

Comisiynydd y
Gymraeg
Welsh Language
Commissioner



Standard 110 - Welsh Language Standards (No. 7) Regulations

Good practice advice document

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The Commissioner's good practice advice documents offer practical ideas on complying with statutory language duties, and promoting the use of the Welsh language.

Advice documents refer to the requirements of specific statutory language duties, but please note:

- o Organisations (including businesses and charities) that are not under a duty to implement the specific duties referred to may actively apply the principles and examples to their situation
 - o The advice documents are not legally binding on organisations. Organisations must rely on their own legal advice in interpreting and implementing language duties
 - o The advice documents are not codes of practice for Welsh language standards under section 68 of the Welsh Language Measure, so there is no requirement to refer to the advice documents when considering the interpretation of Welsh language standards. The Commissioner's [codes of practice](#) for Welsh language standards regulations can be found on the website (see section 1 of the codes of practice regarding the legal status of the codes).
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1. Summary

This document offers clarity on the requirements of **standard 110** of the Welsh Language Standards (No. 7) Regulations 2018.

The standard embodies the principle that offering to carry out clinical consultations in Welsh to patients is a matter of quality and patient safety, as well as ensuring consistency and creating more opportunities for people to use the Welsh language. It puts the patient first, and highlights the practical importance of planning services based on people's language needs. This is the standard that sets the foundations for a health service in a bilingual country.

Section 3 highlights the fact that national policy direction already provides a clear basis for planning clinical services to meet the needs of Welsh speakers. The duty on Welsh NHS bodies to implement standard 110 and publish a 5 year plan to increase capacity to offer clinical consultations in Welsh is an opportunity to bridge the gap between national and local, and between theory and practice. It is also an opportunity to ensure that all the clinical plans and strategies of NHS Wales health boards and trusts align with this statutory requirement.

Section 6 sets out the areas to be addressed and shares practical suggestions for NHS Wales trusts and health boards. This, hopefully, provides practical considerations for steps already in place or for the planning process itself. Appendix 1 provides a template for a 5 year plan covering the main elements to be included and Appendix 2 highlights a range of resources available to support the formulation of a 5 year plan and to assess the progress of the plan in due course.

2. Background

The Welsh Language (Wales) Measure 2011 placed a statutory duty on NHS Wales health boards and trusts, under the Welsh Language Standards (No. 7) Regulations 2018, to comply with standards relating to the Welsh language. The Welsh Language Standards are intended:

- to clarify organisations' duties in relation to the Welsh language
- to provide Welsh speakers with more clarity on the services that they can expect to receive in Welsh
- to ensure greater consistency in terms of Welsh language services and to improve their quality

The standards include a requirement to develop Welsh language skills through workforce planning and training, assessing the need for language skills when advertising posts, providing opportunities for staff to access Welsh language learning and keeping a record of their skills. And one specific standard, standard 110, requires bodies to publish a 5 year plan for offering to carry out clinical consultations through the medium of Welsh.

Standard 110 sets the foundations for a health service in a bilingual country. It embodies the principle that offering clinical consultations through the medium of Welsh to patients is a matter of quality and patient safety, as well as ensuring consistency and creating more opportunities for people to use the Welsh language.

It puts the patient first, and requires services to be based on people's language needs. This also echoes the fundamental principle of the More than Just Words strategy, and the aim of embedding the Active Offer across the whole of the health and care service so that a patient is able receive healthcare through the medium of Welsh according to need.

It echoes the fundamental expectation that a body must ensure that a patient understands what is happening during the clinical consultation in accordance with standards of safe and clinically effective care, standards of effective communication and standards of dignity as set out in the Healthcare Standards.

In March 2021, we reviewed the plans that NHS Wales Health Boards and Trusts had prepared in accordance with standard 110. Interviews were also conducted with 24 officers from those bodies together with the Welsh Government, and desk-top research was conducted into the wider context of Government and health service policies and frameworks.

It was found that organisations were encountering difficulties in realising certain elements of their plans, leading to:

- Risk of failure to comply with the standards
- Inconsistency in terms of progression and difficulty in measuring progress at the end of the 5 year period.

The barriers were found to be a combination of national and local issues, broadly encompassing the themes of systems and processes, and the workforce. Accountability for these 5 year plans was also identified as an issue that needed to be addressed both from the organisations' own perspective and on a national level.

The Commissioner acknowledges the systemic difficulties that require solutions at a national level, but stresses that some steps can be taken now at local level. There is a real need for organisations to address those issues that currently prevent patients from receiving clinical consultations in Welsh. This advice document has therefore been produced on the basis of the research and experiences outlined above in order to provide practical guidance to bodies on the steps involved in complying with standard 110 and 110A leading to better, safer provision for health service users in Wales.

The Welsh Language Commissioner's advice documents

The Commissioner's advice documents offer practical ideas on complying with statutory language duties and promoting the use of the Welsh language.

Although the document refers to the requirements of certain standards it is not a code of practice under section 68 of the Welsh Language Measure, so there is no requirement to refer to it when considering your interpretation of standards 110 and 110A.

This advice document is not legally binding on organisations. Organisations must rely on their own legal advice when interpreting and implementing the standards.

Purpose of this advice document

Standard 110 is derived from the principle that being able to offer to carry out clinical consultation through the medium of Welsh is a matter of quality and patient safety. This document is therefore designed to support teams across health boards and trusts who are responsible for planning clinical services.

This document provides clarity on the requirements of the standard and highlights the practical importance of standard 110 to the health service in Wales. It looks at the wider policy context and the relationship of the standard to national strategies and legislation.

It identifies areas to be addressed and shares practical suggestions together with useful resources for bodies in drafting the final versions of their plans and preparing to assess progress before drawing up the second 5 year plan in good time.

3. Context of standard 110

(i) Welsh Language Standards (Regulations No. 7)

NHS Wales Health Boards and Trusts are subject to the Welsh Language Standards under the 2018 Regulations.

The first standards within the bodies' compliance notices came into force on 30 May 2019. NHS Wales Health Boards and Trusts are required to comply with standard 110 together with a number of other standards linked to the objective of standard 110. In fact, the quality of organisations' compliance with these other standards underpins and influences their work and their ability to formulate and implement the 5 year plan.

For example:

Standards relating to meetings : 21 – 25	Although these standards do not apply to clinical consultations, they require bodies to consider <ul style="list-style-type: none"> • how they deal with the process of identifying the language choice of individuals / persons • how they convey language choice to the relevant staff • how to plan the provision and the active offer
Standard 24	Standard 24 refers to the producing and publishing a policy on confirming whether an inpatient wishes to use the Welsh language. Again, this means that organisations have had to map out processes to follow in order to confirm whether the patient requires Welsh language provision and plan for that.
Standards relating to raising awareness about Welsh language services : 60, 61.	These standards require bodies to consider the Welsh language services available and promote and raise awareness of them. This in turn adds to facilitating the Active Offer and a culture of planning provision through the medium of Welsh.
Policy making standards: 69-78A	The policy making standards require bodies to consider and adapt the effects of policy decisions on the Welsh language – this is not limited to identifying and mitigating the risks of discrimination against Welsh speakers.

