

NHS Greater Glasgow and Clyde
Equality Scheme
2006 - 2009

SUMMARY

Equality Scheme 2006–2009

Chief Executive Foreword

NHS Greater Glasgow and Clyde (NHSGG&C) is fully committed to promoting equality and diversity. Tackling inequalities is one of the key transformational themes that are central to our recent major reorganisation. We have identified this as part of our core business as an organisation that employs people, plans and delivers services, engages with local communities and works in partnership with a range of other organisations. Our rationale for this is that we need to do things differently to impact more significantly and equitably on the health of our communities. This, in turn, will be more satisfying for staff as they see their efforts turned into enhanced improvements in health outcomes.

Continuing to do things the way we did them before is not an option for us. There is therefore a focus on how we change the culture of our organisation and build our capacity to understand and address the needs of the diverse populations we serve, whilst building on the good practice that currently exists. NHSGG&C Board endorsed the Equality Scheme 2006-2009 at its December 2006 meeting. The Scheme has placed responsibility for taking forward this agenda at the highest level within our organisation, and as Chief Executive it is my role to ensure we deliver on this commitment. Mainstreaming the issues of equality and diversity into all we do is at the centre of our system-wide approach and not the responsibility of a few committed individuals. We view our Equality Scheme as a 'live' document which will adapt as we improve our planning to address the impact of health and social inequalities.

Tom Divers | Chief Executive
NHS Greater Glasgow and Clyde

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Part 1: The Context for the Equality Scheme

1 Introduction

1.1 This summary document outlines the Equality Scheme 2006-2009. Through reading it you should understand why we have committed ourselves to actively seek to address health inequalities, what we are aiming to achieve, what our priorities are, and how we will go about achieving them. The full Equality Scheme incorporating a strategic action plan can be found at www.nhsggc.org.uk under publications library.

2 Rationale

2.1 The requirement to produce a Race Equality Scheme has been in place since the introduction of the Race Relations (Amendment) Act (RR(A)A) in 2000. Similar schemes are required for Disability (2006) and Gender (2007) following the introduction of legislation placing a Public Sector Duty on organisations in respect of these two issues – Disability Equality Duty (DED) and Gender Equality Duty (GED). The latter duty stems from the Equalities Act (2006), which also outlines public sector responsibilities for sexual orientation and faith. These responsibilities will be extended to other areas of discrimination in due course.

2.2 Whilst each of the different forms of legislation addresses a particular type of discrimination, it is important to recognise that these forms of inequality also intersect, and that we cannot define someone purely on the basis of their gender, ethnicity, disabled status, or sexual orientation. Consequently, NHS GG&C has produced a unified Equality Scheme. This harmonises the requirements of the three pieces of legislation to reflect the interaction between different forms of inequality and discrimination in people's lives. Furthermore, it should help to clarify the responsibilities across the organisation within one coherent and clear framework.

2.3 NHS GG&C has recently undergone a major reorganisation, a critical purpose of which was to create an organisation that is better able to address the issues of inequality and discrimination. This has been a major undertaking for what is now the largest public sector employer in Scotland. We currently employ 44,000 staff across a multitude of sites and have 1.2 million people living within our boundaries. The Equality Scheme will serve as an important means by which institutional change will be effected. Its content has been designed to reflect the strategic purpose of our organisation and complements both internal and external drivers for change. Three key drivers are the NHS GG&C 2007-10 Planning and Priorities Guidance, the Scottish

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Executive Health Department's Fair For All policy that seeks to promote equality in relation to race, disability, sexual orientation, age and faith and the Scottish Executive's plans to address sectarianism.

3 Requirements of the legislation

3.1 The Public Sector Duties require organisations to demonstrate a proactive promotion of equality which goes beyond the elimination of discrimination. They identify General and Specific Duties with which organisations have to comply.

3.2 The General Duties require that public bodies give 'due regard' to the need to eliminate unlawful discrimination and harassment and to promote equality of opportunity. The RR(A)A also includes a duty to 'promote good relations between persons of different racial groups'. In the DED this duty is to, 'promote equality of opportunity between disabled people and other people'. The DED further includes a duty to promote positive attitudes towards disabled people, encourage participation by disabled people in public life and take steps to meet disabled peoples' needs, even if this requires more favourable treatment.

