Overview of 2010/11 Annual Monitoring Reports: NHS Health Boards and Trusts

July 2011
This report has been produced by the Welsh Language Board in accordance with its role under section 3 of the Welsh Language Act 1993 to advise persons who provide services to the public in Wales.

More information on the work of the Board, together with guidance documents and overview reports, are available on the Board’s website - www.byig-wlb.org.uk Otherwise, if you have a specific query regarding the contents of this report, please contact the Board at the address below.

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Role of the Welsh Language Board

The Welsh Language Board is a statutory body sponsored by the Welsh Government. It was established in December 1993 under the Welsh Language Act. Its main function is to promote and facilitate the use of the Welsh language.

The Welsh Language Act 1993 establishes the principle that, in the conduct of public business and administration of justice in Wales, the English and Welsh languages should be treated on a basis of equality. Public bodies, notified by the Board, have a duty to prepare a statutory Welsh language scheme to specify the measures they propose to take in order to realise the principle of equality in the Act. The Board has a statutory function to approve Welsh language schemes and to monitor their implementation using professional expertise and statutory powers. It is also deemed a relevant regulator under the terms of the Local Government (Wales) Measure 2009.
"They feel far more comfortable discussing personal and emotional matters in their first language. Language is central in terms of offering effective clinical assessments and safe treatments. In fields such as mental health services, language is more than a means of communication, it is a form of therapy."

Lesley Griffiths AM, Welsh Health Minister
(Speech at the Welsh Language in Healthcare Conference and Awards 26 May 2011)
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1 Foreword and context

1.1 The purpose of this overview report is to provide a summary of the performance of Health Boards and NHS Trusts in Wales against their Welsh language schemes during 2010-11. The report does not provide a summary of all the information received by the Welsh Language Board (the Board) through monitoring work during this period. Instead, it analyses and conveys the Board's main impressions, including examples of good practice and recommendations for improvement during the next reporting period. It is one of a series of annual overview reports prepared by the Board covering the public sector in Wales, providing a national picture of performance.

1.2 Since last year's overview report was published, a Strategic Framework Steering Group for Welsh Language Services in Health and Social Services was established, at the request of the Deputy Social Services Minister. The Group is responsible for leading the work of developing a three-year strategic framework for health and social services in order to strengthen Welsh language services and improve the quality of care and the experience of users. Its remit includes considering current good practice, the evidence base and implementation of language schemes and reviewing progress with regard to Welsh-language services. We trust that this overview will add to the evidence submitted to the Group on the performance of NHS organisations and the main themes that require further attention.

1.3 Another key event since the publication of last year's overview report of course was the passing of the Welsh Language (Wales) Measure 2011 with the aim of modernising the current legal framework in terms of the use of the Welsh language in the provision of public services. A Welsh Language Commissioner will be appointed in due course to undertake all the Board's current duties in the context of Welsh language schemes. The Commissioner will develop a new regulatory system that will specify standards, codes of practice and a new enforcement procedure, but it is important to note that the language scheme system will continue to operate in the meantime, and all the current arrangements with regard to compliance, monitoring and reporting will continue to be relevant.

1.4 According to the Welsh Language Act 1993, the purpose of a Welsh language scheme is to specify measures proposed to give effect to the principle that the Welsh and English languages should be treated on the basis of equality. Welsh language schemes include measures regarding the use of Welsh in respect of the provision of services to the public in Wales.

1.5 NHS organisations are primarily responsible for ensuring the delivery of a range of Welsh medium services and for ensuring their quality, in accordance with the Welsh Language Board's statutory framework and guidelines. They must effectively set about planning, delivering (or commissioning) services, to manage performance and to be accountable to the public. The Board's role is to monitor and investigate independently, using professional expertise and statutory powers1.

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1 Sections 17 to 20 of the Act outline the Board's duties and powers with regard to ensuring compliance with Welsh language schemes. The "Welsh Language Board Compliance Plan" provides a summary and guidance on how the Board undertakes these duties.
1.6 The Board provided guidance to NHS Boards and Trusts on annual monitoring reports in order to develop a consistent reporting procedure and as part of the work to establish more consistent arrangements across the sector\(^2\).

2 The Reporting Procedure

2.1 The monitoring report is the main vehicle used by public organisations to report on performance against their Welsh language scheme targets. Each NHS Health Board and Trust in Wales has made a commitment to submit an annual monitoring report to the Board and to provide the Ministerial Task Group on the Welsh Language in Health and Social Services with an operational summary highlighting good practice and priority areas requiring attention.

2.2 The Board and the Task Group collaborate closely to support the Health Boards and Trusts with a view to ensuring progress in terms of bilingual services. To this end, the Board will submit this annual overview for the attention of the Task Group, in accordance with the agreed monitoring framework.

2.3 It presents the Board's general findings in terms of delivery and progress during 2010/11 as well as recommendations on improving performance. The report also summarises the Board’s main impressions under individual reporting headings.

Reporting on performance

2.4 The Board expected to receive a report on the year 2010/11 by 31 March 2011 from 10 organisations.

2.5 Given the fact that this has been a busy period for the sector in general, the Board would like to thank all the officers who were involved in the work of collating information and producing reports for all their work to ensure that all of these reports were submitted to us on time. The findings of this overview report are therefore based on information provided by each of the Health Boards and Trusts.

Table 1: Date of Receipt of Annual Monitoring Reports

<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Receipt of Annual Monitoring Report</th>
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<tbody>
<tr>
<td>Aneurin Bevan</td>
<td>01/04/2011</td>
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<td>Cwm Taf</td>
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<td>Hywel Dda</td>
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<td>Abertawe Bro Morgannwg</td>
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<td>Betsi Cadwaladr</td>
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<td>Cardiff and Vale</td>
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<td>Ambulance Services</td>
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<td>Velindre</td>
<td>30/03/2011</td>
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<td>Powys</td>
<td>05/04/2011</td>
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<tr>
<td>Public Health</td>
<td>30/03/2011</td>
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\(^2\) Annual Monitoring Reports on the implementation of Welsh Language Schemes – Advice for NHS Health Boards and Trusts (2009)
2.6 Every organisation received a formal response to their report from the Board which provided comments on the contents as well as specific recommendations. The Unit’s officers will hold feedback meetings with officers from the organisations to discuss individual reports and any necessary improvement actions, and further evidence will be requested where necessary in order to support the original reports.