	<p>It should be remembered that the definition of a policy is a decision broadly related to a written formal statement / document dealing with aims, directions, ideas, plans or guidance on how a body will operate in a particular situation.</p> <p>Given therefore that policy decisions form the basis of the 5 year plan, it is important that the bodies have procedures in place to enable them to consider the impact of the plan on the Welsh language as part of the ongoing cycle of assessing progress.</p> <p>These standards place requirements on bodies to consider not only how the 5 year plan could be drawn up in order to have positive effects on persons' opportunities to use the Welsh language, but also the effects of all the bodies' strategies and decisions in general.</p> <p>This means considering what effects policy decisions would have on opportunities for other persons to use the Welsh language, or on treating the Welsh language no less favourably than the English language. Consideration must be given as to how the decision could be made so that the decision has positive effects, or more positive effects, or how the decision could be made so that the decision does not have an adverse effect, or a less adverse effect.</p>
<p>Standards relating to workforce skills: 96; 99-102</p>	<p>Another core part of the 5 year plan is adequate Welsh language skills among the workforce so that the body increases its ability to provide services through the medium of Welsh to patients and the public.</p> <p>These standards require bodies to put in place arrangements to assess the Welsh language skills of the workforce and provide training to improve the Welsh language skills of the workforce.</p>

Standards relating to record keeping : 115, 116, 117	<p>115 – a record must be kept of the number of complaints relating to compliance with the standards</p> <p>116 – records must be kept of the number of employees with Welsh language skills and a record, when the information is available, of their level of skills.</p> <p>117 – a record must be kept of the categorisation of new and vacant posts in terms of the need for Welsh language skills.</p>
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Therefore with the implementation of these standards, the 5 year plan can be placed within the context of the arrangements already in place to ensure that there is no duplication of effort.

(ii) Strategic context

The Welsh Government makes clear in health and care legislation, policies and strategies, the importance of acknowledging the concept of language need and the fact that language is an essential element of care for many Welsh speakers. Effective communication is a matter of quality and dignity, and a key element of assessments and of providing people with the support and assistance they need.

It must be remembered that healthcare planning takes place at different levels and over different timescales, with bodies such as Digital Health and Care Wales, NHS Wales Health Collaborative and Health Education and Improvement Wales developing their strategies and programmes of work, all of which are relevant to the successful implementation of standard 110.

The main frameworks and strategies that are key to the standard 110 plans are set out below.

More than just words

More than just words is the Government's framework for the Welsh language in health and social care. The *More than just words* action plan aims to contribute to the vision within *Cymraeg 2050* and to increase the use of the Welsh language in the provision of health and social care services.

An independent evaluation of *More than just words* was published by the Government in August 2021. As a result, the Government has created a task and finish group to finish and develop a 5 year work plan for more than just words based

on the recommendations of the evaluation and other evidence. An interim action plan was published for 2019-20.

This action plan states that 'the enabling actions outlined in the interim action plan sits alongside the Welsh Language Standards and together they aim to deliver further improvements in Welsh language services'.

The aim is to ensure that future *More than just words* actions work hand in hand with the requirements of the standards 'and reinforce, not duplicate' them.

“[The Standards and the action plan] contribute to the overarching vision set out in the Cymraeg 2050 strategy, and are different parts of the same jigsaw which together will help improve the quality of health and care services for Welsh speakers”.

The Active Offer is the key principle of *More than just words* and is also a crucial element in delivering standard 110. This principle requires a culture that takes the responsibility away from the patient to request a service through the medium of Welsh, providing a person-centred service. A key part of that is to ensure that Welsh-speaking patients are treated with respect and dignity by asking them what their chosen language is and acting accordingly.

“A proactive approach is needed ensuring that language needs are identified as a central part of providing safe, high quality care for patients”.

It is emphasised that the Active Offer needs to permeate throughout all health and care settings so that the provision of health and care services is based on the language needs of the users of those services. Although this is the key aim, the framework identifies specific groups of service users who need particular support in terms of receiving services through the medium of Welsh, noting that these groups need to be prioritised as a matter of urgency:

- Children and young people
- Older people
- People with learning disabilities
- Mental health service users
- Dementia services
- Stroke services
- Speech and language therapy services

The Welsh Language in Health and Social Care Partnership Board monitors the implementation of the action plan at a national level with *More than just words* regional forums across Wales reporting on progress to the Board and sharing good practice.

A Healthier Wales: our Plan for Health and Social Care 2018

A Healthier Wales was published by the Government in 2018 in response to the Parliamentary review into Health and Social Care in 2018. It offers a whole system approach to health and social care with four core aims which include improving the experience and quality of care of individuals and their families. Another fundamental principle of the intention to drive changes in services is 'health and care services are tailored to individuals' needs and preferences, including in the language of their choice'.

NHS Wales Planning Framework 2019

The 2019-2022 Framework provides guidance on strengthening and developing medium-term planning for Health Boards and Trusts as they plan to improve services over the next three years.

The framework refers specifically to the requirement that bodies should demonstrate in their plans that they meet the statutory requirements of the Welsh Language Standards and plan and deliver services in accordance with the *More than just words* framework. This includes:

- Using a profile of the language needs of the population to inform services and workforce planning
- Ensuring that there is leadership and ownership in ensuring the Active Offer
- Ensuring proactive support for staff in developing their skills and confidence to use the language

As an appendix to the Framework, the Workforce Planning Resources document, apart from highlighting the fact that workforce planning is something that happens on an ongoing basis, from planning a staffing rota on a weekly basis to a medium-term plan on a three-year basis, outlines useful education and training needs planning actions with a focus on improving the quality, experience and safety of the patient.

Health and Social Care Workforce Strategy 2020

A strategy launched jointly by Health Education and Improvement Wales and Social Care Wales in October 2020 which sets out a 10 year vision to provide an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services as set out in the 'Quadruple Aim' of a Healthier Wales.

The high level strategic framework towards 2030 specifically states:

“Our aim will be to understand, anticipate and plan to meet the Welsh language needs of health and social care students, our workforce and ultimately patients and people in receipt of care and support across Wales as

we move forward... Supporting our workforce to deliver care using the Welsh language where needed is a fundamental principle which should underpin every area of this Workforce Strategy."

Action 30 of the Strategy is key to standard 110, namely:

"Develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce".

National Clinical Framework 2021

The Framework acts as a bridge between the overarching strategy for a Healthier Wales and the clinical aspect of local planning, which considers geography, population and the workforce. The Framework aims to describe the role of clinicians in providing more integrated and seamless clinical pathways.

It is noted that the aim is to create national patient-centred rather than location-focused pathways and that these national pathways are adopted locally with an emphasis on quality and the use of data on what matters to patients. It is noted that the main enablers of effective clinical services are:

- National networks
- National programmes
- Workforce strategy
- Digital strategy

The Framework recognises that greater central direction is needed to facilitate a nationally co-ordinated and locally delivered system.

NHS Wales Clinical Networks - The national networks come under the NHS Wales Health Collaborative and bring together clinicians to improve services and outcomes by influencing the commissioning, planning, delivery and development of services.

