable and proportionate in terms of making improvements to the delivery of bilingual services in the long term.

Standards relating to workforce planning and training

37. The Regulations involve the publication of a five-year plan setting out the extent to which they are able to offer and carry out clinical consultations in Welsh, the actions to increase the ability of clinical consultation in Welsh, and a timetable for those actions to be completed (Standards 96 – 105 and 110 – 110A). We are supportive of this as a way forward.

38. Currently there are significant challenges and pressures on the NHS in Wales workforce and it is therefore important that we prioritise the services that must be provided in Welsh. This will require a pragmatic approach that takes on board what actions are achievable and practical at a time of austerity and rising service demands.

39. There are current recruitment challenges across the NHS, especially within certain speciality posts. The health sector operates in an international recruitment market and healthcare workers are sought across the world. Although the demand for Welsh language support in clinical consultations may be lower in some areas in line with the local demographics, it is also known that there are fewer Welsh speaking members of staff, which would make it more difficult to ensure appropriate numbers are available to implement this Standard. Staff availability in clinical settings can prove problematic, and therefore there would need to be reliance on non-clinical staff at times which raises the issue of clinical safety.

40. In relation to Standards relating to training (specifically Standard 97), overall we believe that this Standard is neither reasonable or achievable. Furthermore, demand for this type of training in Welsh is, generally speaking, very low across Health Board areas and would undoubtedly result in significant delays in delivering specific training courses, as well as incurring significant costs. For example, in terms of health and safety training, it is required that specific training is delivered by subject experts, and this is an area of concern in ensuring there are Welsh speakers available to deliver sessions on a regular basis as health and safety is part of the mandatory training programme for all staff. In addition, one of our members highlighted that if induction is used as an example, and the Health Board was to deliver the Standard as suggested, the cost to the Health Board would be circa £20,947.20. However, if the induction was held in Welsh only, once a month, for all new staff who would prefer the session delivered in Welsh, the cost would be circa £2,618.40. This would result in a delay of three weeks in getting staff in post through induction, which would result in additional backfill costs at service level in wards and departments. For example, the cost of filling a Band 2 post for three weeks would be £1,180 and for a Band 5 post would be £5,734. On the basis that there are generally 20 places on a programme, if we calculate 50% support worker and 50% Band 5 backfill for 1

programme a month, the cost would amount to circa £69,140. The first option would not be considered reasonable during this time of austerity and therefore if this Standard remained, the Health Board would have to review the number of induction programmes held throughout the year. This would impact significantly on the turnaround time to secure staff into post, which is not practical or reasonable in the current recruitment environment.

Schedule 4: Record Keeping Standards.

41. We support Standards 115 – 117 in relation to keeping a record each financial year of the number of complaints, assessment of employees Welsh language skills and the number of new and vacant posts that were catagorised as Welsh language essential. This will help with workforce planning in the future and the skills required within the workforce having considered the population needs of the Health Board area.

Schedule 5: Supplementary Matters

42. We support the Standards within Schedule 5 because it will ensure that the public are aware of the Standards which the organisation is under a duty to comply with and that an annual report will be produced in each financial year, which ensures transparency and accountability.

Other comments

NHS Planning Guidance

43. It is not clear if the current NHS Planning Framework 2018/21 will be amended to reflect the new Standards. We would suggest that this would be very helpful.

Monitoring the Standards.

44. As highlighted in our previous responses to the draft Standards, a balance is needed between the Commission's ability to support and enforce when necessary. Our members note that some of these Standards are immeasurable, which means that it is extremely difficult for Health Boards and Trusts to monitor the extent to which the Standards are being implemented across such a large, diverse and multidisciplinary organisation across a range of services. Monitoring the Standards could also prove to be difficult to achieve as to ensure consistency across the organisations due to the complexity of the organisational infrastructure. Countless numbers of interactions between staff members, patients, administrators and various others take place every day across a variety of healthcare settings, all of which would require an altogether new and extensive level of bureaucracy to police and monitor. Thus, it would be an almost impossible task for our members to ensure that every one of these interactions complied with the Standards at all times. Indeed, the only way our members would become aware of any potential breach of the Standards would be as the result of a complaint or feedback stating so, whereupon an official investigation and possible penalty would follow. Given that the total NHS Wales

workforce currently stands at approximately 90,000, such an undertaking would inevitably incur significant financial costs as well as being extremely time-consuming.

Process of negotiation after Compliance Notice

45. It is not useful in the context of this response, which requires general views, to comment on each of the proposed 121 Standards. It is worth noting, however, that despite the amendments and deletions made to the original draft Standards following consultation, there remain some Standards in place that within the current resources and context will not be possible to achieve without a disproportionate investment, for example Standards 90 - 95 translation of the Intranet.

46. We recognise that there will be the opportunity for Health Boards and Trusts to express their concerns and negotiate with the Commissioner following the issuing of the Compliance Notice and we will be interested to understand the process for this. The regulations are long and complex and despite the explanatory memorandum are still open to some interpretation. It would be helpful to be assured that the process for negotiation regarding which Standards will be applied will allow for face to face discussions and not solely a written submission.