Contents of the reports

2.7 Organisations were expected to report on the following:

- An assessment of the organisation's compliance
- Progress against specific targets
- Data on language indicators
- Complaints, including the nature of such complaints and their outcomes
- Statement on mainstreaming
- Statement on TWF
- Examples of good practice
- Next steps and improvement plan

2.8 On the whole, progress was evident in terms of the contents of the reports and the quality of the information provided this year. The format of a small number of reports remained inconsistent, with some organisations providing more information than others. We ask these organisations to refer to the advice document provided by us in order to provide meaningful and specific evidence to demonstrate the progress made. A consistent reporting procedure is important in order to facilitate the process of identifying and analysing trends and sharing examples of good practice.

2.9 Last year it was noted that the Health Boards’ monitoring reports tended to reflect the reporting areas of the former Trusts, concentrating generally on secondary health services. This also reflects the focus of the targets in the language schemes to a large extent but (with a proposed strategic framework to encompass health and social care services) it is essential in future that we receive monitoring information on every aspect of the work of NHS health organisations. The 2010-11 reports show some progress with regard to the information about developmental work with GP surgeries but, once again, we emphasise the importance of providing information about primary care services and community care to reflect the closer links between different health and social care systems.

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3 Our target is to respond to every monitoring report within 20 working days, and every organisation apart from one received a response to their report within this target.

4 Twf is one of the Welsh Language Board’s projects. The aim of the project is to increase language transfer within families by working with midwives and health visitors to convey Twf’s message to the target population and raise the awareness of parents, prospective parents and the public of the value of using Welsh in the home, the value of bilingualism and the advantages of Welsh medium education.
3 Overview of reporting areas

Compliance and reporting on indicators

3.1 The Board presented a list of common language indicators to all organisations requesting data in figures and percentages and also comments to support any quantitative evidence. The purpose of this data is to measure progress against the aims of the language scheme, namely to improve the public's experience of NHS services in Wales.

3.2 The Board expects quantitative data against indicators in the following fields:

- **WLI1 New policies and initiatives** – number and % of new policies and initiatives subject to language impact assessment
- **WLI2 Services provided by others** – number and % of contracts monitored complying with the requirements of the Language Scheme
- **WLI3 Face to face services** - number and % of posts in outpatient clinics and at main receptions where the Welsh language is specified as an essential skill and % of those filled by Welsh speakers.
- **WLI4 Information Technology** - number of improvement plans prepared and implemented fully following assessment using the Board's bilingual software assessment scheme.
- **WLI5 Recruitment** - number of posts advertised for which Welsh was specified as an essential skill and the percentage filled by Welsh speakers.
- **WLI6 Language Skills** - number and % of staff able to speak Welsh (according to standard levels)
  - by service department
  - according to the grade of the post
  - according to workplace
- **WLI7 Language training** - number and % of staff who have received Welsh language training up to the level of a specific qualification.
- **WLI8 Awareness training** - number and % of staff who have received language awareness training.
- **WLI9 Complaints** - number of complaints received regarding the implementation of the language scheme and % of complaints dealt with according to the organisation's corporate standards.
- **WLI10 Publicity** - call centres and telephone lines - number and % of Welsh calls per service. Online services - number and % use of Welsh language services.
3.3 The purpose of the indicators is to enable organisations to measure quantitative improvements in performance in particular fields over a period of time and to enable the Board to analyse a consistent set of data across the sector to identify gaps and trends.

3.4 The Board received significantly more data on these indicators for 2010-11 (see the table below) which suggests that the majority of organisations have established arrangements since last year to collect and interpret the information. Having said that, conspicuous gaps remain, and it is not possible to carry out a meaningful analysis in many cases. **We emphasise the need to continue to put arrangements in place to collect, analyse and submit data in order to provide fuller reports on performance in 2011-12 bearing in mind that many of the themes in question are areas where arrangements should already be in place to collect such information e.g. complaints; number of staff who receive language training/language awareness training.**

3.5 There are obvious examples of good performance and specific progress. As each report includes both good practice and common challenges, organisations could learn a great deal from jointly discussing these issues. This calls for formal and informal co-operation, and although there is evidence that information sharing is having positive effects, we conclude that the process of sharing information and resources is not happening in a sufficiently formal and consistent way. Co-ordination and guidance is required in order to ensure that good practice is fully exploited across the NHS. Contact point meetings held by the NHS Welsh Language Unit and the annual Welsh Language in Healthcare Awards and Conference play key roles in this context. **We emphasise the importance of maintaining the national network with a programme of regular meetings for language officers and champions. The language officers also emphasise the value and further potential of the NHS Welsh Language Unit's central website in order to share resources and good practice.**
Table 2: Reporting on Welsh Language Indicators

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<thead>
<tr>
<th></th>
<th>WLJ 1 New policies and initiatives</th>
<th>WLJ 2 Services provided by others</th>
<th>WLJ 3 Face to face services</th>
<th>WLJ 4 Information Technology</th>
<th>WLJ 5 Recruitment</th>
<th>WLJ 6 Language skills</th>
<th>WLJ 7 Language Training</th>
<th>WLJ 8 Awareness training</th>
<th>WLJ 9 Complaints</th>
<th>WLJ 10 Publicity</th>
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3.6 Achievements varied from one organisation to another. In terms of the indicators, significant progress has been made with the data. Having said that, the data itself shows a lack of progress in some areas as well as progress in others. As noted above, the organisations are expected to use the quantitative data to measure their performance and draw up improvement plans in order to fulfil their commitments.

3.7 Several organisations made positive progress against a number of their targets during 2010-11. There were also a number of common areas where several organisations
had failed to make sufficient progress, for example, bilingual forms or steps towards the development of a language skills strategy.

3.8 Each health organisation has identified targets and a timetable in its language scheme in order to set down clear actions for compliance with the language scheme and to improve its Welsh language provision over time. The main purpose of the monitoring report is to report on performance against these targets and to provide additional information and evidence of progress. On the whole, organisations provided updates on each target in the language scheme and this was progress in comparison to last year's reports. Organisations have a duty to report against all targets or actions. If a target has not been fully achieved or has not been achieved on time, reasons for the slippage should be given and corrective measures or a remedial programme proposed as necessary.

Risks

3.9 One of the reporting requirements was identifying the risks to the implementation of the language scheme. Only one Health Board noted risks under a specific heading and suggested actions to mitigate them. We approve this method of reporting as it also refers to risks at Health Board level as well as national risks. However there were several references to the same risks in other reports. We summarise the common risks in the table below.

