National Waiting Times Centre Board

Involving People Strategy

2013 – 2016

Name	Involving People Strategy
Summary	Outlines Board's approach to deliver moral and legislative responsibilities around PFPI and E&D
Associated documents	Clinical Governance, Risk Management and Clinical Effectiveness Strategies
Target audience	All staff
Version number	3
Date of this version	March 2013
Review date	March 2016
Name of Approving Committee	Person Centred Committee
Signature of Chief Executive	
Signature of Sponsoring Director	

Document history
This document is valid on the day it was issued

Document location
The source of the document will be found on the NWTCB intranet

Revision history

Date of this revision	Date of next revision	Summary of changes marked
August 2009	**August 2010**	**Updated to reflect legislative and policy changes. Full review in 2009 -2010 in line with development of quality strategy.**
April 2011	**August 2012**	**Updated and refreshed to reflect introduction of Patient Rights Bill, Single Equality Act, national Quality Strategy and Board change. Full review in 2012 to reflect further organisational review, changes to key groups / committees and any new legislation.**

Approvals
This document is approved by

Name	Signature	Title	Date of issue	Version

Distribution
This document has been distributed to:

Name	Date	Version	Method

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1.0 Introduction

1.1 We believe that in the planning and delivery of (their) care and services, and in activities which promote improved care and well being, people have a right to be involved irrespective of any of their defining characteristics and in a way that respects diversity and promotes equality respecting the wish of the individual. Our strategy is our commitment to ensure this.

We have tried to keep our approach as direct and uncomplicated as possible. Whilst the legislation and policies that govern what we are required to do may be complex and numerous we believe the central concept is simple – by involving people, everyone will benefit.

2.0 Context

2.1 The policy, guidance and legislation that underpin our strategy have been laid down over many years and more detail can be viewed at appendix B.

2.2 In particular, we acknowledge the influence of two key drivers, which have shaped our strategy:

- The Scottish Government's NHS Quality Strategy which places emphasis on three high level ambitions (Safe, Effective and Person Centred) which together will help us deliver the highest quality care for our patients.
- The Equality Act 2010, which rationalises a number of pieces of legislation in one Act.
- The Patients Rights Act 2011 and associated patient charter.

3.0 Objective of this strategy

3.1 The key objective of this strategy is to ensure we have a framework and appropriate processes in place to ensure:

- Through a process of continual improvement our patient care is person centred and of the highest quality. We also recognise that we provide other non clinical services to our service users in respect of our hospitality, education and research activity through the Beardmore Hotel and Conference Centre and the Beardmore Centre for Health Science.

- We work with our staff in partnership and involve and engage them appropriately.

- To meet our legal obligations under relevant legislation.

4.0 Key drivers for delivery

4.1 We have identified the following drivers for delivery of this strategy:

➢ **Continuous improvement based on reliable evidence for change.** Involvement of people is wasted unless it brings tangible improvements founded on evidence including:

- Audit and survey data
- Data relating to complaints
- Equality monitoring data
- Outputs from other strands of governance e.g. staff, research
- Legislation
- National policy documents
- Feedback from comments and suggestions
- Feedback from service users obtained directly through focus groups and meetings
- Feedback from performance monitoring
- Feedback from impact assessments
- Feedback from performance against national standards
- Feedback from other Health Boards

We will analyse evidence from these sources to;

✓ Develop and implement robust and meaningful measures which will demonstrate our care is person centred.

✓ Promote improvement at ward and department level through implementation of the **National Person Centred Health and Care Programme**. This means using the plan do study act method of improvement in a co coordinated way based on evidence from the sources above.

➢ **Meeting the general and specific duties of the Single Equality Act.** We have deliberately taken the decision not to produce a separate equality scheme. This is counter intuitive about our approach, which does not separate 'patient focus public involvement (PFPI) from equality. We are aware of the need to ensure we meet the general duty of the equality act through implementation of the specific duties. (For more detail of these please see appendix C)

We would draw attention to several priority areas that are key to delivery of our strategy:

- ***Equality Impact Assessment (EQIA).*** Ensuring we have in place a programme of impact assessment against all strategies, policies and functions ensures we do not discriminate against

anyone. We have in place arrangements to deliver EQIA and will continuously improve on these arrangements.

