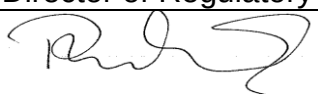
Equality and Human Rights Duties Impact Analysis (decision making and policies)

Equality Act 2010
Human Rights Act 1998

1.	
Identifying Name (name of project, policy, work, or decision)	**A new start:** **Consultation on changes to the way CQC regulates, inspects and monitors care services**

Intended outcomes
(include outline of objectives or aims)
	Following the fundamental review of our model and approach to regulating health and social care services, we are planning to make major changes to our regulatory model, particularly to make sure that our inspections and ways of assessing providers are more tailored to the different sectors that we regulate. This consultation will set out our high level thinking on:
	
	• Applicable to all health and adult social care sectors that come within the scope of regulation:
	  ○ The fundamentals of care - a clear bar below which care should never fall.
	  ○ A more rigorous test for those applying to offer new health or social care services.
	  ○ Better use of information and evidence (which we call surveillance) to decide when, where and what to inspect.
	  ○ The role of the Chief Inspectors in leading expert teams.
	  ○ The action we will take in response to poor care.
	
	• Changes to our model for regulating NHS trusts and foundation trusts including:
	  ○ A focus on developing our inspection model for NHS acute hospitals.
	  ○ Developing our rating of NHS providers.
	  ○ The introduction of a programme for failing hospitals to make sure that action is taken to protect people and to hold those responsible to account.
	
	The responses to the consultation on our strategy for 2013 to 16 have helped us shape many of the proposals in this new consultation, so views from this are referenced within this impact analysis. We want to engage widely through this

	consultation to seek views on our high level proposals, which will shape the detailed plans for developing our inspection and regulation of health and social care services with an initial focus on NHS trusts and foundation trusts.
Who will be affected? (People who use services, CQC staff, the wider community)	The changes will help us to fulfil our purpose which is to make sure that health and social care services provide people with safe, effective, compassionate, high quality care and that we encourage services to improve. The changes will therefore affect both people who use health and social care services and providers of those services. The fundamentals of care and the key principles of the new regulatory model will apply to all regulated providers. The consultation will also include a specific focus on what changes will mean for NHS acute hospitals and NHS providers of specialist mental health services (the NHS sectors identified by the Francis report as the priority areas for developing more effective inspection and regulation).

2.	
For the record	
Who carried out the analysis	Lucy Wilkinson and Nicola Vick
Current Version number	0.07
Date analysis completed:	13th June 2013
Name of responsible Director/Head	Philip King, Director of Regulatory Development
Date analysis was signed off by Director/Head:	 13th June 2013
Involvement & EDHR sign-off name	Nigel Thompson, Head of Involvement and Equality and Human Rights
Date of EDHR sign-off	13th June 2013 

3.	
• Does the work affect people who use services, employees or the wider community? (This is not only refers to the number of those affected but also by the significance of the impact on them)	Yes
• Is it a major piece of work, significantly affecting how functions are delivered?	Yes
• Will it have a significant effect on how other organisations deliver their functions in terms of equality or human rights?	Yes
• Does it relate to functions that previous engagement has identified as being important to particular protected groups or human rights?	Yes
• Does or could it affect different protected groups differently?	Yes
• Does it relate to an area with known inequalities or breaches of human rights?	Yes
• Does it relate to an area where equality objectives have been set by CQC?	Yes

4.
Do the answers above indicate that this work is relevant to equality or human rights? If yes skip this box and continue below. If no, document the reasons below and forward this EHRDIA to Involvement & EDHR team for sign-off
Yes

5.	
Engagement and involvement • Have you involved people who use services, staff and other stakeholders? • What are the key findings of your engagement relating to equality and human rights? Include known representation across the characteristics protected in the Equality Act: age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion and belief, and sexual orientation.	
Target Group	**Summary of Involvement**
People who use services	• 240 people who use services took part in our strategy review consultation through specific events targeted at people who use services. Where relevant, their views from the strategy consultation have been incorporated into section 6 of this analysis. • This included some targeted consultation with particular groups that may be less likely to respond to a public consultation through our SpeakOut Network – including community groups for: o Orthodox Jewish community in Manchester o South Asian communities in West Yorkshire and East Midlands o Gypsy and traveller community in East Anglia o Self-advocates with a learning disability in London o Young lesbian, gay and bisexual people in West Yorkshire o Women fleeing domestic violence in the East Midlands o African Caribbean people and families of children with sickle cell anaemia in the West Midlands o Older people in East Anglia. • This analysis also draws on the findings of an evaluation of equality and human rights in the current CQC regulation model. Ten experts by experience participated in this evaluation. • People who use services will be able to respond to this version of the analysis during the formal consultation period – as this analysis will form part of the consultation documents. We will also be undertaking some more targeted consultation with specific groups.