3.3 The Specific Duties apply to major public bodies primarily and are designed to set out the steps that should be taken in meeting the General Duty, the key requirements of which are:

- The development of a specific equality scheme in relation to each aspect of inequality. Whilst the RR(A)A focuses mainly on process in pursuit of its aims, the disability and gender legislation have a greater emphasis on outcomes and therefore require the identification of specific goals in relation to disability and gender within their respective schemes.
- Consultation with stakeholders and employees in drawing up the equality schemes for race and gender. In relation to disability, the legislation is considerably stronger, requiring the active involvement of disabled people in drawing up the equality scheme.
- Publication of the equality schemes and associated action plans.
- Publication of the means by which the organisation will assess the impact of its policies and practices for equality across the three areas and the outcomes of these.
- Monitoring of progress and production of annual reports.
- Review of each scheme every three years.

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3.4 In order to meet the above requirements, the Equality Scheme recognises some of the differences within the three areas of legislation. These differences are noted within the Strategic Action Plan in the full version of the Equality Scheme which can be found at www.nhsggc.org.uk under publications library. Given our commitment to be a leading organisation in tackling discrimination and inequalities, it is our intention that the more stringent duties detailed in the DED will provide the benchmark for this work across NHSGG&C, and that the integrated approach will benefit from a 'levelling up' across the other duties.

4 Challenges facing NHSGG&C

4.1 The major challenges NHSGG&C faces are to develop an understanding of how inequalities adversely impact on health, and how we can change our practice to tackle these impacts. Health is not the product of a single circumstance or experience. It is shaped by prevailing socio-economic, political, and societal circumstances as well as environmental, biological and behavioural factors. The relationship between health and inequalities is therefore complex. What is known is that inequality is bad for your health.

4.2 The NHSGG&C challenge in identifying and responding to the different forms of inequality and discrimination lies not only in the size and diversity of its functions, but in its perception of its role and purpose. The traditional role of the NHS has been primarily to respond to ill health, not promote good health across society. This role is shifting, and there is recognition that experiences of discrimination and disadvantage both create pathways to poor health and are consequences of poor health. Our practice has to change to recognise the substantial impact of the wider social and economic environments in order to address health and healthcare needs.

4.3 Our key challenge is to make the institutional changes envisioned in the equalities legislation a reality to ensure that the NHS contributes fully to tackling inequalities in health.

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Part 2: The Equality Scheme

5 The equality scheme

5.1 Our vision is to embed an understanding of, and capacity to respond appropriately to, the different forms of inequality.

As such, this first Equality Scheme has been constructed to support institutional change and mainstream equality. Mainstreaming equality means we will integrate equality concerns into all our functions including policy, planning, service delivery, performance management, procurement of goods and services, partnership working, engaging with communities and our internal HR functions. Fundamentally, it requires us to identify and address inequalities at the outset of processes, not as a 'bolt on' afterthought when key decisions have already been taken.

5.2 The Equality Scheme highlights the five strategic aims which form the building blocks for facilitating institutional change:

- To ensure demonstrable leadership and governance across the corporate functions of Planning and Policy, Finance, Human Resources, and Public Health in relation to addressing inequalities in health, challenging discrimination and prioritising and monitoring cultural change within and across functions.
- To manifest ownership of, and responsibility for, implementation of the Equality Scheme across the constituent parts of the organisation in line with Planning Guidance.
- To ensure that all planning and service delivery processes are scrutinised for their implications in relation to inequalities.
- To deliver on a set of local priorities identified for the whole system to mainstream action in tackling inequalities.
- To make consultation with patients and communities integral to all our functions, and ensure that information accrued informs the development of the corporate and local priorities.

The first two strategic aims focus on ensuring that we engender leadership and ownership for the equalities agenda in our corporate and devolved structures. The third recognises the requirement and desirability of equality impact assessment which is a process that helps us consider equality in the planning and practice of all our functions as an organisation. In recognition that change is an incremental process, the fourth aim identifies a set of

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initial system-wide priorities that will act as the foundation for future progress. Lastly, the purpose of dialogue with communities and patients is highlighted.

