



**Cynulliad Cenedlaethol Cymru  
The National Assembly for Wales**

**Y Pwyllgor Cyfle Cyfartal  
The Committee on Equality of Opportunity**

**Dydd Mawrth, 12 Ionawr 2010  
Tuesday, 12 January 2010**

**Cynnwys**  
**Contents**

- 4 Cyflwyniad, Ymddiheuriadau a Dirprwyon  
Introduction, Apologies and Substitutions
- 4 Adroddiad Blynyddol Cydraddoldeb 2009 Cynulliad Cenedlaethol Cymru  
The National Assembly for Wales's Annual Equality Report 2009
- 15 Ymchwiliad i Wahaniaethu yn Erbyn Pobl sy'n Byw gyda HIV gan Weithwyr Gofal  
Iechyd Proffesiynol a Darparwyr Gofal Iechyd—Tystiolaeth gan Gynrychiolwyr  
Byrddau Iechyd Lleol  
Inquiry into Discrimination against People Living with HIV by Healthcare  
Professionals and Providers—Evidence from the Local Health Board Representatives

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal,  
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.  
In addition, an English translation of Welsh speeches is included.

**Aelodau'r pwyllgor yn bresennol**  
**Committee members in attendance**

Eleanor Burnham	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Ann Jones	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Jonathan Morgan	Ceidwadwyr Cymreig Welsh Conservatives
Janet Ryder	Plaid Cymru The Party of Wales
Joyce Watson	Llafur Labour

**Eraill yn bresennol**  
**Others in attendance**

Lorraine Barrett	Aelod Cynulliad, Llafur (Comisiynydd y Cynulliad Cynaliadwy) Assembly Member, Labour (Commissioner for the Sustainable Assembly)
Claire Clancy	Prif Weithredwr a Chlerc y Cynulliad Chief Executive and Clerk to the Assembly
Ceri Harris	Rheolwr Amrywiaeth a Chydraddoldeb, Ymddiriedolaeth GIG Felindre Diversity and Equality Manager, Velindre NHS Trust
Sally Hughes Jones	Pennaeth Cydraddoldeb, Amrywiaeth a Hawliau Dynol, Bwrdd Iechyd Prifysgol Betsi Cadwalladr Head of Equality, Diversity and Human Rights, Betsi Cadwalladr University Local Health Board
Martin Jones	Cyfarwyddwr Gweithlu a Datblygiad Sefydliadol Gweithredol, Bwrdd Iechyd Lleol Prifysgol Betsi Cadwalladr Director of Workforce and Organisational Development, Betsi Cadwalladr University Local Health Board
Debbie Morgan	Cyfarwyddwr Gweithlu a Datblygiad Sefydliadol, Bwrdd Iechyd Lleol Abertawe Bro Morgannwg Director of Workforce and Organisational Development, Abertawe Bro Morgannwg Local Health Board
Holly Pembridge	Rheolwr Cydraddoldeb, Comisiwn y Cynulliad Equalities Manager, Assembly Commission
Julian Quirk	Cyfarwyddwr Cysylltiol Adnoddau Dynol, Bwrdd Iechyd Lleol Abertawe Bro Morgannwg Associate Director of Human Resources, Abertawe Bro Morgannwg Local Health Board
Ian Sharp	Cyfarwyddwr Gweithredol Adnoddau Dynol, Ymddiriedolaeth GIG Felindre Executive Director of Human Resources, Velindre NHS Trust

**Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol**  
**National Assembly for Wales officials in attendance**

Catherine Hunt	Dirprwy Glerc Deputy Clerk
Joanest Jackson	Cynghorydd Cyfreithiol Legal Adviser

Claire Morris                      Clerc  
    Clerk  
Denise Rogers                    Gwasanaeth Ymchwil yr Aelodau  
    Members' Research Service

*Dechreuodd y cyfarfod am 9.29 a.m.  
The meeting began at 9.29 a.m.*

### **Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions**

[1] **Ann Jones:** Good morning, everyone. I wish everyone a happy new year and welcome you back. This is the first meeting of the Committee on Equality of Opportunity this spring term. It is not spring-like weather, but there we are. At least we are all present.

[2] I remind everyone around the table to switch off any mobile phones, pagers, BlackBerrys and anything else that they may have. We are not expecting a fire drill so, should the alarm sound, we will take directions from the ushers—or, as I always say at this point, follow me because I will be one of the first out of the door. [*Laughter.*]

[3] Do Members want to declare any interests before we move on? I see that they do not.

9.30 a.m.

### **Adroddiad Blynyddol Cydraddoldeb 2009 Cynulliad Cenedlaethol Cymru The National Assembly for Wales's Annual Equality Report 2009**

[4] **Ann Jones:** I am delighted to have with us today Lorraine Barrett, who is the Commissioner for the Sustainable Assembly, Claire Clancy, Chief Executive and Clerk of the Assembly, and Holly Pembridge, the Assembly's equality manager. You are all very welcome. We have received the report, and we have some questions for you. I believe that Lorraine wants to start.

[5] **Lorraine Barrett:** I thank you for the invite, Chair. I wish a happy new year to you and your team. You have received the annual equality report. It is our first progress report on the equality scheme and action plan that was published just over a year ago, and it is aligned with the Assembly's strategic goals, including demonstrating respect and probity, ensuring that the Assembly has the best service provided in the most effective way, and also, which is really important for us all, promoting and widening engagement in devolution. We look forward to trying to deal with your questions.

[6] **Ann Jones:** I will start with the first. The annual equality report explains that the Commissioners adopted a multi-strand approach to the promotion of equality. What are the benefits of such an approach? That question is to you, Lorraine, or to your team.

[7] **Lorraine Barrett:** I will hand over to Holly and Claire as appropriate, if that is okay, and I will chip in as and when. Holly, will you take that one?

[8] **Ms Pembridge:** Yes, certainly. We tried to pre-empt the forthcoming Equality Bill's multi-strand approach, and our equality team took the view that the more inclusive we could be, the more likely we were to meet people's diverse needs and requirements. We think that that sends a positive message across the equality strands. The benefits have been seen in the Step Up Cymru scheme: we attracted a diverse range of people through the recruitment process for that scheme. We do, indeed, have people who do not identify with just one single

characteristic and we are looking at the progress of the participants. So, ultimately, the approach was to pre-empt the provisions of the Equality Bill. When it is enacted, we will go back to revise our scheme, if necessary, to ensure that it is consistent with the Bill.

[9] **Janet Ryder:** Annex B of the report provides information about the staff of the Assembly Commission, job applicants and the recruitment process. Has your analysis of that information highlighted any areas of concern that you intend to explore and address in the coming months?

[10] **Lorraine Barrett:** From a personal perspective, particularly given that I represent a diverse community, one issue that has continued to challenge us all from the beginning and over the past 10 years is encouraging people from black minority ethnic communities to view this place as somewhere where they can apply for jobs and can come to work. We are doing better, but we still need to reach out a little more. Thinking particularly about local jobs for local people, the local population here in Cardiff bay is diverse. I know that Holly and her team work really hard to reach out, and one message that I wanted to give to this committee today is that, if there are any issues on which you think that we can do better, particularly this one, or if you come up with any ideas, please do not hesitate to contact Holly and the team. For me, it is the BME community that we are still struggling to reach. Claire, do you want to add anything?

[11] **Mrs Clancy:** I have a few comments. First, one of the things that we want to push hard on is having more data that we can analyse. We do not force people to provide us with data, so, inevitably, the statistics are incomplete. We do not always know whether people have a particular ethnic background or a particular disability. Looking at the statistics that we have on disability, we can see that a reasonable proportion of people, compared with the whole cohort, were successful at sift. For example, 18 per cent of those who declared a disability were successful at sift, compared with 15 per cent in the whole cohort. That looks reasonable. Among those who declared another ethnicity, the figure was only 8 per cent, so it is a matter of concern that that figure is low. However, we have gaps in our data and we are a small organisation, and small numbers skew very easily. We want to continue to press to get the data, but we always have to be mindful that we are a small organisation.