Staff	• 417 CQC staff took part in our strategy review consultation. Where relevant, their views from the strategy consultation have been incorporated into section 6 of this analysis. • Staff equality networks and equality leads in Operations were asked to contribute evidence for section 6 of this analysis and will be specifically alerted to the consultation on this analysis. • This analysis also draws on the findings of an evaluation of equality and human rights in the current CQC regulation model. 80 staff (including 49 inspectors) participated in the evaluation.
Other stakeholders	• Over 1500 organisations and individuals took part in our strategy review through various methods (in addition to the 240 people who use services attending specific events) Where relevant, their views from the strategy consultation have been incorporated into section 6 of this analysis. • Stakeholders will be able to respond to this version of the analysis during the formal consultation period – as this analysis will form part of the consultation documents

6.	
Evidence List the main sources of data, research and other sources of evidence reviewed to determine impact on each protected characteristic or human rights. If there are gaps in evidence, state what you will do to close them in the Log of Equality & Human Rights Actions	
Human Rights (refer to Guidance for examples)	Throughout the consultation on our strategy people who use services, and others, commented that we need to take account of equality, diversity and human rights when developing our new approach. They also said that we need to refer more to how we intend to take this into account[1]. In response to this, we have made it clear that one of CQC's principles is to promote equality, diversity and human rights. We also need to make sure that we communicate how we are doing this to our staff, providers, people who use services, the public and other stakeholders. In the consultation, there was also wide agreement that CQC should focus its attention on situations where people are more likely to have their rights breached – leading to the fundamentals of care not being met for these people. Sometimes, this was expressed in terms of 'risk' and 'vulnerability' but several participants felt that this approach 'put the thinking in the wrong box' and that the focus should be on rights and dignity. Three factors were highlighted by consultation participants where they thought that CQC needed to have a particular focus on the rights of people using the service: • **The type of service:** e.g. where there is little oversight of

[1] Raising standards, putting people first: response to the consultation The next Phase – our strategy for 2013-2016 2013) Care Quality Commission

people delivering the service – either because it is a 'closed' institution or because the service is delivered in people's own homes or where people have no choice but to use the service – if they are detained under the Mental Health Act.

- **The ability of people using the service to self-advocate:** including not only disability but, for example, whether the person can speak English.
- **The risk of discrimination for a group of people using a service:** for example people may be at risk on the grounds of ethnicity, sexual orientation or religion and belief – regardless of the ability of the person to self-advocate and therefore providers may not be meeting required standards for these groups of people.

In the consultation document we have committed to prioritising changes to the way we regulate services where people are most likely to find themselves in vulnerable circumstances – these are the services where people are most likely to have their human rights breached. Our new model will help us to focus on situations where people are most vulnerable to having their rights breached. Firstly, better surveillance including specific indicators for groups of people more likely to be in vulnerable circumstances will help us identify services where people may be at risk of having their rights breached. Secondly, the changes will enable us to make expert judgements through improved inspection methods and thirdly, they will give us new powers to take action where standards are not being met that may lead to a breach of human rights for people using the service.

Some of the 'drivers' for the development of our new model for regulating NHS services, such as the Francis report, are closely linked to human rights. The Government's initial response to the Francis report focuses on *'key actions to ensure that patients are 'the first and foremost consideration of the system and everyone who works in it' and to restore the NHS to its core humanitarian values.'* The statement of common purpose in the response reaffirms the key human rights concepts of respect and dignity as a key value for the NHS.

Human rights, such as the 'FREDA' principles of fairness, respect, equality, dignity and autonomy and rights under the Human Rights Act are embedded in the current standards which we use to regulate health and social care providers.

- The introduction of standards for the fundamentals of care and development of guidance to explain the new expected standards of care (which will replace the current regulations) could help to clarify expectations around human rights. The proposed fundamentals of care which link to equality and human rights are listed in section 7. We will need to pay attention to standards which enable CQC to take action on 'risk to rights' (e.g. rights to independence) as well as standards around 'risk of harm' which can include human rights elements – such as standards around neglect which have an impact on dignity and freedom from inhumane or degrading treatment. Standards relating to 'risk of harm' (i.e. freedom from….) can be easier to regulate than positive rights (i.e. freedom

	to….)
	