6 Strategic and local action plans

6.1 The strategic action plan contained in the Equality Scheme identifies the key areas across the system required to take responsibility for implementation of the five strategic aims, including the initial priorities. Leadership is identified at Director level to reflect the significance of the scheme for the organisation.

6.2 Fundamental to the process of delivering against legislative requirements and organisational aspirations is the need for each constituent part of NHS GG&C to establish internal structures to ensure the development of a local Equality Action Plan. These local action plans will be required to address both the initial system-wide priorities, and priorities which emerge from local planning. These plans must be able to link to the activities of our partners and have coherence with the associated activity of local authorities. The initial system-wide priorities are:

- To build capacity across the organisation in terms of training and learning to develop an appropriate skills and knowledge base within all staff groups to understand and address discrimination and harassment across all strands of inequality.
- To improve the collection and analysis of data in relation to ethnicity, disability, gender and sexual orientation to provide a sound basis for planning and service delivery across the population.
- To deliver tangible improvements in the provision of accessible information and communication services to people with sensory impairments or who do not have English as a first spoken language.
- To deliver improvements to ensure that NHS GG&C services are physically accessible to all in line with the Disability Discrimination Act requirements.
- To ensure the needs of all survivors of gender-based violence are identified and addressed across the system.
- To maximise equality of opportunity, and systems for addressing harassment and discrimination of staff.

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- To ensure that users of NHSGG&C services are treated with dignity and respect in an environment that is free from discrimination.
- To develop a mechanism for ensuring the 3 national clinical priorities (Cancer, Heart Disease and Mental Health) together with the National Strategy for Sexual Health are prioritised for action across the continuum of care in relation to addressing gender, disability, ethnicity and sexual orientation inequality.
- To ensure that all purchased and contracted services comply with the requirements of equality legislation.

7 Consulting with different population groups

7.1 There is a range of evidence that details the ways in which inequality and discrimination affect the different population groups. NHSGG&C has a history of consulting with different communities of interest in relation to their experiences of services, especially in relation to the work undertaken to produce previous Race Equality Schemes and to implement the Glasgow Women's Health Policy. This evidence has been utilised to form the basis of the scheme.

7.2 Additionally, a process of consultation with disabled people has been undertaken to collect current evidence of experiences of the health system, together with perceptions of the utility of the Equality Scheme and its Strategic Action Plan to address their concerns. The information gained from this process has also been incorporated into the scheme.

7.3 An ongoing process of consultation with the population of Greater Glasgow and Clyde will be mediated through the Patient Focus and Public Involvement programme. Development of Public Participation Fora will also need to identify the ways in which the needs of different population groups are taken into account. It will be important to ensure that the accumulating evidence accrued from the work of these programmes and structures is incorporated into policy and planning.

7.4 As the largest employer in Scotland, NHSGG&C is responsible for a diverse workforce that encompasses many of the inequality groups for whom we seek to deliver services. Engagement with staff is therefore a key part of our overall commitment to consultation.

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8 Facilitating the development and implementation of action plans

8.1 NHSGG&C has established an architecture to support the constituent parts of the organisation meet its overall aspirations. Within this structure it has created the Corporate Inequalities Team to facilitate and support the development of an inequalities sensitive approach within the key functions of the organisation. Its role is to formulate policy, inform planning processes, develop performance management frameworks and bring forward effective methodologies for changing practice. The newly formed Equality and Diversity Team, part of the Organisational Development Team, will support both workforce development and community engagement from an equality and diversity perspective.

8.2 Both teams will be available to work with colleagues within Acute, Community Health Care Partnerships (CHCP's) and the Mental Health Partnership and as well as alongside others with corporate responsibilities to support the development of local Action Plans and facilitate the equality impact assessment process.

9 Monitoring of the equality scheme

9.1 Implementation of the Equality Scheme and associated action plans will be subject to internal monitoring through pre-existing governance arrangements. Externally, NHSGG&C is accountable to the Commission for Racial Equality, the Disability Rights Commission and the Equal Opportunities Commission until 2007 when these three bodies will merge to become a unified Commission for Equality and Human Rights. We are also responsible to the Scottish Health Council, who have been given responsibility by the Scottish Executive Health Department to appraise Equality Schemes developed by Scottish Health Boards. In line with legislative requirements, the Equality Scheme will be reviewed on a three yearly basis with an annual review of progress against action plans.