Table 3: Local and national risks to delivering Welsh language schemes

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<tr>
<th>Area of Risk</th>
<th>Relevant section(s) in the language scheme</th>
<th>Comments by organisations</th>
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<tr>
<td>There is a risks to planning and delivering services to Welsh speakers because the chosen language of patients and service users is not a compulsory field at present in the Myrddin Programme.</td>
<td>Planning and Delivering Services; Dealing with the Welsh-speaking public</td>
<td>As the chosen language is not formally identified nor monitored it is not possible to plan an effective Welsh service through this system. A request has been made to the All Wales Myrddin Programme Group to make language need a mandatory field.</td>
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</tbody>
</table>
There is a risk to planning and delivering Welsh language services via a suitable workforce because language skills is not a mandatory field in the Electronic Staff Record (ESR) Programme. Local and national risk.

Planning and Delivering Services; Implementing and Monitoring the Scheme

This failure to collect sufficient and accurate information through the Language Skills Audit recorded in the Electronic Staff Record Programme (a record that is consistent across the NHS) could mean that Health Boards are not able to implement effective improvement plans to provide bilingual services in some areas. In the meantime, a number of Health Boards have tried to collect this information through local methods.

There is a risk to planning and delivering Welsh language services in *primary care* due to the influence of providers in the commissioning relationship and the fact that All-Wales Contracts do not include consideration of the Welsh language. Local and national risk.

Planning and Delivering Services; Implementing and Monitoring the Scheme

It is reported that primary care is a problematic area for the Health Boards. They are concentrating on raising awareness, promoting the language and encouraging good practice, and they are experiencing varying degrees of success.

### 3.10

The three main risks above are relevant to all Health Boards in Wales, and the Welsh Language Board shares these concerns. Without a system to collect sufficiently comprehensive data on workforce skills and the language needs of patients and users, organisations cannot use nor deploy their staff in the most efficient (and cost effective) way in order to fulfil the commitments in their language schemes. **The Welsh Language Board believes that, as they stand at present, these systems developed by the NHS at a national level are hindering the provision of quality care and reiterate that the first two areas noted above should be made mandatory. There is also a need for guidance at national level for improvements to Welsh language primary care provision.**

### New policies and initiatives

3.11 Organisations are requested to provide information about their mainstreaming arrangements which ensure that the Welsh language is considered in every aspect of the organisation’s work. The Welsh language has been included in the NHS equality impact assessment tool for assessing policies across NHS organisations in Wales.

3.12 Eight of the 10 organisations reported on this indicator (WLI 1) to varying degrees with 4 providing comprehensive data. The percentage of policies subject to an impact assessment varied from 19% to 100%. Every organisation had a programme of specific actions to improve or maintain performance with regard to this indicator.

3.13 It was noted last year that we had asked the organisations, as well as ensuring that policies do not undermine the requirements of the language scheme, to ensure that they promote and facilitate the use of Welsh and ensure specific language outcomes
in accordance with the principles of the language scheme. There was very little evidence in the reports that organisations are tackling the obvious challenges such as introducing proactive methods of offering language choice when providing services or upskilling the workforce in order to be able to provide comprehensive services.

3.14 Several organisations have prepared guidelines for policy officers and, in at least four organisations, language officers are working with Policy Development officers to ensure that staff understand the implications of assessing the linguistic results of policies and offering an understanding of linguistic matters and support to those responsible for drawing up policies on mainstreaming the Welsh language into their new policies and initiatives.

3.1.3 Organisations must ensure that the impact assessment process goes beyond a uniform assessment by tackling the challenges to delivering the language scheme when appropriate in order to also promote and facilitate the use of Welsh, in accordance with the principles of the language scheme.

Contract Services/Commissioning of services

3.15 This year 7 organisations provided data on contract monitoring (WLI 2). A statutory duty exists to include appropriate measures for the use of Welsh in contracts with third parties. A number of organisations note that language officers advise procurement officers in various ways (language awareness training; summary and guidance on the requirements of the language scheme and so forth). Very little evidence was provided on the contractual/commissioning requirements linked to the quality of care.

3.16 In May this year the Board published statutory advice on procurement and commissioning: "Contracting Out Public Service Contracts and the Welsh Language". The aim of the document is to provide guidance on how to consider the needs of Welsh speakers in all aspects of contracting out and commissioning services. The Board understands that some organisations have already adopted the checklist recommended in the document.

3.17 Once again, procuring health and social care services is a two tier process. At a national level, the NHS has Procurement Contract Conditions across Wales that are published by the Welsh Government, and equality is an integral part of these processes. In the same way, procurement processes at a local level are strengthened in terms of supporting equality, diversity and human rights. With regard to the Welsh language in particular, our advice refers to a ruling by the European Court of Justice which notes that where it is proportionate, contracting authorities are free to use their discretion to decide what is necessary to promote the language as well as ensuring equal treatment.

3.18 Language officers should assist procurement officers in considering and determining actions based on our statutory advice, Contracting Out Public Service Contracts and the Welsh Language in order to ensure that commissioning and contracting work fulfils the organisations' commitments to promote and facilitate the use of Welsh as noted in their language schemes, rather than merely maintaining the status quo.

3.19 We are pleased to note progress by the majority of organisations with regard to promotional work and supporting GP surgeries. This work varies from holding
awareness raising sessions in practice manager meetings; providing language training, resources or translations; use of our booklet *Language as a Clinical Tool*; piloting a language assessment tool for surgeries (Aneurin Bevan Health Board). Hywel Dda Health Board has included questions on providing services in Welsh in the Inspections under the Quality and Outcomes Framework. Betsi Cadwaladr Health Board has earmarked surgeries across the three regions and as a result of its work with them, one surgery has begun recording language choice and another has amended its referral forms to include language choice.

3.20 **Organisations should discuss and share the good practice developed with the primary care sector to ensure that this work goes from strength to strength. Organisations should also seek the opinion of users and develop monitoring methods for the sector as a further basis for developing improvement programmes.**

**Dealing with the Welsh-speaking public**

3.21 Organisations were expected to provide information about front line Welsh language services, specifically receptions and outpatient clinics. Progress was made in terms the number of organisations that reported on WLI 3 (7 provided full reports) and a baseline has now been established in order to measure progress next year. However, it is reported that posts are advertised internally to the existing pool of staff due to the current restrictions on recruitment. The majority note that recruitment requirements to posts in these areas do not state that the Welsh language is essential. Despite the restrictions on recruitment, the organisations need to consider this matter urgently. Welsh speakers need to be appointed to these posts so that the first point of contact with the organisations offers a language choice to the public. It should be noted that some organisations have taken steps to provide Welsh language resources and training to current staff at these locations. Public bodies in Wales should be able to provide a frontline, first point of contact and service to the public in Welsh, and therefore organisations need to plan for providing bilingual services at their main contact points.

