

# Equality Matters

The newsletter of the Centre for Equality & Human Rights

Issue No 5: Autumn 2004

## FORUM WELCOMES NEW CHAIR

*This is the fifth Equality Matters newsletter. In this edition, we have news of our new Forum chairperson and details of our recent conferences, and much more.*

The Centre is delighted to welcome Jan Williams as the new chair of the NHS Centre for Equality and Human Rights Forum.

Jan Williams (pictured right) is currently the acting Chief Executive of the Centre for Health Leadership and she takes over from Margaret Foster, Chief Executive of Pontypridd and Rhondda NHS Trust, who has chaired the Forum since 1998.

Jan joined the NHS in 1979, and from 1980 – 1982 was a National Administrative Trainee. Following this, Jan has held a number of positions throughout NHS Wales at hospital, community and health authority level. Jan has been a chief officer for 16 years, with posts as Unit General Manager, Trust and Health Authority Chief Executive and is Programme Director for the Review of the Health and Social Care Implementation Programme.

The Forum meets quarterly and steers the work of the Centre. Jan said, "I am very pleased to be invited to chair the Forum. I hope to build upon the significant work that Margaret and Forum members have pioneered over the years."

Centre staff and Forum members would like to formally thank Margaret for all her unfailing support and dedication to the Centre and its work over the years.



Above: Jan Williams pays tribute to Margaret Foster for her committed and innovative work as Chair of the Forum.



Left: Margaret Foster, Chief Executive of Pontypridd and Rhondda NHS Trust, the outgoing chair of the Forum.

# MAINSTREAMING

*In recent years there has been a growing recognition of the need for national and local government to integrate equal opportunities into all aspects of its policies and functions. The Government of Wales Act places an Absolute Duty on the Assembly Government to ensure that mainstream provision of public services accommodates gender, race and disability.*

Equality Impact Assessment is an important management tool in the mainstreaming approach and allows for a systematic analysis of a policy to determine the differential impact upon different groups in society. This in turn could show a negative impact on a particular group and allow organisations to consider an alternative approach or a change in a proposal or policy, which might mitigate the adverse effect.

The importance of equality impact assessment has become more significant as a consequence of organisations needing to comply with statutory arrangements detailed within the Race Relations (Amendment) Act. During 2005 and 2006, this requirement will be extended to disability and gender, confirming the critical role played by impact assessment in addressing inequality inside the workplace and through service delivery.

Equality impact assessments are designed to be a challenging process. However, they are not intended to be an exact science and should be led by a common sense approach.

The Centre for Equality and Human Rights has engaged in a number of awareness-raising activities to reinforce the mainstreaming approach and provide wider support for the health service in Wales. This has included a recent workshop, drawing on the expertise of colleagues working within the Northern Ireland Equality Commission and NHS Trusts where substantive progress has been made on conducting impact assessment and developing an impact assessment tool in line with the specification set out by the Commission for Racial Equality and is a vital part of implementing Race Equality Schemes across the service.

The conference report and impact assessment tool will soon be made available on our website.

## Mainstreaming seminar a

*Jane Hutt, Minister for Health and Social Services was the keynote speaker at a recent seminar hosted by the Centre in partnership with the Welsh Local Government Association.*

The seminar entitled "Mainstreaming Equality and Human Rights into Health and Social Care Strategies" took place on 23 September 2004 at the Pavilion Conference Centre, Llandrindod Wells.

The morning session was chaired by Dr Neil Wooding, Director of the Centre and the speakers were Dr Cerilan Rogers, Director, National Public Health Service for Wales; Beverlea Frowen, Head of Health and Well-Being, Welsh Local Government Association; and Jan Williams, Chief Executive of The Centre for Health Leadership and Chair of the Centre for Equality and Human Rights Forum.

The aim of the seminar was to ensure that organisations understand the health and well-being needs of a diverse community by mainstreaming equality and human rights issues through the development of strategies.

The seminar was very well attended with delegates drawn from a wide section of the health, social care and voluntary sectors and included individuals involved in the design, planning and implementation of the HSCWB strategies. Besides being an enjoyable and stimulating event the day provided an excellent networking opportunity for everyone.

The afternoon session was chaired by Naomi Alleyne, Equalities Unit Team Leader at the WLGA.

The delegates were invited to choose from 5 workshops covering the 6 equality strands of gender, race, age, disability, faith and sexuality. More details of the workshops can be obtained from our resource pack, soon to be made available on our website.