[12] One of the really important things that the Commission has discussed and agreed, and which has also been looked at closely by the management board, is our recruitment policy. We have a new recruitment policy that will mean that we will go out to open competition for all vacancies. That has not been introduced yet and we are still talking to the trade unions about that, but we think that opening up all jobs to open competition is an important step in opening up access to our vacancies. Holly, do you also want to say a bit about how we try to reach out and where we advertise so that we try to reach all groups?

[13] **Ms Pembridge:** We have a human resources outreach programme whereby we have been advertising jobs widely on the internet through groups such as the race equality network forum. We are looking at putting employee profiles on our website, so that we can show people outside who works here, that we have flexible working opportunities and how people can progress here. It is about addressing some misperceptions about who works here. The team has received anecdotal evidence that people think that you have to be a white, middle-aged man to work here. That has been a recurring theme when we have spoken to people outside. We need to address those misperceptions. We have also started to advertise our jobs through organisations such as the Black Voluntary Sector Network Wales. Our HR outreach team is looking to widen its recruitment base.

[14] **Ann Jones:** Joyce, your question is on recruitment. Do you want to ask it now, and then we will come back to Janet?

[15] **Joyce Watson:** Yes. My question, which you have answered in part, is on the fact that you have said that you are looking at a policy of open recruitment for all posts in the Assembly. You have said that you are in discussions with trade unions at the moment; how far along are you in the process?

[16] **Mrs Clancy:** The policy is ready to be introduced. It is a matter of trying to strike the right balance, so that trade unions are happy that we are looking after the interests of their members and our staff, which is clearly important, but that we also have a policy that allows genuine equality of opportunity. We are at the stage where I need to find, with the trade unions, a way to move forward. We are ready to introduce it, and we just need to overcome their reservations.

9.40 a.m.

[17] **Joyce Watson:** To carry on with the issue of recruitment and to move it to another field, I am looking at the statistics for recruitment of those aged over 55. Thirty-six applications were received from that group, but none of those who applied was offered employment. I have tried to do some quick mental arithmetic and it seems to me that the success at sift of the over-55 age group is nowhere near as good—it is one in nine—as that of other age groups according to your statistics at the moment. Success at sift is roughly one in five for other age groups.

[18] You mentioned the Equality Bill, and Government has this week announced that it is to abolish the retirement age. I bring this up as an area of concern because, if that is the case and people will have to work longer, we are not recruiting any people over the age of 55, so we need to address that. My question to you is this: how do you aim to address that? How can you be absolutely certain, and how can you satisfy me that you are absolutely certain, that there is not an element of discrimination going on in relation to that age group?

[19] **Ann Jones:** Before you answer that, Eleanor has a small point that she wants to add on. We will come back to Janet after.

[20] **Eleanor Burnham:** There is a possible cost implication to this. How would you factor that cost in to the Commission's probably already very squeezed budget? The older the person, actuarially, the greater the cost in perhaps provision of pension and so on.

[21] **Mrs Clancy:** I do not think that that is necessarily the case, unless it were a civil servant with a long pension entitlement—

[22] **Eleanor Burnham:** But it could be a civil servant coming in.

[23] **Mrs Clancy:** It could be, yes.

[24] This is a good example of how, given that we are a small organisation, the statistics could so easily be different. If one person aged over 55 had got through, the percentage for that group would be higher than the percentages for other groups. After last year's committee meeting, we provided a range of statistics for the previous two years on age and recruitment. There was more of a mixed picture there; we did have recruitment in that age band in the previous two years. One source of reassurance is that this is not a trend over a particular period; it happened to be the case during that year. Nevertheless, it is always right to look at the statistics and to question whether any unintentional discrimination is taking place. We have an HR team that monitors recruitment closely, and it is made up of experts in recruitment procedures. I am confident that they would spot any deliberate or accidental discrimination of that sort. Nevertheless, I think that you are right that we should monitor this and the areas that Lorraine mentioned closely and take great care.

[25] **Joyce Watson:** May I make a suggestion?

[26] **Ann Jones:** Well, a tiny one, after which Janet can come in, because we need to make progress.

[27] **Joyce Watson:** I will be bold and suggest that you change your age categories. I would be particularly interested in seeing the figures for those aged over 50, and I will tell you why. It is because it makes sense according to our own policy that older people are people of 50 plus, and not 55 and over.

[28] **Mrs Clancy:** [*Inaudible.*]

[29] **Ann Jones:** There are quite a few of us that can feel horrible about it, let me tell you. [*Laughter.*]

[30] **Joyce Watson:** It does not do a lot for me, I can tell you.

[31] **Lorraine Barrett:** I thank Joyce for that. The realisation has just hit me that that could change the figures. I would just make the point that there were only 19 jobs in total. As Claire said, we are a small organisation, but we are a high-profile one, too. We need to be a beacon of good practice, because the eyes of Wales, at least, are on us. So, while we are small, we need to make the extra effort. On Joyce's point, it would be interesting to see the figures if we were to change the age.

[32] **Mrs Clancy:** In the statistics that we provided to you last year, we broke the figures down more fully. So, if you think it would be worth while, we will put the fuller breakdown in the report. For example, in the previous two years, there were two people aged between 50 to 54, four aged 55 to 59, and two who were over 60. If we use the same, more detailed breakdown for future reports—

[33] **Ann Jones:** That would be useful, and we would be able to compare against that. Janet, we will come on to you.

[34] **Janet Ryder:** I just have a supplementary question, really. It comes back to the answer that you gave, Lorraine, about targeting certain ethnic groups. You have highlighted that there is a particular need to do that here in Cardiff. I assume—I hope that you will assure me that that is the case—that you apply that to recruitment in the regional offices throughout Wales as well, and that the outreach work that you carry out here is replicated in the regions of Wales.

[35] **Lorraine Barrett:** Yes. The outreach work that we have been doing is quite exemplary, and Holly could expand on that. As I said at the beginning, I see the local issue because I represent this area, but I would not want you to think that we concentrate only on Cardiff. It is where the bulk of the work is, but it is important that, wherever we have employees, they reflect the local workforce. I do not know whether Holly has anything to add to that.

[36] **Ms Pembridge:** It is important to talk about the work of the outreach and education team, which is based across the regions of Wales. In highlighting the work of the Assembly, the team would also promote the Assembly as a potential employer. We have been doing a lot of work at the Assembly, as part of the Presiding Officer's outreach tour, in visiting groups across Wales in order to raise the issue of who we are, what we do, and to say that we are a potential employer. We have to get our recruitment literature out there. To my knowledge, everything is advertised on an all-Wales basis. I can come back to the committee with further examples of where we advertise, if that is helpful.

[37] **Ann Jones:** Yes, that would be helpful.

[38] **Lorraine Barrett:** The last time that I came to speak to you I mentioned that, a couple of years ago, there was a careers fair in Fitzalan High School. The Welsh Assembly Government and the Assembly Commission had a stand there; we had leaflets and the staff told the pupils about the job opportunities. I am sure that, with some organisation, we could do that around Wales. Members may have ideas on what could be done in regions and constituencies outside south Wales, which is something that we should be doing. It is about getting to younger people, and, indeed, older groups as well. There are lunchtime groups, or whatever, which the outreach team would be happy to talk to about job opportunities.

[39] **Ann Jones:** Perhaps we will look at that.

[40] **Janet Ryder:** I would like to see how that could be considered further. In north Wales in particular, which is the area about which I have more knowledge, it is not just about the age spread, but ethnic background, and reaching into those communities in north Wales. Those organisations exist in north Wales and are well developed there, but it is about how the Commission reaches those communities. I know that the bus has gone around and has targeted different groups, but there needs to be more awareness-raising about the Assembly as a whole, saying that we are an employer for the whole of Wales and that we need to recruit people in Wales from every background.

[41] **Lorraine Barrett:** We can take these things away, and we would appreciate any feedback that you may have after the meeting. We could do some work with organisations such as Jobcentre Plus, for example, by having a particular day in a Jobcentre Plus office and have an Assembly Commission stand, and perhaps do something jointly with the Welsh Assembly Government.