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10 Timetable for implementation

10.1 The timetable for enforcement of the different duties is not, unfortunately, synchronised. The RR(A)A has been in force since 2000, the Disability Equality Duty from December 4th 2006 and implementation of the Gender Equality Duty will take place in April 2007. As a result of the harmonisation process, the NHSGG&C Equality Scheme has been prepared to coincide with the requirements of the most recent legislation. Local Action Plans will need to be produced in order to meet the timetable of the last piece of the legislation i.e. by April 2007. Their preparation will be supported by the production of implementation guidance by the Corporate Inequalities Team.

10.2 The first report on progress will be prepared for December 2007 and will be produced by the Corporate Inequalities Team.

11 The strategic action plan

11.1 Integrating inequality sensitive practice across NHSGG&C functions is a considerable undertaking. To help this process the Equality Scheme includes a Strategic Action Plan, built around the five overarching strategic aims of the scheme. The Strategic Action Plan clearly states the key objectives, actions, responsible leads (and supports), timescales and respective legislative applicability of implementing each strategic aim. The full action plan can be accessed via the NHSGG&C website at www.nhsggc.org.uk under publications library. An abbreviated form of the Strategic Action Plan is outlined below.

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Part 3: The Strategic Action Plan

Strategic Aim 1: To ensure demonstrable leadership and governance across the headquarters functions of Planning & Policy, Finance, Human Resources, and Public Health in relation to addressing inequalities and health, challenging discrimination, and prioritising and monitoring cultural change within and across functions.

Objectives	Action
<p>1.1 To maximise responsibility for Corporate Directors in relation to equalities legislation.</p>	<p>1.1.1 Personal objectives to include accountability for equalities legislation.</p>
<p>1.2 To ensure corporate frameworks for policy, planning and performance integrate the need for implementation of the equalities legislation.</p>	<p>1.2.1 NHSGG&C annual and 3 year Planning Guidance and financial planning to encompass requirements of equalities legislation.</p> <p>1.2.2 Corporate policy development to be taken forward within the context of addressing inequalities.</p> <p>1.2.2 Equality proofing of existing performance indicators to be undertaken.</p> <p>1.2.3 Development of performance indicators which reflect meaningful measures for the implementation of the Equality Scheme.</p>

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Strategic Aim 1: To ensure demonstrable leadership and governance across the headquarters functions of Planning & Policy, Finance, Human Resources, and Public Health in relation to addressing inequalities and health, challenging discrimination, and prioritising and monitoring cultural change within and across functions.

Objectives	Action
<p>1.3 To establish corporate mechanisms for ensuring that sensitivity around inequalities is built into overseeing all functions.</p>	<p>1.3.1 Annual reporting mechanism to NHSGG&C Board to be established.</p> <p>1.3.2 Bi-annual progress reporting to Performance Review Group.</p> <p>1.3.3 Strategic planning process to be established within HR strategic group to cover all HR policies, workforce planning, workforce information, recruitment and retention, care careers, medical staffing, OD, learning and education, partnerships, acute and staff governance.</p> <p>1.3.4 Progress reporting mechanism to be instituted as part of OD Steering Group.</p> <p>1.3.5 Clinical Governance Committee to establish monitoring arrangements for equalities legislation in relation to QIS standards.</p>
<p>1.4 To ensure the establishment of transparent corporate support mechanisms for the implementation of the Equality Scheme across the NHSGG&C organisation.</p>	<p>1.4.1 Delivery of Corporate Inequalities Operational Plan.</p> <p>1.4.2 Delivery of Equality and Diversity OD Team Operational Plan.</p>
<p>1.5 To ensure a process of continuous improvement in relation to the Equality Scheme.</p>	<p>1.5.1 Mechanism for reporting of progress against action plan to be devised and annual progress report produced.</p> <p>1.5.2 Production of Annual Report aggregating progress across the system.</p>

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Strategic Aim 2: To manifest ownership of, and responsibility for, implementation of the Equality Scheme across the constituent parts of the organisation in line with Planning Guidance