Jane Hutt, Minister for Health and Social Services said, "Tackling health inequalities is a vital factor in improving the health of Wales as a nation. As part of the Well Being in Wales Strategy, I am pleased to be part of an event that aims to reduce the inequalities in health that exist between some of our communities". If you would like a seminar report please contact Helen Hole on 01495 765113 or e mail [Helen.hole@cehr.wales.nhs.uk](mailto:Helen.hole@cehr.wales.nhs.uk)



L to R: Beverlea Frowen, Jan Williams, Dr Neil Wooding

## Who Runs Wales

The question of 'Who runs Wales?' was recently answered in a publication of the same title produced by the Equal Opportunities Commission in partnership with Wales Women's National Coalition.

This provided a stark account of the numbers of men and women employed in senior jobs that affect the lives of people living in Wales. For instance, only 10% of Welsh MPs, 20%

of newspaper editors and 9% of Local Authority Chief Executives are women. Interestingly, inside the NHS just over 30% of Trust Chief Executives and 40% of LHB Chief Executives are women.

These figures suggest there is still much to do to challenge and remove the discrimination that prevents women from leading full and productive lives in Wales.

# Gender Budgeting

*Gender Budgeting is one of the tools of change identified in the Equal Opportunities Commission's publication 'Mainstreaming Equality' and has been used to analyse government budgets to establish the different impact of revenue raising or expenditure on men and women. However it can be applied to all forms of funding.*

Most budgets and initiatives are assumed to affect everyone more or less equally, to serve public interest and demand and could therefore be described as gender neutral.

However, what appears on the surface to be "gender neutral", that which we expect to impact equally on men and women, may on closer examination be seen to be "gender blind". That is, the effect of the policy or budget expenditure may, in fact affect one gender very differently to another.

A gender budget approach does not aim to produce a separate budget for men and women, but to analyse expenditure or resource allocation from a gender perspective. In this way it identifies the impact and implication of budgets and policies on women and girls compared to men and boys.

This gendered approach can be described as wearing gender lenses, through which processes can be viewed and is effective at any stage of

the budgetary process - planning, objective setting, auditing or evaluation.

In Sweden for example, a gender budget approach was applied to the ambulance services. Initially this was assumed to be a gender-neutral service provision. All people were to be dealt with on equal terms, to be given the same levels of care and treatment. The project was studied from all angles and surprisingly the results showed that men disproportionately use ambulances. It may be that this is an appropriate imbalance in use of resource, but equally it might be that the gender difference in who calls an ambulance, when and why, needs to be investigated further. Above all, it is essential to have that data as a management tool to ensure resources are directed strategically and equitably.

On 22 September the Wales Gender Budget Group launched a new publication designed to remove the stigma surrounding gender budgeting. For more information contact EOC Wales Tel (029) 2064 1079.

## The rights of same sex couples

In recent times, increasing evidence has suggested that same sex couples can be subject to discrimination and mistreatment when accessing health services.

This can range from refusing to recognise the rights of individuals whose partners may be receiving health services to expressing prejudicial views and opinions which undermine the personal security and well-being of the patient.

To address this behaviour the Centre has produced guidelines for healthcare practitioners to ensure lesbian, gay and transsexual individuals are treated fairly and with dignity and respect.

It is expected that once agreed, the guidelines will be distributed as a Welsh Health Circular to all NHS organisations in Wales.

The importance of this initiative has been reinforced by the recent publication of "Not just a friend". This document is intended to address lesbian, gay and bisexual discrimination in healthcare. The Guide has been produced by UNISON and the Royal College of Nursing and is directed towards healthcare practitioners.

A copy of the draft guidance produced by the Centre is available upon request from Helen Hole.

## Not "just" a friend

*Best practice guidance on health care for lesbian, gay and bisexual service users and their families.*

UNISON and the Royal College of Nursing have collaborated to produce a best practice guide for the delivery of healthcare to lesbian, gay and bisexual (LGB) service users.

The guidance contains a checklist for health workers, together with sections covering next of kin, living wills, health care proxies, power of attorney, registered partners, confidentiality and documentation. It also covers good practice in seeking information on contacts and provides other sources of information.

