



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

# Cwm Taf Morgannwg University Health Board's assessment of its compliance with Welsh Language Standard 110

Assessment published in accordance with  
Welsh Language Standard 110A

# Contents

Abbreviations .....	2
Introduction .....	3
Section 1: What is the purpose of Standard 110?.....	3
Section 2: Contextual background to 2020-2023.....	4
Section 3: General quality of actions .....	5
Section 4: Assessing the baseline under part (a) of Standard 110 .....	6
Section 5: Assessing the actions under part (b) of Standard 110.....	7
Section 6: Assessing progress under part (c) of Standard 110 .....	10
Section 7: Actions for Year 4 and 5 .....	20
Summary.....	21

## Abbreviations

YCC: Ysbyty Cwm Cynon

YCR: Ysbyty Cwm Rhondda

PCH: Prince Charles Hospital

POWH: Princess of Wales Hospital

RGH: Royal Glamorgan Hospital

YGT: Ysbyty George Thomas

## Introduction

Cwm Taf Morgannwg University Health Board (CTMUHB) received its compliance notice from the Welsh Language Commissioner under Section 44 of the Welsh Language (Wales) Measure 2011 in May 2019, which can be read [here](#). A compliance notice is a legal document that sets out which Welsh Language Standards have been imposed on an organisation by the Welsh Language Commissioner, following the passing of the relevant regulations in the Welsh Parliament. The regulations relevant to CTMUHB are Welsh Language Standards Regulations (n.7) 2018, available to read [here](#). Once this compliance notice has been imposed, bodies are under a legal duty to comply with the requirements therein. This assessment relates to Welsh Language Standards 110 and 110A.

Standard 110 imposed the following requirement on CTMUHB, as worded in the compliance notice:

- You must publish a plan for each 5-year period setting out -
- (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh;
  - (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh;
  - (c) a timetable for the actions that you have detailed in (b).

Standard 110A also imposed the following, as worded in the compliance notice:

- Three years after publishing a plan in accordance with standard 110, and at the end of a plan's 5 year period you must -
- (a) assess the extent to which you have complied with the plan; and
  - (b) publish that assessment within 6 months.

The first 5-year plan, as required by Standard 110 following imposition of this standard in May 2019, was published in 2020. It is available to read [here](#). This assessment of the Health Board's compliance with that standard is being published, in accordance with Standard 110A. It aims to assess to what degree CTMUHB has complied with Standard 110 and the progress which it has made in meeting the aims set out in the plan.

## Section 1: What is the purpose of Standard 110?

The purpose of Standard 110, translating the wording of the standard above into operational delivery, is to ensure that those with a duty to comply with it:

- Publish, under part (a) of the standard, a baseline of their current ability to offer clinical consultations in Welsh, including staff in post and their skills and the processes they have in place to record and share knowledge of a patient's language preference;

- Work, under part (b) of the standard, to increase the number of clinical consultations they are able to offer in Welsh having established this baseline by setting out specific actions to do so;
- Set out, under part (c) of the standard, a timetable for completion of actions as identified for (b).

A clinical consultation is defined as follows by the Welsh Language Standards (No. 7) Regulations 2018 for the purposes of Standard 110:

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

This definition is wide-ranging and covers various different scenarios, noting it does not cover Primary Care medical consultations as independent contractors are not under a duty to comply with Welsh Language Standards.<sup>1</sup> As suggested in the good practice guide for this standard published in 2021 by the Welsh Language Commissioner, available to read [here](#), this definition includes outpatient clinics, consultant appointments, health visitor visits to homes and district nursing appointments, and those visiting mobile clinics for example. Any arranged interaction between a patient and a healthcare professional within a secondary care context would be captured by this definition of a clinical consultation provided in the regulations.

Having outlined the standard, its purpose and the definition of a clinical consultation, the framework for this assessment can now be outlined. This assessment will seek to answer the following questions:

1. Under part (a), did the current plan for Standard 110 outline a sufficient baseline of our current ability to offer clinical consultations in Welsh, that would allow CTMUHB to plan ahead effectively?
2. Under part (b), were the outcomes and actions in the current plan appropriate given the policy goal of Standard 110?
3. For those that were appropriate, what progress has been made so far with reference to the timetable for the plan outlined under part (c)?

Before moving to this assessment, Section 2 provides the essential contextual background.