[42] **Ann Jones:** We need to follow this up in another session, outside of this session on the annual report. The committee will give serious consideration to what has been suggested. That is probably the way forward.

[43] **Eleanor Burnham:** Careers Wales, for instance—

[44] **Ann Jones:** Yes. We as a committee can look at that and perhaps put forward suggestions to the Commission as to how to move forward. Janet, do you want to carry on with questions?

[45] **Janet Ryder:** I would carry on, Chair, but I am afraid that I will have to leave before this question has been fully answered, if that is all right.

[46] **Ann Jones:** I will ask the question on your behalf, in that case. Janet has to go to give evidence to another committee, so we are struggling a bit.

[47] The Assembly Commission operates the ‘positive about disabled people’ two ticks scheme, which guarantees an interview for all disabled people who meet the minimum criteria. We have looked at the statistics, and only seven disabled people were successful at the sift stage. Why do you think that that is the case if we operate the two ticks system?

[48] **Ms Pembridge:** Claire referred earlier to the overall number of applications that we receive—1,095, which are both internal and external. The overall success rate was 15 per cent, compared with the rate for those who declared a disability, which was 18 per cent. All our managers get recruitment training, across the equality strands.



9.50 a.m.

[49] When disabled people come for interviews, we cannot see who has a disability that has not been declared. It would be interesting to know the statistics on that. Compared with the overall figure for successful applications, that does not tally unfavourably with that figure.

[50] **Mrs Clancy:** I do not know the answer to your question on why people who have a guarantee of an interview have not got it. Could we get back to you with information on that?

[51] **Ann Jones:** Yes, that would be helpful because if we apply the two tick system and we are open about applying it, there is something somewhere that is posing a problem. Do people have problems filling in the application form or are there issues that prevent them from meeting the minimum criteria? I would be grateful if you could provide us with that information and perhaps we will pick that up in another session.

[52] Jonathan, could you ask the next question?

[53] **Jonathan Morgan:** The report explains that work is currently being undertaken to collect more information from staff, which will give a fuller picture of the diversity of the workforce. What additional information to that already presented in annex B of the report are staff being asked to provide about themselves and how do you intend to use it?

[54] **Mrs Clancy:** It is more that we do not have the information in annex B about some staff. We are not asking for different sorts of information, but the same information, which we want to get from a larger proportion of staff.

[55] **Ms Pembridge:** Such information might include sexual orientation and religion and beliefs, but the new Human Resources' IT system has not been populated fully, so we are being careful about the data.

[56] **Joyce Watson:** Annex C of the report provides some headline results of the Assembly Commission's equal pay review 2009. Did the review identify any areas of concern from a gender equality perspective? If so, what action is planned over the coming year?

[57] **Mrs Clancy:** It did not identify any areas of concern. The areas where differences were identified are those that are highlighted in the report. We believe that there are logical explanations as to why those differences occur and those are set out in the report. We have a pay system, which was introduced deliberately to tackle equal pay issues, in which progression through the pay scales is relatively fast. For example, it takes four years to get to the target rate of a job. At one level, there are more female employees at the top of the scale and at another level, more male employees are at the top of the scale. Over time, that will unwind as people quickly make their way to the target rate for the job at the top of the scale. It is recognised that short pay scales of that sort are a good way in which to address equal pay issues. No other concerns emerged from the review.

[58] **Ann Jones:** You said that there are more women at the top of one scale and more men at the top of another. However, if those pay scales are totally different and, for example, you have more women on a lower clerical grade scale—sorry, this is going back years now—and you have more men on a higher administrative scale, you still have that imbalance because those women who are not on the higher scale. So, that skews figures, does it not, in terms of whether or not we have got equal pay right in the Assembly?

[59] **Mrs Clancy:** Equal pay is about equal pay for jobs of the same value. In our case, the difference is the other way around: more men are at the higher level of the lower pay scales because of the large proportion of security officers, who are male, whereas a large proportion

of our translation team, for example, are female. So, it is the other way around here. You are right that the different representation in different types of jobs means that you do not have complete equality—I do not want to use the word ‘equality’ because it is not quite the right word—and things are not the same across the piece. However, that is inevitable when people are doing very different jobs, such as translating and being security officers.

[60] **Ann Jones:** That is another issue that we might like to pursue, but time does not allow us to do so at the moment.

[61] **Eleanor Burnham:** Beth mae Comisiwn y Cynulliad wedi ei wneud dros y flwyddyn ddiwethaf i gael dylanwad positif ar amodau gwaith contractwyr allanol, fel glanhawyr a staff arlwyo? **Eleanor Burnham:** What has the Assembly Commission done over the past year to have a positive influence on the work conditions of external contractors, such as cleaners and catering staff?

[62] **Lorraine Barrett:** I will start, and maybe Holly or Claire can fill in with more information. We have developed living wage criteria with our contractors, as opposed to minimum wage criteria, and we have been doing that for some time. I do not want to personalise the issue, but within the cleaning staff there is someone who is well over 80 years old who works very hard and is excellent at her job. The living wage is something of which we are quite proud, and we have also done some work with the trade unions, who are working with the Welsh Assembly Government on the living wage. I do not know whether Holly has anything else to add to that.

[63] **Ms Pembridge:** The cleaning contract was recently renewed, and our contract manager made every effort to ensure that the existing living wage provision and home to work transport provision was carried over into the new contract. I am aware that the catering contract will be renewed next year, so it will be a challenge for the contract manager to ensure that those provisions follow through into the new contract as well. Contract managers will undertake a training course next month on the equality and sustainability elements of contract management, and I understand that they will explore the possibility of having key performance indicators for contracts in relation to sustainability and equalities during that session. So, we will see what happens during that session, and if the committee has any suggestions on how that could be worked through, that would be helpful.

[64] **Mrs Clancy:** We have an established procurement system which includes the values that we want to see reflected within the policies and contracts that we have with contractors. That includes a statement about equal opportunities requirements at each stage of the contracting process. There is a pre-qualification questionnaire that asks about equalities, and procedures that look to put in a specification that relates to equalities as part of the terms and conditions of a contract. All of this is on our website for anyone that wants to enter into a contract with us—there is quite a lot of detail there.

[65] **Eleanor Burnham:** Pa ymdrechion i gysylltu â phobl nad ydynt yn draddodiadol wedi ymwneud â phrosesau'r Cynulliad oedd y rhai mwyaf llwyddiannus dros y flwyddyn ddiwethaf? Yr ydych wedi cyfeirio at rai yn barod, ond hoffwn gael ychydig mwy o esiamplau. **Eleanor Burnham:** Which attempts to engage with people who have not traditionally sought to be involved in Assembly were most successful over the past year? You have already referred to some, but I would like a few more examples.

[66] **Ms Pembridge:** I mentioned the Step Up Cymru mentoring scheme, which was quite an innovative way to engage with people. The Presiding Officer visited groups across Wales, and they gave some feedback about how we could be more visible as an Assembly, and how politicians could also be more visible. The disabled users' forum was quite useful, and our

access officers used our external users group to inform the Pierhead building renovations. There have been some challenges with regard to the fact that it is a listed building, and that we need to make access adjustments. So, rather than retro-fit adjustments, we are working with people to see how best we can deliver the services with particular regard to disabled people. That outreach work has been successful because people have achieved a tangible outcome from their involvement. On the education team and outreach bus, we have received a lot of feedback from people across Wales about the bus and how it can be used. I believe that Members have also used the bus for mobile surgeries, so we should continue to promote that.

[67] **Mrs Clancy:** The example that I would pick is the international day of disabled people that we held in December. When it first took place in December 2008, I thought that it was an outstanding and amazing day. When it was held again last December, it was wonderful to see those people in the Assembly building learning about what we do, and working with one another to improve access to democracy effectively for people with disabilities. The team did a wonderful job on that day.

10.00 a.m.

[68] **Ann Jones:** Yes; they did.

