

Committee on Equality of Opportunity**MINUTES****Date:** 11 July 2000**Time:** 11.00 am**Venue:** Committee Room 2, National Assembly Building**Attendance: Members**

Edwina Hart (Chair)	Gower
Lorraine Barrett	Cardiff South and Penarth
Christine Chapman	Cynon Valley
Richard Edwards	Preseli Pembrokeshire
Alison Halford	Delyn
Gareth Jones	Conwy
Helen Mary Jones	Llanelli
David Melding	South Wales Central

Advisers to the Committee

Kate Bennett	Equal Opportunities Commission
Mashuq Ally	Commission for Racial Equality
William Bee	Disability Rights Commission

Officials

Charles Willie	Equality Policy Unit
Andrew George	Clerk
Julie Bragg	Deputy Clerk

Apologies were received from Janet Ryder and Kirsty Williams.

Agenda Item 1: Chair's Report

1.1 The Chair welcomed all present to the last meeting of this Assembly year which had been an eventful one for the Committee. The Clerks would now be putting together draft agendas for Committee meetings in the autumn and would be looking at the possibility of holding an extra meeting during the party conference season.

1.2 The Chair reported that the UK Commissioner for Public Appointments, Dame Rennie Fritchie, was proposing to hold a public appointments week in November. This would be aimed at changing people's perceptions of public appointments and encouraging applications from people who would not normally consider becoming involved. Members agreed that it would be appropriate to invite Dame Rennie to meet the working group on public appointments in the autumn to discuss her proposals more fully.

Agenda Item 2: Stephen Lawrence Inquiry

2.1 The Chair expressed her pleasure at the fact that Roger Mackenzie of the Public and Commercial Services Union was present at the meeting following his secondment to the National Assembly. His knowledge and experience would be invaluable in helping the Assembly to address the recommendations of the Stephen Lawrence Inquiry. Roger Mackenzie responded that his union was very pleased and proud to be developing a formal relationship with the Assembly. Putting in place measures to combat racism was a long process and there would be no 'quick fixes'. The Chair invited him to attend meetings of the steering group on the Stephen Lawrence Inquiry and to become involved in Committee meetings when possible.

2.2 There had been a meeting of the officials working group on 26 June and of the steering group on 5 July. Members reported that they were pleased to see progress was now being made. They were anxious that the staff involved in this work should get the training and support they needed and re-emphasised the willingness of the Commission for Racial Equality to provide training and advice.

2.3 Members suggested that it might be appropriate to highlight the Assembly's statutory responsibility for equality in the new Education Centre which was being developed in the Pierhead Building. The Chair proposed writing to the Deputy Presiding Officer who was taking the lead on the Centre to pass on the suggestions made by members.

Agenda Item 3: The NHS Wales Human Resource Strategy

3.1 The Chair welcomed Hilary Neagle of the Assembly's NHS Human Resources Division and Neil Wooding, Equality Adviser, NHS Wales, to discuss the NHS human resources strategy, 'Delivering for Patients'.

3.2 Hilary Neagle said that the strategy had been launched by the Assembly Secretary for Health and Social Services on 23 June and reflected a climate of working in partnership. Wales had followed its own path rather than England's as it is important to have a strategy which specifically met Wales' needs. The NHS in Wales

had a long way to go but was not starting from a zero base. The NHS Equality Unit had been in place since 1994 and had developed a high reputation nationally and internationally. The Unit had pioneered an award winning gender equality strategy in conjunction with Opportunity 2000 and Chwarae Teg as part of the mainstream approach to developing equality within NHS Wales. NHS Wales had won a Gold Opportunity 2000 award for its work on women's issues in 1999. Two equality advisers on race and health issues had recently been appointed.

3.3 She moved on to explain the three parts of the strategy set out in *Delivering for Patients*, copies of which had been circulated to members. It would be possible to identify if specific sections of the document were effective by monitoring the actions taken as a result. 'Agenda for Change' (the modernisation of pay and conditions of service in the NHS) would address issues of equal pay for work of equal value and would enable and encourage a review of the employment, working and professional practice which have evolved since the NHS had been created. Developing staff awareness and understanding of equality would have a knock-on effect for patients because there would be a better understanding of the needs of ethnic minority and other groups. The extent of the need for Welsh-speaking staff within Trusts would be identified so that pre-registration training arrangements could take this into account. Neil Wooding said that individual NHS trusts operate very different procedures regarding equality. Currently in many organisations there was little expectation that equality principles would be followed throughout the organisation, even though all had equality policies in place.

3.4 In England early implementation of the new pay spines, terms and conditions of employment and job evaluation, was planned to start in some Trusts in April 2000. Programmes would roll-out over four years. In Wales, it had been decided to wait a year to learn from the English experience and then move quickly to implement the initiatives, having identified any pitfalls. In response to a query as to whether the money involved in these initiatives brought extra budgetary requirements, Hilary Neagle said that funding for 'Agenda for Change' was included in the new monies recently announced.