## Section 2: Contextual background to 2020-2023

The COVID-19 pandemic shook the foundations of society and it continues to profoundly impact on NHS Wales as it does all healthcare systems. This assessment intends to review progress with a complex and multifaceted requirement during an unprecedented time for NHS Wales. When reading this assessment therefore, it must be borne in mind that for much of the time in question (2020-2023), CTMUHB was

---

<sup>1</sup> They are however expected to adhere to their ‘Six Duties’, further information about which can be found [here](#).

coping with demand on its services unmatched before or since. CTMUHB was an integral part of the Welsh response to a world-wide pandemic in which so far over 8,000 people have sadly lost their lives in Wales alone due to COVID-19.<sup>2</sup> The geographical area of Cwm Taf Morgannwg had the highest incidence of COVID-19 in Wales linked to high levels of social deprivation. As a consequence, our hospital admissions increased substantially, staff absences due to infections severely impacted the available workforce, staff were overworked and exhausted and the significant vaccine response demanded substantial operational and management time. Routine or planned care and some elements of community care were also paused, and it is within these settings that many clinical consultations are carried out within secondary care. The transformational change that Standard 110 rightly requires is incredibly difficult in this context, and while the rest of this assessment is transparent in its review of the current plan, COVID-19 must be seen as one of the main barriers to making meaningful progress during this period.

Healthcare recruitment is also arguably at crisis point in health systems across the world, and NHS Wales is continuing to find it difficult to recruit across its services.<sup>3</sup> This has also made it difficult to make progress with this standard and its policy goal, with staff shortages and vacancies common in many of our services along with an increasing reliance on overseas recruitment.

A further important contextual aspect to consider is the response of the Welsh Language Commissioner to the original plan that CTMUHB published in 2020. It became clear that the Commissioner at that time did not see the original plan as satisfactory, and engaged a language consultancy to write an advice document for Standard 110 (referred to above, and available to read [here](#)) so that the plans could be satisfactorily rewritten. This lack of confidence in the current plan did little to encourage a concerted effort to pursue the current plan under immensely difficult circumstances.

The pandemic, staff shortages, high vacancy and turnover rates and the international healthcare recruitment crisis are all crucial factors which determined the success of this first plan, which must be borne in mind when reading this assessment.

## Section 3: General quality of actions

Notwithstanding the challenging context as outlined above, actions throughout the plan needed to be SMART (Specific, Measurable, Attainable, Realistic and Time-bound), with a named manager at the appropriate level responsible for ensuring progress with that action. As a general point before assessing the actions, CTMUHB

---

<sup>2</sup> Public Health Wales, *COVID-19 Rapid mortality data*. Public Health Wales, Cardiff. Online: <https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/COVID-19Rapidmortalitydata/Summary>

<sup>3</sup> World Health Organisation, Health and care workforce in Europe: time to act. World Health Organisation 2022. Online: <https://www.who.int/europe/publications/i/item/9789289058339>

accepts that many of the original actions were not articulated effectively enough. While some elements of actions were articulated effectively and did conform to the SMART principles, many did not and this will be considered when we reassess our approach to this standard following this evaluation.

## Section 4: Assessing the baseline under part (a) of Standard 110

Standard 110 under (a) required the Health Board, as part of its plan to increase the number of clinical consultations it could hold, to establish a baseline of its current ability to do so.

The plan as published in 2020 did not include a baseline. The executive summary did include reference to the difficulty faced in ensuring the transferring Abertawe Bro Morgannwg University Health Board staff into CTMUHB had noted their Welsh language skills on ESR, following the inclusion of the Bridgend locality into the Health Board area. However, no other information was included.

Outcome 1, "An Engaged, Motivated and Healthy Workforce" did also include an action in Year 1 to create a linguistic profile of the Health Board's workforce. However, the expectation was that this work would be completed prior to publishing the plan. Even had this work been completed before publishing the plan, CTMUHB accepts there is no evidence of an intention to note what data would be required to analyse how many clinical consultations were held in Welsh at the time, nor evidence of an intention to note what the processes were around establishing and recording language preference at that time.

This means that the plan included no information, which suggested that, at the time of writing the plan in 2020:

- An understanding was gleaned of how many clinical consultations were held in Welsh, or how any relevant data could be gathered to at least partially inform CTMUHB of how many consultations were held in Welsh or likely to be held in Welsh;
- Any understanding was gleaned of how many staff were able to hold clinical consultations in Welsh and the departments and specialities in which they worked;
- What the current process was for establishing and recording the language preference of patients.

When the original plan for Standard 110 was formalised in 2020, it would have ideally included the above, to ensure that relevant future actions could be taken to improve. As this was not done, it is unlikely CTMUHB has complied with this aspect of Standard 110.

## Section 5: Assessing the actions under part (b) of Standard 110

Following the establishment of a baseline of the current position, the expectation on CTMUHB was that the 5-year plan then include relevant actions to improve its ability to offer clinical consultations in Welsh. As noted above, this assessment for part (b) will focus on whether those actions included in the current plan were appropriate in terms of their relation to the policy goal of Standard 110 (which is why we start with Outcome 2). In reviewing these actions, only actions from Year 1, 2 and 3 will be reviewed. Years 4 and 5, i.e. those actions originally intended to be carried out in 2024 and 2025, cannot be assessed as this assessment under Standard 110A is only relevant to the first three years of this plan. See Section 6 for a narrative regarding actions for Years 4 and 5.