3.22 Although it was noted above that it is not possible to ensure a complete record of the language needs of users on the existing patient administration systems, organisations are emphasising their commitment to respect language preferences/needs via additional methods such as forms and records and encouraging staff and raising their awareness so that they include the necessary information in the administration system. Insufficient details were provided in terms of how this information is used in order to ensure that it accompanies the patient/user along their care pathway. **There is a need for clarity on the processes in place to ensure that Welsh-speaking staff are allocated to patients and users at every possible opportunity, and that robust arrangements are in place to monitor its implementation.**
The organisation's public face

3.23 The IT improvement plans indicator introduced new measures for organisations last year and this is an area which will require attention over the coming years. It is important that work on organisations’ IT infrastructure incorporates bilingual IT standards to facilitate Welsh language or bilingual services for the public. Although a number of NHS organisations’ IT systems have been configured and provided at national level, online and telecare technology is becoming increasingly important in the organisations’ dealings with the public and therefore user needs and bilingual features must be included in every project or initiative from the outset.

3.24 More information was submitted this year for WLI 4 compared to last year. Aneurin Bevan Health Board and Velindre NHS Trust were able to report fully on the number of improvement plans that had been prepared and fully implemented. Although no other organisation was able to provide data, five organisations were able to provide evidence that initial work had been undertaken - although there was variation in the level of implementation. Examples of the work undertaken included: co-operation between the organisation’s Language Officer and Informatics and IT Department / Officers; the development of a work plan to develop the Welsh language agenda; finding Welsh speakers within the Informatics and IT Departments; raising awareness of the Welsh language in Informatics and IT Departments.

3.25 Progress has been made with regard to installing Cysill and/or a Welsh Microsoft interface on the organisations’ computers during the year. Five organisations noted that they were in the process of installing Cysill on staff computers. Installing these programmes on the organisations' websites so that staff can download them to their computers is noted good practice. There is also a need to encourage and support use of these resources.

3.26 The Board’s assessment of the organisations' websites in 2010 highlighted the fact that the majority of them did not conform fully with their Language Scheme with regard to maintaining a bilingual website. A compliance verification exercise was carried out on all the organisations’ websites again this year between March and April 2011. The same methodology was used and, where possible, the same pages on the website were visited⁵. This exercise was held as a snapshot survey designed to reflect the experience of an ordinary visitor to the website rather than a scientific analysis.

3.27 Most of the organisations either have neutral website addresses in terms of language or separate Welsh and English addresses. Only half of the organisations have a splash page, i.e. a language choice page - this figure was the same in 2010.

3.28 A language choice button appears at the top of each organisation’s web page and it is therefore possible to switch languages at any time. However, generally, when switching from one language to another, the user is not directly redirected to the corresponding page in the other language, but rather to the home page.

⁵ In some cases the pages did not exist anymore or had been combined with others, so we looked at those that best matched those included in the 2010 assessment.
3.29 Where Welsh text was missing on websites, English text rarely appeared on the page to inform the user that the information was available in English. Few messages appeared on Welsh pages stating “this page is being translated”, so users have no way of knowing of the existence of such information unless they also visit the English page.

3.30 In general, few documents and information leaflets were available on websites. Therefore, the websites were reviewed to see whether the organisations' most recent annual reports and agendas for Board meetings were available in Welsh. Nine organisations had published their most recent annual report on the website. Of the nine, only five could be found on the Welsh pages, with the other four only available via the website's English pages. Only three organisations, namely Betsi Cadwaladr Health Board, Hywel Dda Health Board and the Welsh Ambulance Services NHS Trust had published a Welsh agenda for the most recent meeting of the organisation's Board on their website. On opening the agenda and minutes of the meeting of one organisation, Google Translate opened and translated the text automatically. We do not approve of this method as there is a risk that the mechanical translation will not be an accurate translation of the English text. We refer organisations to our document that was published this year: Advice Note: The Welsh Language, Technology and Translation.

3.31 The accessibility of the organisations' Welsh Language Schemes on their websites is also a cause for concern. One organisation provided a consultational version of the scheme, and three other organisations had only posted it on the English pages, and it was only available by searching through all the publications on the website. Every organisation should adopt the good practice of publishing their Welsh Language Scheme as a fixed item on their homepage or appropriate related pages.

3.32 The accuracy of the language was a cause for concern in some cases. Although this is only relevant to a few organisations, it is important to remember the importance of proofreading the contents of the website, and ensuring that robust procedures are in place to check the accuracy of anything published on them.

### Table 4: Websites

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Percentage of Welsh pages in sample (at the time the exercise was carried out between August and September 2010)</th>
<th>Percentage of Welsh pages in sample (at the time the exercise was carried out between March and April 2011)</th>
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<tbody>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>Cwm Taf Health Board</td>
<td>15%</td>
<td>40%</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>5%</td>
<td>47%</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>58%</td>
<td>65%</td>
</tr>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>0%</td>
<td>35%</td>
</tr>
<tr>
<td>Betsi Cadwaladr University</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
3.33 On the whole progress can be seen with regard to the content of the Welsh pages of the Health Boards and Health Trusts websites. In cases where little if any progress has been made, those organisation are required to submit an explanation and improvement plan along with a detailed timetable to the Welsh Language Board. By continuing to fail to comply fully with their statutory commitments in this regard the organisations are open to the risk of complaints and challenges relating to compliance. Welsh Language Board Officers will be discussing the results of the assessments above with each Health Board and Health Trust individually.

3.34 With the increasing popularity of new media, e.g. Facebook and Twitter, Hywel Dda Health Board, for example, noted that they had developed a bilingual Facebook page. Organisations should ensure that these communication media are developed and maintained bilingually. They should make sure that the public know that they are welcome to contribute to these pages in Welsh and English, and that robust procedures are in place to ensure a response in the chosen language where appropriate. When providing information on the pages, they should ensure that the information is bilingual, and that the principle of treating both languages equally is respected.

Recruitment

3.35 A number of organisations had revised their recruitment policies and had drawn up recruitment guidance for managers following the publication of the document ‘Recruitment and the Welsh Language’.