Objectives	Action
<p>2.1 To maximise responsibility for Directors of CH(C)Ps, Acute Operating Division and Mental Health Partnership in relation to equalities legislation.</p>	<p>2.1.1 Personal objectives to include accountability for equalities legislation.</p>
<p>2.2 To ensure an effective process for planning within each part of the organisation and function to address equalities legislation.</p>	<p>2.2.1 Lead officer identified to ensure co-ordination of planning and implementation of action in relation to Equality Scheme.</p> <p>2.2.2 Established infrastructure for ensuring inequalities incorporated into local plan which includes the operational component of HR.</p> <p>2.2.3 Production of local Action Plans derived from Local Delivery Plans and aligned to Equality Scheme.</p> <p>2.2.4 Annual reporting on progress against action plan and development of indicators.</p>

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Strategic Aim 3: To ensure that all planning and service delivery processes are scrutinised for their implications in relation to inequalities

Objectives	Action
<p>3.1 To develop a comprehensive process for implementation of Equality Impact Assessments (EQIA).</p>	<p>3.1.1 To finalise appropriate EQIA tools for both Rapid and Full assessments, and accompanying guidance on utilisation for staff.</p> <p>3.1.2 To develop a corporate implementation plan for Equality Impact Assessing all policies and functions, identifying clear criteria for prioritisation.</p> <p>3.1.3 To ensure that all Board papers and Committee papers are equality proofed as standard practice.</p> <p>3.1.4 To develop an implementation plan within each part of the organisation for Equality Impact Assessing all policies and functions, identifying:</p> <ul style="list-style-type: none"> • Criteria for assessing priority and relevance in relation to new and reviewed policies and services. • System for auditing consistency of application. • Leadership of the process, and key staff to be involved in undertaking EQIAs. <p>3.1.5 To build capacity across the system for undertaking EQIAs and ensure relevant staff are trained to provide guidance on, or undertake EQIAs.</p>
<p>3.2 To develop a transparent system for reporting on, and reviewing, the process and outcomes of EQIAs across NHSGG&C.</p>	<p>3.2.1 To devise a centralised system for collating Impact Assessments.</p> <p>3.2.2 To monitor the application of EQIAs in terms of relevant process and outcomes across the NHSGG&C system.</p> <p>3.2.3 To monitor application of EQIAs within each part of the organisation.</p> <p>3.2.4 To make results of EQIAs available to the public.</p>

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Strategic Aim 4: To deliver on a set of initial priorities identified for the whole system to mainstream action in tackling inequalities.

Objectives	Action
<p>4.1 To build capacity across the organisation in terms of induction, training and learning to develop an appropriate skills and knowledge base within all staff groups to facilitate understanding, and address discrimination and harassment across all strands of inequality.</p>	<p>4.1.1 To inform all new staff of the organisation's commitment to addressing discrimination and harassment.</p> <p>4.1.2 To produce an implementation plan that identifies an appropriate training and development framework for all staff i.e. clinicians, practitioners, managers, administration, ancillary and estates staff.</p> <p>4.1.3 To undertake a prioritisation process that reflects areas of clinical and organisational priorities within the scheme.</p> <p>4.1.4 To ensure information on the Equality Scheme is communicated effectively to staff.</p> <p>4.1.5 To disseminate guidelines on tackling inequalities across the organisation.</p>
<p>4.2 To improve the collection and analysis of data in relation to ethnicity, disability, gender and sexual orientation in order to provide a sound basis for planning and service delivery, within the context of national developments.</p>	<p>4.2.1 To review current arrangements for collection of inequalities related data and bring forward a plan to address shortfall.</p> <p>4.2.2 To establish routine collection and utilisation of sex, race, disability and sexual orientation disaggregated data in relation to clinical and organisational priorities within the Equality Scheme.</p> <p>4.2.3 To ensure existing guidance is disseminated to enable staff to understand the need to collect these data and how to do so appropriately and sensitively.</p> <p>4.2.4 To implement a delivery plan for the collection of routine data.</p>

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Strategic Aim 4: To deliver on a set of initial priorities identified for the whole system to mainstream action in tackling inequalities.