### Outcome 2 - Attraction and Recruitment

#### **Action theme: Careers Wales data**

##### *Actions:*

- Evaluate Careers Wales' school and college destination data to monitor progression of Welsh speakers to promote and attract Welsh speakers to pursue health related careers.

##### **Assessment:**

The policy goal of Standard 110 is to increase the number of clinical consultations in Welsh, with success in doing so being monitored 3 years into the plan and then after every 5-year period. The expectation is that progress is made with this goal when assessing the plan. It is not clear how monitoring the destination of those between the ages of 16-18 would support this goal within the current 5-year period given that it can take anything from 4 to 7 years to train a medical professional before they can apply for a permanent role. It is also unclear how solely monitoring destination data would encourage young people to pursue a career in healthcare. This action would be more appropriate for long-term, national workforce planning, as shown by the fact it is now being undertaken under the More Than Just Words 5-Year Plan 2022-2027 under Action 21.

### Outcome 3 - Seamless Workforce Models

#### **Action theme: Primary Care policy under Standard 78**

##### *Actions:*

- Development and implementation of a primary care policy under Standard 78 (Y1);
- Monitor progress with the implementation of the policy in GP practices and promoting use in Dental practices (Y2);

- Monitor outcome of actions in years 1-3 by auditing primary care services (Y3).

**Assessment:**

In terms of the policy aim of Standard 110, the link between primary and secondary care is important because of the connection between recording language preference at Primary Care consultations and sharing this information at referral for Secondary Care professionals. However, it is unclear how these actions would aide this.

The policy referred to for Primary Care under Standard 78 concentrates on ensuring an impact assessment is carried out when decisions are made by the Health Board in relation to Primary Care. The actions above for this outcome do not clarify how this would influence the offering of clinical consultations, specifically within Secondary Care, unless the decision was related to recording language preference or referral processes specifically, which would rarely be the case.

**Action theme: Using a list of Welsh-speaking staff in Primary Care**

**Actions:**

- Increase and promote the use of Welsh speaking staff list on SharePoint to encourage staff to offer a seamless Welsh language service (Y1);
- Increase and promote the use of Welsh speaking staff list on SharePoint to encourage staff to offer a seamless Welsh language service (Y2);
- Identify gaps in service representation on the SharePoint list of Welsh speaking staff (Y3).

**Assessment:**

Primary Care clinicians are limited in their ability to dictate which Secondary Care professional will see a patient on referral, either because it needs to be a specific individual or because GPs cannot add their patients to specific lists or caseloads. While it may have been useful in an isolated number of cases, it is unlikely that Primary Care staff having access to a limited list of Welsh speaking staff would have a tangible impact on CTMUHB's ability to offer clinical consultations in Welsh.

**Outcome 4 - Building a Digitally Ready Workforce**

**Action theme: Online interpretation**

**Actions:**

- Increase the use of online interpretation (LanguageLine) to support patients with Welsh language interpretation when there are no Welsh speakers (Y1)
- Monitor usage of Welsh on LanguageLine, raise awareness with staff through induction and ward auditing (Y2)
- Collect examples of good practice on the use of online interpretation (LanguageLine) to share across all areas of the Health Board (Y3)

### **Assessment:**

Patients with limited proficiency in English need to use interpreters to ensure they are understood, when interacting with healthcare professionals. Aside from those with certain conditions and in the case of very young children, most people in Wales who speak Welsh will have the ability to use and understand English, even where this requires more effort and affects how well they can express themselves. The use of interpreters in some cases may be appropriate given this barrier.

As the policy goal of Standard 110 is to ensure the appropriate numbers of staff with Welsh language skills to hold clinical consultations in Welsh, planning for the widespread use of interpreters and strongly encouraging and monitoring their use may not have been appropriate as a default action. The focus of the plan should have been on the staff and processes which we have in place for establishing language preference, with online interpretation a secondary consideration, for a small number of cases.

### **Action theme: Beginners Welsh**

#### **Actions:**

- Encourage staff who have completed the 10 hour course to progress to other online learning platforms such as Say Something in Welsh<sup>4</sup>

### **Assessment:**

The policy goal of Standard 110 is to plan appropriately so that we have the staff and processes in place to hold clinical consultations in Welsh. The level of fluency needed to do this would not be reached at beginners level. A more appropriate action would have been to concentrate on those staff that already have some Welsh language skills to develop their confidence and language ability. While knowledge of basic conversational Welsh can be a comfort to some, along with the cultural understanding that often comes with this, the overall policy goal when assessing this plan needs to be kept in mind. It is unlikely knowing how to say 'bore da' and counting to ten for example would aide this goal. It also unclear how this action is related to being 'digitally ready'.