The networks will be guided by a series of Quality Statements, building consensus on clinical pathways based on joint planning and evidence-based practice. They will be responsible for identifying good practice, measuring and reporting performance according to each clinical pathway. They will also be responsible for pilot projects and supporting successful innovation from local to national level. They will also monitor outcome and pathway data to support local benchmarking and accountability arrangements.

Nurse Staffing Levels Act Statutory Guidance 2021

The guidance has been issued to assist organisations in ensuring an appropriate number of nurses to provide patient-centred care, meeting all reasonable requirements. The work needs to be carried out every six months and one of the criteria for assessment is:

"A patient's linguistic needs and delivering the active offer of providing a service in a Welsh without someone having to ask for it, as set out in the *More than Just Words* strategic framework."

The Social Services and Well-being Act (Wales) 2014

The Act places a duty on Health Boards and local authorities to carry out assessments of care and support needs. The Act's Code of Practice states that language is an integral element of the care people receive' and as part of the assessments, needs relating to mental health, children and young people, older people and so on must be assessed, which corresponds to a large extent with the priority groups set out above under **More than Just Words**. The purpose of these assessments is to ensure that local authorities and Local Health Boards co-produce on the basis of clear and specific evidence in relation to care and support needs and the needs of carers to inform the discharge of their statutory functions and inform operational planning decisions.

Health and Care Standards 2015

The Health and Care Standards are a foundation for improving the quality and safety of health services. There is a clear reference to the principles of *More than just words* and incorporating the importance of the Welsh language in the provision of services in a number of these standards. For example:

"Welsh speakers are able to use the Welsh language to express themselves and information is communicated effectively."

"Welsh speakers are offered language services that meet their needs as a natural part of their care."

As is apparent, the direction set out in national policy lays a clear foundation for planning clinical services to meet the needs of Welsh speakers. Producing 5 year plans to increase the ability of health bodies to offer clinical consultations in Welsh is an opportunity to bridge the gap between national and local, and between theory and practice.

4. What are the requirements of Standard 110 and 110A?

Standard 110 and 110A relate to the publication of a 5 year plan on offering clinical consultations in Welsh:

Standard 110: 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 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 you have detailed in (b).

Standard 110A: 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.

What are the core requirements?

110: The 5 year plan needs to set out:

110 (a) – a record of the current situation (baseline)

110 (b) – steps to ensure progress

110 (c) – a timetable for these actions

110A: During year 3 of the plan an assessment of the progress of the plan must be carried out and published within 6 months. This must be repeated at the end of the 5 year period in preparation for the next 5 year plan in a continuous cycle.

The plan needs to include robust information on the body's capacity to undertake clinical consultations in Welsh, and concrete actions and a timetable to measure and report on progress.

5. What is a clinical consultation?

According to the Welsh Language Standards Regulations:

a “clinical consultation” (“ymgyngoriad clinigol”) means a health provision interaction between one or more individuals and a body;”
(No. 7 Regulations, 2018)

The definition is therefore broad – from assessments and diagnoses to different treatments or procedures. Thousands of these interactions take place every day between members of the public and health service professionals, face-to-face, over the phone or virtually. According to the Welsh Government in the More than Just Words action plan for 2019-20:

In Wales, nearly 200,000 members of staff provide services in health and social care, with patients interacting with the service more than 20 million times a year.

Due to the Covid-19 pandemic the nature of clinical consultations has evolved. Relatively few outpatient consultations were held virtually prior to the pandemic. According to TEC Cymru figures, by summer 2021, almost a quarter of a million clinical consultations had been conducted online in Wales.

It may also be useful to refer to a further definition by the Welsh Government of clinical consultations in the first version of the draft (Health Sector) Regulations published in 2016 stating:

This definition is intended to capture a variety of scenarios. For example, an individual attending an out-patient clinic, an in-patient at a hospital, an individual attending an appointment with a consultant... a visit at home from a health visitor or an individual attending a mobile clinic e.g. a breast clinic.

Often, one appointment entails interactions with different members of staff, for example an antenatal appointment will involve interactions with healthcare assistants, sonographers, midwives and consultants, depending on the particular circumstances of the individual.

It must be noted that standard 110 excludes many consultations in the primary care setting so reference should be made to your policy under Standard 78 for advice on practical steps for primary care providers.

Processes and outcomes

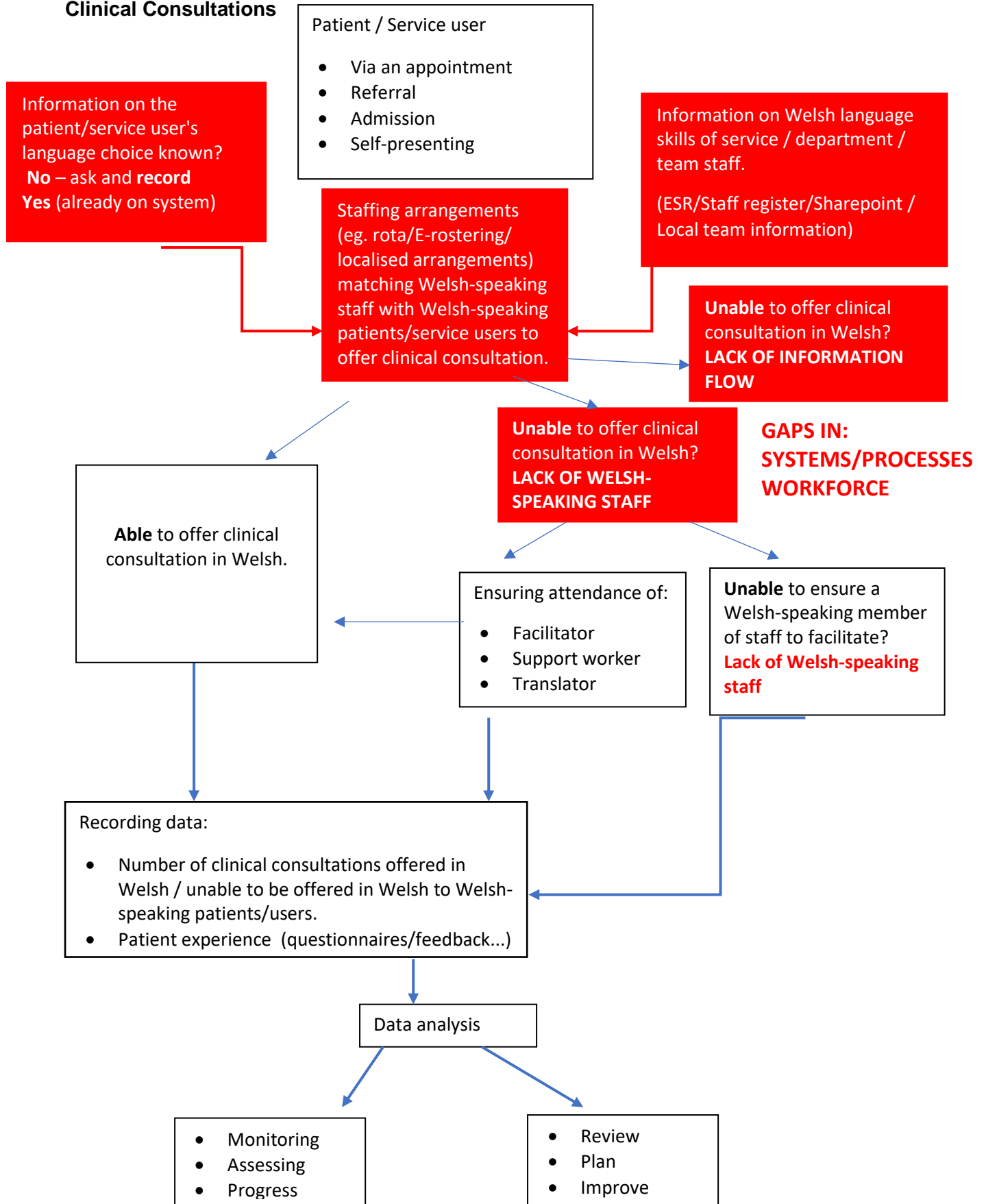
As noted above, thousands of clinical consultations take place every day and processes vary from service to service. However, it may be useful to create a flowchart according to service or care pathway to assist with the planning process.