Objectives	Action
<p>4.3 To deliver tangible improvements in the provision of accessible information and communication services to people with sensory impairments, people who require communications support or who do not have English as a first language.</p>	<p>4.3.1 To develop a co-ordinated and comprehensive language plan to ensure accessibility of information and services based on:</p> <ul style="list-style-type: none"> • A system of audits to identify need, existing capacity and gaps in provision. • Guidance on the development of new materials and information.
<p>4.4 To deliver improvements to ensure that NHSGG&C services are physically accessible to all in line with Disability Discrimination Act requirements.</p>	<p>4.4.1 To develop a phased approach over three years, with clearly defined priorities and costings, for implementing changes to existing facilities in compliance with DDA requirements.</p> <p>4.4.2 To ensure that developments of all new builds, and adaptations to existing facilities, are fully compliant with the requirements of the DDA.</p>
<p>4.5 To ensure that the needs of all survivors of gender-based violence are identified and addressed across the system.</p>	<p>4.5.1 To ensure development of a Gender-Based Violence Action Plan that prioritises Mental Health, Primary Care, Maternity, Children’s Services, Addictions and A&E.</p> <p>4.5.2 To ensure that the GBV Plan explicitly addresses the needs of black and minority ethnic women, disabled women and lesbian women.</p> <p>4.5.3 To deliver on the priorities identified within the GBV Action Plan.</p>

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Part 3: The Strategic Action Plan

Strategic Aim 4: To deliver on a set of initial priorities identified for the whole system to mainstream action in tackling inequalities.

Objectives	Action
<p>4.6 To ensure that the attraction, recruitment, support and retention of staff maximises equality of opportunity.</p>	<p>4.6.1 To review existing policies to ensure recruitment practices are equitable, free from discrimination, and accessible to all.</p> <p>4.6.2 To review the implementation of existing policies on discrimination and harassment of staff to ensure they effectively address these issues.</p> <p>4.6.3 To ensure implementation of revised policies.</p> <p>4.6.4 To undertake an Equal Pay Review</p> <p>4.6.5 To monitor application and outcomes of complaints of harassment and discrimination in line with national directives.</p> <p>4.6.6 To implement the SWISS project to ensure accurate data on staff are available in relation to different strands of inequality.</p>
<p>4.7 To ensure that users of NHSGG&C services are treated with dignity and respect in an environment that is free from discrimination.</p>	<p>4.7.1 To review existing policies on racism, homophobia, sexism and discrimination against disabled people to ensure that they provide a clear statement of the NHSGG&C position on this.</p> <p>4.7.2 To ensure effective communication to all staff of the above policies and provide guidance on how to address and challenge discrimination.</p> <p>4.7.3 To develop a Transgender Policy to ensure that transsexual and transgender people are afforded access to services and are protected from harassment and discrimination.</p> <p>4.7.4 To develop a system for analysing complaints to identify issues emerging for specific populations.</p>

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Part 3: The Strategic Action Plan

Strategic Aim 4: To deliver on a set of initial priorities identified for the whole system to mainstream action in tackling inequalities. Contd...

Objectives	Action
<p>4.8 To develop a mechanism for ensuring that the 3 national clinical priorities i.e. Cancer, Coronary Heart Disease and Mental Health, and the National Sexual Health Strategy are prioritised for action across the continuum of care in relation to addressing gender, disability, ethnicity and sexual orientation inequality.</p>	<p>4.8.1 To develop a systematic and detailed programme of activity for Cancer, CHD, Mental Health and Sexual Health planning that brings together all the above component parts for effective compliance with equalities legislation.</p> <p>4.8.2 To deliver the above plan across all identified priorities.</p>
<p>4.9 To ensure that all purchased and contracted services comply with the requirements of equality legislation.</p>	<p>4.9.1 To ensure that contractors understand the equality requirements of the contract.</p> <p>4.9.2 To include performance conditions, where relevant, to ensure compliance with legislation.</p>

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Strategic Aim 5: To make consultation with patients and communities integral to all our functions, and ensure that information accrued informs the development of corporate and local priorities.