## Outcome 6 - Leadership and Succession

### **Action theme: Placements**

#### **Actions:**

- Increase the capacity of the team with work experience placements (local colleges and universities) (Y2)

---

<sup>4</sup> Note this action is repeated in Outcome 5 and Outcome 7

***Assessment:***

It is unclear how staff in the Welsh Language Services Team embarking on placements would aide the policy goal of Standard 110, which is to increase the number of clinical consultations we can hold in Welsh.

**Action theme: Resources available in the Welsh Language Services Team*****Action:***

- Review current staffing levels and assess effectiveness of support through regular ward and departmental audits (Y2).

***Assessment:***

The resources available in the CTMUHB Welsh Language Services Team are relevant to the Health Board's ability to comply with several of the standards and some aspects of More Than Just Words. With the policy goal of Standard 110 in mind, it is unlikely that any increase in staff numbers within this team would have a tangible impact on medical recruitment and improving the confidence of staff to use Welsh, two of the main drivers for success essential to improve our ability to offer clinical consultations in Welsh.

**Outcome 7 - Workforce Supply and Shape****Action theme: ESR*****Actions:***

- Monitor staff engagement with ESR to ensure Welsh language skills are recorded and overall figures increase by 5% (repeated for Y1, Y2 & Y3)

***Assessment:***

It is unclear how this action (repeated year on year) would change the shape of the current and future healthcare workforce. This action would seem to be more appropriate for monitoring any relevant action taken to change the workforce shape, rather than being an appropriate action in itself.

## Section 6: Assessing progress under part (c) of Standard 110

This section assesses those actions that were relevant to the policy goal of Standard 110. As these actions can be deemed relevant to the policy goal, progress with them can be reviewed.

## Outcome 1 - An Engaged, Motivated and Healthy Workforce

### Action theme: Creating a linguistic profile

#### **Actions:**

- Create a profile of staff's Welsh language skills and compare with the linguistic needs of the communities they serve (Y1)
- Continue to promote and encourage staff to update their Welsh language skills on ESR. Carry out a baseline assessment of the Health Board's ability to offer clinical consultations in Welsh (Y2)
- Continue to promote and encourage staff to update their Welsh language skills on ESR (Y3)

#### **Assessment:**

As noted in Section 2, above, the baseline these actions referred to would ideally have been established before writing the plan so that relevant actions could have been agreed. However, the actions in Y1, Y2 and Y3 are nevertheless appropriate to the policy goal of Standard 110, as staff will continually need to be reminded to update their ESR profile to ensure that relevant data on their linguistic profile is accurate.

CTMUHB staff have been reminded at regular intervals to ensure their language competencies are up to date on ESR. This is a mandatory 'competency' meaning staff will need to ensure it is up to date to show '100% compliance'. As of March 2023, the percentage of compliance, i.e. the number of staff who have noted their language skills on ESR, is 81% on average for listening and speaking Welsh and 80% for reading Welsh and writing Welsh.

In terms of the detailed baseline expected under this standard, this work was not completed and CTMUHB does not currently have one at the time of publishing this assessment.

### Action theme: Learning Welsh

#### **Actions:**

- Numbers of Staff enrolling on and completing Welsh Language training is monitored and increase (sic) by 10% from the previous year with particular focus on staff in priority areas (Y1);
- Assess Locality/ departmental representation on training (Y2);
- Increase training provision to include all areas of the Health Board (Y3)

#### **Assessment:**

No data was kept on the number of staff who began learning Welsh and at what level to know whether the number increased by 10% from previous years (a list of staff and department is now kept for this purpose). The type of training and the staff targeted is also not made clear, likely due to the fact that no baseline was created to

know where to target. While this action is relevant to the policy goal, little data was kept to measure it and it is unclear what type of training was referred to. However, given the policy goal, this would ideally have been staff who had skills in the Welsh language already but lacked confidence, as a degree of fluency would be needed to hold clinical consultations in Welsh.

### **Action theme: Celebrating success**

#### *Actions:*

- Success is celebrated and communicated (Y2&3)

#### *Assessment:*

Efforts have been made to share the successes of staff, primarily through internal communications. In 2021, the results of ward audits in Prince Charles Hospital and mystery shopper exercises were celebrated and areas with a high score were awarded a certificate, that was presented to staff and shared on the staff Facebook page. These were popular posts that attracted a great deal of positive attention.