Standard 110 offers an opportunity to take a critical look at processes and see whether it is possible to take advantage of the changes taking place to the nature of clinical consultations, and the development of the national clinical pathways to expand the provision offered in Welsh.

There is a lot of emphasis on patient *outcomes*, but the clinical consultation *process* must be correct and effective in order to lead to good outcomes, so the first 5 year plan needs to pay particular attention to the processes initially.

The flowchart below provides a very basic outline of the main elements of the process of offering to carry out clinical consultations in Welsh. It identifies in red those areas where the greatest difficulties were reported by NHS Wales bodies to the Commissioner. The flowchart may provide a focus for identifying any actions to ensure progress, and for establishing a baseline and determining the data that should be collected.

Clinical Consultations



6. Four steps towards compliance

- 1. Baseline**
- 2. Actions**
- 3. Timescale**
- 4. Assessing progress**

1. Baseline

(a) to what extent is the body able to offer to carry out a clinical consultation in Welsh?

Part (a) of the standard requires the body to establish a baseline, mapping out the current position regarding the body's ability to offer clinical consultations in Welsh.

Simply put, a baseline is information that provides a starting point for measuring progress and helps organisations to understand the impact of their policy decisions. It is not possible to evaluate or measure progress without a baseline.

Organisations already gather baseline data for other standards, such as workforce skills and so on but standard 110 requires bodies to look further than this. For example, workforce skills should also be considered in the context of expertise, location and confidence to conduct consultations in Welsh. Similarly, population assessments in accordance with the Social Care and Well-being Act 2014 are a source of data on the need for clinical consultations, but again, standard 110 requires bodies to take that data further with more detailed analyses for different areas.

A good baseline requires data collection and analysis, but it can be difficult to determine the necessary information and methods of gathering that information. With the right information, it is possible to set realistic and achievable targets and determine whether the results are positive or negative.

The information collected for baseline data needs to be linked to the policy aim of increasing the number of consultations that can be offered in Welsh. Therefore, defining exactly what you are trying to measure helps to determine which data to collect.

In drafting their 5 year plans it was noted by the majority of the bodies were concerned that they did not have a comprehensive mechanism to gather data on the

number of clinical consultations currently offered in Welsh and that some of them needed to map out and establish processes from the beginning.

Initially, therefore, it is unlikely that bodies have comprehensive data covering all of the necessary areas. Due to the significant numbers of clinical consultations taking place daily across the health service, consideration needs to be given to what data would provide a meaningful reflection of the situation.

We do not provide specific guidance on the extent of these methods – it is for the bodies themselves to decide (the body may decide on a sample according to care pathway / service / priority group / team for example).

The points set out below provide practical suggestions on reaching a meaningful reflection of the situation.

Baseline Data

The following points are important to bear in mind:

- You should plan for the collection and analysis of the same data over certain periods of time.
- Consideration should be given as to how you interpret progress – what would be acceptable progress?
- If progress is not seen, consideration should be given to how the data shows what works/what doesn't work.
- It should be ensured that the process is consistent – using the same questions/sampling method in terms of service / care pathway / team etc, as it is important to be able to compare like for like
- It is good practice to conduct a pilot first to ensure that the right data is collected and the most effective method of collecting the data is used, together with the usefulness of the data itself
- If there are inconsistencies, gaps or shortcomings, you should plan how to improve the quality of the data

What would a baseline for Standard 110 show?

In essence:

- The **number** of clinical consultations offered in Welsh
- The body's **capacity** to offer clinical consultations in Welsh

In addition to the **number** of clinical consultations currently being offered in Welsh, a baseline would also demonstrate the body's **capacity** to offer them. Consideration

should therefore be given to mapping out the methods and processes the body has in place to facilitate this provision.

Once again, by establishing a baseline of the systems and processes that enable the body to offer a Welsh language provision, it is possible to plan, monitor and evaluate progress over time.

The following points are an example of the areas to be covered in order to map out the body's ability to offer consultations in Welsh and to identify gaps in services. As noted above, it is entirely appropriate to establish a baseline using samples, as long as those samples are robust and consistent.

Mapping the processes in place

<p>Patient:</p> <p>How do you:</p> <ul style="list-style-type: none">• establish and assess patient language need/choice• record patient language need/choice• ensure that information on language need/choice is accurately recorded and this information is relayed to all clinicians involved in the individual's care• act on language need/choice• monitor patient experience of receiving clinical consultations in Welsh	<p>Workforce:</p> <p>How do you:</p> <ul style="list-style-type: none">• establish or assess workforce Welsh language skills according to discipline, area, location and so on• record workforce Welsh language skills• ensure that skills information is accessible to those planning services / organising rotas• map gaps in services / teams / care pathways
<p>Clinical Consultations:</p> <p>How do you:</p> <ul style="list-style-type: none">• ensure that information systems on language choice and staff skills work together in planning provision / service / rota• ensure that human processes are consistent in terms of acting on patients' language choice, matching them with Welsh-speaking staff• ensure that Welsh language clinical consultations take place in practice• record how many consultations take place in Welsh• monitor that information and plan improvements• plan provision if a member of staff is not available to offer the clinical consultation in Welsh	
<p>Also, consider:</p> <ul style="list-style-type: none">• other relevant data available to you in terms of other Welsh language standards, Active Offer / More than Just Words / IMTP nurse staffing level reports, health and care standards, local demographic data etc	

Data – quantitative and qualitative evidence

Setting a baseline requires quantitative data to give a clear picture of the extent to which the body is able to offer clinical consultations, and the table above provides suggestions on the possible quantitative data to be collected: bilingual workforce data; recording patients' language needs and choice; systems and processes; the number of clinical consultations held in Welsh. However, in measuring progress against the baseline data, the importance of **qualitative evidence** should not be ignored as it provides a picture of what lies behind the numbers, it is a description rather than a simple measurement. It also provides a narrative to explain the negative/positive impact of policy decisions.

Combining different methods of information gathering strengthens the evidence base through 'triangulation', which is to look at things from more than one perspective using different methods and sources to ensure a more thorough understanding of the situation.

In broad terms, qualitative sources of evidence include surveys, thematic research, opinion gathering, focus groups, patient groups, interviews, stories, complaints and concerns.

