

Senedd Cymru

Y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol

Ymchwiliad: Bil Iaith Arwyddion Prydain (Cymru)

Ymateb gan: Bwrdd Iechyd Prifysgol Cwm Taf
Morgannwg

Welsh Parliament

Equality and Social Justice Committee

Inquiry: British Sign Language (Wales) Bill

Evidence from: Cwm Taf Morgannwg University Health
Board





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Cyfeiriad Dychwelyd/ Return Address:

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Pencadlys
Parc Navigation,
Abercynon
CF45 4SN

Cwm Taf Morgannwg
University Health Board
Headquarters
Navigation Park
Abercynon
CF45 4SN

Ffôn/Tel: [REDACTED]

Eich cyf/Your Ref:

Ein cyf/Our Ref:

PM/RH/TLT

Ebost Email:

Dyddiad/Date:

12 September 2025

Chair
Equality and Social Justice Committee

Dear Chair

British Sign Language (Wales) Bill

I appreciate the opportunity to submit written evidence on behalf of Cwm Taf Morgannwg University Health Board (CTMUHB) regarding the Stage 1 scrutiny of the British Sign Language (Wales) Bill (the "Bill"). As a Local Health Board, CTMUHB qualifies as a "listed public body" under section 8(1)(b) and is consequently directly subject to the responsibilities outlined in the Bill.

1) Our position on the general principles and need for legislation

CTMUHB supports the Bill's primary objective of promoting and facilitating British Sign Language (BSL) use in Wales. Establishing a clear duty for Welsh Ministers to promote BSL (s.1) and to publish a national BSL strategy within 18 months of its commencement (s.2(2)(a)) will provide the necessary direction and coherence to drive improvements across the public sector. The associated duties to provide guidance to designated bodies (s.3) and to require those bodies to develop BSL plans (s.4) are essential for translating national ambitions into tangible operational changes.

We particularly appreciate the requirement that the national strategy, ministerial reports, and plans from listed bodies be available in BSL and establish a BSL Adviser and panel to enhance specialist input, coordination, and accountability (ss.5-7; Sch. 1).

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Recommendation: To maximise impact and prevent duplication, we suggest that the Bill and/or accompanying guidance explicitly align with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (2013). These standards already mandate that each Health Board maintain an implementation plan, overseen by a senior officer, with progress monitored and reported to the Board. This alignment will facilitate the integration of BSL duties with existing sensory loss standards and the reasonable adjustment framework of the Equality Act.

2) Observations on key provisions

- a) National Strategy & Guidance (ss.2–3): The proposed 18-month timeframe for Welsh Ministers to publish the strategy is reasonable, provided that early engagement with Health Boards, Deaf communities, and interpreting providers is prioritised. We advocate for mandatory consultation with the BSL Adviser during the strategy's development and revision (s.2(4)).
- b) Listed Body BSL Plans (s.4): The Bill mandates that each listed body publish a plan within 12 months following the release of the national strategy. This is achievable if timely guidance and template tools are provided, such as data standards for recording communication needs, model booking pathways, and workforce benchmarks. CTMUHB continues efforts to enhance services for individuals with sensory loss, particularly those who are hearing impaired.
- c) Adviser and Information Powers (s.5, s.7(3)): We endorse the BSL Adviser's remit and the authority granted to Ministers to request information that supports statutory reporting (triennial ministerial reports per s.7(2)(a)). Clear guidance on proportional data returns will be beneficial in managing reporting burdens.

3) Potential barriers to implementation & whether the Bill addresses them

a) Interpreter Workforce and Market Capacity

The demand for qualified British Sign Language (BSL) interpreters in Wales significantly exceeds the current supply, especially for complex clinical situations and during out-of-hours services. The absence of a systematic workforce pipeline and commissioning support poses a substantial risk of unmet demand and escalating costs. While the proposed Bill facilitates strategic guidance, it fails to address the necessary market development and funding mechanisms.