The new staff guide created in 2022 and shared in the Ward & Service Packs and also on SharePoint includes an example of good practice for the service delivery standards, so that staff can see examples of colleagues implementing the standards successfully. Welsh Language Rights Day 2022 also celebrated all areas that had agreed to a Welsh Language Action Plan between February 2022 and December 2022, on [social media](#) and on our [webpage](#). For St David's Day 2023, efforts to 'do the little things' in Welsh to aide cultural well-being were promoted. Two posts on the internal staff Facebook page highlighting two departments that had weaved Welsh into their ways of working were celebrated as well as posts on public social media in co-operation with the Well-being Team.

Celebrating success has therefore taken place and will continue, as celebrating staff who have weaved bilingualism into their service delivery is important for a number of reasons within the context of organisational and behavioural change.

### **Action theme: Governance**

#### *Action:*

- Feedback compliance with the Welsh language standards through Welsh Language governance (Y3)

#### *Assessment:*

The Executive Director for People is the executive sponsor for Welsh language policy and development. In terms of monitoring compliance, the following has been done during Year 3 of the plan to monitor progress and ensure accountability:

- A previous monitoring tool has been redeveloped with a scorecard for each Care Group, and for the whole organisation taking account of all standards at

a corporate, organisation-wide level. The scorecards for the Care Groups takes into account our new Care Group Operating Model and is calculated based on performance at individual ward and service level, allowing a greater level of detail. The auditing method that will gather data for this tool is currently being developed. However, based on current evidence, it has been possible to give a reasonable estimate of our current position, as of April 2023 including the calculation of an overall quantitative compliance score for CTMUHB;

- A new Welsh Language Steering Group has been established with senior leadership to enact change and ensure progress on the standards in their Care Groups;
- This steering group will report to the People & Culture Committee, a sub-committee of the Board, with quarterly highlight reports and biannual written updates.

Progress has been made to ensure that CTMUHB is able to report on our position accurately, per standard and for particular areas, as well as ensuring we have the right structures in place.

## Outcome 2 - Attraction and Recruitment

### Action theme: Recruitment

#### ***Actions:***

- Monitor the number of Welsh essential jobs to ensure the Bilingual Skills Strategy is implemented across key areas of the More than Just Words Strategy (Y1);
- Develop and promote the use of the bilingual skills strategy with Workforce Business Partners through targeted training (Y1);<sup>5</sup>
- Evaluate snapshot of % of Welsh essential jobs advertised (Y2);
- Assess and evaluate the use of the bilingual skills strategy in particular in targeted areas highlighted in the More than Just Word Strategy (Y2).
- Establish a formal mechanism to monitor recruitment on Trac to ensure jobs are advertised as Welsh essential (Y3).
- Publish report on progress and ensure published data is analysed at a local level and any potential service improvements are considered (Y3)
- Increase bilingual skills strategy training to include all departments (Y3).

#### ***Assessment:***

In terms of the Bilingual Skills Strategy, it was written and ratified and it was shared with some relevant staff including business partners and clinical staff within the priority areas identified by More Than Just Words. However, as data published in our Welsh Language Standards Annual Reports show, available to read [here](#), the number

---

<sup>5</sup> Note this action is repeated in Outcome 6.

of roles advertised as needing skills in Welsh remains very low. This shows that the Bilingual Skills Strategy has not been used to the degree intended.

Looking ahead at recruiting staff into CTMUHB and ensuring it takes account of the language skills needed for posts, and considering the actions originally planned for this year noted above (actions for Y3), we aim to improve on this situation.

To do so we will ensure the Bilingual Skills Strategy is used in a targeted way in those areas that need to recruit Welsh speaking staff. Having the skills profile for all staff across CTMUHB will allow us to do this. This work will also involve redrafting the Bilingual Skills Strategy in line with Action 16 in the More Than Just Words 5-year Plan to ensure that the skills we need are well-defined when advertising the role.

### Outcome 3 - Seamless Workforce Models

#### **Action theme: Engaging Primary Care managers**

##### ***Actions:***

- Welsh language team to attend primary care management meetings to ensure staff are aware of the support available.

##### ***Assessment:***

Engagement between the Welsh Language Services Team and Primary Care management has been limited. The Welsh Language Services Manager most recently met with the then Assistant Director for Primary Care in August 2022, however there has been little contact since then. It is important to note however that this does not necessarily mean that independent contractors are not following the Six Duties under the NHS (Welsh Language in Primary Care Services) (Miscellaneous Amendments) (Wales) Regulations 2019, and contact with some individual contractors shows that this is the case. What it does mean however is that CTMUHB does not know the extent to which all Primary Care contractors in the CTM geographical area follow them, and whether they know what support is available from the Health Board to do so.

There is Primary Care representation on the new Welsh Language Steering Group and this will allow engagement and dialogue to take place in future.