[69] **Eleanor Burnham:** Yr wyf yn falch eich clywed yn sôn am ddemocratiaeth. Yr wyf innau, fel Janet, yn cynrychioli Gogledd Cymru a chredaf fod bwllch sylweddol o ran y yr sy'n digwydd yn y Cynulliad a'r canfyddiad yng Ngogledd Cymru. A oes unrhyw grwpiau o bobl yr hoffech weld y Comisiwn yn canolbwyntio arnynt dros y flwyddyn sydd i ddod? Sut yn union y gallwn godi ymwybyddiaeth o ran y cyfryngau? Os edrychwch ar y papurau yng Ngogledd Cymru, er enghraifft, fe welwch nad oes llawer o ymwybyddiaeth, er eich bod wedi ymdrechu gyda'r bws a'ch bod yn gwneud eich gorau. Yr wyf hefyd wedi ymweld ag ysgolion gyda'ch staff addysgol gwych. Serch hynny, mae bwllch o ran y math o ymwybyddiaeth a drosglwyddir gan y cyfryngau i'n galluogi ni i gyd fanteisio ar yr hyn a wna'r Cynulliad.

**Eleanor Burnham:** I am pleased to hear you mention democracy. Like Janet, I represent North Wales and I feel that there is quite a gap in between what happens in the Assembly and the perception in North Wales. Are there any groups of people that you would like to see the Commission focusing upon over the coming year? How exactly can we raise awareness in respect of the media? If you look at the newspapers in North Wales, for example, you will see that there is very little awareness, despite your efforts with the bus and the fact that you are doing your best. I have also visited schools with your excellent education staff. However, there is a gap in terms of the type of awareness conveyed by the media to enable us all to take advantage of what the Assembly does.

[70] **Lorraine Barrett:** I think that the 60 Assembly Members have a role to play in the perception of the Assembly. As we know, the media often do not want a good-news story. Like Claire has done, I also wish to pay tribute to staff. The event held to mark the international day of disabled people was incredible, particularly the year before last, as it was a much bigger event, and the work done for it was phenomenal. I know that some of our staff are sitting and listening to this committee meeting. The work that they did over and above their job description, and what they are paid for, was unbelievable. The commitment is huge. I just want to put that thanks on record.

[71] We talk a lot about outreach. That is important, but so is what happens here—not just in committees but in the Senedd. If you look at the events, you will see the opportunities that those events provide to people who come in here and have a good experience. You see the range of people, from disability groups; lesbian, gay, bisexual, transgender groups; mental health groups, and schools. We see people from across the world covering all sorts of ethnic

groups. That is how we can sell the Assembly. I do not know how we get that into the public domain. When we talk about perception from North Wales, I often wonder—and I am not being facetious—what people in Cornwall think of what happens in Westminster. There is a distance. It is a reality and it is a matter for all of us to do our bit. The staff work very hard to ensure—

[72] **Eleanor Burnham:** I would like to mention the mentoring scheme, Step Up Cymru. It is a brilliant scheme. I am mentoring a lady, who has cottoned on to the fact that the media, perhaps, does not convey how hard we all work, and that we do not have a minute to spare, particularly now because we spend more time in Cardiff.

[73] **Lorraine Barrett:** With regard to Eleanor's substantive supplementary point about the groups that we should target, I do not know what the answer is because we have to treat all groups equally. Some groups need a little more nurturing than others. I do not know whether Holly has any thoughts on that, or whether we need to go away, think about it and get feedback on it.

[74] **Ms Pembridge:** I have a few thoughts on making it easier for people to engage with the Assembly, making sure that our information is accessible, and making it easy for members of the public to contact Assembly Members. We have made many improvements to our website, to make it easier to use. We have—I think—a Facebook, Twitter and Flickr part on the website, which might broaden out our audience slightly. Obviously, we target work across the equality strands in the work that we do on the international day for disabled people. We will be holding an event to mark the international day for older people in October 2010. We have done some work on black history month, and lesbian, gay, bisexual, transgender history month. We have also recently published a house style guide, where we have included our accessible information guidelines for staff, Members and their support staff to use in producing information just by using the technology that is available. However, I also acknowledge that not everyone uses technology. Our team works closely with the outreach team to improve our contacts, and we are gaining more contacts across Wales each day. This is something for everyone, really, but if feedback suggests that we are missing people out, then we will make a concerted effort to improve that.

[75] **Ann Jones:** I want to ask about assisted transport for schoolchildren who travel to the Assembly from west, north and possibly mid Wales, which they would rely on heavily. Have we looked at the use made of that and whether it achieves what we hoped it would in bringing groups to the Assembly? Groups often say that although the assisted transport is provided, they are also affected by associated costs, and they cannot bring primary school children down for a day because they cannot be expected to get on a coach at 5 a.m. and arrive back home at something like 10 p.m. Have you looked at that, and whether we are attracting the people who we need to be attracting from those areas?

[76] **Mrs Clancy:** I believe that it is being reviewed at the moment, because a question came up about supporting schools that want to visit outside term time, which we do not do currently. There are a couple of examples where that did not suit, and the Assembly was working, so I believe that the external communications team is reviewing what we offer. If anyone has any thoughts on that, please let me know.

[77] **Ann Jones:** Are alternative educational establishments included in those visits? There are alternative educational facilities available for those who cannot use schools. Do we allow for them?

[78] **Mrs Clancy:** I am not entirely sure, but I imagine that we would. We can check up on that. We will also check where the review has got to, and ask Non Gwilym to ensure that she includes members of the committee in any feedback on the review.

[79] **Ann Jones:** That would be good. Thanks.

[80] Sorry for that—the Chair is being too indulgent. Jonathan, you have been waiting to ask your question.

[81] **Jonathan Morgan:** The report mentions a number of examples of work undertaken by committees in trying to engage and involve people. I just wonder if work is being done to capture that good practice and build on it for the fourth Assembly, because the committee structure could look quite different again after the election in 2011. What further work is being done?

[82] **Lorraine Barrett:** Do we have responsibility for that?

[83] **Ms Pembridge:** It is our responsibility to capture that information in the annual equality report, but how that is disseminated may be something for the fourth Assembly project to consider—something that should be built in as knowledge management.

[84] **Mrs Clancy:** There is some work going on looking at the way that committees work, and how they might work in the fourth Assembly. Certainly, part of that will involve looking at the effectiveness of committees, and what has worked particularly well. A good example of that is where there has been engagement with particular groups or communities. So, yes, there is some effort going in to try to capture what works well for committees and which models would be best suited for the fourth Assembly. We can ensure that that work picks up the equalities theme in particular.

[85] **Jonathan Morgan:** Turning to my next question, I wonder in what key ways were Assembly Members supported from an equality perspective in the past year.

[86] **Ms Pembridge:** Some of the notable contributions would be from the Members' research service in the briefings that it provides to Members. I am aware that, around budget time, equality considerations are built into briefings, showing gender budgeting and so on during the budget planning round. I am aware that committee staff make adjustments for witnesses to come to give evidence—the Petitions Committee has used flashcards for witnesses with learning disabilities, for example. When inquiries are being undertaken, MRS and committee staff work together to ensure that the audience is involved, and that everyone gets the support that they need to meet their requirements. We also have induction loop facilities around the estate, including in this building, and our facilities team is happy to make any adjustments that Members and their support staff might feel to be necessary. One thing that the equalities team needs to do is to promote itself more among Members and their support staff. We are going to develop an intranet resource so that there will be a repository of information for Members and support staff, including practical information on booking communication support, making reasonable adjustments for staff, and producing accessible information. We can pop down to Members' rooms at any time and have a confidential conversation about anything. We need to ensure that we are more visible to Members.

10.10 a.m.

[87] **Mrs Clancy:** We also support Members in their role as employers of staff. John Chick, the Members' business support team and the human resources team are always ready to give advice. This year, they will produce Members' fact sheets to help with your equalities responsibilities as employers. That was a bit of a sales pitch. All of the teams who work within the Assembly Commission are there to help Members. Therefore, if you have a need relating to equalities, Holly's team is there; if it relates to promoting the work of the Assembly, the external communications team is there. We need to make Members more

aware of us so that we are offering you as much support as we can across the piece.