- ***Providing accessible information.*** Information takes many forms and has many uses. Whether providing information on a specific procedure or intervention or advising on service development, all information must be accurate, accessible in a format the user is comfortable with and available where and when it is required. We have developed effective and efficient processes, which meet these requirements.
- ***Accessibility of services.*** We will ensure that our services are fully accessible to anyone who needs to use them. This means ensuring;
  - That we have a building and environment that is physically accessible and which is safe for everyone.
  - That people whose first language is not English, or who have a disability that impacts on their ability to communicate have access to a full range of interpretation and translation services.
- ***Using equality data.*** There is a need for us to use equality data from both an employment and a service perspective to evidence equality of opportunity and for service planning. We have a workforce monitoring report, which includes equality profile data that is reviewed through our Senior Management Team and scrutinised by our Board.
- ***Equality outcomes.*** As per our obligations under the Single Equality Act, we have developed and published equality outcomes. These have been developed in partnership with staff and service users. Progress with their delivery is monitored through the governance arrangements outlined in this strategy.

- **Human rights.** In updating our strategy we recognised that our focus in the past 5 years has been on improving our equality and diversity outcomes. We recognise that equality and diversity is part of the broader human rights agenda and we are committed to ensure we integrate human rights principles into everything we do.
- **Vision and values.** In 2012 we put into place a vision and values programme which underpins everything that we do in this strategy. We are committed to implementing and monitoring the effectiveness of this programme on an ongoing basis.
- **Training**. We recognise that to meet the objectives outlined in this strategy we must provide staff with appropriate training. We will therefore continue to:
  - Commission appropriate training to meet the requirements of the specific elements of this strategy and ensure this appropriately complements other training taking place across the Board. The

IPG may commission training internally or through external sources where this is appropriate and where resources allow.

- Support the development of the Knowledge and Skills Framework (KSF) core dimension in Equality and Diversity providing staff with support and opportunities to comply with the requirements of this dimension and ensuring a mandatory training package is in place to support this.
- Monitor the effectiveness of training, refine and adjust training packages where this is appropriate.
- Provide regular reports on progress in training development through the accountability and reporting arrangements highlighted in the following sections.

➢ **Real involvement through consultation and engagement.** We will ensure patients, carers, staff and members of the public and external stakeholders are involved and engaged in the delivery of all our drivers through ensuring ;

- We implement national guidance including the national participation standard to ensure that we have a robust framework in place to support engagement.
- We engage and collaborate with other NHS Boards, the third and public sectors to help inform our own services and to share good practice and where appropriate inform and support the national integration agenda.
- We have a robust volunteer framework so that members of the public and ex patients can help us enhance the patient experience and improve the quality of our services.
- We have in place appropriate patient groups and forums that will help delivery of this strategy and broader quality improvements.
- Staff have the opportunity to be involved through strong partnership arrangements underpinned by the staff governance standard.

5.0 Governance arrangements

5.1 To ensure both operational delivery and scrutiny of this strategy robust governance arrangements are in place as detailed in appendix D.

5.2 Within this governance framework the following groups and committees have a key role in delivery of this strategy;

- ***The Person Centred Committee (PCC)*** is the Board appointed committee that provides scrutiny of this strategy and all person centred activity to ensure they are being delivered through a robust structure and process. The PCC works closely with the Partnership Forum on staff issues related to this strategy.

- ***The Involving People Group (IPG)*** coordinates and commissions activity to deliver this strategy and its associated requirements. It is supported in this role by the Equalities Group who provide specific advice and support about all equality related activity. The IPG works with the Clinical Governance and Risk Management Group (CGRMG) to ensure the person centred quality ambition underpins the delivery of safe and effective care.

- ***The Quality Patient Public Group (QPPG)*** is the interface for public and patient input into all quality domains. At a strategic level, the QPPG has representation, in an advisory capacity, on both the PCC and Clinical Governance Committee (CGC) to ensure the patient / public perspective is represented at Board level.

  On an operational level, the QPPG also works with the:

  - Volunteers Forum – chaired by a Non Executive Board member and comprising of Board staff and volunteers. Oversees delivery and implementation of the Volunteer Policy and Investing in Volunteers standards.