Recommendation: Leverage the national strategy to devise comprehensive workforce solutions, procurement methodologies, and contract management frameworks throughout Wales. This could include regional frameworks, opportunities for joint commissioning, training bursaries, and prioritisation protocols specifically designed for urgent and sensitive clinical scenarios.

b) Costs and Resourcing

Our EDI lead has identified that the implementation of a BSL provision, comparable to the existing Welsh Language services, will necessitate

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dedicated resources, thorough reporting mechanisms, and an enhanced translation capacity. Currently, translation services for all languages, with the exception of Welsh, are sourced from third-party providers. Both pre-booked and emergency interpreting services are operational, and staff undergo training to adequately address the needs of D/deaf patients. All significant modifications to services will be subject to equality assessments.

c) Digital Readiness and Infrastructure

The effective implementation of BSL interpreting services depends on the availability of reliable on-demand video interpreting solutions at the point of care. CTM currently offers a scheduled service that requires pre-booking ahead of appointments and procedures. While this system requires strengthening, there is a clear directive discouraging the use of family members for clinical interpretation. The Bill should be enhanced with guidelines that outline minimum digital capabilities and risk management protocols for urgent care situations.

d) Data and Monitoring

The consistency in documenting patients' communication needs across healthcare systems is variable. We advocate for nationally standardised data fields and coding specific to BSL communication requirements to bolster planning, appointment booking, and reporting as mandated under sections 6-7 of the Bill. The Bill will enable this through ministerial guidance.

4) Appropriateness of delegated powers

The Bill's powers for regulation-making and guidance—particularly in amending the list of public bodies and prescribing plan content and reporting—seem appropriate and proportional, provided consultation with the BSL Adviser and relevant stakeholders as outlined. Additionally, utilising Senedd approval or annulment procedures for regulations (s.9) is also deemed suitable.

5) Potential unintended consequences

- a) Parallel reporting burden. Without alignment to existing sensory-loss and equality standards, bodies could face duplicative reporting (e.g., separate Board reporting cycles and overlapping datasets). Aligning cycles and templates via guidance would mitigate this.
- b) Equity across communication needs. Prioritisation protocols may be needed to balance urgent clinical needs across different interpreting modalities (BSL, spoken languages), especially in surge periods, so BSL users do not experience delays or, inadvertently, deprioritisation versus other statutory needs.

6) Financial implications

There will be recurrent costs for:

- a) Increased volumes of BSL interpreting (pre-booked and on-demand),
- b) Core staffing to implement and monitor the BSL plan and guidance compliance,
- c) Training and awareness for clinical and administrative staff,

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d) Digital enablement (devices, licences, support).

Our initial review notes that cost and resource within a narrow specialist field are the principal constraints; national funding and shared frameworks would materially reduce risk and variation.

7) Responses to the Committee's specific questions

a) Current provision to meet the communication needs of Deaf BSL users

Scheduled health appointments

- CTMUHB can pre-book qualified BSL interpreters through our contracted provider arrangements, ensuring interpreter presence for clinics and planned procedures.
- For scheduled settings, we also make information available in accessible formats and maintain local processes to avoid reliance on family members for clinical interpretation.

Emergency or urgent care.

- CTMUHB is not able to provide 24/7 access to on-demand interpreting.

b) Current plans or projects to improve communication support

- **Staff training & awareness.** We continue to raise awareness and offer training opportunities to teams on the barriers faced by deaf patients and how to effectively use external interpreting providers.
- **Equality impact assessment (EqIA).** Before implementation, all significant plans or projects across services undergo EqIA to identify and address communication barriers, including BSL users and other groups.

c) Main barriers to further improvement

- **Interpreter availability**, particularly short-notice, out-of-hours and for complex clinical contexts.
- **Sustainable funding** for increased interpreting volumes and core staffing to run BSL plans and reporting.
- **Digital and estate consistency** so that every clinical point of care can reliably access video interpreting with a reliable and readily available digital translation service for BSL
- **Consistent data capture** of patients' communication needs to enable proactive booking and monitoring.

8) Deliverability of CTMUHB's BSL plan under the Bill

Subject to timely ministerial guidance and reasonable transitional funding, CTMUHB would aim to:

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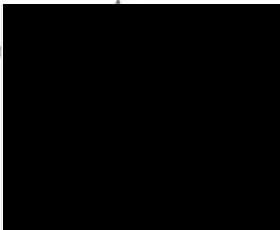
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- Publish our BSL Plan within 12 months of the national BSL strategy (s.4(2)); engage appropriately; and make it available in BSL.
- Implement booking pathways for scheduled appointments and explore options with NHS WALES on resource opportunities within the urgent care domain, including on-demand digital BSL access 24/7 and embedding training and EqIA processes.
- Report within 12 months of plan publication on progress and any gaps, and contribute data for the triennial ministerial reports (ss.6–7).

Closing remarks

The Bill attempts to establish a robust legislative framework to enhance equity for Deaf BSL users. By aligning with current sensory loss standards and offering clear guidance and support for workforce and digital preparedness, Health Boards can achieve significant and sustainable improvements in access, safety, and overall experience.

Yours sincerely



Prif Weithredwr/Chief Executive

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