[88] **Ann Jones:** I am going to indulge myself and then I will bring you in, Eleanor. I would like to ask you how you support Assembly Members who, for example, want to talk to a group of deaf-blind people. Normally, Assembly Members would have to pay for translation or interpreters from their office costs. If you have an interpreter at two or three meetings, the cost, on top of everything else, means that your budget for office costs will become sparse. Is there support for Assembly Members for interpretation and translation?

[89] **Lorraine Barrett:** I am not sure. We would have to come back to you on that point. I think that, as you said, Chair, it comes out of our office costs. I know that when I have had a meeting for which I needed a British Sign Language interpreter, I have paid for it out of my office costs. That has not been a problem for me, but I know that, for those with constituency offices, the budget for office costs can be tight. Will you allow us to take that away and give it some thought to see what support might be available?

[90] **Ann Jones:** Yes, that is fine.

[91] **Eleanor Burnham:** I am pleased that you have mentioned this because it is an important point. Due to the unfortunate discourse in the media during the last couple of years about the costs of representatives—possibly in another place rather than here—that point that you made is important. We need to remind the general populace and the media that Assembly Members are employers, we do incur costs and that all of the money that they say we are squandering or which they say goes into our back pockets has to be carefully allocated and applied. As Ann has said, there are many obligations on us as employers and I am delighted that we can put all of this on record so that people begin to understand the complexities that Assembly Members face beyond representing the general populace.

[92] **Lorraine Barrett:** Within the next term, we need to look at constituency offices and the staff working in those offices, because there is disparity between what can be provided in this building and what Members can provide in their constituencies. It depends on what sort of offices they can afford and how well they can afford to furnish them—there may be a need to furnish them with ergonomic chairs for staff who have problems.

[93] **Ann Jones:** We are straying away from the equality strand.

[94] **Lorraine Barrett:** Well, it is about opportunities for staff. It is important that an equal base is provided for staff who work for Assembly Members, as well as the staff who work for the Commission. We all have responsibilities there.

[95] **Ann Jones:** I do not want to get into office costs and expenses. I am sorry, Jonathan, we cut across your question.

[96] **Jonathan Morgan:** My final question is about future plans and priorities. The Step Up Cymru mentoring scheme comes to an end in April 2010. When that scheme is evaluated, what will success look like from your point of view?

[97] **Lorraine Barrett:** Obviously, we have to wait for the evaluation. Each mentor and mentee is different; we are all individuals. I have a mentee. I hope that we will have a cohort of people who feel more confident in themselves, who have a wider awareness of what goes on here and in local government—because local government is a partner in this—and that there will be some people who think, ‘Yes, I can do that’, whether that leads to taking an interest in politics and becoming a politician, or just taking an interest and taking part in civic society. So, I would hope that we would have a group of people who would have a wider awareness of a world that they may not have been sure about before.

[98] When the evaluation comes in, it will be for others to decide how the scheme goes forward. It is an intensive scheme; it takes up a lot of staff time and, on a very personal level, I am not sure whether it could be sustainable every year. We need to concentrate on the quality of the scheme, rather than its quantity, so some serious evaluation needs to be done, because, as I said, a lot of staff resources go into it.

[99] **Mrs Clancy:** While we are talking about Step Up Cymru, may I mention that, last year, the House of Commons' Speaker's Conference on parliamentary representation came here and took evidence from us? It published its final report this week, which contains two recommendations that refer to what it heard and saw in Wales. The first is on Step Up Cymru and it is stated in the report that it believes that there is scope for the development of a UK-wide scheme similar to the Step Up Cymru mentoring scheme. While I am on that report, the other recommendation that refers to us is recommendation 62, which states:

[100] 'We believe that the House and its Members would benefit from having a small in-house team on the model of the National Assembly for Wales Equalities Team, responsible for monitoring how the House is doing on all equalities issues'.

[101] It is a real credit to the Assembly, and to Holly and the team in particular, that that recommendation is so strongly made in its report.

[102] **Ann Jones:** What will your top equality priorities be for the coming year?

[103] **Lorraine Barrett:** Our priority is to maintain what we have and to improve on it. We will never get it completely right and we try not to be defensive. We have an open-door policy and we would welcome any input from this committee or Members when we get it wrong, so that we can put things right.

[104] **Ann Jones:** I think that Claire is desperate to say something. [*Laughter.*]

[105] **Mrs Clancy:** It is the same point really. I just want to say that, for me, within the organisation, it is about reinforcing a culture within the organisation that promotes equality. We have a number of policies still to tackle that underpin that, but it is the culture that we really need, so that everyone lives, breathes and thinks equality, because that is the way that it will genuinely reach out within and beyond the organisation.

[106] **Ann Jones:** We will have another session on your report and on the issues that we have brought forth. We will write to you to put our views and our suggestions forward; that was the consensus earlier on. Thank you all for coming today and for the report. We will do some further work on that in the months to come.

10.18 a.m.

**Ymchwiliad i Wahaniaethu yn Erbyn Pobl sy'n Byw gyda HIV gan Weithwyr  
Gofal Iechyd Proffesiynol a Darparwyr Gofal Iechyd—Tystiolaeth gan  
Gynrychiolwyr Byrddau Iechyd Lleol  
Inquiry into Discrimination against People Living with HIV by Healthcare  
Professionals and Providers—Evidence from the Local Health Board  
Representatives**

[107] **Ann Jones:** I welcome our next set of witnesses. This is the final session on our inquiry into discrimination against people living with HIV/AIDS in healthcare settings and others by healthcare professionals. I am delighted to welcome to the table—there is quite a

few of you, so I will try to mention all of you—Debbie Morgan, Julian Quirk, Martin Jones, Sally Hughes Jones, Ian Sharp and Ceri Harris. Have I named all of you? I see that I have. I thank you all for coming. The committee has been conducting this inquiry for some time. I thank you for the paper that you have provided to us. We will go straight into the questions, given that there are quite a few witnesses around the table. I will let you decide who among you will answer the questions—you can fight among yourselves about that.

10.20 a.m.

[108] I will start with the first question. Most witnesses have expressed concerns about the lack of formal evidence available to enable healthcare providers to investigate and address any pattern of discrimination in healthcare settings against people who are living with HIV. To what extent are local health boards—and I know that it has all changed since the trusts—gathering information about reported discrimination in healthcare settings on the grounds of HIV status? Which one of you wants to start off on that?

[109] **Ms Morgan:** I do not mind. The first thing to say is that we all have disability and equality schemes, which mean that we take any sort of discrimination seriously. It is high on our agenda. On the specific issues with HIV and AIDS that you have asked about, one thing that we want to share with you is that there is a requirement as part of NHS policy to ensure that patients, carers, relatives and the public are involved in the planning and delivery of services. In our genito-urinary medicine services, we have an active patient and public involvement group for HIV patients. In Abertawe Bro Morgannwg University Local Health Board, that has been established since 2006, and it is an active group. A member of the corporate team sits on that PPI group with the HIV patients, so we are able to ensure that their feedback reaches our steering groups. We have set up e-mail systems so that anyone wishing to raise any issues or concerns can do so. Since 2006, we have not been made aware of any concerns from that group of patients. Every year or twice a year, a survey is organised by the PPI group, and, as part of that process, we have been able to make new enhancements to services, but no issues have been raised around discrimination.

[110] **Ann Jones:** Is that because there is an inability to collect information centrally and to analyse it, or are you saying that there is no discrimination?

[111] **Ms Morgan:** From the evidence that we have received through that PPI group, no concerns have been raised. The other mechanism is the formal complaints procedure, and no complaints about HIV have come through that procedure.