  - Virtual Patient Forum – comprises of ex patients who provide input on appropriate activity, such as policy consultation and service redesign.

- **Divisional Clinical Governance Groups (DCGGs)** are charged with ensuring staff across both divisions are supported to deliver this strategy and its associated improvement actions.

- **Senior Management Team.** The Boards SMT provides leadership and operational oversight of all activity including that covered by this strategy. Specifically where resourcing decisions are required or risks managed SMT be involved.

6.0 Staff responsibilities

These are summarised in the table below.

Organisational role	Responsibility
Director of Human Resources	*Executive Director charged with responsibility for equality and diversity issues throughout Board. Provides expert HR input to process. Is co chair of the IPG.*
Nurse Director	*Executive Director nominated as 'Designated Director' for PFPI and person centred care. Is co chair of the IPG.*
Medical Director	*Provides medical leadership in delivery of this strategy.*
Employee Director	*Has specific responsibility for delivery of the staff governance standard and representing the Partnership Forum view on the IPG.*

Organisational role	Responsibility
Head of Corporate Affairs	*Responsible for providing specialist expertise and leadership in developing, implementing, and reviewing effective corporate communication strategies, staff communications and stakeholder / media relations. Responsible for the communication of diversity issues including translation of publications and audio/visual communications, as well as web and intranet development.*
Head of Clinical Governance (HCG)	*Responsible for developing, implementing and leading the operational delivery of the Involving People Strategy and all its elements across the Board.*
Spiritual Care Provider	*Works closely with the HCG in delivering this strategy. Has operational responsibility for the implementation of the Volunteer Policy and carries a portfolio of activity designed to support delivery of the Board's equality outcomes.*
Senior and Hospital / Hotel Managers	*Responsible for being aware of this strategy and championing its objectives. Responsible for supporting staff to contribute proactively to its development through their KSF, appropriate training and the development of local initiatives.*
All staff	*Have a responsibility to engage in the delivery of this strategy, as is appropriate to their role, within the organisation and as outlined in the general equality duty placed on public bodies.*

7.0 Monitoring arrangements

7.1 Our strategy is monitored through the IPG which reports to the PCC on a quarterly basis. A number of mechanisms are in place to support this;

- **Formal reporting.** The PCC has in place a schedule of reports, providing the opportunity to scrutinise activity across the whole of this agenda on a quarterly basis.
- **Monitoring of equality outcomes.** The Board has published equality outcomes in place, the delivery of which will be overseen by the IPG and with scrutiny provided to the PCC..
- **Progress against external standards.** There are a number of external standards, which provide a benchmark about the delivery of this strategy. In summary:
    - **Scottish Health Council Participation Standards.** Year on year we are required to review our progress against criteria. Following assessment, we will develop a list of key actions to

ensure we continue to make improvements. These will be scrutinised through our governance arrangements.

- **Staff Governance Standard.** The Board is required to have in place an action plan to meet the staff governance standard which is monitored through the PCC.

- **Investing in Volunteers.** The Board currently holds accreditation of this award, which sets robust standards, and indicate that we are serious about ensuring volunteers are well looked after when they give us their time. Re accreditation is on a three yearly cycle.

- **Investors in Diversity.** Although not a mandatory standard, the Board is signed up to gaining accreditation of this award, which complements our equality work and is a clear signal that we take our equality duties seriously.

- **National Person Centred Health and Care Programme.** Through this programme we will test and implement quality improvements to our person centred activity specifically through the domains of leadership, patient experience, staff experience and collaboration with the third sector and other public authorities.

8.0 Communication arrangements

8.1 Robust communications are essential to delivering this strategy. Through our Corporate Affairs department we have developed and implemented robust external and internal policies and procedures on all aspects of communication and this strategy will be underpinned by these. Specifically:

- Provide regular reports to our Board members via the PCC.

- Update all stakeholders on our progress through publication of regular news bulletins specific to current pieces of work. Bulletins will be provided in electronic and paper format.

- Use multimedia including Twitter, Facebook and the internet to ensure a variety of information is available.

- Make all formal papers, minutes of IPG meetings, reports and action plans available on intranet and internet sites

- Key members of the IPG will attend external meetings to communicate our good practice and to allow us to learn from others.