3.36 It is evident that the current economic situation is having a significant effect on recruitment. Very few external posts are currently being advertised. This in turn has had an effect on the number of posts advertised where Welsh language skills are essential or desirable. In order to respond to this situation some organisations were working with Welsh-medium schools by arranging visits to the Health Board to discuss career opportunities, attending Careers Wales fairs and arranging work experience opportunities. On the whole there was little mention of formal co-operation with higher education establishments and professional organisations in order to increase the number of Welsh speakers in the workforce.

3.37 A number of the Monitoring Reports noted that every new post advertised states that the Welsh language is desirable. The organisations need to ensure that they have assessed the linguistic requirements of a post before it is advertised. (This needs to be done to ensure that the stipulation of linguistic conditions is justifiable). Further advice on stipulating linguistic conditions can be found in the Board’s document ‘Recruitment and the Welsh Language’ - Guidance under Section 3 of
the Welsh Language Act 1993. The requirements of posts should be reviewed in accordance with this document by denoting which Welsh language skills are essential and which are desirable.

**Skills**

3.38 Once again this year only three of the 10 organisations were able to provide meaningful data on staff language skills, although another four were able to provide some information, for example, only on some departments. As noted above, the fact that language skills is not a mandatory field on the Electronic Staff Record (ESR) is noted as a barrier to collecting data by a number of organisations.

3.39 A number of organisations noted that they had begun the process of drawing up a Linguistic Skills Strategy, and that priority will be given to completing this work in the coming year. This is vital to identify where language skills and recruitment are needed and how staff can be developed effectively. Although a few organisations have recorded staff language skills, very little information was received on the way in which this information is used to provide services in the chosen language of patients and users. There have been other developments with regard to skills within the health service over the past year, for example some organisations have been piloting an electronic tool to assess the Welsh language skills needed for posts. Organisations need to continue to develop processes to collect and record data on staff language skills. Whilst recording skills on the Electronic Staff Record remains optional, alternative methods are needed to collect this information systematically. We expect to see progress with regard to this data next year.

3.40 The Board was pleased to see examples of organisations that promote the use of Welsh in the workplace as a language of business and communication and encourage Welsh speakers to support learners. However, we received very little evidence that organisations support staff to write their own correspondence in Welsh. A little support can ensure that officers use their Welsh language skills where possible rather than depending on translation services. This can also lead to savings for the organisation.

3.41 Progress was made this year with regard to providing support to GPs to provide bilingual services. There was an example of a health board supporting a surgery to conduct a Linguistic Skills Survey and, as a result, the staff have also received language awareness training and many of them have registered on a course to learn Welsh. Examples were seen of health boards that record which doctors, dentists and pharmacists can conduct Welsh-medium consultations on their website.

**Training**

3.42 Nine organisations were able to provide data on the training indicator (WLI 7). However four of the nine organisations noted that no one had attended language training to an acknowledged specific level.

3.43 The reports noted a trend to teach a little bit of Welsh to many rather than working on methods to ensure that Welsh speakers who can deal with Welsh speaking patients
are located appropriately. There was little mention of arranging rotas/cover and raising the confidence of those who are almost fluent to use the language at work.

3.44 Although taster sessions and Welsh in the workplace sessions are very useful to equip staff with phrases, it is also important to ensure that the service has a sufficient number of appropriately located staff to communicate effectively with Welsh speaking patients. Taster sessions can be a good way of finding out who is interested in developing language skills, and who has the ability to do so. The organisations report that it is also a good way of raising language awareness amongst staff. Language training resources need to be directed towards ensuring that the language is used in the most effective way to communicate and provide good quality care. This could include prioritising front-line staff and language refresher training in order to raise the confidence of Welsh speakers to use the language in their work.

3.45 On the whole, very little reference is made in the monitoring reports to advanced language training or working with staff to raise their confidence to use their Welsh. One organisation noted that it was supporting staff to write in Welsh by encouraging them to send it to be checked by the language officer if they are not completely confident. This in turn has led to an increase in the volume of bilingual correspondence that is produced without having to depend on a translator. The importance of resources such as the Welsh spellchecker should be noted. A number of the reports mentioned the inclusion of Welsh language in staff Personal Development Plans, particularly so for front-line staff.

3.46 It appears that funding cuts are affecting how much language training is available to staff in many organisations, however there are examples where the language training budget had been protected and internal Welsh mentoring systems had led to more staff using the language in their work.

3.47 It appears that some health boards are producing Welsh language training resources. It would be beneficial to share resources where possible.

3.48 Most of the health organisations hold language awareness sessions as part of their induction process, but we continue to be concerned that some of these sessions are provided on-line and that there is no opportunity to discuss matters or ask for further information. The Board believes that the best practice is a language awareness training session led by a tutor / language officer with opportunities for new staff to ask questions or discuss concerns.
Table 5: Language awareness training - number and percentage of staff who have received language awareness training (WLI 8)

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aneurin Bevan Health Board</td>
<td>347 (new) 6826 (all)</td>
<td>100% (new) 49% (all)</td>
</tr>
<tr>
<td>Powys Teaching Health Board</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Cwm Taf Health Board</td>
<td>492 (induction session) 36 (additional session)</td>
<td>No data</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>903</td>
<td>No data</td>
</tr>
<tr>
<td>Hywel Dda Health Board</td>
<td>596 (new)</td>
<td>100% (new)</td>
</tr>
<tr>
<td>Abertawe Bro Morgannwg University Health Board</td>
<td>835</td>
<td>No data</td>
</tr>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>534 central 369 east</td>
<td>No data</td>
</tr>
<tr>
<td>Velindre NHS Trust</td>
<td>190 (Trust - all) 20 (Welsh Blood Service - all)</td>
<td>26% (all) 71% (all)</td>
</tr>
<tr>
<td>Welsh Ambulance Services NHS Trust</td>
<td>648</td>
<td>21.8%</td>
</tr>
<tr>
<td>Public Health Wales NHS Trust</td>
<td>351 (all)</td>
<td>30% (all)</td>
</tr>
</tbody>
</table>

Implementing and Monitoring the scheme

3.49 Organisations have established standard arrangements to consider and discuss the performance of the language scheme. They vary from organisation to organisation and reflect the organisational structure and commitment. We are pleased to note this good practice which ensures widespread ownership, scrutiny and discussion about performance. The information is recorded in table form in order to share the examples of good practice seen across the sector.
Table 6: structure and monitoring arrangements

