

Equality Objectives 2019-2021

Summary for providers of health and social care

Our role is to make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and treat everyone with respect and dignity. This means that focusing on equality is central to our work. Our new equality objectives for 2019-21 aim to make sure that we consider equality in our regulatory work, and for our staff.

Our equality objectives do not add new requirements for providers of health and social care. Instead, they build on our previous equality objectives.

Find our wider strategy for looking at equality and human rights in the way we regulate in [our human rights approach to regulation](#).

Our five equality objectives for 2019-2021 are:

1. Confident with difference: person-centred care and equality

Person-centred care is the cornerstone of good equality practice – and good care – but leadership is needed to make person-centred care a reality for people in some equality groups. People who use services will receive better quality care if all services are ‘confident with difference’ and therefore more able to meet their needs.

This means that staff providing care and support are confident to ask questions and respond to the needs of people who are different from themselves – for example people of different faiths.

This is covered by [Regulation 9 – person-centred care](#) and [Regulation 10 – dignity and respect](#).

It is also covered by our key lines of enquiry in adult social care: [R1 – person-centred care](#) and in healthcare: [R2 – taking account of the needs of different people](#).

Our work will include finding out where and how our staff need more support to be confident with difference, particularly those involved in regulation such as inspectors, so that they can engage more with providers about this topic. We will then use these findings to carry out a programme of work such as staff learning and informal support and providing information for staff and for providers.

This builds on our work around equality for Lesbian, Gay, Bisexual and Trans people using adult social care and mental health services. It also builds on recent work to support CQC staff to think about good quality care for people with different faiths and beliefs. This objective applies to all the services that we regulate. We will be working with Skills for Care on this objective for work in adult social care services.

2. Accessible Information and communication

All publicly-funded health and social care providers must now meet the [Accessible Information Standard \(AIS\)](#) by identifying, recording, flagging, sharing and meeting disabled people's communication needs. This aims to improve the lives and life expectancy of disabled people who need information to be communicated in a specific way. Complying with the AIS helps providers to meet the 'reasonable adjustment' requirements in the Equality Act 2010. In 2017, we started looking at the AIS in how we regulate health and social care services.

The AIS is covered by [Regulation 9 – person-centred care](#).

It is also covered by our key lines of enquiry in adult social care: [R1 – person-centred care](#) and in healthcare: [R1 – person-centred care](#).

We will carry out some research about where improvement is still needed in delivering the AIS so that we can focus our attention on these services more. We will also work together with other national bodies to develop an action plan to drive improvement in how the AIS is implemented and we will help providers to share good practice. We want to lead by example, so we will also act to make sure that our communication with people who use services is more accessible, for example when people contact us by phone and in programmes to improve our digital communications.

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. During the previous four years we have carried out work to build the Workforce Race Equality Standard (WRES) into how we regulate hospitals. We will evaluate our work on WRES and then develop it.

We want to develop how we regulate other equality issues in how hospitals are led for both the workforce and for patients. We will look at how we can bring in other nationally recognised equality tools for hospital trusts such as the Equality Delivery System and the forthcoming Workforce Disability Equality Standard (WDES) into our regulation.

We want to develop our work around the leadership on equality in adult social care and GP practices, for both people working in these services and people using these services. We will look at how best to support our staff involved in regulating adult social care and primary medical services to consider these key lines of enquiry. We will look at how we can build our monitoring work on equality and the well-led provider.

This is covered by our key lines of enquiry in adult social care: [W1 – Vision and strategy](#) and [W3 – Engagement and involvement](#) and for healthcare the key lines of enquiry [W3 – Culture of the organisation](#) and [W7 – Engagement and involvement](#).

4. Equal access to care and equity in outcomes in local areas

People using health and social care services often need to use 'pathways of care' across services. However, people in some equality groups may have difficulty accessing some services or care pathways, which could lead to poorer health outcomes for them. There is some new work planned to address these issues in the [NHS Long Term Plan](#).

We are starting to look more at local systems including developing work with Integrated Care Systems and carrying some [Local System Reviews](#). This provides us with an opportunity to consider equality issues about access to care and care outcomes.

We expect providers to cooperate with each other to develop and provide good care in their area. This means working in partnership to meet the needs of the local population, including those in local equality groups. This is covered by our key lines of enquiry in adult social care: [W5 – Working in Partnership](#) and for healthcare the key lines of enquiry [W3 – Culture of the organisation](#) and [W2 – Vision and strategy](#).

Through our work at a local area level, we will encourage leaders in services to consider the needs of people in equality groups, including aligning with the NHS Long Term Plan actions on inequality.

We look at some specific issues of inequality in access and outcomes that are national priorities, for example by developing intelligence that local CQC teams can use on access and outcomes for people from BME groups who need to use mental health services.

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 equality in their workforce. In doing so, we set and monitor expectations for the sector.

It is essential that we get this right for our own workforce, so that we can benefit from a diverse staff and in doing so, set an example to those we regulate. This will also help us to ensure high-quality care for everyone who uses the services that we regulate.

In the next two years we aim to equip our leaders, managers and teams to create a culture of safe, open dialogue and 'respectful enquiry' where we are all confident with difference. We will make sure that there are equal opportunities for all in our recruitment processes and approach. We will improve the quality of our data on diversity in CQC's workforce to have a stronger evidence base for change.