#### **Action theme: Auditing Primary Care**

##### ***Actions:***

- Monitor outcome of actions in years 1-3 by auditing Primary Care services

##### ***Assessment:***

Despite attempts, little contact has been made with Primary Care during the first 3 years of the plan and the Health Board has not succeeded in auditing Primary Care contractors on their adherence to the Six Duties, including Duty 6 and establishing and recording language preference as relevant to the policy goal of Standard 110.

## **Action theme: Training for Primary Care staff**

### **Actions:**

- Increase in uptake of Welsh language training by primary care staff.

### **Assessment:**

Welsh language awareness training has been developed and has been offered previously to independent contractors, although few have taken up the offer. In terms of Welsh language courses for staff within independent contractors to learn Welsh, these are not funded by CTMUHB, however this does not mean that staff within these settings have not completed any Welsh language courses. As noted above, there has been little contact with Primary Care and no auditing so it is difficult to monitor our current position.

## Outcome 4 - Building a Digitally Ready Workforce

## **Action theme: Digital logos on systems**

### **Actions:**

- Increase and monitor the use of the Work Welsh logo on ward digital screens to identify patients who speak Welsh through Ward auditing. Focus on key areas such as children's wards and elderly care (Y1).
- Carry out Ward audits to monitor usage and raise awareness with staff (Y2).

### **Assessment:**

CTM UHB uses the e-whiteboard system in adult in-patient settings, to allow clinical staff to gather various pieces of information about patients at a glance on the ward. This system allows staff to note whether in-patients are Welsh-speaking, by using the Welsh flag symbol.<sup>6</sup> This means that it is possible to record the language preference and needs of in-patient adults in an acute or community hospital bed. It also ensures that these patient preferences or needs are visible to all staff who use the digital whiteboards. This is in addition to the bedside cards and magnets with the 'Iaith Gwaith' symbol on them, available as part of the Ward & Service Packs, which can be used to denote Welsh-speaking in-patients in any setting.<sup>7</sup> The symbol on the

---

<sup>6</sup> The words 'Welsh speaker' also appear under the symbol to ensure it is clear as possible. The orange 'Iaith Gwaith' logo was trialled, however due to its low legibility when used on the screen during trials, the flag was used instead to ensure staff understand what it is.

<sup>7</sup> Since November 2022 when they were developed, these packs have been shared with Paediatric Services PCH, RGH & POWH, SCBU in POWH, Dietetics across CTM, Speech & Language Therapy PCH, Paediatric Physiotherapy POWH, the Community Dental Service, Community Midwifery YCC, Cardiac Monitoring Unit RGH, Endoscopy POWH & PCH, Older People's Occupational Therapy YGT, Maxillofacial Outpatients PCH, Gynaecology & Sexual Health RGH & YCR, Ward 6 PCH, Maternity Ward PCH, Palliative Care Services RGH, YCC & POWH, Ward 12 POWH, Healthy Schools Team (Public Health), Pre-assessment Unit PCH, Speech & Language Therapy YGT, Ward B2 & C3 YCR and the Chaplaincy and Spiritual Care Department. As some areas had several departments, enough were shared for one each.

whiteboard and/or the cards and magnets also allow staff other than nursing staff to know whether a patient is Welsh-speaking, for example doctors, consultants or Therapies staff during their interactions with that in-patient, facilitating those interactions that would be caught by the definition of a clinical consultation, under the definition in the regulations. This system is due to be rolled out to Maternity, in-patient Paediatric Services, Palliative Care and Maesteg Community Hospital during 2023 and 2024, with Mental Health in-patient services also under consideration. This will allow the system to be used for the majority of in-patient services across CTM UHB.

The e-whiteboards are the only clinical system that gathers patient information that CTMUHB has direct control over. However, other clinical systems are in use in CTMUHB and these can also record the language preference of patients. A full list of current systems in use throughout NHS Wales, and how they allow for the recording of language preference, can be obtained from Digital Health & Care Wales.

Currently, the e-whiteboards cannot write to these systems and information on language preference needs to be re-entered on to them. Staff are encouraged to note language preference on these systems however in advice given to them, such as in the *Staff Guide to Welsh Language Services* shared within the Ward & Service Packs. Ward auditing and action planning meetings to improve bilingual provision also discusses the Active Offer and the recording of language preference on all systems that are relevant to those patients.

There has therefore been progress overall with this action. CTMUHB will seek to influence any national digital system design in future to ensure it includes the ability to record language preference, where necessary, and continue to encourage staff to make the best use of the e-whiteboard with in-patients.

## Outcome 5 - Excellent Education and Learning

### Action theme: Awareness training

#### **Actions:**

- Focus on Key areas of the More Than Just Words Strategy to ensure staff within children and elderly care services are engaged with Welsh language awareness training (Y1);
- Deliver Welsh language awareness training for medical students (Y2);
- Deliver Welsh language awareness training to all students from all clinical areas (Y3).