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Language Officer/s</th>
<th>Steering Group</th>
<th>Champion/s</th>
<th>Independent monitoring</th>
<th>Other - what?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aneurin Bevan</td>
<td>✓</td>
<td>Strategic. The Chairman is an Independent Member of the Board who reports to the Board. Meets quarterly</td>
<td>Champions at service level</td>
<td>Seeks the opinion of users. PPI</td>
<td>Executive Group reports to the Steering Group. Meets monthly. Mystery shopper exercises</td>
</tr>
<tr>
<td>Abertawe Bro Morgannwg</td>
<td>✓</td>
<td>Local Champions</td>
<td></td>
<td></td>
<td>No further information</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>✓</td>
<td>Strategic and operational. Meets quarterly.</td>
<td>Chair of the Health Board</td>
<td>Seeks the opinion of users</td>
<td>In the process of distributing feedback forms to members of the stakeholder reference group.</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>✓</td>
<td>Strategic and operational network group</td>
<td>Chair of the Health Board</td>
<td>Users and external stakeholders on the Network group.</td>
<td>Monitoring forms. Work on incorporating the Welsh language into the organisation's 'dashboard' performance monitoring systems.</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>✓</td>
<td>Strategic and operational forum. Chaired by a member of the Board. Meets quarterly</td>
<td>At Clinical Programme Groups level. Local co-ordination and monitoring. The Chair of the Forum is the organisation's Champion.</td>
<td>Monitored by Betsi Cadwaladr Community Health Council; mystery shopper role. Submits a report on the results to the Forum.</td>
<td>Director of Governance and Communication has responsibility at Board level. A forum sub-group is due to be established with an operational function. Internal audit tool to monitor compliance.</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>✓</td>
<td>Chaired by a member of the Board. Meets every two months</td>
<td>County Champions. Responsible for short-term/medium-term projects</td>
<td>No information</td>
<td>Monthly reports across services. Steering and Monitoring sub-group meets every two months and is accountable to the Workforce and Organisational Development Subcommittee. Mystery shopper exercises</td>
</tr>
<tr>
<td>Organisation</td>
<td>Language Officer/s</td>
<td>Steering Group</td>
<td>Champion/s</td>
<td>Independent monitoring</td>
<td>Other - what?</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>------------</td>
<td>------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Powys</td>
<td>(part-time) Service Level Agreement with Hywel Dda Health Board. Equalities Manager is the contact point</td>
<td>No information</td>
<td>Human Resources Director</td>
<td>No information</td>
<td>No further information</td>
</tr>
<tr>
<td>Ambulance</td>
<td>✓</td>
<td>Action Group</td>
<td>Board Level</td>
<td>Seeks user feedback</td>
<td>No further information</td>
</tr>
<tr>
<td>Velindre</td>
<td>✓(part)</td>
<td>Committee</td>
<td>Executive Director of Nursing - chair of the committee. Departmental level</td>
<td>No information</td>
<td>Welsh language matters are discussed in executive team meetings.</td>
</tr>
</tbody>
</table>

3.50 We welcome the practice of using independent or arms length methods to monitor the implementation of language schemes as noted in the table above. ‘Mystery shopper’ inspections are used to verify the quality of Welsh language services and, in two cases, the Community Health Council provides an independent monitoring role. On the whole, inspections are used to assess compliance with the basic requirements of the language schemes such as Welsh telephone greetings, signs, materials and documents. There is little evidence that independent methods are used to measure compliance and other more complex requirements such as third-party contract compliance.

3.51 The areas scrutinised by independent/arms length monitoring arrangements need to be expanded in order to scrutinise service contracting and commissioning requirements by the private/voluntary sector. The way in which Community Health Councils could assist with monitoring the bilingual provision at different care locations should be investigated.
Publicity

3.52 Only one organisation provided data about telephone calls received, with another five providing partial data. The information was mainly about the use of the website. The data collected suggests that telephone and website services need to be promoted more proactively, and this information should be used as a baseline for improvement. Hywel Dda Health Board held an online poll where patients, users and staff were able to vote, with 16.37% of the total number of votes cast on the Welsh web page. Methods for collecting this important data should be established so that the services in question can reach those that need them.

Complaints

3.53 The majority of organisations succeeded in reporting fully on the indicator requesting: "Number of complaints received regarding the implementation of the language scheme and % of complaints dealt with according to the organisation's corporate standards" (WLI 9).

3.54 As noted in last year's overview report, every organisation is expected to be able to report fully on this indicator. However, once again this year there is concern that not every organisation succeeded in reporting on the percentage of complaints dealt with in accordance with corporate standards. Every organisation is expected to ensure that there is a system in place to collect the relevant data and that they can report fully on this indicator in 2011-12.

3.55 Organisations continue to use various reporting methods, with a number of organisations providing a summary of the remedial actions taken in dealing with the complaint, as well as actions to rectify the situation in the coming year. It is good to see that this reporting method has now been adopted by the majority of organisations. We hope that every organisation will have adopted this method by 2011-12 in order to ensure consistency.

3.56 In general, the number of complaints reported regarding the implementation of Welsh language schemes was low. There could be many reasons for this and it possibly signifies success in terms of some aspects of the language schemes. However, the monitoring process is expected to depend on more than counting complaints and therefore we ask organisations to consider the reasons for this, especially in the context of the need to promote and monitor Welsh language services and develop their use. The Welsh Language Board received complaints about a wide range of issues, including some relating to treating Welsh-speaking patients with dignity and respect. The complaints brought to our attention during 2010-11 included the following:

- the failure of a Maternity Unit to provide Welsh medium services to a pregnant mother.
- signs and posters in English only in numerous locations throughout Wales.
- lack of Welsh medium information on websites.

3.57 Although there was a positive and prompt response to the majority of complaints received, it is hoped that the more robust systems of monitoring implementation
introduced by a number of organisations during 2011-12 will enable them to offer proactive rather than reactive Welsh medium services.

3.58 Although progress was made during 2010-11, we expect all organisations to include a standard clause in every complaint response letter which gives complainants the opportunity to express further concerns via the Welsh Language Board if they are still dissatisfied with the Health Board’s response in 2011-12. The current situation is not clear in every case as there is no reference to it at all in the report.

3.59 During 2009, the Board published a document for the public’s use called *Have your say about Welsh language service*. The purpose of the document is to explain how to make a complaint and the support provided by the Board in doing so. The document is available on the Board’s website so that organisations can refer complainants to it in the case of complaints relating to the implementation of their language scheme.

