

CQC's Equality Objectives for 2017-19



Introduction

CQC is legally required under the Equality Act 2010 to set equality objectives at least every four years. We have chosen to set objectives every two years, to reflect the pace of development of CQC and our regulatory model, and because we are ambitious to work for change on equality.

Our equality objectives for 2015-17 have significantly helped us to make sure that we consider equality in our regulatory work and for our staff. We are building on this previous work with our new objectives.

To develop our new objectives for April 2017-19, we:

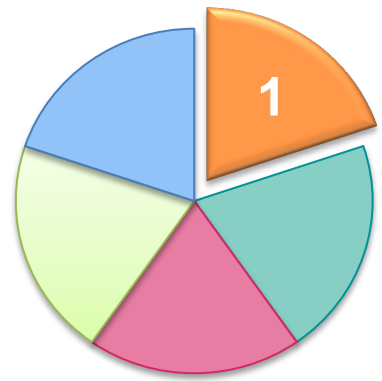
- reviewed evidence of inequality in health and social care and in the CQC workforce
- gathered ideas from CQC staff, external organisations and people who use services
- engaged with these groups to help set priorities, by considering the impact of the inequality, the unique ability of CQC to make a difference and whether the issue has been neglected
- made sure that they reflect the changes in our regulation from April 2017 by helping inspectors to look at equality issues that are already in the KLOEs and their associated prompts
- used guidance from the Equality and Human Rights Commission about selecting and prioritising equality objectives and making them specific and measurable.¹

The objectives are:

1. [Person centred care and equality](#)
2. [Accessible information and communication](#)
3. [Equality and the well-led provider](#)
4. [Equal access to pathways of care](#)
5. [Continue to improve equality of opportunity for our staff and those seeking to join CQC](#)

1. Equality and Human Rights Commission: Objectives and the Equality Duty – a guide for public authorities, 2011, revised 2014.

Objective 1: Person-centred care and equality



There is strong evidence that person-centred care is the cornerstone of good equality practice – and good care – but that leadership is needed to make person-centred care a reality for people in some equality groups.

For example, people with some protected characteristics, (including disabled people, people from Black and minority ethnic groups, lesbian, gay and bisexual people and younger people and those aged over 75) are less likely to say that they are involved in their care across a range of sectors.²

There is also strong evidence of poorer health outcomes for people with some protected characteristics, which may be improved through person-centred care. For example:

- disabled people report poorer health than others
- Black and minority ethnic (BME) people and lesbian, gay and bisexual people report poorer mental health
- people with serious mental illnesses and gypsies and travellers have a low life expectancy
- BME people are over-represented in people detained under Mental Health Act
- there is a high level of avoidable deaths for people with a learning disability.³

How we will tackle this

Our activity will build on what worked for previous related equality objectives in 2015-17 and will involve:

- adding a specific question to Provider Information Request forms (PIR).
- helping inspectors to examine these issues on inspection by developing a small number of questions to ask and/or areas to gather evidence, building on the PIR response and supporting this with guidance and informal learning
- identifying, promoting and sharing outstanding practice
- communicating our expectations to providers and to people who use services and gathering their views (in partnership with Healthwatch England)

2. Care Quality Commission, *Better care in my hands*, 2016.

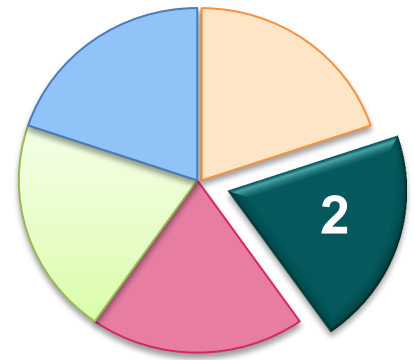
3. Care Quality Commission, *State of Care*, 2016.