Objectives	Action
<p>5.1 Establish meaningful involvement with communities through the nexus of community engagement structures across the organisation to inform the Equality Scheme Action plan and on-going service planning and delivery.</p>	<p>5.1.1 Establish baseline of equality population group for each part of the organisation.</p> <p>5.1.2 Develop Action Plans to ensure involvement of equalities population groups within each part of the organisation utilising PFPI structures.</p> <p>5.1.3 Utilise information from involvement processes to inform and write Action Plans and on-going service planning and delivery.</p> <p>5.1.4 Develop a process to review the extent to which the service user involvement process has been inclusive of equalities population groups as part of the Annual Review of the Equality Scheme's Action Plan.</p> <p>5.1.5 Develop a process to capture the learning across all parts of the organisation on good models of involving people and disseminate widely.</p>
<p>5.2 Ensure accountability for involving people across NHSGG&C through the Involving People Governance structure.</p>	<p>5.2.1 Produce Annual Report of progress on involving people from equalities groups for the Involving People Governance structure.</p>

This publication is available in large print, Braille and easy to read versions, or on audio-CD. We can also provide this in other languages as translated written text.

Please contact Jacky Russell on **0141 201 4560** or e-mail **Jacqueline.Russell@ggc.scot.nhs.uk**

Arabic

تتوفر هذه النشرة بطباعة من القطع الكبير أو بطباعة برايل أو في إصدارات يسهل قراءتها، أو على أقراص مضغوطة صوتية. ويمكننا أيضاً تزويدكم بهذه النشرة بلغات أخرى كنص مترجم مكتوب. الرجاء الاتصال بجاكي راسل (Jacky Russell) على رقم الهاتف: **0141 201 4560** أو مراسلتها بالبريد الإلكتروني على العنوان **Jacqueline.Russell@ggc.scot.nhs.uk** للحصول على المزيد من المعلومات.

Mandarin

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Polish

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Punjabi

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਡੇ ਅੱਖਰਾਂ ਦੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਅਤੇ ਪੜ੍ਹਨ ਲਈ ਅਸਾਨ ਰੂਪਾਂ ਵਿਚ ਜਾਂ ਆਡੀਓ ਸੀਡੀ 'ਤੇ ਉਪਲਬਧ ਹੈ। ਅਸੀਂ ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਮੂਲ ਮਤਨ ਦੇ ਰੂਪ ਵਿਚ ਵੀ ਤਰਜਮਾ ਦੇ ਸਕਦੇ ਹਾਂ। ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ Jacky Russell ਨਾਲ 0141 201 4560 'ਤੇ ਫੋਨ ਕਰਕੇ ਜਾਂ ਇਸ ਪਤੇ 'ਤੇ ਈਮੇਲ ਰਾਹੀਂ ਸੰਪਰਕ ਕਰੋ Jacqueline.Russell@ggc.scot.nhs.uk

Turkish

Bu dokümanın büyük harflerle basılmış, Braille alfabetiyle yazılmış ve kolay okunabilir versiyonları veya işitsel-CD formu da mevcuttur. Başka dillere tercüme edilmiş, yazılı metin şeklinde de temin edebiliriz. Daha fazla bilgi için, lütfen 0141 201 4560 no.lu telefondan veya e-posta Jacqueline.Russell@ggc.scot.nhs.uk adresinden Jacky Russell ile irtibat kurunuz.

Urdu

یہ اشاعت بڑے حروف، ابھرے حروف اور آسانی سے پڑھی جانے والی صورتوں، یا آڈیو ڈی پروڈکٹیاں ہے۔ ہم اس کا دوسری زبانوں میں تحریری ترجمہ بھی مہیا کر سکتے ہیں۔ مزید معلومات کے لئے جیکسی رسل (Jacky Russell) سے فون نمبر 0141 201 4560 یا ای میل Jacqueline.Russell@ggc.scot.nhs.uk پر رابطہ کریں۔

Farsi

این جزوه با چاپ بزرگ و یا بریل و یا نسخه ای ساده برای خواندن و یا سی دی نیز قابل دست رس میباشد. همچنین ما میتوانیم ترجمه این را به زبانهای دیگر در دسترس قرار دهیم. برای اطلاعات بیشتر لطفاً با جکی راسل با تلفن 01412014560 و یا Jacqueline.Russell@ggc.scot.nhs.uk تماس بگیرید.