Patient voice

It is important to involve the user voice in any planning for the provision of services in Welsh. The National Clinical Framework refers to the importance of using data on what matters to patients.

Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS)

The NHS measures the experiences of NHS service users in terms of what it is like to use NHS services and the results for their health. Service users can mean someone receiving a health service in any type of setting, including family members and carers.

The Framework was created by NHS Wales to gather user experience feedback to improve services. A number of validated core questions were set.

Core question 2: Were you able to speak Welsh to the staff if you needed?

These core questions are to be used in all NHS Wales organisations to gather feedback, and service specific questions can be added in different care settings.

The National Clinical Framework (March 2021) states:

"Relatively little clinical outcome data is routinely collected and used to inform service delivery.

[PROMS and PREMS] are important opportunities to understand the patient's perception... [The data] can be used as part of the patient's care to guide decision making or more generally as aggregated data to support service improvement."

The programme is increasingly being used across different departments in health boards. The format can vary depending on where procedures or treatment takes place, for example, a paper form, an online questionnaire or even a request for information over the phone.

While there is a national pathway for PROMS and PREMS and data gathering, local methods and third-party systems are also being used. The information is therefore not always consistent or standardised, making it difficult to gain a clear picture and share data between clinicians across the organisation.

Regardless of the body's approach to collecting data on patient experience and outcomes, it is important to ensure that patients' experience of consultations in Welsh is included as part of the questionnaire so that data is available to measure the progress of standard 110.

Priority groups

A number of bodies have decided to focus the early efforts of their plans on the priority groups as set out in the More than just words framework:

- children and young people
- older people
- people with learning disabilities
- mental health service users
- dementia service users
- stroke service users
- users of speech and language therapy services

It makes sense to start where the need is greatest. These are the groups for whom offering consultations through the medium of Welsh is a core element in meeting their healthcare needs. A clinical consultation in this context may be a capacity assessment where outcomes for the patient can be quite different depending on the language in which the assessment is conducted.

We should remember that the 'patient voice' is often not heard from the perspective of these groups so it is important to involve advocates, whether they are family

members, friends, or charitable organisations at a wider level when gathering evidence.

The Culture, Welsh Language and Communications Committee's report on the Welsh Language Standards (No. 7) Regulations in 2018 identified that one of the major concerns was the lack of clinical services in Welsh. It was noted that services should be prioritised to the priority groups, for example, those with dementia. As the Dementia Action Plan for Wales 2018-2022 states:

“For Welsh speakers living with dementia, receiving care and support in their first or preferred language is a matter of clinical need. As their condition progresses, people with dementia may understand or be able communicate in their first language only.”

The next sections highlight possible steps in order to focus efforts on a dementia care pathway, or a mental health care pathway, for example, by ensuring that the body's ability to offer clinical consultations in Welsh is systematically mapped, recorded and increased when following the patient's care pathway.

2. Actions

(b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh

Having established the extent of the body's current ability to offer clinical consultations in Welsh, this now forms a basis for planning progress. The key questions are:

What is success? What are the best outcomes for the patient?

Below is a **checklist** of the areas that should be considered when drawing up a 5 year plan, setting a baseline and actions to increase the organisation's capacity to offer clinical consultations in Welsh.

See page 41 for useful data sources and resources to help with planning.

Actions relating to Standard 110 - checklist

This checklist is for your consideration when drawing up and reviewing the action plans of the 5 year plans. Bodies have identified that the main elements of their first 5 year plans consist of:

- (i) establishing a baseline
- (ii) improving systems and processes
- (iii) the workforce.

Of course, this checklist is simply an example based on some of the targets set out in the draft plans and based on the initial steps necessary to lay a firm foundation for an initial 5 year plan. You will also have a number of these actions in place for other Welsh language standards, More than Just Words and organisational plans, but this is an opportunity to sharpen their focus in the context of standard 110, consider any areas of overlap, and ensure that efforts are not duplicated.

SMART targets can be drawn up on the basis of these points to meet the requirements of standard 110.

Comprehensive or very specific targets could be considered, for example:

- according to a specific services
- care pathways
- specific user groups (e.g. priority groups)

Consideration should be given to whether a snapshot or monitoring sample is sufficient in some areas or whether a comprehensive review is required.

Whatever the scope of the target, it should follow the principle of being a SMART target, so that progress can be assessed over time:

S – specific

M – measureable

A – achievable

R – relevant

T – time bound

(i) Baseline

Aim: Ensure a baseline to demonstrate the extent to which clinical consultations can be offered in Welsh and to plan actions to increase capacity

Mapping

- **An audit of the systems that record staff language skills – what information is available and what information is not available. Create a record of the current situation in order to map out gaps and for measuring outcomes over the 5 years.**
 - **Analyse the numbers of staff recording skills – what services, what levels, to identify clear gaps that need to be prioritised.**
 - **Audit of the systems that record the language choice of service users – what information is available and what information is not available. Create a record of the current situation in order to map out gaps and for measuring outcomes over the 5 years.**
 - **Use population profiles/needs assessments under the 2014 Act to analyse information about the needs of service users. This can be done according to a priority group or service for example, to gain a more detailed picture of need.**
 - **Use the information on the needs of service users against staff skills profiles to identify potential gaps in order to target and prioritise efforts.**
 - **Audit of specific services/wards/settings to monitor and record the extent to which service users are offered clinical consultation in Welsh.**
 - **In situations where clinical staff do not speak Welsh, monitor and record the number of clinical consultations offered:**
 - **With another member of staff present to provide support through the medium of Welsh**
 - **With a facilitator/assistant to provide support through the medium of Welsh**
 - **With an interpreter present to provide support through the medium of Welsh**
 - **Analyse what current data is available on the patient experience (eg. questionnaires, concerns) in order to map out opportunities to expand the data and information on patients' experience of consultations in Welsh.**
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- **Gather further qualitative data through patient forums or groups.**

- Planning**
- Once gaps in data have been identified – plan to extend data collection across various services/care pathways
 - Target efforts to increase capacity to offer clinical consultations in Welsh in the areas identified as priority areas for the organisation. (SMART Targets)

(ii) Systems and processes

Aim: Ensure that systems and processes facilitate the ability to offer clinical consultations in Welsh

Mapping

- **Map internal and external stakeholders involved in increasing the organisation's capacity to offer clinical consultations. Ensure that everyone is aware of the requirements of standard 110 and their responsibilities. (If appropriate, produce practical action plans according to service / care pathway)**
 - **Map the requirements of standard 110 in the context of the organisation's strategic objectives (eg. clinical, workforce, health and care standards).**
 - **Analyse the numbers of staff and workers recording Welsh language skills – what services, what levels in order to identify gaps.**
 - **Review staff rota and rostering systems of staff who can conduct or support clinical consultations in Welsh**
 - **Review what systems or methods are used to record patients' language choice – what services/settings in order to identify gaps.**
 - **Review the nature of the questions asked and the effectiveness of the processes – do they facilitate the recording of skills and the active offer?**
 - **In those services that record a patient's language choice, map the process of how information about a patient's language choice is used to facilitate clinical consultation in Welsh.**
 - **Map methods of recording and monitoring the number of clinical consultations undertaken in Welsh – which services, which data. Do procedures need to be strengthened to scrutinise and report on this?**
 - **Identify and establish a protocol to make appropriate use of interpreters/facilitators to provide support in Welsh in clinical consultations**
 - **Monitor the increase in the number of posts advertised where the need for Welsh language skills are identified (levels 1-5).**
 - **Map an example of a patient pathway and the obvious checkpoints in terms of meeting a patient's needs, e.g. cognitive assessments in the diagnosis of dementia, and**
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how the organisation meets patients' needs in this context as a model to be shared more widely.

