

## Annex 2 - CQC New Equality Objectives 2017-19

### Introduction

#### Why have we developed new equality objectives?

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.

In April 2015, we set five equality objectives for 2015-2017. These objectives have significantly helped us to make sure that we consider equality in our regulatory work and for our staff.

#### How we developed our new objectives for April 2017-2019

- We reviewed evidence of inequality in health and social care and in the CQC workforce
- We gathered ideas from CQC staff, external organisations and people who use services
- We 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
- We made sure that the proposed objectives reflected the changes in our regulation from April 2017. The equality objectives do not add to our Key Lines of Enquiry (KLOEs) – they help inspectors to look at equality issues that are already in the KLOEs and their associated prompts.
- We used the Equality and Human Rights Commission guidance about selecting and prioritising equality objectives and making them specific and measurable.<sup>1</sup>

#### Our proposed new objectives

We have proposed priorities where CQC can make a difference on important equality issues because of our unique role.

Our proposed objectives build on our increased maturity in regulating equality aspects of care quality and on what we have learned in delivering our current equality objectives.

Our proposed objectives for our regulatory work cut across health and social care. Leadership teams from across CQC's inspection directorates will take responsibility for the delivery of these objectives, alongside other staff such as policy, intelligence and engagement staff.

The CQC staff objective is in line with our current plans for staff equality, diversity and inclusion and will be led by the CQC People directorate.

Health Watch England and the National Guardian's Office have been involved in developing the objectives. They will work alongside CQC in delivering the objectives, in the ways most relevant to their organisation's role and remit.

Our five new objectives are:

- **Person centred care and equality**
- **Accessible information and communication**
- **Equality and the well-led provider**
- **Equal access to pathways of care**
- **Continue to improve equality of opportunity for our staff and those seeking to join CQC**

Whilst these topics are broad, we will approach them through a more specific focus – for example, the new Person centred care and equality objective will, for the adult social care directorate, focus on lesbian, gay, bisexual and transgender people using services.

---

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

## Sustainability of our 2015-17 equality objectives

We set these five objectives in 2015 and have worked on them over the past two years.

- 1) **Unconscious bias learning for all staff** – We are working to ensure that all staff complete unconscious bias learning by March 2017, and that the learning is mandatory for all new CQC staff.
- 2) **Race equality for staff in hospital inspections** – The Workforce Race Equality Standard (WRES) is now integrated into hospital inspections. Our work on WRES continues to be very important in looking at whether hospitals are “well-led”. We will continue to support and improve how we inspect WRES, including through our new ‘Equality and the Well-led provider’ objective.
- 3) **Improve regulation about safety and quality of mainstream health for people with a learning disability, dementia or mental ill-health** – In 2014, before work on this objective started, quality of care for people with a learning disability was mentioned in 50% of acute hospital trust inspection reports. By the end of this objective there was at least one mention in 97% of reports. We will ensure that we carry on improving how we regulate the quality of care for people with a learning disability using acute hospitals. We have a programme of work to look at how people with a mental health condition fare when they need support with a physical health condition, so this work will continue move forward. We will continue work on quality of care for people with dementia in acute hospitals through our new equality objectives. The care for people with a learning disability, dementia or a mental health condition is always considered in our inspection reports of GP practices.
- 4) **Help inspectors to look at specific equality issues in adult social care and GPs inspections (lesbian, gay and bisexual people and people with a sensory impairment using adult social care, and transition of young people to adult services)** – Our new objectives keep and expand a focus on helping inspectors look at the experience of lesbian, gay and bisexual people. We will move forward work on the quality of care for people with a sensory impairment through our new objective on the Accessible Information Standard.
- 5) **Work towards having no difference in the employment outcomes for our staff or potential recruits because of equality characteristics** – This objective will be developed further through our new objective about ensuring equality of opportunity for CQC staff and those who wish to join CQC as employees.

The rest of this document sets out our new objectives – why we have chosen them, what we propose to do and how we will measure whether we have been successful.

## **Equality objective No 1: Person centred care and equality**

### **Why this topic?**

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 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<sup>2</sup>.