**Twf**

3.60 The aim of the TWF project led by the Welsh Language Board, is to improve the rate of Welsh language transfer within families. All organisations have committed to supporting the principles of the project in their relevant areas. Organisations were required to report on their actions. In general, more information was provided about the organisations work with the Twf project in 2011. However, it is true to note that the level of activity continues to vary depending on the level of activity by TWF officers in the area. The Health Boards facilitate access for Twf officers to baby clinics in their areas and, in several areas, there is close co-operation between these officers and Language Officers.

3.61 It is clear that partnerships have been formed in this area between the organisations, Twf Officers and other relevant organisations. For example, in the absence of a Twf Field Officer in the Aneurin Bevan Health Board area, the language officer has formed a local partnership between Mudiad Meithrin, the Menter Iaith (Welsh Language Initiative), the Gwent Welsh for Adults Centre and Twf's Field Officer for the Caerphilly area.

3.62 In order to mainstream Twf's message, Abertawe Bro Morgannwg University Health Board and Hywel Dda Health Board have drawn attention to Twf's message in the Personal Child Health Record booklet (the "red book"). Both organisations have earmarked a full page for information about Twf and bilingualism and these will be distributed during 2011.

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*Have your say about Welsh language service*
### Good practice

3.63 The table below notes a selection of good practice highlighted in this year’s monitoring reports.

<table>
<thead>
<tr>
<th>Area</th>
<th>Good practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Policies and Initiatives</td>
<td><strong>Velindre Trust</strong> - A revised impact assessment process has been developed with the language officer sitting on a panel that conducts assessments for new or revised policies and services. The form used for the process has also changed, and although the Welsh language was previously included, the new process is more robust and concentrates more on the service's bilingual needs.</td>
</tr>
<tr>
<td>Service Planning</td>
<td><strong>Welsh Ambulance Services NHS Trust</strong> - As part of the Trust's commitment to promote bilingual workplaces, there was a gradual increase in the number of staff who produce Welsh correspondence with support and advice from the Welsh Language Officer. The Trust is undertaking a mapping exercise whilst recruiting for ambulance stations in areas with a high percentage of Welsh speakers, and it is committed to ensuring that the number of staff employed in every area reflects the percentage of the Welsh speaking population in accordance with the Language Scheme.</td>
</tr>
<tr>
<td></td>
<td><strong>Betsi Cadwaladr University Local Health Board</strong> - A Welsh Language Forum was established to lead, implement and monitor the Language Scheme. The forum meets quarterly and is chaired by an independent Board member. The Mental Health Clinical Programme Group established a Welsh Language Services Development Group.</td>
</tr>
<tr>
<td></td>
<td><strong>Cwm Taf Health Board</strong> - An online tool was developed to record staff language skills - it is now being used by Abertawe Bro Morgannwg University Health Board.</td>
</tr>
<tr>
<td></td>
<td><strong>Hywel Dda Health Board</strong> - The Learning Disability Service carried out a project to promote better understanding of medicines with a group of users which included Welsh speakers to reflect the local community in west Wales. The clinical context was validated by psychiatrists and pharmacists, and language and speech therapists played a key role in facilitating the focus groups and designing the materials. The materials are now an integral part of regular clinical practice and are available on the IT network.</td>
</tr>
</tbody>
</table>
| Third Party Services and Primary Care | **Hywel Dda Health Board**  
Questions regarding the provision of Welsh language services have been included in Visits under the Quality and Outcomes Framework (Quality and Outcomes Framework Assessment) in GP surgeries. Officers will evaluate the Primary Care Team’s report on the visits conducted this year.  

**Betsi Cadwaladr University Local Health Board** - the Language Officer attended a meeting of Wrexham County Surgery Managers to raise awareness of the need to record language choice and provide a bilingual service to patients. Following discussions, one surgery has amended a referral form to include language choice, and another surgery now records language choice on its systems. The model will be extended to surgeries across the three regions of the Health Board.  

**Betsi Cadwaladr University Local Health Board** - A guidance sheet noting requirements with regard to the use of Welsh in every business arrangement with the Health Board has been produced and sent to every GP in north Wales.  

**Abertawe Bro Morgannwg Health Board** - It conducted a language skills survey of all primary care sector contractors that established a direct link across the four main fields and provided a useful baseline for the language officer to plan an improvement programme for the future.  

| Dealing with the Welsh-speaking public | **Welsh Ambulance Services NHS Trust** - A poster with the question ‘Ydy'r claf yn siarad Cymraeg?’ (‘Does the patient speak Welsh?’) was produced to remind staff of the need to identify the communication needs and language awareness of patients and service users. It was distributed to all ambulance stations and the regional training college.  

**Welsh Blood Service (Velindre NHS Trust)** - Has developed a bilingual text messaging system to remind donors of their blood donation appointment.  

**Cwm Taf Health Board** - The Patient Experience Manager and Llandough Hospital radio staff have been working on re-establishing Prince Charles Hospital radio. The Welsh language Unit has attended meetings and has arranged for pupils from Ysgol Gyfun Gymraeg Rhydywaun and representatives of Menter Iaith Merthyr Tydfil to contribute to this project by broadcasting Welsh language items. |
| Implementing and monitoring the scheme | **Welsh Ambulance Services NHS Trust** - Welsh Language Champions are assisting the Welsh Language Officer to promote bilingualism across the Trust. A questionnaire was distributed to them to monitor the impact of their role and set personal objectives.  

**Betsi Cadwaladr University Local Health Board** - Appointing Welsh language Champions at Clinical Programme Groups level. The role of the Champions will be to co-ordinate, promote and monitor the requirements of the Language Scheme locally in their Clinical Programme Groups. The annual monitoring report includes summaries of the performance of every Group under the reporting headings.  

**Aneurin Bevan Health Board and Hywel Dda Health Board** - County Champions have been appointed in every county served by the Health Boards (like Betsi Cadwaladr University Health Board above). Developing language skills is an integral part of Personal Development Survey processes. Consideration is given to the wishes of staff members to learn Welsh/improve their Welsh and priority is given to staff who come into regular contact with patients and the public or when there are specific gaps in the workforce. |
| Complaints | **Aneurin Bevan Health Board**  
A bilingual complaints form was produced in an 'easy to read' format for clients who use learning disability services.  

**Welsh Ambulance Services NHS Trust**  
A method of recording complaints which are received through the medium of Welsh but do not pertain to the Welsh language provision was established on the DATIX system.  