Recruiting and staffing implications:

47. Our members have highlighted the willingness and ability of the existing workforce and labour market to provide Welsh language services at the levels envisaged in the future. However, the NHS in Wales faces many recruitment and retention challenges, including the recruitment and retention of Welsh language professionals, clinicians and administrative staff (e.g. receptionists, HR, communication professionals such as media and digital etc). The solutions to these challenges often go beyond the remit of Health Boards and Trusts, with the importance of having a truly bilingual education system at the core of the issue.

48. Our members also point out that the Standards relating to increasing the number of Welsh-speaking staff within their specific Health Board or Trust is not solely an organisational or recruitment challenge – making the ability to correspond in Welsh an essential job requirement, for example, will have little or no effect if there is not a sufficiently sizeable Welsh-speaking population within the relevant geographical area in the first place. Achieving this involves sustained, targeted and multidisciplinary Welsh Government approaches that extend far beyond the remit of Health Boards and Trusts and have at their core a truly bilingual education system in Wales. This in itself represents an altogether new policy debate beyond the mandate of our members.

Financial costs of implementing the Welsh Language Standards.

49. Throughout the development of the Standards we have highlighted the range of possible cost implications when the Standards are introduced and we are therefore concerned that

the Explanatory Memorandum states that the "*current uncertainty surrounding which of the Standards each organisation will need to comply with means that it is not possible to produce a robust assessment of the costs and benefits associated with the Regulations at this stage*".

50. As referenced within the Explanatory Memorandum, our members, provided information on the cost of their current Welsh Language Schemes and an estimate of the cost of complying with the Welsh Language Standards. We acknowledge the concerns highlighted within the Explanatory Memorandum around the data received from organisations and whether it is suitable to produce a robust and accurate Regulatory Impact Assessment (RIA) and the fact that providing estimations for compliance with Welsh language Standards proved challenging. We share this concern and reiterate the difficulty in providing accurate data when Health Boards and Trusts were not aware which of the draft Standards they would be expected to comply with. It is not possible to accurately estimate the cost implications of the Standards until after Health Boards/ Trusts have received their Compliance Notice from the Commissioner informing them of which Standards they have to comply with. This highlights the difficulties both NHS organisations and the Welsh Government have to quantify the cost of implementing the Standards in the future, and with only a six-week consultation period, the timescale to produce this is challenging.

51. While it has not yet been decided which of the Standards will apply to each organisation, it is likely that there will be additional one-off and recurrent costs incurred by the organisations to comply with the Standards. Our members share the view that while they support the general principle of achieving a truly bilingual NHS in the long term, and while they remain committed to doing all they can to support and encourage the improvement of the Welsh language in all matters of service provision, this must only be considered a priority to the extent that it is financially feasible to do so. There is the inherent assumption among our members that the costs involved would be so great that they simply could not be met without a massive financial and human resource investment that is out of the control of the Health Board or Trust, or even the wider health sector either in the short or long term. More specifically, our members highlight a number of areas where they consider the costs involved to be excessive and subsequently unfeasible.

52. The requirement that every correspondence between Health Boards, Trusts and their patients be entirely bilingual is one example of the sort of resource challenge the Standards would bring about. Our members are unanimous in their affirmations that they do not possess the sufficient translation resource provision within their organisations to ensure that every piece of correspondence with patients would be produced and distributed in both Welsh and English.

53. It must be remembered that while the requirement to hire external contractors to translate all correspondence between Health Boards/Trusts and patients brings with it huge financial implications, this problem is brought about in the first instance by the fact that very few staff members within Health Boards and Trusts are professionally competent in Welsh. To train and support the existing non-Welsh-speaking workforce into

a workforce that is professionally competent in Welsh to provide professional medical advice is simply not feasible given the tight financial restrictions Health Boards and Trusts are already experiencing on a daily basis. Even if funds were available, our members point out that the willingness and aptitude of staff members to undertake an extensive and thorough Welsh language teaching programme, whether it takes place at staff members' usual place of work or not, is likely to be extremely diverse. Investment is required not only for the purposes of improving care for patients, but also for ensuring that those who work within the health and social care sectors are adequately supported, thereby making a career in health and social care an attractive prospect for young people.

Conclusion

54. On behalf of our members, the Welsh NHS Confederation welcomes the growing recognition of the importance of meeting language need in the Welsh NHS and the impact this can have on the delivery of safe, high quality healthcare for patients. We continue to support the importance of meeting language need and the 'active offer'. We remain in agreement that it is appropriate and timely to move from Welsh Language Schemes to a reasonable and proportionate set of Welsh language Standards. However, the process of negotiation to achieve this will be critical to success.

55. We encourage the Culture, Welsh Language and Communications Committee to note the significant progress made in recent years by our members in providing services in a patient's chosen language. However, while our members welcome these positive steps and agree wholeheartedly with the wider objectives of the Welsh Language Standards, it is evident that our members' have a number of serious reservations about the practical application of these Standards and their impact on other areas of service provision within their Health Board or Trust given the current financial and recruitment climate.