[112] **Mr Jones:** May I take this opportunity to tell you a little about how we have gone about collecting general information on equality and diversity issues, which include issues around HIV, discrimination and disability? At Betsi Cadwaladr University Local Health Board, we have been working on a single equality scheme over the past 12 months, bringing together the existing schemes of the previous nine organisations. It has drawn upon an established network of more than 1,000 contacts, made up of people who have expressed an interest in equality and diversity. Included in that are groups such as the Terrence Higgins Trust and Body Positive Cheshire and North Wales, which we have involved as part of our wider equality and diversity work. We have gone through a process of trying to engage with people through a questionnaire to help to identify priorities for our single equality scheme. That is the mechanism by which we have engaged with people to get feedback on people's perceptions of how—and how well—the services are working.

[113] As we heard from Debbie, there are other internal issues, such as complaints—although there are not a great many complaints—patient satisfaction meetings, focus groups and so on. I know that the committee previously heard about the establishment of the all-Wales HIV network meeting, which the Terrence Higgins Trust supports. That is another useful



framework in which service users are brought into a confidential environment in which they can exchange views on how the service is run. They can almost advocate on behalf of other people and bring information to the organisations about how we are doing. From my discussions with clinicians involved in the genito-urinary medicine service in preparation for coming here today, I noted that, although there are no formal complaints, clinicians say that service users are confident enough to raise wider issues with the GUM service, or instances in which they believe that people are not as familiar with, and confident about, dealing with HIV patients. So, that is even if they do not generate formal complaints, there is a route for feedback.

[114] One practical thing that the HIV nurse in Bangor is looking to do is draw up a patient questionnaire to gather information, to turn anecdotal comments into some qualitative or quantitative assessment of people's feedback. We currently have established networks for equality and diversity in a wider sense, but they are not surfacing a great deal of information about HIV as a specific topic of discrimination. I noted that, in the Minister's address in your previous meeting, she talked about the sexual health and wellbeing work in Wales, and how a needs assessment would be carried out for that. So, I think that we are on a journey rather than this being an event. We have some good examples of engagement with wider communities, but do we have tangible quantifiable information on HIV? We have some, but I do not think that it is as much as we need to provide absolute assurance.

[115] **Jonathan Morgan:** Given the structural changes that have happened within the NHS, you now have a greater degree of capacity with a smaller number of organisations. Does that reorganisation present an opportunity to introduce new systems that help to capture this sort of information?

[116] **Mr Jones:** It certainly does. For example, we have re-established our GUM and HIV services with the Betsi Cadwaladr University Local Health Board. There are 11 clinical programme groups, which are the structural mechanism by which we deliver services. The GUM service forms part of a wider medicine and primary care service, so the continuum that goes along primary, community and specialist services is all within one clinical area. There are also references in the national care framework to developing networks for HIV services. North Wales has one large regional organisation and there is now an opportunity for clinicians across north Wales to work together. Dr Andrady, the consultant GUM physician in Bangor, has been nominated as the HIV lead for the whole of north Wales, as opposed to just one small part of it. By way of example of how that is starting to help, he has organised an event on 28 January to look at the national care standards and framework, trying to work with clinicians from a range of other disciplines on how they work with HIV patients. According to the literature, a lot of evidence suggests that, as people are now being treated successfully with anti-virals, they will come into contact with wider aspects of the service. It will be an important event to bring together clinicians from radiology, cancer services, and the wider range of clinical disciplines outside GUM and HIV to ask what the care standards framework means for them.

[117] With that new organisation, we have this new ability to work across primary, community and secondary care, and we have a greater number of clinicians who can work in that area. The single equality scheme means that we are now drawing on the expertise and knowledge base of what were hitherto nine organisations, to know about the approaches on equality, and we can pick examples of good practice from each one.

[118] **Jonathan Morgan:** I just want to look at the clinical guidelines and their effectiveness. We were told in evidence that there are some examples of patients being treated differently because of their HIV status, for example, by putting them in side rooms of hospital wards with biohazard infection signs placed outside the room and with unnecessary barrier nursing techniques applied. We were quite interested to receive that evidence. How confident are you

that the guidelines on universal cross-contamination prevention measures are being properly implemented across the NHS in Wales? I do not mind who wants to answer that.

[119] **Ms Morgan:** It is difficult to comment on how they are being implemented across Wales. From the health boards' perspective, as you mentioned, dealing with any sort of communicable disease within a healthcare setting is managed through robust infection control policies and procedures. HIV and AIDS are not specifically singled out in those procedures that we adopt in the health board. It is one of many infections that healthcare workers have to be familiar with and understand how they need to provide services within that context. All these policies are applied to all patients, and that makes sure that there is not a possibility of discriminatory practices against them when they are perceived to be high-risk groups, such as patients diagnosed with HIV.

10.30 a.m.

[120] **Mr Jones:** There is no one thing that ticks all the boxes in this area; there are multiple contributions that ensure or build towards ensuring that policies are adhered to. There is a wide range of policies and procedures that we have listed in our evidence, and the Minister's submission also listed those. In hospitals, we try to make policies and procedures easily available to people, in hard copy and online. Clinicians are involved in their development, and the event that I mentioned on 28 January is a good opportunity for people to come together to discourse. For some people, it may be the first time that they have had the opportunity to look specifically at the care standards for HIV, because it may not be an area in which they have worked previously. So, it is a rolling programme of activity and relationships building it.

[121] It is also about the wider training. I know that our consultant in HIV medicine lectures to undergraduate students, so that is a part of building awareness. Our HIV nurse lectures to student nurses as part of their education, which is another opportunity to build knowledge and awareness. On the postgraduate side, I was speaking to Dr Andrady the other day, who told me that he would be presenting one of the HIV cases to the grand round, which is where we bring all consultants together so that they can present case studies, and that builds a wider appreciation of a subject. Our occupational health services play an important part in vetting new recruits and people who work for us. That is another of our policies. There is also the regulatory bodies themselves, so the professional groups such as the General Medical Council, the Royal College of Nursing, and so on, will all have professional standards on ethical behaviours and the safeguards that people should take.

[122] On the promotion and ensuring that there is adherence, I do not think that there is a single thing. It is a combination of a number of different layers of activity, training and of having policies available. When World AIDS Day was held, we had staff manning stalls to promote awareness of the whole issue of HIV and AIDS, and how we approach it. So, it is a multilayered and multifaceted approach to ensuring compliance.

[123] **Janet Ryder:** I am sorry for arriving late—I had to give evidence to one of the other committees. I want to ask you about people who have been treated and who may not be totally satisfied with the way in which they were dealt with. We have received evidence to show that people living with HIV are often reluctant to make a complaint about the discriminatory practice of a healthcare professional. Perhaps they do not want to upset their local GP or nurse because they know that they will have contact with them again in the near future. What could NHS Wales organisations do to increase the confidence of people living with HIV and AIDS to complain if they feel that they have been treated badly?

[124] **Mr Sharp:** The first thing that we need to recognise is that, in the recent past, certainly as far as Velindre NHS Trust is concerned, we have had better contact and better networking with various agencies, such as the Terrence Higgins Trust and Body Positive, in some of the

equality work that we have done. I am sure that that is mirrored across Wales. We fully understand why individuals may be reluctant to raise issues, and they will often go to those organisations that I mentioned initially. It is a matter of developing those relationships, to allow organisations to be almost a conduit for the complainant.

[125] **Janet Ryder:** So, have those relationships been established throughout Wales with every trust?

[126] **Mr Sharp:** Sorry, but I can speak only from the point of view of the Velindre trust. When the public health service was a part of the trust, we had national networks, but since that has gone elsewhere, that has been narrowed down. However, I am sure that colleagues can talk about their own areas.

[127] **Mr Jones:** In our LHB, I was speaking with clinicians, and there is a base in Colwyn Bay that provides opportunities for drop-in sessions. Outreach workers also come into the GUM and HIV clinics in each of the north Wales hospitals. The other issue is developing the general awareness, knowledge and attitudes of our staff to ensure that clients feel confident enough to raise complaints, or talk about their experiences. It is important that those representative groups are able to act as a powerful advocate for people who do not feel able to make complaints. I have mentioned the HIV nurse and the development of the idea of some form of questionnaire to tease out feedback. Perhaps we need to do more to demonstrate that we are collecting information and acting upon it, forming a progressive relationship that will build confidence.