	• We will develop and publish a clear approach to human rights in order to clarify the equality and human rights requirements in the new model. This approach will then help inspectors look at their regulatory work using a human rights perspective and help people who use services and providers to know how the standards link to protecting and respecting people's human rights. By doing this we are abiding by the first two principles of human rights based approach to health. Firstly to put human rights principles and standards at the heart of policy and planning and secondly to empower staff and people who use services with knowledge, skills and organisational leadership and commitment to achieve human rights based approaches.[2]
	
	• The 5 new key questions that we will ask about services are
	  • Are they safe?
	  • Are they effective?
	  • Are they caring?
	  • Are they responsive to people's needs?
	  • Are they well-led?
	
	  There are important human rights issues contained within all five of these high-level questions. The questions are clearly focussed on putting people who use services at the centre of our regulatory activity – so the new questions should help us to focus on the key human rights issues for people who use services.
	
	• Our human rights approach will assist CQC staff to see the linkages between key human rights principles of fairness, respect, equality, dignity and autonomy, rights under the Human Rights Act and the 5 key questions. This will provide staff with the basis for considering human rights in their work.
	
	• The proposals to differentiate our regulation between different service types should help to clarify expectations on equality and human rights for different services. The move from generalist to specialist inspectors and teams, alongside more in depth inspections where NHS services are at higher risk, could help to make sure that we build capacity for more confident, professional judgement-making on standards relating to equality and human rights for specific types of services.
	
	• The introduction of ratings provides an opportunity to lever improvement in human rights for people who use services above the requirements of the expected standards

[2] For a full list of principles in a Human Rights based approach see Human Rights in Healthcare – a framework for local action (2007) British Institute for Human Rights and Department of Health

Age: (include younger as well as older people, safeguarding, consent and child welfare)	We know that older people are more likely to use health and social care services than the rest of the population.[3] From our own work (such as dignity and nutrition inspections) and the work of others (such as the Equality and Human Rights Commission Inquiry, *Close to home: An inquiry into older people and human rights in home care*) we also know that older people can experience poor outcomes from using health and social care services, in relation to age equality and human rights. The current regulations under which we register providers and monitor compliance include checking that providers have due regard to meeting people's needs on the grounds of age and protect human rights such as dignity, privacy, respect, independence and participation. Any changes to the way that we regulate health and social care services is likely to have a high impact on equality and human rights for older people. In particular, it will be important that the standards we use continue to enable us to take action on age equality and to protect the human rights of older people such as dignity, privacy, respect, independence and participation. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote equality and human rights for older people.
Carers: (impact of part-time working, shift-patterns, general caring responsibilities)	Carer status is not a protected characteristic under the Equality Act 2010. However, carers do receive some protection under the Act in relation to 'discrimination by association' with a disabled person or an older person. We recognise that our work in regulating health and social care services has the potential to have a huge impact on equality for the five million carers in England[4]. Checking that the needs of carers are met is sometimes outside the remit of the current regulations. The focus of these regulations is on the quality and safety of services for people who use services, except in specific circumstances, such as issues of information and consent when a carer is expressly acting on behalf of someone using the service. When reviewing the regulations, we could consider in our discussions with the Department of Health (who are leading the regulation review) whether the new regulations should or could support the needs and rights of carers more. We also recognise that if a provider better meets the needs of the person using their service, for example by providing them with appropriate care and cooperating with other providers, this can have a major positive impact on carers. Carers also use health services in their own right, for example hospital services. Checking that health care providers meet the individual needs of carers using their service is within the remit of CQC. Therefore any changes to the way that we regulate health and social care services could have a high impact on equality and human rights for carers.

[3] Equality Matters – equality information for CQC in 2012 (2013) Care Quality Commission

[4] Figures from Carers Trust: http://www.carers.org/key-facts-about-carers

Disability: (include attitudinal, physical and social barriers)	We know that disabled people use health services more than non-disabled people and that most social care services are provided to people that would be covered by disability equality legislation (including older disabled people, people with a learning disability and people using mental health services).[5] There are some gaps in data around disabled people's use of universal health services as disability is not monitored in some main health data sets such as hospital episode statistics. However, we know from many reports based on people's experiences, such as Sir Jonathan Michael's Inquiry, *Healthcare for all: report of the independent inquiry into access to healthcare for people with learning disabilities*, that some groups of disabled people also experience inequalities or discrimination in health care, including universal health care services such as acute hospitals. There are particular concerns about the rights of people with a learning disability when using specialist inpatient health services. Following the highlighting of serious abuse and appalling standards of care at Winterbourne View, a private hospital for people with a learning disability, we carried out a programme of 150 inspections of independent hospitals, NHS hospitals and care homes that provided care for people with a learning disability. Our national findings from this inspection programme show that there remains a significant shortfall between policy and practice. We found that nearly half the locations we inspected were not meeting the national standards of care that people should expect. Our findings demonstrate that services for people with a learning disability still need to improve. The current regulations under which we register providers and monitor compliance include checking that providers have due regard to meeting the needs of disabled people, that providers avoid unlawful discrimination and make reasonable adjustments when planning and delivering care and treatment and that they protect human rights such as dignity, privacy, respect, independence and participation. Any changes to the way that we regulate health and social care services is likely to have a high impact on equality and human rights for disabled people, both for people using specialist health and social care services and for disabled people using universal services, such as acute hospitals. In particular, it will be important that the standards we use continue to enable us to take action on disability equality and to protect the human rights of disabled people such as dignity, privacy, respect, independence and participation. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote equality and human rights for disabled people. We are prioritising services for people with a learning disability for some of our proposals. The more rigorous test for people applying to provide health or social care services will be first used in services for people with a learning disability so that we can use these new tests

