

| | |
|-------------------------------------|--|
| MEETING | PUBLIC BOARD MEETING 20 March 2019 |
| Agenda Item Paper Number | 7 CM/03/19/07 |
| Agenda Title | Equality Objectives 2019-2021 |
| Sponsor | Malte Gerhold – Executive Director of Strategy & Intelligence Liz Sayce – Non-Executive Board Member |
| Author/Presenter | Lucy Wilkinson – Equality, diversity and human rights manager Malte Gerhold – Executive Director of Strategy & Intelligence |

PURPOSE OF PAPER:

Actions required by the Board:

Agree the Equality Objectives for 2019-2021 ahead of publication, to meet our statutory duties under the Equality Act 2010.

1. Summary

Under the Equality Act 2010, CQC is legally required to publish equality objectives. This paper proposes objectives for the next two years covering both advancing equality in our regulatory work and for the CQC workforce. The paper explains the work we have done to develop the objectives. The draft document to publish is appended to the paper.

2. Recommendation

That the Board **agree the equality objectives for 2019-2021 as laid out in the appendix.**

3. Discussion and implications

3.1. Equality is one of our human rights principles. Our strategy for embedding equality across our work is contained within our Human Rights Approach to regulation. Our Equality Objectives are a smaller set of topics, where we know we need to improve or where we could make a big impact on care quality, through a narrower focus.

3.2. Under the Equality Act 2010, we have a legal duty to publish equality objectives at least every 4 years. We have chosen to publish objectives every two years, due to the pace of change in the health and social care sector and the need for

CQC to respond to this. This means that the attached Equality Objectives document is our statutory publication associated with this duty.

3.3. Last Autumn, we reviewed progress on existing equality objectives and other evidence, e.g. in State of Care and Is Britain Fairer¹. We gathered ideas from CQC staff, from CQC provider and public online communities and from a range of national stakeholders. This resulted in a 'long list' of potential topics.

3.4. We then held a workshop to prioritise topics where CQC could make the greatest impact on equality and to start thinking about how CQC could deliver these priorities. This was attended by 30 people including equality objective senior responsible officers, CQC staff equality networks, Paul Corrigan (then Board non- executive lead on equality and human rights), experts by experience and external stakeholders.

3.5. In December 2018, the CQC Executive Team (ET) agreed the topics and senior responsible officers, shown in the table below. The topics chosen build on our work over the previous two years, to further strengthen our approach.

| | Equality objective | Senior Responsible Officer (SRO) |
|--|---|--|
| 1 | Confident with difference: Person centred care and equality | Debbie Ivanova (Deputy Chief Inspector, Adult social care) |
| 2 | Accessible information and communication | Liz Owen (Director of Policy and Strategy - Strategy and intelligence) |
| 3 | Equality and the well-led provider | Nigel Acheson (Deputy Chief Inspector - Hospitals) |
| 4 | Equal access to care and equity of outcomes in local areas | Alison Holbourn (Deputy Chief Inspector - Primary Medical Services) |
| 5 | Continue to develop a diverse workforce with equal opportunities for everyone and a culture of inclusion | Director of People (Customer and Corporate services) |
| Cross-cutting enabling activities <ul style="list-style-type: none"> • Staff learning and development • Intelligence development • Engagement of people who use services and providers | | |

3.6 Since the December ET meeting, the Equality, Diversity and Human Rights team have been working with the SROs and other teams in CQC to firm up our desired outcomes for each objective and the activities required to deliver these, using a "logic model" approach. Consultation with external

¹ Equality and Human Rights Commission, *Is Britain Fairer?* Triennial review (2018)

stakeholders who attended a workshop in November and staff equality networks has also been carried out.

3.7 This has enabled us to draft the full Equality Objectives document for publication. All relevant teams needing to be involved in equality objective development have agreed that they can support this work. This full document was approved by ET in February, and comments were also received from our non-executive Board members Liz Sayce and Mark Saxton.

3.8 An initial cost benefit analysis has been carried out. This initial analysis shows:

- A positive benefit to cost ratio for providers, based on cautious assumptions about impact.
- Relatively low additional regulatory costs for providers, with the current cost estimate falling below the government threshold for a Business Impact Target Assessment (BITA).

3.9 At this stage, some aspects of both the costs and benefits will not be known until the “discovery phases” of the equality objectives have been carried out e.g. which learning interventions would be best for inspectors to support them to deliver objectives in regulatory work. The allocation of staff for the initial development work has been agreed by all relevant teams. Our intention is to minimise additional costs through strengthening our approaches in business as usual work, for example through the existing learning needs analysis for equality and human rights learning in CQC.

3.10 In terms of costs to providers, we factored in both improvement costs and regulatory costs. As the improvement costs relate to pre-existing duties or requirements for providers, e.g. in implementing the Accessible Information Standard, the Workforce Race Equality Scheme or engaging with the health inequalities elements of the NHS Long Term Plan, this work is not generating any significant new burden on providers.

3.11 In terms of benefits, many positive outcomes from the objectives, such as improved health and wellbeing for people in adult social care or better access to healthcare are difficult to put a monetary value on. However, we have used health economics work relating to monetary benefits of accessible information, reductions in health inequalities and decreased staff turnover and sickness to estimate benefits to the NHS and to adult social care providers for some for some equality objectives.

3.12 Where relevant, the planned work has been incorporated into existing governance and programmes. We will also continue to govern overall

progress against the Equality Objectives through a quarterly meeting of the SROs for each objective, chaired jointly by the Director of People and Director of Policy and Strategy.

4. Conclusion and Next Steps

Our work in engaging with relevant teams and external stakeholders, developing logic models and the initial cost benefit analysis means that we are confident that we have defined a set of activities to deliver equality improvements in CQC and the health and social care system which will improve care quality, improve CQC and represent good value for money.

The full Equality Objectives document has been prepared based on this work and, subject to any changes made by Board, can be published at the start date for the new objectives in April 2019.

Appendix: CQC's equality objectives for 2019-2021