- Healthwatch England sharing information and intelligence on inequality with the Healthwatch network, and gathering data, good practice and the views of people who use services and sharing this with CQC.
- Our initial focus in year 1 (2017/18) will be on how providers ensure person-centred care for lesbian, gay, bisexual and transgender (LGBT) people who use adult social care and mental health inpatient services, for people with dementia in acute hospitals and older BME people using GP practices.
- In year 2 (2018/19) we will review our progress in the areas above to determine our focus.

Measures of success

- By October 2017, the PIRs for all sectors include specific questions on person-centred care and equality.
- By October 2017, we have developed questions to help gather evidence on inspections and guidance to support these.
- Throughout 2018/19 we will continue to develop new questions to help inspection teams focus on specific areas of inequality for people who use services, which could be improved by providing better person-centred care.
- By October 2017, we have communicated our expectations around person-centred care and equality to providers and to people who use services (in partnership with Healthwatch England).
- By June 2018, we have created new ways to identify, promote and share outstanding practice with providers around person-centred care that promotes equality.
- By October 2017, we have developed an approach to sharing information with Healthwatch England.
- Initially by June 2018, we will audit how inspection reports address these topics, to measure improvement.

Objective 2: Accessible information and communication



Millions of people in England have a disability or sensory impairment that affects how they communicate or receive information. In the UK, there are:

- 11 million people with hearing loss, of which, 900,000 are severely or profoundly deaf
- almost two million people living with sight loss, with 360,000 registered as blind or partially-sighted and 250,000 deafblind
- 1.5 million people with a learning disability
- more than 350,000 people with aphasia (difficulties finding and using the right words, and sometimes understanding words, for example after a stroke).

When people can't understand information and don't get the support they need to communicate, it can stop them:

- getting a correct diagnosis
- attending appointments
- receiving safe and effective care or treatment
- being treated with dignity and respect
- being listened to and involved in their care.

All publicly-funded providers must now meet the Accessible Information Standard. This aims to improve the lives and life expectancy of people who need information to be communicated in a specific way.

We've committed to considering how well providers meet the standard as part of our regulation, as it is included in the Health and Social Care Act regulations under person-centred care and dignity and respect. Services that meet the accessible information standard are also likely to save money.⁴

By checking whether providers meet this standard we can help improve:

- access to services
- how people experience care and treatment
- the outcomes people receive.

4. NHS England: Accessible information standard – Notes on costs of meeting individuals' needs, 2016

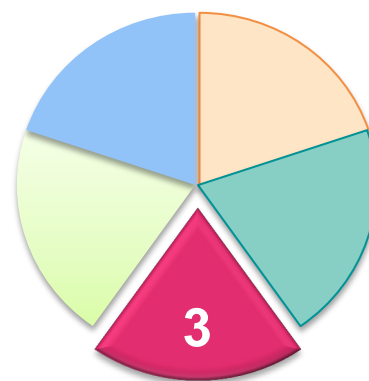
How we will tackle this

- We will look at how all services are applying the standard in our regulatory work. Healthwatch England will also look at this through their work
- Our assessment frameworks will include key lines of enquiry, prompts and ratings characteristics on the standard.
- We will make sure our inspectors understand the standard and how to apply it to their work. We will provide training and guidance to help them, as well as more informal help such as sharing good practice.
- We will explain to providers how we will use the standard in our regulatory work.
- We will make sure that our staff who have contact with the public understand accessible information.
- We will make all our public information accessible to all who need it.
- We will make sure everyone can communicate with us in a way that meets their needs.

Measures of success

- By July 2017, all inspection staff have completed short e-learning on the standard.
- From October 2017, all inspection reports include how providers are applying the standard.
- By March 2019, Healthwatch England have reported all relevant information collected by the local Healthwatch network.
- By December 2017, all our staff who have contact with the public have received training in accessible information.
- By April 2018, all our information for the public has been reviewed to ensure it's simple, concise and uses plain English.
- By April 2018, by building on our current work on accessible communications, all people with a disability or sensory impairment are able to communicate with us in a way that meets their needs.