Children and young people who have any concerns can use a bilingual form to express their opinions on the service.  

**Public Health Wales NHS Trust**  
Guidelines were shared on dealing with concerns expressed orally with regard to the Welsh language provision if a Welsh speaking member of staff is not available.  

**Betsi Cadwaladr University Local Health Board** - when a complaint is received regarding the Welsh language, the option to contact the Welsh Language Board is included in the response letter. |
### Publicity and website

**Welsh Ambulance Services NHS Trust**

NHS Direct Wales developed a Welsh medium Online Enquiry Service to answer health related enquiries and provide information about conditions and treatments, details of local health services and other Welsh-medium health-related information. The service has been widely promoted.

**Welsh Blood Service (Velindre NHS Trust)** - They publish bilingual tweets on their Twitter page.

### Twf

**Welsh Ambulance Services NHS Trust** - The Trust is committed to promoting the TWF project by distributing material to all staff on maternity / paternity leave on the Trust’s intranet.

**Betsi Cadwaladr University Local Health Board** - The language officers provide support to TWF officers when required and facilitate access to the clinics and heads of department for TWF officers.

**Abertawe Bro Morgannwg University Health Board and Hywel Dda Health Board** - They have mainstreamed Twf’s message in the Personal Child Health Record booklet (the "red book") by designating a full page for information about Twf and bilingualism.

**Cwm Taf Health Board** - A bilingual mother and baby swimming class is held in Rhondda Cynon Taf in partnership with Flying Start.

**Hywel Dda Health Board** - Midwives and Twf officers have worked together at an Aman Valley Clinic to establish bilingual groups for new mothers and their babies.
4 Recommendations for improvement

1. **New policies and initiatives:** Organisations must ensure that the impact assessment process goes beyond a uniform assessment by tackling the challenges to delivering the language scheme when appropriate in order to also promote and facilitate the use of Welsh, in accordance with the principles of the language scheme.

2. **Services by others:** Language officers should assist procurement officers in considering and determining actions based on our statutory advice, *Contracting Out Public Service Contracts and the Welsh Language* in order to ensure that commissioning and contracting work fulfils the organisations' commitments to promote and facilitate the use of Welsh as noted in their language schemes, rather than maintaining the status quo.

3. **Primary Care:** Organisations should discuss and share the good practice developed with the primary care sector to ensure that this work goes from strength to strength. Organisations should also seek the opinion of users and develop monitoring methods for the sector as a further basis for developing improvement programmes.

4. **Frontline services:** Public bodies in Wales should be able to provide a frontline, first point of contact and service to the public in Welsh, and therefore organisations need to plan for providing bilingual services at their main contact points. **It is important to plan and develop procedures that offer and promote choice for patients and users so that they can deal with the organisation in Welsh.**

5. **The patient’s care pathway:** There is a need for clarity on the processes in place to ensure that Welsh-speaking staff are allocated to Welsh-speaking patients and users at every possible opportunity, and that robust arrangements are in place to monitor its implementation.

6. **Technology:** Although a number of NHS organisations' IT systems have been configured and provided at national level, online and telecare technology is becoming increasingly important in the organisations' dealings with the public and therefore user needs and bilingual features must be included in every project or initiative from the outset.

7. **Websites and new media:** It should be ensured that these communication media are developed and maintained bilingualy. They should make sure that the public know that they are welcome to contribute to these pages in Welsh and English, and that robust procedures are in place to ensure a response in the chosen language where appropriate. When providing information on the pages, they should ensure that the information is bilingual, and that the principle of treating both languages equally is respected.

8. **Recruitment and the Welsh Language:** Organisations need to comply with the advice on stipulating linguistic conditions in the Board's document 'Recruitment and the Welsh Language - Guidance under Section 3 of the Welsh Language Act 1993'. The requirements of posts should be reviewed in accordance with this
document by denoting which Welsh language skills are essential and which are desirable.

9. **Skills:** Organisations need to continue to develop processes to collect and record data on staff language skills in order to provide efficient and effective Welsh language services. Whilst recording skills on the Electronic Staff Record remains optional, alternative methods are needed to collect this information systematically. We expect to see progress with regard to this data next year.

10. **Training:** Language training resources need to be directed towards ensuring that the language is used in the most effective way to communicate and provide good quality care. This could include prioritising front-line staff and language refresher training in order to raise the confidence of Welsh speakers to use the language in their work. Also, with regard to monitoring the efficacy of this, what was noted last year remains true: We recommend that organisations should provide information in monitoring reports regarding the impact of courses on staff - for example an improvement in language skill levels.

11. **Language Awareness:** The Board believes that the best practice is a language awareness training session led by a tutor / language officer with opportunities for new staff to ask questions or discuss concerns.

12. **Monitoring Work:** The areas scrutinised by independent/arms length monitoring arrangements need to be expanded in order to scrutinise service contracting and commissioning requirements by the private/voluntary sector. The way that Community Health Councils could assist with monitoring the bilingual provision at different care location should be investigated.

13. **Complaints:** We expect all organisations to include a standard clause in every complaint response letter which gives complainants the opportunity to express further concerns via the Welsh Language Board if they are still dissatisfied with the Health Board’s response in 2011-12. Exemplary clause: *[Name of organisation] has agreed on a statutory Welsh language scheme with the Welsh language Board. If you are still dissatisfied following our enquiries and response, you can refer your complaint to the attention of the Welsh Language Board [contact address/e-mail]*.

14. **Publicity:** The data collected suggests that telephone and website services need to be promoted more proactively, and this information should be used as a baseline for improvement.

15. **Next monitoring report:** Every organisation should report on progress with regard to the recommendations above in their next monitoring reports.
5. Contact and communication

It is the Board’s intention to be open and accountable when executing its responsibilities to monitor compliance. It will also provide advice and guidance for organisations as required.

Two way communication is important and we encourage all organisations implementing Welsh language schemes to inform the Board as soon as possible if they suspect that a new decision or development is likely to have a detrimental affect on its ability to comply with its scheme. Early and open contact with the Board, together with an intention to act constructively for the benefit of the Welsh language, could ultimately avoid statutory action.

More details regarding the Board’s work, together with advice documents and investigation reports, are available on the Board’s website - www.byig-wlb.org.uk <http://www.byig-wlb.org.uk>. Otherwise, if you have a specific question about this report, please contact the Board's Health, Care and Third Sector Unit (details below).

Health, Care and Third Sector Unit
The Welsh Language Board
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