[128] The other thing that I am aware of is that, in terms of links to primary care, our clinicians have been delivering a number of courses that perhaps we need to build on, namely the sexually transmitted infections foundation courses, where general practitioners and primary care nurses have attended courses run by our consultants. There is both a general course and one specifically for HIV. So again, it is about building awareness and knowledge, and part of the role of the service will be to provide those training and development opportunities for a wide range of staff to build their knowledge and confidence and perhaps to slay any misconceptions that they have about the subject.

[129] **Janet Ryder:** Thank you. To some extent, you have answered my next question. One of the issues that has been raised is around the training of health professionals and health staff. The British Medical Association was very open in acknowledging that a number of its doctors trained before HIV was seen as it is today, and therefore many medical staff have not had that kind of input through university or college training, or through experience. I wonder if you could expand on the work that you will do, and how you will ensure that we see this developing equally across Wales—the awareness of staff, and a recognition of how they treat, deal and approach people living with HIV and AIDS. You have touched a little on how they can put patients at ease and encourage them to come forward if they are not happy. How will you do that awareness training across the trusts?

[130] **Mr Jones:** If I can take some of those issues and talk about some of the activities that we are involved with, for me there are different levels of training. There are generic issues around equality and diversity that we build into inductions and the like, and there is a core dimension of the knowledge and skills framework that looks at equality and diversity, ranging from support activities to promotion. There is an expectation that everyone's job requires awareness. We deliver a range of training activities that include classroom-type activities, and there are some examples of e-learning packages. There is a development called Learning@NHSWales, where some of these learning packages allow you to train online and have a test at the end to provide an objective assessment of people's understanding of the material.

[131] So, there is that generic training, and there is training that has been provided specifically by the previous local health boards on primary care, which was called EQUIP—education and quality in primary care—training, and I think that there was a reference to some of the materials earlier. Then there is specific training where we are drawing on the expertise of clinicians working in the area, and one of the practical examples of that that I could give is that the HIV nurse in Bangor is working with our midwives on the labour ward to put a training package together to look at issues around HIV, pregnancy and birth. We have had a number of births to HIV-positive mothers, and the staff have identified a learning need from their engagement with clients who are HIV-positive. The clinical staff in that area will be getting feedback from patients and other staff and will always be looking to develop learning opportunities within the hospitals to improve services. It is an iterative process that will build on the feedback that we get, and clients' apprehensions about the circumstances that they face or their experience as service users.

10.40 a.m.

[132] As I said, there are specialist courses available, such as the sexually transmitted infections foundation course, and the grand rounds process also builds awareness. This is a multi-layered issue, and there is not a single silver bullet that provides the answers. Rather, there is a range of different activities that build a culture in which people acknowledge that we are delivering services to a wide array of individuals who have different needs. We need to tailor our responses to those particular needs.

[133] **Ms Morgan:** Having sat and listened to the last lady who was talking about the forward work programme, I wish to add something. This is very much a cultural issue, as Martin said. It is about building these values into the culture as we start these new organisations, and making sure that we integrate all of the issues around equality and diversity into every element of what we do. On training, and the specific question that was asked on this, we have two common start dates now within ABM University Health Board, and every new member of staff coming into the organisation goes through a common induction programme, which includes a dedicated session on equality and diversity responsibility. They have that session as soon as they join the organisation. That generic training programme is now featured in all of the training programmes that we run across the health board.

[134] Most recently, we developed a joint training programme where consultant medical staff and GPs come together to understand their responsibilities around equality and diversity legislation. There are case studies within that programme that specifically relate to patients with HIV. So, the approach to bringing people together is one based on action learning and I think we need to do more of that.

[135] **Ms Harris:** I would like to add to that. In building on the relationships that we have with our partner organisations and building confidence within our communities, we found in Velindre NHS Trust—and this is a specialist point of view based on working with the Welsh Blood Service—that concerns were raised about blood donation. We worked with the Terrence Higgins Trust and other organisations to have a debate on that. The feedback from that debate influenced how we designed training. External groups came in to talk about attitudes, which is the key issue around HIV, and, although we have policies in place, about how we could ensure that anyone coming forward to donate was treated with respect and dignity with regard to HIV. We were able to feed that back to the organisation, thereby building confidence. We listened to those groups, took on board the comments, made changes and fed that information back. In turn, that will build confidence within communities, so that if people have any issues or complaints, they can feel confident that we will listen to them and take their complaints forward.

[136] **Eleanor Burnham:** Yr wyf yn falch o **Eleanor Burnham:** I am pleased to say that I

ddweud fy mod wedi cael cyfle i ddarllen dogfen swmpus bwrdd iechyd gogledd Cymru yn ymwneud â materion cydraddoldeb ar y trêrn ar y ffordd i lawr yma ddoe. Yr oedd yn ddiddorol dros ben—mae gennyf gopi ohono yma—ac yr oeddwn yn falch o'i ddarllen. Yr oedd yn ddiddorol edrych ar y gwahanol gwestiynau yr ydych wedi eu gofyn i bobl, ac ar eu hymatebion. Yr oeddwn yn falch o weld bod y sefyllfa yn eithaf da. Fodd bynnag, cefais sioc pan ddarllenais yr ateb i un cwestiwn a oedd yn delio â chleifion yn gyffredinol, nid dim ond cleifion â HIV. Mae'n debyg bod llawer o gleifion am gael eu trin â mwy o barch ac urddas, ac am gael eu trin fel pobl, ac nid fel darnau o gyrff. Yr oeddwn yn meddwl bod hynny'n ddiddorol dros ben. Gan droi at fy nghwestiwn, a ydych yn credu bod angen mwy o hyfforddiant yn gyffredinol er mwyn sicrhau bod pob claf yn cael ei drin â pharch ac urddas, nid dim ond y rhai â HIV? Mae HIV yn fater penodol yr ydym yn ymdrin ag ef ar hyn o bryd, ond pe bai pawb yn deall ein bod ni i gyd yn bobl yn hytrach na darnau o gyrff, efallai y byddai hynny'n ddechrau da. Yr wyf yn deall bod byrddau iechyd Cwm Taf a gogledd Cymru yn cynnal sesiynau hyfforddi sy'n ymdrin yn benodol â gwahaniaethu ar sail HIV. A allwch chi ymhelaethu ar y sesiynau hyfforddi hyn, ac ar y materion yr wyf wedi sôn amdanynt eisoes?

had an opportunity to read the substantial north Wales health board document on equality matters on the train as I travelled down here yesterday. It was very interesting—I have a copy with me—and I was pleased to be able to read it. It was interesting to look at the different questions you have asked people, as well as their responses. I was pleased to see that the situation is reasonably good. However, I was shocked to see the answer to one question dealing with patients in general, and not just those with HIV. It seems that many patients wish to be treated with more respect and dignity, and to be treated as people rather than just bodies. I thought that that was very interesting. Turning to my question, do you believe that more training is required in general to ensure that all patients, and not just those with HIV, are treated with respect and dignity? HIV is a specific matter that we are dealing with at the moment, but if everyone understood that we are all people rather than just bodies, maybe that would be a good starting point. I understand that Cwm Taf and north Wales health boards hold training sessions that deal specifically with HIV discrimination. Can you tell us more about these training sessions, and also about the matters that I have already mentioned?

[137] **Ann Jones:** That was a marathon. Who wants to deal with that question? I see that Martin does. You are doing well, Martin.

[138] **Mr Jones:** I will kick off, then. When you talk about respect, dignity and so on, they are values that underpin much in the public services. The principles of human rights are freedom, fairness, respect, equality, diversity and autonomy, and they run through public services. However, there are always examples of where we do not get it right, and it is more important for me that we have mechanisms in place to bring that to the surface. If you find what someone says shocking, it is in some ways better that it has been said and brought to the surface, so that we know that there is a continuing issue. All these issues are a journey, and as we make improvements, the bar of people's expectations will be raised, so we will probably never get to an end point of having an absolutely perfect service—there will always be a continuous process of progression.