The IPG an open meeting for anyone to attend and meetings dates are published across the organisation.

9.0 Reviewing this strategy

9.1 The formal review of this strategy will be led by our IPG on a three yearly basis. The review will be fully informed by the information we receive through our monitoring framework. We will also engage widely with all our stakeholders before the reviewed strategy is ratified.

Glossary of Terms

The following definitions are applied within this strategy:

- ***People/Stakeholders*:** Anyone who (potentially) receives or delivers services and care for or on behalf of the Board. This term therefore encompasses patients, relatives, carers, members of the public and ***all staff***[1] who work for the Board irrespective of profession or seniority.
- ***'Involving' People:*** Our commitment to include people in their care and the planning, delivery and monitoring of our services. This will be done in a way that is appropriate to the need of the individual and is grounded on the principles outlined in Arnsteins ladder.[2]
- ***The Board:*** The Board is the name given to the National Waiting Times Centre Board, which consists of the Golden Jubilee National Hospital, the Beardmore Centre for Health Science and the Beardmore Hotel and Conference Centre.
- ***Equality:*** In its broadest sense means creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is increasingly underpinned by legislation designed to address unfair discrimination based on membership of a particular group.
- ***Diversity:*** In its broadest sense it is about recognising and valuing the differences across our society. Specifically it is about creating a culture and practices in our Board that recognise, respect, value and harness this 'difference' for the *benefit of the patients, carers, members of the public and members of staff.*
- ***External Agencies:*** A generic term applied to all our partner organisations. May include NHS regional Health and Special Boards, public sector organisations and voluntary sector organisations. We will specifically name organisations when this is appropriate. External agencies also includes those companies from whom we contract services and are so covered by procurement requirements through general duties in the Single Equality Act.
- ***Clinical Governance Department:*** **I**s charged with operational support and delivery of clinical governance and risk management. The Involving People agenda is part of this teams work on daily basis – specifically PFPI and Equality elements of the strategy.

[1] Includes locum, agency or external contractors.

[2] Arnsteins ladder is a framework that describes the different levels of involvement for people. It is based on the work of Arnsteins first published 1969 'A Ladder of Citizen Participation' in the *AIP Journal* p 216-224. More information can be viewed in our Involving People Protocol.

- ***Involving People Group:*** Principle operational group for this agenda, which has representation from all staff areas across the Board as well as volunteers. This group will have strong and diverse representation from lay members. The group's key remit is to steer activity and commission pieces of work through short life working groups. The terms of reference for this group can be viewed at appendix A.
- ***Equalities Group:*** A small group comprising of equality strand leads who between them cover all protected characteristics as outlined in the Single Equality Act. The group oversees delivery of the equality work plan and provides advice to staff and service users alike.
- ***Quality Patient Public Group:*** A group of ex patients and volunteers who oversee the quality agenda from the patient / public perspective. A key group in the delivery of the involving people agenda.

Appendix A

Involving People Group Terms of Reference

1.0 Introduction

1.1 The Involving People Group (the Group) has been convened to coordinate the delivery of the National Waiting Times Centre Boards (the Board) *Involving People Strategy* (the Strategy) and associated action plans. These terms of reference should therefore be viewed in close conjunction with this strategy.

2.0 Remit

In the broadest terms the remit of the group is to provide coordination and leadership to enable effective delivery of the strategy. In order to achieve this group will:

a. Review and assess all relevant legislation and policy relating to PFPI, Staff Governance and Single Equality legislation relating to the general and specific duties ensuring that these are met as evidenced through positive change in the Board's services.

b. Oversee delivery of the action plans for the Board's equality outcomes, Investing in Volunteers and Investors in Diversity.

c. Ensure divisional clinical governance groups (DCGGs) are actively engaged with this agenda both in supporting delivery of overarching plans as identified in (b) and develop local actions where these are required.

d. Where required, convene short life working groups to deliver specific pieces of work relating to specific pieces of policy or legislation.

e. Work closely with the Quality Patient Public Group to support its activity and provide resources where these are required.

f. Work with and support the HR Department and Partnership Forum to ensure that staff are involved in the delivery of the strategy.

g. Support the delivery of a fair and open culture that does not tolerate bullying or harassment in any form.

h. Act as a resource for all Board staff for all elements of activity relating to PFPI and equality legislation.

i. Ensure robust and accessible communication, monitoring and reporting mechanisms are in place and that appropriate committees, as indicated by accountability arrangements, receive regular progress reports.