#### **Assessment:**

Language awareness is essential to progress with increasing bilingual provision and Year 2 and 3 has seen the following:

- A total of 52 wards and services have agreed a bilingual development action plan to date.<sup>8</sup> This includes explaining why bilingual provision is important;
- A Welsh Language Awareness Session was given to:
  - CTM Senior Nurse and Lead Nurse Professional Forum in June 2022,
  - Ward Manager Forum for Prince Charles Hospital in June 2022,
  - Ward Manager Development Day in Ysbyty Cwm Rhondda in June 2022
  - Practice Nurse Development Day in November 2022,
  - New Band 5 Therapies staff in December 2022
  - iCTM Development Team, who lead on service improvement, in February 2023.
- A staff event was held in October 2022 to mark the publication of the new More Than Just Words Plan, which over 80 staff, including Executive Directors and Independent Members, attended. This included segments on why it matters to patients and the evidence for why it matters;
- Ward & Service Packs were created, which include a new staff guide which leads with language awareness and which signposts staff to patient experience videos on SharePoint;
- Corporate induction for Welsh leads with 'why' we offer Welsh language services and includes staff and patients talking about what Welsh means to them. This is an important contribution to language awareness for all new staff.

Although language awareness has not been given to medical students as planned, a substantial amount of work has been done around language awareness and work over the short to medium term will include giving language awareness sessions at local inductions.

It should also be noted that as part of Action 14 in the More Than Just Words 5-Year Plan, all staff in NHS Wales are now expected to complete a short mandatory awareness course on ESR. As of April 2023, 44% of all staff have completed this course in CTMUHB since it was made part of statutory and mandatory training at the end of January 2023. This mandatory course will contribute substantially to the understanding of staff in CTMUHB of why we offer services in Welsh, in addition to the work described above.

#### **Outcome 6 - Leadership and Succession**

#### **Action theme: Implementing the Welsh Language Standards**

##### ***Actions:***

- Welsh language team to lead and support services / departments with the implementation of the Welsh Language Standards through regular communication, SharePoint, newsletters and working group meetings (Y1);

---

<sup>8</sup> This includes the individual departments with Therapies, which account for 32 of these action plans, which were amalgamated to high-level plans for each of the four specialities.

- Welsh Language Services Manager to lead senior management with the implementation of the Welsh language standards (Y3).

### **Assessment:**

Between 2020 and 2023, CTMUHB has made progress on its implementation of the Welsh Language Standards in general, as described in our annual monitoring reports published under Standard 120, available to read [here](#). The most relevant standards however to the policy goal of Standard 110, as suggested in the advice document published by the Welsh Commissioner in 2021, are:

- Standard 23 & 23A, and establishing and recording the language preference of in-patients;
- Standard 24, and a policy on confirming the language preference of in-patients who are unable to convey this themselves due to their condition;
- Standard 60 & 61 and promoting the services in Welsh we do currently offer;
- Standards 69 to 78A, and our analysis of policy decisions and their impact on the use of Welsh;
- Standards 96 and 99-102, and how we plan and recruit our workforce; and
- Standard 106, and assessing posts in terms of the skills in Welsh needed.

### **Standard 23 & 23A**

We have made progress in ensuring that staff are aware of the need to ask patients their language preference on admission. Most admission forms contain a question on language preference and national clinical systems include a section where language preference can be recorded and shared. The e-whiteboard (see above for more information) as developed by CTMUHB internally also includes the ability to record patient language preference and displays this digitally on wards.

The Welsh Language Ward & Service Resource Packs also include a card and magnet to denote Welsh speaking in-patients at the bedside or at the foot of the bed, allowing staff to see whether an in-patient has noted his or her language preference is Welsh. The Staff Guide included in these packs also explains the rationale behind making the Active Offer from a theoretical and practical perspective, to encourage staff to make the offer consistently with a better understanding of why. Qualitative evidence gathered as part of our annual performance report for 2021/2022, available [here](#), shows that staff do make the Active Offer in various settings some of which are relevant this standard. Quantitative data from Civica, the system used to gather patient feedback, also shows that some patients have been able to use their language of preference when receiving care. The question asked as part of Civica questionnaires and the data, albeit from a limited period as the system has recently been deployed in some areas, is available in our annual performance reports for 2021/2022 and 2022/2023 available to [read](#) here.

## **Standard 24**

CTMUHB does not currently have a policy in place for this standard. We are committed to having one in place by the end of 2023. The lack of a policy under Standard 24 does not mean that staff do not attempt to identify language preference of patients who are unable to note this themselves, however we accept we will need to ensure we have a specific policy in place given our duty to do so under this standard.

## **Standard 60 & 61**

Posters with the 'Iaith Gwaith' orange logo have been distributed to several departments and wards along with lanyards and badges so that staff can identify themselves as Welsh-speaking.