Planning

- Where there are no systems in place for recording the number of clinical consultations held in Welsh, develop an approach to achieve this systematically across services.
- Check the requirements of standard 110 against clinical plans and care pathways and incorporate any clear points for action where more clarity is needed
- Ensure that good practice and learning from others is shared across services and across Wales

(iii) The workforce

Aim: Increase the number of staff undertaking clinical consultations in Welsh

Mapping

- **Map out the requirements of standard 110 in the context of organisational workforce plans.**
- **ESR / Staff registers and records – ensuring compliance across the organisation, and increasing the numbers recording/updating their skills**
- **Monitor / identify the current number of staff with Welsh language skills. You might consider doing this according to team / department / setting / care pathway.**
- **Mapping skills / conducting a survey of the Welsh language skills of clinical staff and asking about their confidence in terms of conducting consultations through the medium of Welsh**
- **Map out and prioritise training needs based on these surveys.**
- **Create a profile of the Welsh language skills of staff in the organisation / department / care pathway. The profile could be compared with the profile of the needs of specific service users. It should be noted that this may differ from the profile of the general population, eg. children's services, dementia and so on**
- **Update the process for recording / monitoring this data for reporting purposes on Standard 110/110A.**

Planning

- Update language skills strategy to reflect requirements of Standard 110
- Analyse the requirements of Standard 110 and the requirements of a seamless workforce and patient pathway across sectors. It should be ensured that the policy in relation to Welsh language standard 78 is compatible with the Standard 110 plan.
- Revise the Welsh language skills matrix to reflect the requirements of the workplace.
- Update guidance/assessment tools for managers for assessing the Welsh language skills requirements of vacant posts – move away from job descriptions that identify Welsh as essential / desirable to determine minimum levels of skills relevant to the role
- Examine the Integrated Medium Term Plan / Nurse Staffing Levels reports to ensure that the organisation's requirements

in these documents reflect any identified gaps in the workforce in terms of staff able to offer clinical consultation in Welsh

- Ensure that comprehensive data on the needs of a bilingual workforce are incorporated into the plans in line with the HEIA Health Workforce Strategy to facilitate the purposeful planning of future health and care courses
- Explore alternative recruitment opportunities and methods for Welsh language posts
- Ensure that student placements / apprenticeship are effectively co-ordinated with education institutions to ensure relevant placements for Welsh speakers
- Track the impact of engagement with schools and career fairs in terms of new entrants to the service over time.

Awareness and Training

- Target language awareness training for clinical staff specifically, highlighting the importance of clinical consultations in Welsh and the positive impact on patients (aiming for a 100% attendance figure in the priority areas)
- Raise clinical staff's awareness of the importance of recording their language skills and updating them annually
- Active offer – mapping out and incorporating the requirements of standard 110 in the context of the organisation's Active Offer approach
- Updating and expanding Language Awareness Training – prioritising clinical staff / priority group staff / and confirm this as a mandatory element of training
- Ensure that all staff (not just new staff) receive Language Awareness Training through an audit of existing staff
- Review the job descriptions of those responsible for formulating policy direction/decision making within the organisation to ensure that they clearly define and set out the responsibilities of the post in implementing Welsh language standards and More than Just Words targets
- Review job descriptions at all levels to ensure that they clearly define and set out the responsibilities of the post in implementing Welsh language standards and More than Just Words targets
- Provide support material / matrix / flowcharts to staff to assist in implementing the requirements of the standard

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- Working Welsh / Iaith Gwaith – review and expand the use of the badge to help with the requirements of standard 110 in terms of its use and visibility for staff and patients
 - Identify those staff with level 3-4 skills and target specific training to improve skills and confidence to use Welsh in the workplace
 - Identify and target level 1-2 staff with encouragement to continue to develop skills and confidence
 - Promote online taster 10-hour training for relevant staff and increase the numbers of staff receiving training
 - Tailor training to the clinical/workplace setting and develop the Working Welsh provision
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Examples of targets

Aim	Method	Target	Outcome for patient	Key data	By when	Who monitors this
Increase the number of staff with sufficient language skills to be able to conduct clinical consultation in Welsh in the xx department	Identify staff with level 3 and 4 speaking and listening skills and provide opportunities and encouragement to increase confidence and skills to use Welsh at work	A 20% increase in staff undertaking the further training	An increase in the number of clinical consultations offered in Welsh in the xx department leading to safer care, and a more comforting experience.	Number of staff identified. Number of staff enrolling on courses. Number of clinical consultations offered in Welsh in the xx department	October 2021	Welsh Language Monitoring Group
Increase the capacity of the xx department to offer clinical consultation in Welsh	Identify staff with sufficient Welsh language skills to be able to support and facilitate clinical consultation when the clinical practitioner does not speak Welsh.	Identify 3 staff in the xx department who can support and facilitate clinical consultation.	An increase in the number of clinical consultations offered in Welsh in the xx department leading to safer care, and a more comforting experience.	Number of staff identified. Number of clinical consultations offered in Welsh in the xx department with staff facilitation / support	October 2021	Welsh Language Monitoring Group

Clinical pathways – opportunities to embed Standard 110

Clinical pathways provide a standard framework for the delivery of evidence-based healthcare.

- They help to translate national guidance into local structures and practices.
- They outline the actions that need to be taken in care plans or provide a useful list of actions.
- They standardise care for a particular area or for a particular group of the population.

The National Clinical Framework (March 2021) explains:

"national pathways may describe health and care journeys experienced by cohorts and groups of patients based on a particular defined condition"

NHS Wales national pathways are high level and not specific to an organisation or professional groups and therefore offer flexibility to respond to local needs whilst following standardised evidence-based approaches.

In particular, the Framework states that health boards need to **"localise national pathways in a way which reflects the needs of their populations and the characteristics of their workforce"**

Therefore, in thinking about the process of offering clinical consultations in practice, organisations have the opportunity to use care pathways as a framework for staff, setting out the processes and actions in a clear way in an understandable context for practitioners.

National pathways facilitate:	Incorporating the requirements of standard 110 into care pathways at board or trust level will facilitate:
<ul style="list-style-type: none"> consistency of information and approaches 	<ul style="list-style-type: none"> consistency in the methods of offering clinical consultations in Welsh
<ul style="list-style-type: none"> clarity for practitioners and patients 	<ul style="list-style-type: none"> clarity for practitioners on what needs to be done and clarity for patients as to what might be expected
<ul style="list-style-type: none"> sharing best practice 	<ul style="list-style-type: none"> sharing of best practice in terms of offering clinical consultations in Welsh across the organisation and more widely
<ul style="list-style-type: none"> ensuring more consistent methods of data collection and analysis 	<ul style="list-style-type: none"> collecting and analysing data on the organisation's ability to offer clinical consultations in Welsh in specific areas that will help monitor progress, plan provision more widely and inform targets for the next 5 year plan.