3.5 In discussion members raised the following issues:

- the document set out the strategic intent of tackling equality in the NHS but the crucial factor was how changes were implemented and measured;
- part-time GPs very often found their professional advancement was inhibited, particularly if they were working as contractors. A retainers scheme (which aimed to enable professionals to maintain their clinical level of practice) had recently been extended and was helping to increase the numbers of GPs returning to full-time work;
- the strategy made reference to the high proportions of highly qualified professionals in the NHS. There are also large numbers of ancillary workers, many of whom are likely to be from ethnic minority communities, and to whom equality also applies. An Equality Audit of every NHS trust and health authority in Wales will be undertaken in the latter part of this year and will help to ascertain numbers of staff from different groups, including disabled staff, who are no longer formally registered as disabled. It was known that there are many more women than men in lower status, part-time roles and that there are 1.8% of black and ethnic minority staff across the NHS in Wales, 65% of whom are in clinical roles and the rest in unskilled pre-registration roles. Monitoring systems were being developed for the benefit of all staff;
- the lack of equitable practices was having an effect on patients. For example, the low incidence of

female GPs had been proven to have an effect on the rate of teenage pregnancies . The way to tackle equality in GP practices, which are in effect small businesses, was to emphasise the rational case for increasing the diversity of the workforce and improving management;

- the need to pilot initiatives was questioned when it had already been proven that equitable practices were necessary. The Assembly could be taken to judicial review if they were not implemented. Sanctions should be considered for those who do not take action. Neil Wooding said that systems were being put in place to ensure that progress against objectives could be monitored. The performance/ accountability agreement drawn up between the Assembly and each health authority would measure progress;
- all staff should be aware of grievance procedures. Four or five employment tribunals were ongoing at present. The Equality Unit acted as an arbitration as well as an advisory service for management and staff. Disciplinary procedures for doctors and clinical staff were being rationalised and a UK-wide review was being undertaken into issues surrounding consultants' contracts;
- the relationships between the health service and social services were important when patients, and particularly ethnic minority or Welsh speaking patients, were being 'handed over';
- job evaluation arrangements were key in terms of spreading best practice, especially in relation to professions allied to medicine. The new scheme had been tested across a wide range of trusts and jobs and is now being benchmarked. Criteria had been developed, negotiated and agreed with staff side. The equality organisations would be consulted in the next few months.

3.6 Kate Bennett underlined that the NHS was a key employer in Wales, particularly in some rural areas. The Assembly's statutory obligation to have due regard to equality could be undermined by a Trust deciding to go its own way. Although 90% of nurses were women, 90% of senior nursing posts in Wales were held by men. It was therefore right that Wales should take a proactive role in UK talks on equal pay. Hilary Neagle said that the NHS Directorate now had closer working relationships with health bodies than ever before and formal monitoring would assist in identifying issues of concern. NHS Wales had had considerable input into the UK pay discussions.

3.7 Mashuq Ally queried the references in the report to 'culture' and 'race' which should not be used as interchangeable terms. He also noted that 'fairness' could mean different things to different people. He commended the appointment of the two race and health advisers. Neil Wooding acknowledged the potential ambiguity of 'fairness' but suggested that the strategy was more about broader issues of equal treatment including human rights. The race advisers would be working closely with black and ethnic minority organisations to develop an awareness of how to deliver what was needed.

3.8 Will Bee commented on the issue of staff retention and the requirement for those with disabilities to declare their condition. He had concerns about the message sent to those with a disability by the NHS when so few of its own staff had disabilities. Neil Wooding said that, although applicants were requested to identify on application forms if they had a disability, information was not gathered during employment. The Equality Unit was looking at ways of addressing this. Research is currently being conducted within the NHS for the purpose of delivering guidance on best practice on on the way in which the NHS delivers services to disabled people. This would be completed shortly and he would provide a copy of the report to the Committee.

3.9 The Chair thanked the speakers for their contributions. There were obvious links between health and social services and she proposed to write to the Assembly Secretary for Health to raise the issues that had

been covered in the discussion particularly in relation to performance agreements. She asked the Unit to keep the Committee informed about the audit, the progress of the English pilot schemes and the NHS Wales' own approach.

Agenda Item 4: Minutes of the previous meeting

Paper: EOC-05-00(min)

4.1 The minutes of the last meeting were agreed.

4.2 The Chair reported that she had received a letter from Kate Bennett about the representation of women in Welsh politics. In particular, the letter drew attention to discussions in the Objective One Shadow Monitoring Committee about the desirability of achieving gender balance on the regional and local partnerships. The shadow partnerships had on average only around 25% women members and very few black or disabled members. The Committee agreed that it was crucial to get this right now. The EC would have a view on the level of representation too. It was agreed that the Chair should write to the Economic Development Secretary about the matter.

4.3 The meeting closed at 12.20pm.