3.0 Membership

3.1 The group consists of the following members:

Member	Comments
Medical Director	
Director of Human Resources	*Co Chair*
Director of Nursing	*Co Chair*
Chair of QPPG	
Volunteer Forum members (3)	
Employee Director	
Head of Clinical Governance	
Spiritual Care Provider	*Will represent Equality Group.*
Divisional Management Team Representative (SS)	
Divisional Management Team Representative (RNM)	
In attendance as required	
Data Compliance Officer	
Head of Learning and Development.	
Equality Leads from all protected Characteristics	

4.0 Meetings.

- ***Frequency -*** The group will meet every 6 weeks. Meetings will be synchronised around governance reporting arrangements to ensure timely flow of information through governance groups and committees. Dates of meetings will be published annually by the Clinical Governance Assistant.
- ***Chair –*** Will be an Executive Board member, who will serve a 2 year term of office, which may be extended, with mutual consent of the chair and the members of the group.
- ***Quorum - 6*** members will constitute a quorum. In the absence of the chair, the Head of Clinical Governance will sit as acting chair.
- ***Minutes –*** Will be taken by the Clinical Governance Assistant. In the absence of this person a nominated member of the group will take minutes. Minutes will be circulated along with an agenda (and other appropriate papers 7 days prior to each meeting.
- ***Communications –*** Arrangements as indicated in the strategy will be utilised for communicating the work of the group.

Appendix B

Historical Context of Involving People

(a) Patient Focus Public Involvement (PFPI)

There are a number of key policy drivers and associated publications and guidance that inform our Involving People Strategy (the strategy). Further information can be sourced from reference documents, the Head of Clinical Governance (HCG), the Spiritual Care Provider, members of the Involving People or Equalities Groups and other key groups and committees, as noted in accountability arrangements.

In 1997, the Scottish Office White Paper ***Designed to Care*** detailed how health services need to be responsive not just to the needs of individual patients but also to the preferences of the public at large. It noted that redesigning services from the perspective of patients requires finding out what patients and communities want - and consulting them over proposals for change.

In December 2000, ***Our National Health: A plan for action, a plan for change*** was launched outlining the Scottish Executive's plans to improve the health of the people in Scotland, deliver high-quality health and social care services, and address inequalities in health more efficiently. To achieve these aims it was clear that a culture change was required in the way the health service interacts with the people it serves and the way services are delivered.

This plan was followed, early in 2001, by the publication of the framework document, ***Patient Focus and Public Involvement (PFPI),*** which challenges the NHS to become:

- A service where people are respected, treated as individuals and involved in their own care;
- A service where individuals, groups and communities are involved in improving the quality of care, in influencing priorities and in planning services; and
- A service designed for and involving users.

A number of other core documents underpinned the principles of PFPI[3] and influenced its development. Importantly, the requirement for the NHS and Boards to adopt and develop these principles is enshrined in legislation as noted by:

'…It is the duty of every body to which this section applies to take action with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are involved in, and consulted on—

[3] A New Public Involvement Structure for NHS Scotland highlighting development of Scottish Health Council in place of Local Health Council and underpinned by Health Department Letter (HDL) (2005) 11. Sustainable patient focus and public involvement – a review commissioned by the Scottish Executive Health Department conducted by the Scottish Council Foundation. 'Partnership for Care' Published by SEHD March 2003.

(a) the planning and development, and
(b) decisions to be made by the body significantly affecting the operation of those services.'[4]

In 2007, the Scottish Government produced ***Better Health, Better Care***, a document, which gave a blue print for greater public and patient involvement, which signaled the creation of a mutual NHS. In parallel, legislation is being prepared to underpin the principle of a mutual NHS.

In 2010, the Patients Rights Bill was introduced into the Scottish Government's legislative process. This Bill aims to place the patient into the heart of health care and whilst previous legislation was aimed at placing duties on Health Boards the Bill, for the first time, gives patient's legal rights regarding length of times they wait as well as strengthening advocacy and patient rights in general.