Objective 3: Equality and the well-led provider



The link between equality for health and care staff and providing good quality care is now well established. For example, work undertaken by Michael West and Jeremy Dawson over several years demonstrates the links between patient satisfaction and results of the NHS staff survey on issues such as workplace discrimination. Other research shows that good workforce equality practice has financial benefits to healthcare organisations, so is having a positive impact on the use of resources.

CQC has now built up knowledge and experience of supporting inspection staff to look at equality under the well-led key question in hospitals – through our inspection work on the Workforce Race Equality Standard (WRES).

The equality aspects of the well-led key question are now better developed in the key lines of enquiry (KLOEs), prompts and ratings characteristics in CQC's new assessment frameworks for both health and social care services. As well as improved prompts to gather evidence of workforce equality, inspectors are also prompted to look for evidence that providers take account of equality characteristics for people using their services, for example when engaging with them.

How we will tackle this

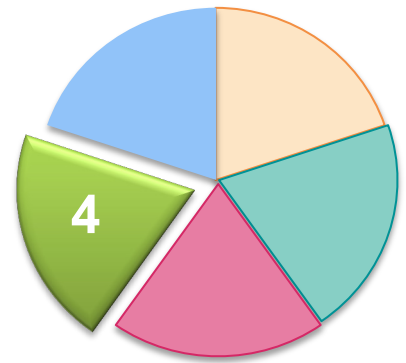
- From April 2017, we will support inspectors to look more closely at the equality aspects of the well-led key question, which are better developed in the new KLOEs, prompts and ratings characteristics in the two assessment frameworks.
- We will provide guidance and ongoing informal learning activity, for example, sharing good practice, to ensure that inspection staff can improve how they look at equality in the well-led key question.
- For inspection staff in the Hospitals Directorate, this will include continued support through the Hospitals Equality Inspection Champions on inspecting WRES and widening this out to other equality issues. We will also, support our Equality Specialist Advisors where they are required on inspections.
- We will continue to work closely with NHS England on developing our approach to inspecting WRES and future national developments, for example, the Workforce Disability Equality Standard.
- We will work with The National Guardian's Office to look at the equality aspects of Freedom to Speak Up.

- From April 2018, we will build on our current 'equality and human rights good practice resource' work, collating inspection evidence and working with system partners. This will feed into possible topics for a series of communications to the health and social care sector, such as 'creating harmonious cross-cultural working in adult social care teams', 'progress through national standards for staff equality (e.g. WRES)' or 'collaborative leadership, equality and good quality care'.
- We will use our independent national voice to showcase outstanding care where providers have developed a well-led culture that prioritises equality.

Measures of success

- By October 2017, equality in the well-led key question will be built into the Academy's learning plans for relevant inspection staff.
- Equality in the well-led key question is embedded and implemented as part of an end-to-end inspection process for health care providers in 2017/18 and for adult social care by the end of 2018/19.
- We provide appropriate guidance and resources to support inspection staff to write reports that include equality under the well-led key question and to share good practice, by March 2018 for hospital inspections and by March 2019 for primary medical and adult social care inspections.
- By October 2018, all CQC inspection reports for health care providers cover equality under the well-led key question.
- In 2018/19 we produce a series of communications that will cover equality and well-led services.
- By March 2019, we have new ways of communicating messages and sharing good practice on the link between equality, well-led services and outstanding care.

Objective 4: Equal access to pathways of care



People using health and social care services often need to use more than one service, known as a 'pathway of care'. However, people in some equality groups may have difficulty accessing particular care pathways, which could lead to poorer outcomes for them.

For example, access to GP services is often a starting point for many care pathways as GPs provide a range of essential health services and enable people to access other services by referring them. Based on evidence from our State of Care report and from partners, we know there can be barriers to accessing GP services for migrants, asylum seekers, Gypsies and Travellers. These groups have particularly poor access to care pathways, which could be improved at a provider and local system level.