To obtain a copy of the report, contact UNISON, or download it from [www.unison.org.uk/file/B1287.doc](http://www.unison.org.uk/file/B1287.doc)

## Gender PAY GAP in Wales

*Research carried out on behalf of the EOC has indicated that 87% of Welsh women in the survey expect to earn the same amount as a man with the same qualifications.*

Recent data however shows that the pay gap in Wales between full-time women and men is 12%. This rises to a 34% pay gap between full-time men and part-time women. 50% of women working in Wales work part-time.

The findings coincide with the launch of the new EOC fair pay campaign, 'It's time to get even', which encourages women to check they are being paid fairly.

More information about the campaign and a salary calculator which provides information on average salaries for different jobs is available on the EOC website at [www.eoc.org.uk/EOCeng/EOCs/AboutEOC/timetogeteven.doc](http://www.eoc.org.uk/EOCeng/EOCs/AboutEOC/timetogeteven.doc)

# Legal update



## New Equal Access Laws from 1 October 2004

On 1 October 2004 the Disability Discrimination Act 1995 will come fully into force with the implementation of Part 3 of the Act.

Part 3 requires service providers to make reasonable changes – such as adapting premises, removing physical barriers or providing the service in another way – to ensure that disabled people can use the service. The Disability Rights Commission (DRC) has been promoting their Open4All campaign for the last year to raise awareness and bring about equality of opportunity and the increased participation of Britain's 10 million disabled people.

The DRC has also been working to ensure that disabled people are aware of their rights in respect of access to services. At a recent press briefing, Catherine Casserly, Senior Legislative Advisor for the DRC warned 'that there will be nowhere to run and hide' for organisations that have not made changes or produced plans. The DRC has been monitoring progress over the last year and 'will be looking to test the law at the earliest opportunity to achieve the maximum effect'.

## First design champion event in Cardiff

Every Local Health Board and NHS Trust has been asked to nominate a 'design champion' to lead on the development of new and existing buildings.

At the first Design Champions event held on 14 September 2004, Laura Jerram from DRC Wales introduced the concept of inclusive design, promoted the use of access statements and called for the commitment of all present to ensure that people are not 'dis-abled' by health environments.

The event was organised by Welsh Health Estates in collaboration with the Design Commission for Wales. Speakers included Jane Hutt, Minister for Health and Social Services, and Sue Essex, Minister for Finance, Local Government and Public Services.

## New dispute regulations

On 1 October 2004 new statutory procedures come into force whereby employers regardless of their size must have in place minimum statutory procedures for dealing with dismissal, disciplinary action and grievances in the workplace.

There is also a legal requirement to inform employees of these procedures.

To take account of the new statutory procedures, ACAS has revised the Code of Practice for dealing with disciplinary and grievance matters.

A copy of the revised code is available on the ACAS website: [www.acas.org.uk/publications/H02.html](http://www.acas.org.uk/publications/H02.html).

# and...

## NHS training requirement discriminatory on grounds of race

A London South employment tribunal found that a doctor of Indian origin was indirectly discriminated against by arrangements that prevented him from being able to obtain a qualification essential for an appointment as a consultant.

Doctors who wish to become consultants are required to undertake Type 1 training leading to the award of a Certificate of Completion of Specialist Training (CCST) and eligibility for a consultant appointment. Type 2 training, for overseas doctors only, is designed to meet the doctor's individual training needs so that the doctor may return home with improved skills. Overseas doctors were able to enter Type 1 training if they had sufficient work permit free time to complete the training.

On 1 April 1997 the immigration rules changed so that there was

no longer a pre-set limit on the amount of permit-free training time. Dr Jadhav had been classed as a Type 2 trainee but after the immigration rule change, he applied unsuccessfully to change to Type 1 training so that he could obtain the CCST.

The respondent accepted that the arrangements were indirectly discriminatory against non-EEA nationals. However, they argued that the requirement was justified as there was no point placing overseas doctors on a training programme if they were unlikely to stay in the UK to complete it. The tribunal did not accept the justification argument and found that the application of the condition to Dr Jadhav was to his detriment. Two letters written by two consultants were also considered to constitute direct race discrimination. The compensation awarded in this case was reported to be £635,000.



# Creating an inclusive environment

The Planning Act which received Royal Assent on 13 May 2004 places a statutory duty on developers to submit access statements with their planning applications for all developments with public access including services, employment premises and new housing. The new Part M of Building Regulations (Approved Document M 'Access to and Use of Buildings') also recommends the use of Access Statements.

The DRC has produced guidance for England and Wales on 'Achieving an inclusive environment by ensuring continuity throughout the planning, design and management of buildings and spaces'.