(b) Equality and Diversity

The elements of PFPI therefore make clear the requirement to involve and engage people in ***their*** Health Service, both in terms of care and service planning. Whilst the 'patient focus' element of PFPI makes reference toward treating people as 'individuals' a second policy strand across the NHS relates to equality and diversity. Historically equal opportunities legislation is defined in Schedule 5 of The Scotland Act 1998, chiefly:

"the prevention, elimination or regulation of discrimination between persons on the grounds of sex or marital status, on racial grounds or on grounds of disability, age, sexual orientation, language or social origin or of other personal attributes, including beliefs or opinions, such as religious beliefs or political beliefs."

This commitment was formally underpinned by the Fair for All agenda[5]. (FFA) FFA was launched after the publication of the Race Relations (Amendment) Act 2000 and it placed formal responsibilities on NHS organisations as laid out by the SEHD policy document ***Fair for All: Working Together Towards Culturally Competent Services.***

In subsequent years, we have further strengthened our equalities work through publication and delivery of Race, Disability and Gender Equality Schemes as well as internal changes within our Board to strengthen our model for delivery to ensure it was sustainable in the long term.

In April 2010, after a prolonged period of consultation the Single Equality Act became law. This act brings together all previous legislation related to equality strands under one Act with the following broad aims:

- ***Strengthening:*** improves the effectiveness of equality legislation.
- ***Harmonising:*** providing the same levels of protection from discrimination across all the protected characteristics and all sectors, *where appropriate.*

[4] NHS Reform Act 2004
[5] See NHS HDL (2002) 1 and HDL (2002) 51.

- ***Mainstreaming:*** Simplifying and consolidating 116 pieces of equality legislation including 9 major Acts and around 2500 pages of guidance.

(c) Staff Governance

There is a third equally important strand that our strategy encompasses that of staff governance. Staff governance can be defined as:

"a system of corporate accountability for the fair and effective management of all staff." [6]

Key principles illustrate the rights of our staff. They are being entitled to be:

a. well informed;

b. appropriately trained;

c. involved in decisions which affect them;

d. treated fairly and consistently; and

e. provided with an improved and safe working environment.

Alongside the legislative requirements, the Scottish Executive Health Directorate (SEHD) has also produced Partnership Information Network (PIN) guidelines, which provide guidance and model policies to support us to deliver the requirements and principles of the staff governance standard.

(d) Quality Strategy

In 2010, the Scottish Government published its national Quality Strategy. This strategy is a vision that aims to make Scotland's NHS world leading. The Board's response to this strategy was publication of its own Quality Scheme – a practical blueprint to the delivery of high quality safe effective care. The scheme outlines three quality domains:

- Safe;
- Effective; and
- Patient Centered.

The elements of our strategy very much inform all three domains with obvious and specific focus on patient centered. There are a number of our quality objectives, which support delivery of our Involving People Strategy.

[6] SEHD Staff Governance standards.

Appendix C

General and Specific Duties as applied to the Involving People Strategy

The UK Government's Equality Act 2010 restated, simplified and, where appropriate, harmonised the various different pieces of equality legislation that had been produced over the last 40 years. The bulk of the Act came into force on 1 October 2010.

Prior to the Equality Act 2010, there were three separate public sector equality duties covering race, disability and gender. The Equality Act 2010 replaced these with a new single equality duty covering race, sex, disability, sexual orientation, religion and belief, age, gender reassignment and pregnancy and maternity.

The duty is in two parts - a duty in the Equality Act 2010 itself, often referred to as the 'general duty', and specific duties, which are placed on some public authorities by Scottish Ministers. The purpose of the specific duties is to enable the better performance of the general duty.

The general duty - The Equality Act 2010 came into force on 5 April 2011. Since that date, Scottish public authorities have been subject to the new general duty in the Equality Act 2010. The general duties are summarised:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The public sector equality duty covers the following protected characteristics: age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

The specific duties - In summary, we are required to:

- report on mainstreaming the equality duty;
- publish equality outcomes and report progress;
- assess and review policies and practices;
- gather and use employee information;
- publish gender pay gap information;
- publish statements on equal pay;
- consider award criteria and conditions in relation to public procurement; and
- publish in a manner that is accessible.