[139] In terms of training, that word always gives the impression of a taught session, whereas it is more about building a culture that runs through everything we do. Perhaps even more important than training is to build a culture in which people will ask others to stop, and tell them, 'That's not right', so that they challenge the system. There are a lot of initiatives taken in the various nursing areas through 'Free to Lead, Free to Care', 'Fundamentals of Care', the whole healthcare standards agenda, and issues around work that we are doing on the single equality scheme, which are all building towards that common goal. On training, it was interesting that the Minister, when she presented evidence to you, talked about whether there

was a need to have common training throughout NHS Wales. You asked how we would do that, and at the moment, there is potential for us to take a particular approach as organisations, to equality and diversity, and some of the issues. There are some parallels with violence and aggression, and with manual handling training with regard to the national passport schemes. There are basic standards that we should all adhere to, so maybe there is a question that we need to ask ourselves about whether the equality and diversity agenda offers the potential for us to deliver common training across NHS Wales, so that we ensure that the Welsh health service approaches it in a common format.

[140] **Eleanor Burnham:** You have answered my second question, but I come back to the fact that I am sometimes quite shocked when I hear, as an Assembly Member and in my personal capacity, about lack of basic respect, and not just to do with HIV, but sometimes to do with older people, which is a human rights issue, too. I hope that we can all address this because, let us be honest, this is a very exciting time for the local health boards, and I was very impressed when I read all this stuff yesterday. I just hope that it will be put into practice.

[141] **Ann Jones:** Can we move on? We have 12 minutes left. You have the next question.

[142] **Eleanor Burnham:** My question has been answered, because he told us that he is rolling out this as best practice across Wales.

[143] **Ann Jones:** What about the question on people living with HIV?

[144] **Eleanor Burnham:** Oh, sorry; I have another one. I beg your pardon. Sorry, Ann; it is the first day back at school.

<p>[145] A gyflawnwyd unrhyw waith ynglŷn â phobl sy'n byw gydag HIV neu sefydliadau sy'n eu cynrychioli i helpu'ch sefydliadau chi i ymdopi ag anghenion pobl sy'n byw gydag HIV a'u gwarchod rhag gwahaniaethu?</p>	<p>Has any work been done with regard to people who live with HIV or organisations that represent them to help your institutions to manage the needs of those who live with HIV and to protect them against discrimination?</p>
---	---

[146] **Mr Jones:** I will make the initial response. We have mentioned that, as part of the database that we have, the Terrence Higgins Trust and Body Positive, as organisations, work with us. The fact that this committee has shown such a focused interest in HIV, from my perspective, leads me to ask myself whether we are doing it in the way we need to. I have therefore found that the work that you are doing has provided us with a very valuable opportunity to raise questions in our mind about whether those relationships are as established as we need them to be. I would confess that I have learnt an awful lot in preparation for coming here today, which I would otherwise not have had the opportunity to learn. I think that it shows the added value of scrutiny committees in seeking this information. Sally actually works on equality and diversity and lives and breathes that work daily. I have a wider portfolio of work, and appearing here has provided me with a great opportunity to delve into the area—I might not otherwise have found the opportunity to do that to such an extent.

10.50 a.m.

[147] **Eleanor Burnham:** That is absolutely wonderful. I am so delighted, Chair, that we have a use for our committee.

[148] **Ann Jones:** How you implement our recommendations will be the test of whether you learn or not.

[149] **Eleanor Burnham:** For the media watching—or anybody else who is watching,

because we do have aficionados who watch committees—it is very good of you to say that we have worth.

[150] **Ann Jones:** We are running out of time, and I want Joyce to ask her questions as well, so we need to move on.

[151] **Joyce Watson:** Is there scope for LHB contracts with GPs and dentists to be used as a way of preventing or addressing discrimination on the grounds of HIV in Wales? We are running a bit short of time, so could we have a brief answer?

[152] **Mr Jones:** My personal view would be that there are mechanisms, with quality and outcomes framework payments, or local enhanced payments, for certain services to be given priority and the like. Equality and diversity should run through everything that we do, so I am not sure that it should become a contractual issue; it should be a cultural issue, and something that we all strive to do. I do not think that we should necessarily see it as a contractual mechanism; it should be the way in which we do business. We should approach it from that angle, rather than make it a contractual responsibility.

[153] **Joyce Watson:** Are you aware of any issues of discrimination within NHS Wales against healthcare workers who are living with HIV? Do you think that the policy of preventing HIV positive healthcare workers from undertaking certain procedures is proportionate and necessary given the actual risk of infection to patients?

[154] **Mr Jones:** In response to the first question, I have spoken to people involved in our occupational health service and clinicians involved in the care of healthcare workers, and they have not identified any discrimination. In response to your second question, on whether the current restrictions on exposure-prone procedures for HIV positive healthcare workers are proportionate, that is the advice of expert groups that have researched the issue, and they are probably in a better position to answer the question than I am. In terms of operational organisations, it is our role to follow the best possible advice from expert groups, and that is what we are doing.

[155] **Ann Jones:** Is that advice available?

[156] **Mr Jones:** Yes. There is certainly the Department of Health's documentation from 2005 that looked at the whole issue of following up patients who may have been exposed to infected healthcare workers, and detailed many of the issues about what constituted an exposure-prone procedure. That is available.

[157] **Ann Jones:** Is there anything in the current policy that might discourage healthcare workers who think that they could be at risk of HIV from taking the test? Are they likely not to take the test rather than flag it up to their employers?

[158] **Mr Jones:** I have spoken to senior staff in the occupational health service, and what they emphasised to me was that if people present to us to take up employment who are HIV positive, they would treat that as they would a disability. They would ask us to make a reasonable adjustment to their work, by not allowing them to work within a particular area. They would never disclose that the person is HIV positive, but would advise the organisation about what reasonable accommodation it should make in relation to the work. People may assume that there is a blood-borne virus involved, but there are many blood-borne viruses that may fall into that category. Having spoken to the clinical staff in the occupational health service and within the HIV service, I have not heard anything to suggest that matters are treated in anything other than the strictest confidence. A comment was made that if staff develop, in training, a HIV positive status, they tend to follow careers that take them into areas where they would not be involved in exposure-prone procedures, so they self-regulate.

However, I am not aware of anything that would be a negative influence on staff participating.

[159] **Ann Jones:** You would be happy that staff would follow another career path, rather than help them through their initial chosen career. Is that what you are saying that the answer is?

[160] **Mr Jones:** The comment made by one of our experienced occupational health nurses was that it is interesting to note how people choose career paths that take them away from that area.

[161] **Ann Jones:** Do they do that because there is no support within the organisation, or do they do that because they do not want anyone to know? Those are the issues that we need to look at. How do we assess whether someone's career is halted or moved in another direction because they are living with HIV? That is the information that I want. It is all right to sit here and say that staff take themselves away from that work but these people could potentially be brilliant surgeons who do not become brilliant surgeons because they go off and do research. That is equally as valuable, but not the career that they wanted.

[162] **Mr Jones:** They would certainly work with occupational health services and with specialists in HIV medicine to understand their options.

[163] **Ms Morgan:** That is done in a very supportive environment.

[164] **Mr Jones:** There are probably others who are better placed to describe how those relationships are worked through, but it is clear that there is a balance to be struck between the organisation's responsibility to individual employees, and wider health and safety issues, which are a professional responsibility for the individual as well as for the organisation. We have a raft of national good practice or directives. I have not identified in discussions with clinical staff that there is a difficulty in adhering to those recommendations.

[165] **Ann Jones:** I see that Members do not have any further questions. I thank you all for coming to give evidence. This is the last oral evidence session on this issue, unless we look at the report and find that there are some emerging themes that we want to come back to. You will receive a copy of the transcript of today's meeting to check for accuracy. You cannot add anything or take anything out. I thank you all for coming and for your answers.

[166] I remind the committee that the next meeting is on 26 January. Equal pay will be the main item on the agenda. I declare the meeting closed.

*Daeth y cyfarfod i ben am 10.57 a.m.  
The meeting ended at 10.57 a.m.*