Discharge from hospital can be another critical point in people's pathways of care. Our analysis of the NHS inpatient survey for State of Care 2016 suggests that there are national differences in how well people say that they are 'signposted' to other services that might help them on discharge from hospital. People with a mental health diagnosis or a learning disability, and people in some BME groups are less likely to say that they have had helpful information about other services when leaving hospital.

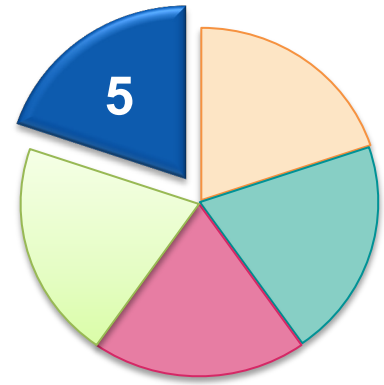
How we will tackle this:

- We will support inspectors to look at how people in specific equality groups, including migrants, asylum seekers, Gypsies and Travellers, are enabled to access primary care services. This will build on a small piece of work that we carried out in 2015 to look at the level of understanding of staff in GP practices about the needs of asylum seekers and their rights to primary care services.
- We will support inspectors to look at how people in specific equality groups are supported during referral, transfer between services, including adult social care services and health services, and at discharge from hospital and in primary care.
- We will use our Integration, Populations, Pathways and Place programme to look at how partners in local areas can reduce barriers to accessing primary care services for migrants, asylum seekers, Gypsies and Travellers. This will include looking at care pathways across sectors and services, also involving Healthwatch England.

Measures of success

- By March 2019, inspectors will look at how people in specific equality groups, including migrants, asylum seekers, Gypsies and Travellers are enabled to access primary care services.
- By March 2019, Working with Healthwatch England, this objective will be included in our Integration, Populations, Pathways and Place programme, to look at how we can help reduce barriers to equal access to primary care services for migrants, asylum seekers, Gypsies and Travellers.
- By March 2018, inspectors will be supported to look at how providers support people in specific equality groups during referral, transfer between services (including between adult social care and health services) and discharge from hospital and in primary care.

Objective 5: Continue to improve equality of opportunity for our staff and those seeking to join CQC



As the regulator, we assess provider organisations on the way they meet people's diverse needs and how they pay attention to their workforce equality data. In doing so, we set and monitor expectations for the sector.

It is essential that we invest energy in getting this right for our own workforce, so that we are able to benefit from a diverse staff and in doing so, set an example to those we regulate and ensure high-quality care.

How we will tackle this

Through our strategy 'Our Equality and Inclusion Journey - the Road to 2021' we will put in place 'key enablers' to achieve the cultural outcomes that we desire. These will include:

- A strong positive vision and embedded values to support equality and inclusion.
- Ensuring that key people, processes and systems are objective by monitoring areas such as recruitment outcomes, performance and development ratings, and access to learning and development, to ensure they are not adversely affecting groups of staff. Using this insight we will be able to change and amend our approach as necessary.
- Having a skilled workforce that is aware and fair, so that everyone in CQC understands what it means to manage and harness diversity.
- An expectation that managers are skilled at making people feel valued and harnessing their potential.
- Increased flexibility, not only in terms of working arrangements but also all policies, practices and procedures.
- Being an inclusive organisation, a key element of which will involve staff, especially managers, examining their own behaviour to ensure that all team members are included.
- A culture where all staff understand how CQC operates, what it values and how it expects staff to behave.
- Encouraging our diversity networks to flourish and work together to deliver cross cutting and complimentary objectives.

Measures of success

- We will use monitoring of diversity characteristics to measure key equality and diversity-related questions in our annual staff survey. We will develop actions from the results as part of our commitment to continuous improvement.
- Every year we will measure our organisational progress against key diversity-related frameworks, including the Workforce Race Equality Standard (WRES). We will also examine the requirements of the forthcoming Workforce Disability Equality Standard (WDES).
- We are creating a diversity dashboard to enable us to continually measure key diversity metrics at both CQC level and for certain indicators at Directorate level.
- We will continue to monitor membership levels for our staff networks.