There is also strong evidence of poorer health outcomes for some people with 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
- High level of avoidable deaths for people with a learning disability<sup>3</sup>

### **How we will tackle this:**

The activity within this objective will build on what worked in previous related equality objectives 2015-17 and will focus on:

- Adding a specific question into each relevant Provider Information Return (PIR)
- Helping inspectors to examine these issues on inspection – through developing a small number key questions/ areas of evidence to gather, building on the PIR response and supporting this with guidance and informal leaning
- Communicating our expectations to providers and to people who use services and receiving their views (in partnership with Healthwatch England)
- Healthwatch England sharing information and intelligence on inequality with the Healthwatch network, and Healthwatch England gathering and sharing data and good practice and the views of people who use services with CQC
- Identifying, promoting and sharing outstanding practice with the sector

Following consultation, our initial focus in Year 1 would be how providers ensure person-centred care for:

- Lesbian, gay, bisexual and transgender (LGBT) people in adult social care and mental health inpatient services,
- People with dementia in acute hospitals and
- Older BME people using GP practices

to be reviewed in Year 2, when we would identify further areas of focus.

### **Measures of success:**

- We will build specific questions into the PIRs for all sectors by October 2017
- We will develop questions for inspection evidence gathering and guidance to support these by October 2017
- 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 through better person-

<sup>2</sup> Care Quality Commission: Better care in my hands, 2016

<sup>3</sup> Care Quality Commission: State of Care, 2016

centred care – throughout 2018-2019

- We will communicate our expectations around person centred care and equality to providers and to people who use services (in partnership with Healthwatch England) by March 2018
- We will create new ways of identifying, promoting and sharing outstanding practice around person centred care that promotes equality with the sector in order to drive service improvement– by June 2018
- Develop an information sharing approach with Healthwatch England by October 2017
- Audit coverage of these topics in inspection reports, to measure improvement initially by June 2018

## **Equality objective No 2: Accessible information and communication**

### **Why this topic?**

All publicly-funded providers must now meet the Accessible Information Standard.

This new standard aims to improve the lives and life expectancy of people with information and communication needs. Services meeting the standard are also likely to save money<sup>4</sup>.

We've committed to considering how well providers meet it as part of our regulation because this is already covered by our fundamental standards on person centred care and dignity and respect..

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

- 11 million people with hearing loss, with 900,000 of those 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
- making it to appointments
- receiving safe and effective care or treatment
- getting treated with dignity and respect
- being listened to and involved in their care.

This means by checking providers meet this standard we can help improve:

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

### **How we will tackle this:**

- We will look at how the standard is being applied by all services in our regulatory work. Healthwatch England will also look at this through their work
- We will include prompts on the standard in our key lines of enquiry and ratings characteristics.
- We will make sure our inspectors understand the standard and how to apply it to their work. We will do this by providing training and guidance 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 our staff who deal with the public understand accessible information.
- We will make all our public information is accessible to all who need it.
- We will make sure everyone can communicate with us in a way that meets their needs.

<sup>4</sup> NHS England: Accessible information standard – Notes on costs of meeting individuals' needs, 2016

**Measures of success:**

- Short e-learning on the standard completed by all inspection staff by July 2017.
- All our inspection reports cover how the standard is being applied from October 2017.
- All relevant information collected by the local Healthwatch network reported by Healthwatch England by March 2019.
- All our staff who deal with the public receive accessible information training by December 2017.
- Review of all our information for the public to ensure it's simple, concise and uses plain English complete by April 2018.
- 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 by April 2018

### **Equality objective No. 3: Equality and the well led provider**

#### **Why this topic?**

The link between equality for staff and good care quality is now well established. For example, work undertaken by Michael West and Jeremy Dawson over several years demonstrates the links between patient satisfaction and NHS staff survey results 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 in the well led domain in hospital – through our inspection work on the Workforce Race Equality Standard (WRES).

The equality dimensions of the well-led domain are now better developed in CQC's Next Phase Key Lines of Enquiry (KLOEs), prompts and ratings characteristics for both health and social care services. This includes not only improved coverage of workforce equality but, for example, that engagement of people who use services takes account of equality characteristics.