The guidance refers to how access statements offer 'an additional opportunity to improve quality of buildings and spaces. By considering at the very earliest stages and throughout the project the proposed use of the building, who will use it and how it will be managed in terms of the needs of its users, the Statement will assist in achieving the highest quality outcome for everyone'.

DRC Wales has been working with Welsh Health Estates to consider how this guidance may be applied to NHS Wales. A Welsh Health Circular reconciling the DRC and NHS guidance is expected.

## IN COURT

### Disability Rights Commission wins landmark ruling on employment case

A case taken by the DRC on behalf of a council worker has strengthened the employment rights of disabled people.

Mrs Archibald developed severe pain in her heels leaving her unable to walk and in need of redeployment. The council's redeployment policy required employees to undertake competitive interviews where redeployment was sought at a higher grade. Mrs Archibald applied unsuccessfully for 100 office jobs and was later dismissed on the grounds of capability.

The House of Lords held that the duty to make reasonable adjustments applies where an employee becomes physically incapable of doing their job and that in some cases this may involve transferring the employee to a higher grade post without a competitive interview. The case was remitted to the tribunal to consider whether it would have been reasonable for the council to have made this adjustment in this particular case.

In the case of Nottingham County Council v Meikle, a teacher succeeded with her argument that it would have been a reasonable adjustment for her employer to have retained her on full sick pay when she was unable to attend work due to a degenerative eye condition. The Court of Appeal ruled that the duty to make reasonable adjustments could involve retaining a disabled employee on full pay during long term sick leave.

These decisions require employers to consider modifying their policies on a case by case basis in favour of disabled people.

# Health Literacy

## being able to make the most of health

*The National Consumer Council (NCC) has published a report which points out that "health literacy" is a vital strand in the strategy for making the health services more effective and user-responsive.*

The report highlights that 1 in 5, or nearly 7 million people have problems with basic skills.

Many underestimate their need for help and feel that there is a stigma attached to asking. Those most at risk of poor health are least able to obtain, understand and interpret basic health information that could lead to better health. Patients can also face barriers to information from health professionals who may appear pressed for time, who only give information when asked, or do so in an incomprehensible or inappropriate way.

Ed Mayo, Chief Executive of the NCC said, "Building health literacy isn't only about changing the mindset of a population trapped by their respect for and deference to health professionals. It also means a more user-focused approach from the NHS – making information available in plain language, when and how patients want it. Bilingual staff and trained interpreters must be on hand for people with limited English. Just as important is monitoring whether better, more consumer-focused information is having the desired impact on the ability of different groups to make the best choices and take control of their own health."

### Key recommendations include:

- providing support for individuals in navigating healthcare systems;
- creating health literacy quality measures and standards;
- learning more about the challenges of health literacy across the healthcare system;
- carrying out research to measure the impact of poor health literacy on access to healthcare;
- introducing a mechanism to monitor the impact of information in supporting choice and self-care on different population groups;
- carrying out research to understand people's information needs across the full range of health services.

The report was published on 4 August 2004 and can be obtained from the NCC online at [www.ncc.org.uk/health/health\\_literacy.pdf](http://www.ncc.org.uk/health/health_literacy.pdf) or by contacting them direct at National Consumer Council, 20 Grosvenor Gardens, London, SW1W 0DH. Telephone 020 7730 3469.

# Equality Impact Assessment Conference

The Centre recently hosted a conference entitled "Equality Impact Assessment", in partnership with the Equal Opportunities Commission (EOC) and colleagues in the equality field from Northern Ireland.



L to R front: Linda Gordon, Ron Keegan, John Wilkes  
L to R back: Danny Lambe, Seamus Camplisson, Kate Bennett, Dr Neil Wooding

The seminar was held on 21 September in Llandrindod Wells, and was attended by over 50 delegates from Local Health Boards and Trusts across Wales. The scene for the day was set during the morning session by Kate Bennett, Director, EOC Wales and Dr Neil Wooding, Director of the Centre.

Speakers included Danny Lambe, Director, Equality Commission, Northern Ireland, Ron Keegan, Deputy Director of Research, Equality Commission, Northern Ireland, Seamus Camplisson, Department of Health, Social Services and Public Safety, Northern Ireland and Linda Gordon from Craigavon and Banbridge HSS Trust.