3. Timetable

(a) a timetable for the actions you detailed in (b).

In setting a timetable for the actions in the plan, it should be kept in mind that standard 110A requires bodies to assess progress three years after the publication of the plan, and then, at the end of the 5 year period, they must assess the extent to which they have complied with the plan. The following elements may help when considering a timetable for each stage:

- SMART – that the timetable itself is achievable and realistic
- Communication – ensuring that those responsible for delivering the actions and reporting on progress are included and consulted with in the planning process, and agree on the timetable
- Link to other targets – are there other actions dependent on achieving a particular step or action by a specific date? If so, risks to the timetable should be borne in mind in the event of slippage and that the action is carefully monitored and referred to a risk register should there be significant implications for the organisation's compliance with the Welsh Language Standards.
- Higher level scrutiny – the timescale set for the actions in question should be aligned with the organisation's scrutiny and reporting processes to take the plan forward with higher level accountability and approval without duplicating work for relevant officers.

4. Assessing progress

110A (a) assess the extent to which you have complied with the plan.

As noted above, three years after the plan was published, health bodies are expected to assess progress, and then, at the end of the 5 year period, the extent to which bodies have complied with the plan must be assessed.

The core questions to assess the performance of standard 110 are:

- **What evidence do we have of our ability to offer clinical consultations in Welsh?**
- **What progress have we made against the actions?**

Bodies have set a range of different targets in their 5 year plans in order to increase their ability to offer clinical consultations in Welsh. They will have their own corporate approaches to scrutinising, monitoring and reporting on the progress of targets. In addition, this document has provided suggestions for:

- setting the baseline for standard 110 by establishing quantitative and qualitative evidence
- setting SMART targets

In doing so, it will be possible to

- be clear about priorities
- be clear about how you will measure progress
- ensure a clear focus for the work involved in assessing progress, and therefore
- comply with standard 110A

Below are some points to consider in terms of assessing progress.

Assessing progress – checklist

The 5 year plans should clearly set out the monitoring and reporting process with a clear timetable against which progress can be mapped. Some specific considerations are:

Progress assessment actions	Check
A clear link between the aims and the policy direction (which is to increase the body's ability to offer clinical consultations in Welsh)	
Clear targets, quantitative or qualitative, for each aim	
Clarity on the data (quantitative and qualitative) expected	
Clarity on expected outcome	
Specify the individual(s) who will be responsible for each target	
Identify resources relevant to assessing progress	

Clear timescale for each target (1st year / 3 years / 5 years)	
Clear scrutiny, monitoring and reporting process	

Lessons learned

Falling short of a target or not making the expected progress must be seen as a learning experience: What didn't go as expected? How can improvements be made? Do we need a change of approach? It is important to learn from experience and know where to focus future efforts.

This is where a baseline and combination of quantitative and qualitative evidence is important. The qualitative evidence will often explain the story behind the figures. As noted above, consideration should be given to how to ensure the patient's voice is heard in this context in order to provide a full picture and allow the bodies to look again at any necessary actions. This highlights the importance of regularly assessing progress, so that the actions of the plan can be reviewed.

Any failures in achieving the aim should be reported in the same way as progress is reported, so that those that are responsible for scrutiny can offer input, and so that relevant lessons can be learned from any unsuccessful initiatives. This is just as important as sharing good practice.

Appendix 1 - 5 year plan template

A number of bodies have already drafted their first 5 year plans but the template below is offered as a checklist of content that one would routinely expect to see in a 5 year plan. This advice document provides a more detailed explanation of the requirements.

Title and date	For example: Standard 110 and 110A: Increasing the ability of xxxx to offer clinical consultations in Welsh Action Plan 2021 – 2025
Contents	List of the contents of the document.
Introduction	Introduction from a senior figure / head (eg. Chief Executive / Medical Director) to clarify the aim of the plan and the body's commitment to ensuring an increase in clinical provision for Welsh speaking patients.
Executive summary	A summary of the document for decision makers explaining the aim of the document and the action that needs to be taken
Background / context	<p>It may be useful to place the requirements of standard 110 in the context of the organisation's strategic objectives.</p> <p>The current extent of the body's ability to offer clinical consultations in Welsh should be outlined with reference perhaps to the number of consultations currently offered (or a sample) together with an outline of the extent to which this is possible according to capacity (eg. workforce skills; systems and processes in place) in the context of the needs of the population.</p> <p>Here too a brief outline should be given of the organisation's vision, goals and objectives for the next 5 years and beyond to increase this capacity.</p>

This section could also explain the accountability framework for the implementation of standard 110 and the scrutiny and performance measurement of the plan with annual reviews.

Action Plan A detailed action plan outlining expected outcomes and targets related to the aims / objectives, a clear timetable and those responsible for implementing the specific actions.

The type of data to be collected could be noted.

Other related standards/policy aims/targets could be identified (eg More than just words; IMTP)

Potential risks could also be identified if the action in question is not implemented.

Appendix 2 - Resources

Data

What information and data are available to analyse the linguistic context and language needs of healthcare service users?

Regional Partnership Boards

The Regional Partnership Boards were established as a result of the Social Services and Well-being Act 2014 to improve the delivery of health and care services. Boards are required to produce population needs assessments to inform service planning. These assessments must set out the steps that must be taken to provide services that should be provided through the medium of Welsh.

According to the guidance issued in March 2021 for the next round of assessments (to be drafted by April 2022): *"Feedback from the last round of PNAs indicated the need for better profiling of the need for care and support provided in Welsh, and for a more robust assessment of the range and level of services that RPBs will need to provide in order to meet that need. This includes identifying where there are gaps in provision."*

The hope is that the new assessments will provide a clearer and more comprehensive picture of the needs of Welsh speakers so that it is possible to plan progress in provision.

Below is a list of useful sources of data for assessing the needs of service users where specific groups such as older people or children may be considered. It may also be useful to consider the standard questions used in national surveys and questionnaires for staff and the public so that the same type of questions can be asked in more local surveys or questionnaires. These questions are also useful for standardising internal monitoring and self-assessment.

Main data sources in relation to Welsh speakers, the workforce and the use of Welsh

Census data (all 2021 Census results are expected to be available during 2022-2023).

The Census asks everyone in Wales about their ability to speak, read, write and understand Welsh. The data collected is available according to small geographical areas, or by wider areas such as a local authority or electoral division and the data on the Welsh language can be cross-referenced with other characteristics, such as age and sex.

It is possible to see the numbers of Welsh speakers according to occupation as well as the numbers of full-time Welsh-speaking students.

Annual Population Survey

The quarterly survey provides results on the number of people able to speak Welsh. It provides useful data at county council level to look at Welsh language trends between each census. The figures on people's Welsh language ability are higher than those provided by the Census, but it is a useful source of data on the Welsh language although its results are not considered as reliable as the Census.