#### **How we will tackle this:**

- From April 2017, CQC will support inspectors to look more closely at the equality dimensions of the well-led domain – which are better developed in Next Phase KLOEs, prompts and ratings characteristics.
- We will ensure that inspection staff can better look at equality in well led by undertaking relevant learning, providing appropriate inspection guidance and through ongoing informal learning activity, e.g. sharing good practice.
- For Hospitals inspection staff, this will include continued support around inspecting WRES through the Hospitals Equality Inspection Champions – widening this out to other equality issues and through support to our Equality Specialist Advisors where these are required on inspections.
- We will continue to work closely with NHS England on developing our approach to inspecting WRES and future national developments, e.g. the Workforce Disability Equality Standard
- The National Guardians Office will work with CQC to look at the equality dimensions of Freedom to Speak Up.
- From April 2018, building on CQC's current "equality and human rights thinkpiece" work, collating inspection evidence and working with system partners, CQC will consider specific topics in a series of communications to the health and social care sector – such as "creating harmonious cross-cultural working in Adult Social Care teams", "progress made through national standards for staff equality (e.g. WRES)" "Collaborative leadership, equality and good quality care"
- CQC will use its national voice to showcase outstanding care where providers have developed a well led culture that prioritises equality

#### **Measures of success:**

- Equality in the well-led domain will be built into Academy learning plans for relevant inspection staff
- Equality in well led is embedded and implemented as part of an end to end process for health in the first year and by the end of year two for ASC.
- CQC provides appropriate guidance and resources to support inspection staff to write reports that cover equality in well led and to share good practice by March 2018 for hospitals and March 2019 for PMS and ASC
- All CQC inspection reports cover equality in well led in health by October 2018
- CQC produces a series of communications in 2018-19 that will cover equality and well led services
- CQC develops new ways of communicating messages and sharing good practice on the links between equality, well led services and outstanding care – by March 2019

## **Equality objective: No 4. Equal access to pathways of care**

### **Why this topic?**

People using health and social care services often need to use more than one service – they need to use a “pathway of care”. However, people in some equality groups may have difficulty accessing particular care pathways which could lead to poorer outcomes for these people. For example, access to GP services is often a starting point for many care pathways as GPs provides people with a range of essential health services and the ability to access other services via referral. Based on evidence from State of Care, and from partners, we know there can be barriers to migrants, asylum seekers, Gypsies and Travellers accessing GP services. These groups are particularly vulnerable to poor access to care pathways that are amenable to improvement 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 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 the referral, transfer between services, including adult social care services and health services and in 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 access to 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:**

- 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, which they have the right to access – by March 2019
- We will work this objective into our Integration, Populations, Pathways and Place programme to look at how we can help reduce barriers to access to equal access to primary care services for migrants, asylum seekers, Gypsies and Travellers – by March 2019.
- Working with Healthwatch England we will look at how we can address barriers to equal access to care pathways for specific groups – across sectors and services through work in our Integration, Populations, Pathways and Place programme – by March 2019
- We will support inspectors to look at how people in specific equality groups are supported during the referral, transfer between services (including between adult social care and health services) and discharge from hospital and in primary care – by March 2018

## **Equality objective No 5: Continue to improve equality of opportunity for our staff and those seeking to join CQC**

### **Why this topic?**

As the regulator for Health and Social Care in England, we assess the provision of services so more people receive high quality care. We assess provider organisations on the way they cater for the diverse needs of our population and also 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 workforce 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 our desired future cultural outcomes. These will include:

- A strong positive vision and embedding of values in support of equality and inclusion.
- Ensuring that key people processes and systems are objective by monitoring processes 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 which is aware and fair and where everyone in CQC understands what it means to manage and harness diversity
- An expectation of managers to be 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, and especially managers, examining their own behaviour to ensure that all team members are included.
- A culture where all staff having an understanding of how CQC operates, what it values and how it expects staff to behave.
- Our diversity networks being encouraged to flourish. And encouraged to come together for the delivery of cross cutting and complimentary objectives.

### **Measures of success:**

- We will measure key equality and diversity related questions in our annual staff survey process. Results will be produced for staff by diversity characteristics and actions will be developed from these results as part of our commitment to continuous improvement.
- We will measure annually our organisational progress against key diversity related frameworks, including the Workforce Race Equality Standard (WRES). A Workforce Disability Equality Standard (WDES) is also being introduced and we will examine the requirements of this in due course.
- We are creating a diversity dashboard which will enable us to measure key diversity metrics on an on-going basis at both CQC level and for certain indicators also at Directorate level.
- We will continue to monitor membership levels for our staff networks.