During the afternoon, the delegates broke into workshop groups to conduct a critical assessment of an

actual case study. The purpose of this was to enable them to return to their organisations with a broader understanding of how impact assessment works, and how gathering the right information will enable them to make decisions that will positively influence policy around health service delivery and employment.

The feedback from the groups indicated that more monitoring and data collection in certain areas would enable the appropriate people and representative groups to become involved at the earliest stages of the impact assessment, ensuring that the needs of a diverse community are mainstreamed into health service strategies and policy. More information about the event and a report are available from Helen Hole at the Centre.

## New Single Equalities Body

Since 2001, the British Government has been engaged in a process of public consultation on the future shape and scope of the equality agenda.

The process has resulted in the publication of several consultation documents culminating in a government White Paper of the proposed way forward in May of this year.

This includes the establishment of a single equalities body encapsulating the six individual equality strands (race, equality, disability, sexuality, age and religion) and an additional responsibility for the promotion of human rights. Other aspects of the proposal included the introduction of public sector duties to promote gender with the intention of doing the same in relation to sexuality, age and religion.

Responses to the White Paper have

generally been cautious, but welcoming. This is with the exception of the Commission for Racial Equality, which has rejected the proposal on a number of grounds.

The government has signalled its intention to announce the introduction of enabling legislation in the Queen's Speech in November and to legislate for the new body by June 2005.

The interim arrangements for establishing the new body have yet to be finalised with the suggestion that it may come on board as early as 2006 or as late as 2009.

Further information is available from the Department of Trade and Industry website [www.dti.gov.uk](http://www.dti.gov.uk).

## Treat me RIGHT!

*Better healthcare for people with a learning disability.*

This report, published by Mencap Cymru, looks at the many reasons why people with a learning disability receive poorer health care than their peers. It urges the Welsh Assembly Government to carry out three of the requests:

- That people with a learning disability be offered an annual health check in order that health problems can be diagnosed early.
- Better training be provided for healthcare staff in understanding and responding to the needs of people with a learning disability and their families.
- That a UK-wide confidential inquiry be set up to investigate why many people with a learning disability are dying unnecessarily.

The full report can be obtained from Mencap Cymru tel (029) 2074 7588, or on: [www.mencap.org.uk/html/treat\\_me\\_right/report.html](http://www.mencap.org.uk/html/treat_me_right/report.html)

# NHS OPEN WEEK

NHS Open Week runs from 11-15 October this year.

This recruitment initiative aims to provide school children in years 9 and 10 (14-16 age group) "hands-on" experience of the wide range of career opportunities currently available within the health service in Wales.

Schools and further education colleges throughout Wales have been invited along to one of three major regional events planned across Wales:

Carmarthen Leisure Centre	11 October
Llandrillo College, Rhos-on-Sea	13 October
Millennium Stadium	15 October

Over forty clinical and non-clinical professions will be represented at each of these events, giving visiting students a unique opportunity to talk to health service professionals and interact with equipment used within their respective professions.

Jane Hutt, Minister for Health & Social Services will launch Open Week in Carmarthen, with Jane Davidson, Education and Life Long Learning Minister planning to visit later in the day.

Trust and Local Health Boards have also been busy arranging local events during the week in collaboration with Jobcentre Plus and Careers Wales. These are aimed at adult job seekers and those wishing to return to practice.

Everyone involved is now looking forward to an exciting week promoting the many varied career and employment opportunities available within NHS Wales.

For more information on what is happening in your area visit the NHS Careers Website [www.wales.nhs.uk/careers](http://www.wales.nhs.uk/careers).



## Race Equality Schemes

The Centre has recently produced a process of impact assessment. The process mirrors the Northern Ireland model and is in line with the specifications set out by the Commission for Racial Equality.

The Centre undertook a comprehensive literature review to identify best practice in relation to Equality Impact Assessment. The review indicated that a two-stage process of impact assessment is considered to be most appropriate by the Commission. This closely mirrors the Northern Ireland model, which is generic in nature and not solely concerned with race.

The model developed by the Centre consists of a flowchart describing a two-stage impact assessment process together with checklists for each individual stage. You can find this on online at [howis.wales.nhs.uk/sites/documents/256/Critical\\_Pathway.doc](http://howis.wales.nhs.uk/sites/documents/256/Critical_Pathway.doc)

The Centre has recommended that the impact assessment process is adopted for NHS Wales and a revised WHC is issued to the service to replace the former WHC (2002)26.

Further progress on impact assessment will be reported in future newsletters.