National Survey for Wales

It collects information about the ability of adults aged 16 and over to speak Welsh, as well as their fluency and frequency in speaking the language. As with the Annual Population Survey, the figures are higher than the Census but, once again, it is a useful source of information. It is used as a source for Well-being of Future Generations national indicator number 36 (Percentage of people who speak Welsh on a daily basis and can speak more than a few words of Welsh).

The Survey also collects data on people's satisfaction with their health services. Of course, although experience and satisfaction are connected, they are not the same thing. Everyone has an experience but the experience does not always lead to satisfaction for every individual. Satisfaction is tied to the individual's expectations and is not objective, two people can have the same experience but their levels of satisfaction can be very different.

[National Survey for Wales headline results: April 2019 to March 2020 | GOV.WALES](#)

Welsh Language Use Survey

The survey collects information on the fluency of Welsh speakers and their use of the language during their everyday lives. Due to Covid-19 and the fact that the 2019-21 Survey had to be discontinued early it will not be possible to use the survey to carry out analysis at county council level, but data will be available on how people use Welsh at a national level.

[Welsh language use survey | GOV.WALES](#)

The workforce

There are a number of sources of data on Welsh speaking workforces. For example:

Statistics on Welsh-speaking GPs:

[General practitioners Welsh language ability by local health board and year \(gov.wales\)](#)

Data is also available on dentists, staff from county council social services departments, and the primary care workforce.

NHS National Staff Survey

The aim of the survey is to develop and undertake a staff survey and provide a full analysis of workforce engagement and organisational climate for the NHS Wales workforce, providing an overall assessment of areas for improvement.

In the 2018 survey report, the section on demographics sets out the results below in terms of the Welsh language in the health service:

Can you speak Welsh?

Yes 15% No 76% I am learning Welsh 9%

Do you use the Welsh language in the workplace?

Most of the time 20% Sometimes 41% Rarely 28% Never 12%

[National Staff Survey Report.pdf \(wales.nhs.uk\)](#)

In addition, in terms of being able to offer services in Welsh a response is required from staff to the following statements:

- I / the team I work in is able provide services in Welsh when this is the preference of the service user
- I / the team I work in understand how to obtain support for meeting the language needs of service users.

In 2018, 51% (compared to 41% in 2013) said that the team they work in is able provide services in Welsh if this is the patient/service user's preference. 65% (compared to 53% in 2013) said that they understood how to obtain support to meet the language needs of service users.

Families at a UK level

The Department for Work and Pensions conducts a survey of family circumstances in the UK, this includes information on the requirements of people's family situation including care needs and disability (for example, the proportion of people in Wales reporting having a disability is 5% higher than the rest of the UK).

[Family Resources Survey: financial year 2019 to 2020 | GOV.UK](#)

Pupil Level Annual School Census

This Census provides a great deal of data about pupils and schools. There is information on pupils' ability to speak Welsh and whether they speak Welsh at home.

Data on learning Welsh

The National Centre for Learning Welsh collects information on its learners.

<https://learnwelsh.cymru/>

The Mentrau Iaith

The Mentrau Iaith prepare a profile of the Welsh language for their local area and report to the Government on a number of measures to promote the Welsh language.

<http://www.mentrauiath.cymru/en/>

Healthcare Inspectorate Wales - Healthcare Standards

Healthcare Inspectorate Wales has a specific role in inspecting whether Welsh speakers are offered services in Welsh by the health service and are able to communicate in Welsh as part of their care package.

It looks at how well organisations are protecting vulnerable patients and highlights areas where services need to be improved. The inspection programme includes the principle of the Active Offer as part of the inspections themselves. In the questionnaires for Dignity and Essential Care Inspections, it asks:

- Have you been asked in which language you would prefer to communicate?
- What is your preferred language?
- Have your language needs been met?

In recent inspections, in relation to primary care services, around half of the patients spoken to by HIW said that they were always able to speak to staff in Welsh when they wanted to; but this varied depending on the health board.

In secondary care, mainly NHS hospitals, most patients told HIW during the inspections that they had been offered the option to communicate with staff in the language of their choice. HIW is also considering other areas in terms of the 'Active Offer' asking organisations:

- Is patient information available bilingually?
- Is a bilingual service provided?
- How does the healthcare setting ensure that patients who want to communicate in Welsh can do so?"

Useful video clips

Organisations are welcome to use the Welsh Language Commissioner's video clips from our YouTube account at staff briefings or training sessions. Here is a short selection:

[The importance of speaking Welsh with your doctor](#)

[The active offer: lessons from Canada](#)

[Communicating effectively is important for a doctor](#)

[Welsh makes a big difference to the physical and mental wellbeing of patients and their families](#)

[Why Welsh speakers should be assessed in their first language \(English subtitles\)](#)

[Raise awareness about the reality of living with dementia for Welsh speakers](#)

[Huw's story](#)

More than Just Words (Welsh Government) video clips are also useful in understanding the direct experience of service users in their own words:

Children

[More than just words](#)

[More than just words](#)

Dementia

[More than just words](#)

[More than just words](#)

Welsh Government Active Offer Pack

[Active offer information pack \(wales.nhs.uk\)](#)

The Welsh Language Commissioner's advice documents

The Commissioner has published a series of advice documents offering practical suggestions and examples of good practice, including:

- [Assessing the achievement of 5 year strategies – Promotion Standards](#) (April 2021)
- [Overseeing compliance](#) (September 2020)
- [Policy making standards](#) (September 2020)
- [Recording and sharing language choice](#) (September 2020)

The Welsh Language Commissioner's Assurance Reports

The Commissioner publishes [Annual Assurance Reports](#) which gives a comprehensive picture over time, of how public organisations are using the Welsh language, and helps organisations to understand the reality faced by people who choose to use the Welsh language.

In the **Narrowing the Gap** Assurance Report 2019-20 the Commissioner looks at meetings relating specifically to well-being and workforce capacity in terms of skills and the ability to offer services in Welsh. Examples of good practice are given in these areas.

Use of data

Social Care Wales – Strategic approach to data (March 2021)

[Strategic approach to care data | Social Care Wales](#)

Social Care Wales aims to work in collaboration with colleagues from across the health and care sectors to build a comprehensive and inclusive social care data strategy, and work towards a stronger, data-empowered social care service in Wales. The document sets out the strategic objectives for strengthening the collection, management, storage, analysis and use of data for the benefit of the public in Wales.

Planning for the future

Practical guidance on planning and measuring outcomes can be found in the Commissioner's advice document on [Promotion Standards: assessing the achievements of the 5 year strategies](#).

Three Horizon Toolkit – Public Health Wales and Future Generations Commissioner

A framework that helps in mapping and planning for the future.

[Three Horizons Toolkit](#)

SWOT / PESTLE Assessments

[Analysis Toolkit \(www.nesta.org.uk\)](#)

[The Futures Toolkit | GOV.UK](#)

Theory of Change

A framework to evaluate and plan interventions helping to outline necessary actions. The Commissioner's advice document [Promotion Standards: assessing the](#)

[achievements of the 5 year strategies](#) (April 2021) expands on this and further information can be found on the following websites:

[Theory of Change Toolkit \(www.nesta.org.uk\)](http://www.nesta.org.uk)

[Magenta Book | HM Treasury](#) (page 24)