The Welsh Language Ward & Service Packs, of which over 65 have been shared since November 2022, also include this poster and lanyards so that Welsh language services are promoted.

On Welsh Language Rights Day 2022 we also shared a video as part of our write-up for the day, available to view [here](#), which explained what people's rights are to use Welsh in healthcare. We have taken steps to promote Welsh Language Services since the plan was published and will continue to find innovative ways to do so.

## **Standards 69 to 78A**

CTMUHB has not routinely assessed its policy decisions for their impact on Welsh, apart from a small number of relevant workforce policies. Recently, however, a new Equality Impact Assessment process has been developed which does include assessing the impact of various policies and policy decisions on Welsh, along with a click-through tool which supports staff in analysing what they will likely need to consider for Welsh as part of the process.

## **Standards 96 and 99-102**

Staff have been regularly encouraged to improve their skills in Welsh and these courses have been paid for by CTMUHB and completed during their working hours. These courses however have overwhelmingly been completed by those without any skills in Welsh currently, with up to 60 having completed a Beginners Course since records were kept in 2021.

With the policy goal of Standard 110 in mind and the need for staff to be confident enough to hold a clinical consultation in Welsh, support for improving confidence to use Welsh will also need to be a focus. We are committed to ensuring CTMUHB has a streamlined and strategic approach to support staff to learn Welsh or improve their Welsh in all roles, rather than ad hoc external provision.

## **Standard 106**

See above under the Recruitment action theme for CTMUHB's response to this standard to date. In summary however, some progress has been made in

implementing the operational standards for recruitment that are core to the success of the policy goal of Standard 110, but we accept much more needs to be done. Work will now continue to embed these standards.

### **Action theme: Supporting senior management with implementation**

#### ***Actions:***

- Welsh Language Manager to lead senior management with the implementation of the Welsh language standards (Y3)

#### ***Assessment:***

Progress with this action has taken three main forms. Firstly, in terms of action planning, all action plans have been agreed with the appropriate level of operational management closer to the day-to-day running of their areas. Working with managers of wards and services, over 50 of these have been agreed and largely completed to date. Larger action plan templates for the entirety of the previous Integrated Locality Groups and corporate areas were also shared with senior management prior to this, with some having been received completed.

Secondly, the Welsh Language Services Manager has also led awareness sessions at senior management forums as described above, and a session was held with the Board in March 2021, explaining the requirements on CTMUHB in terms of language policy.

The staff event described above held in October 2022 was well attended and several senior leaders were present, including some of those at Board level.

The third aspect of this is the Welsh Language Steering Group which met for the first time in March 2023. This will be an essential forum consisting of senior leaders through whom progress with the Standards will be developed and monitored, supported by the Welsh Language Services Manager and their team.

## **Section 7: Actions for Year 4 and 5**

This 3-year assessment is a good opportunity to review not only what we have done but also what we originally planned to do. This section therefore considers the actions for Year 4 and 5 as published in the current plan. This will aide us in deciding how to proceed.

Actions for Years 4 and 5 concentrate on building on progress made with those actions for Years 1, 2 and 3, ensuring published data is analysed and any improvements made as necessary (the type of data is not specified), and publishing the evaluation of the plan in Year 5 in accordance with Standard 110A. As can be seen from the assessment above, many of the actions originally included were irrelevant to the policy goal of Standard 110, and some were not progressed satisfactorily where they were relevant. This means that the consolidation and analysis expected in Years 4 and 5 cannot reasonably be expected.

Since the plan was published, there have also been several important developments which will need to be considered. These are:

- The publication of the More Than Just Words 5-Year Plan 2022-2027 and its actions around workforce planning and recruitment, in particular Action 6, 11, 12, 13, 16 & 18;
- The publication of 'A Healthier Wales: Our Workforce Strategy for Health and Social Care', the 'National Workforce Implementation Plan' and the Duty of Quality and Quality Standards, which the Health Board will need to have regard to and implement;
- The publication of the results of the 2021 National Census.

Considering the irrelevant actions, a lack of progress with some relevant actions as described above and new developments, the next steps for our response to this standard and actions in Years 4 and 5 will need to be reconsidered.

## Summary

Of all the actions for Year 1, 2 and 3 (apart from those related to evaluating this plan and its actions):

- Some were irrelevant to the policy goal;
- Of the actions that were relevant, meaningful progress was made against 8 of them.

Of the actions for Years 4 and 5, most relate to data and evaluation. However, given the quality of actions and progress with them so far, actions for Years 4 and 5 will need to be reconsidered.

Given the quality of the current plan and success with its policy goal to date, CTMUHB will re-consider its approach to this standard and re-evaluate the actions needed to be taken.