## Action Learning Set

The Centre for Equality and Human Rights is pleased to announce the launch of a Regional Equality and Human Rights Action Learning programme for individuals engaged in delivering public services across Wales.

Participants will work in a Regional Learning Set of eight individuals. The programme will involve meeting regularly to engage in action learning specific to the challenges faced by participants inside their respective organisations. In addition, individuals will identify those fields of interest to be explored as part of a collaborative inquiry.

The programme will begin with an introductory day on 4 October 2004 to establish the framework of learning. This will be followed by eight one-day learning sets arranged at monthly intervals.

If you would like to discuss in more detail the concept of action learning and its relevance to promoting equality and human rights, please contact: Dr Neil Wooding Director, Centre for Equality and Human Rights. Telephone: 01495 765091

## Count us in!

*Stonewall Cymru has published the findings of a recent audit of basic services and infrastructures for the the lesbian, gay and bisexual (LGB) community within Wales.*

The report identifies eight key recommendations taken from an audit of existing services and a service needs assessment:

- 1 that LGB people in Wales be recognised as an eligible "community of interest";
- 2 that homophobia in society be challenged to make Wales a safer place for LGB people;
- 3 that regional LGB fora be developed and supported;
- 4 training and development provision be put in place to boost governance and quality of service in the LGB voluntary sector;
- 5 widespread public information be made available on how to contact local LGB groups;
- 6 an all-Wales, 24/7 LGB peer support helpline be established;
- 7 further groups be established across Wales to meet the needs of LGB parents and children, and people who are younger, older, disabled, in difficulty with addiction, mental health users or Welsh speakers;
- 8 that awareness training on the specific needs of LGB people be made widely available to service providers.

More information and a copy of the full report may be obtained from [www.stonewall.org.uk/stonewall/news/welsh\\_report.html](http://www.stonewall.org.uk/stonewall/news/welsh_report.html).

# Training & Development UPDATE

The Centre has been engaged in delivering a series of "Lunch and Learn" workshops around the Race Relations Act and Disability Discrimination Act to Local Health Boards throughout Wales. The workshops provide an overview of current UK and EU legislation and promote fair and equal treatment in employment and service provision.

A series of Bullying and Harassment and Early Conflict Resolution awareness sessions is currently being facilitated within Gwent Healthcare NHS Trust. The Centre has worked with North Glamorgan NHS Trust to train individuals to act as Dignity at Work Advisors (DaWAs). Individuals who have volunteered to become a DaWA will be able to listen and support individuals who feel they have been subjected to or have been accused of bullying behaviour.

We still have some training days available throughout October, November and December. If you have any training requirements, please contact the Centre to discuss your needs. In addition there is a variety of "off the shelf" programmes available, including: Bullying and Harassment; Flexible Working; Valuing Difference - all of which can be tailored to meet individual requirements. To access the full range of training interventions and for further information please contact Lynne MacIntyre on (01495) 765120, or email her at [lynne.macintyre@cehr.wales.nhs.uk](mailto:lynne.macintyre@cehr.wales.nhs.uk)

## Cultural Competency CD Rom

Work has started apace on developing a CD Rom and E learning package in order to provide a cost effective solution to cultural competency training for all NHS staff across Wales.

The Centre is working with Epic plc which is one of the market leaders in developing innovative E learning and blended learning packages. A tight schedule is in place and the Centre intends to launch the CD Rom before Christmas. Work is already under way creating storyboards and scripts to include the 6 equality dimensions of age, gender, disability, religion, race and sexuality.

It will provide an accessible and user friendly introduction to developing cultural competence across the health service in Wales, encouraging the user to reflect upon their thoughts and actions and providing access to further learning opportunities and resources.

To attend the launch of this exciting new product, please book your place by contacting Helen Hole, PA/Office Manager on 01495 765113 or e-mail [Helen.hole@cehr.wales.nhs.uk](mailto:Helen.hole@cehr.wales.nhs.uk)



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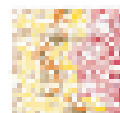
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The NHS Centre for Equality and Human Rights  
 Cwmwlle y Rhil ac ystafellau Cyfarwyddwr a Ffônffôn Ryddfai



If you want more information on any of the articles featured in this newsletter, please contact the NHS Centre for Equality and Human Rights (address above) or email us at [Claire.Sullivan@cehr.wales.nhs.uk](mailto:Claire.Sullivan@cehr.wales.nhs.uk)

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