[5] Equality Matters – equality information for CQC in 2012 (2013) Care Quality Commission

	quickly where there is unacceptable care in these services – care that can have an impact on whether people with a leaning disability have their human rights upheld.
Gender: (men and women)	We know that the pattern of use of health services is different for men and women. We also know that there are more women using social care services than men, due to gender differences in age profiles of the population[6]. The current regulations under which we register providers and monitor compliance include checking that providers have due regard to meeting the needs of people on the basis of gender. We do currently use some data around specific aspects of gender equality, such as the rate of use of mixed-sex wards in hospitals. In order to maintain our ability to promote gender equality, it will be important that the standards we use continue to enable us to take action on gender inequality when necessary. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote gender equality.
Gender Reassignment: (transgender and transsexual people, issues such as privacy of data and harassment):	A report from the Equality and Human Rights Commission shows that transgender people experience some specific difficulties in relation to their health care. Transgender people need to engage with health services during the transition process and, in addition may also use other health and social care services on the same basis as the rest of the population. There is little data in main health data sets about the experiences of transgender people using health services. In our current work on equality data, led by our Intelligence Directorate, we are carrying out some specific work to look at the information we hold about gender identity clinics. The current regulations under which we register providers and monitor compliance include checking that providers have due regard to meeting the needs of people on the basis of gender (including gender reassignment). Any changes to the way that we regulate health and social care services may have an impact on equality and human rights for transgender people. In order to maintain our ability to promote equality for transgender people, it will be important that the standards we use continue to enable us to take action on inequality for transgender people when necessary. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote transgender equality.
Pregnancy and maternity: (impact of working arrangements, part-time working, infant caring responsibilities and breastfeeding)	We have a specific role in ensuring that the health services used by pregnant women meet government standards. Therefore any changes to the way that we regulate health and social care services may have an impact on equality and human rights for pregnant women. Some of the proposed changes to the NHS model could have a

[6] Equality Matters – equality information for CQC in 2012 (2013) Care Quality Commission

	positive impact on the human rights of women using ante-natal and maternity services, for example our approach to have more intensive inspection of high risk services should help ensure that women have basic rights, such as rights to dignity, privacy and equality upheld whilst using these services. Again, this positive impact will be dependent on making sure that that the new standards we use enable us to take action on human rights such as dignity, privacy and equality. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote equality and human rights for women using ante-natal and maternity services. We are proposing that in large hospitals, there will be a separate rating for some services – and we give maternity services as an example.
Race: (include differences between ethnic groups, nationalities, gypsies and travellers, language barriers)	We know that the pattern of use of health services is different for people in different ethnic groups. We also know that some minority ethnic groups consistently report lower satisfaction with health and social care services. From our mental health act monitoring work we also know that in some minority ethnic groups, people are more likely to experience negative outcomes, such as higher detention and seclusion rates, which can have an impact on the human rights of Black and minority ethnic people.[7] In the strategy review consultation, people raised issues of the over-representation of some minority ethnic groups in mental health services and the importance of gathering the views of these people when making judgements about whether services are meeting standards. We are proposing to improve the links between our Mental Health Act work and how we regulate mental health services and to give particular attention to the views of people on mental heath wards. We are also currently piloting approaches to equality monitoring in our Mental Health Act work to help us identify services where there may be particular equality issues. The regulations under which we currently register providers and monitor compliance include checking that providers have due regard to meeting the needs of people on the basis of race and that providers avoid unlawful discrimination when planning and delivering care and treatment. Any changes to the way that we regulate health and social care services may have an impact on equality for people from different ethnic groups and has the potential to make a positive impact if learning from our experience of regulation to date can be incorporated into the new model. In particular, it will be important that the standards we use continue to enable us to take action on race equality. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote race equality.

[7] Equality Matters – equality information for CQC in 2012 (2013) Care Quality Commission

Religion or belief: (include different religions, beliefs and no belief)	The regulations under which we register providers and monitor compliance include checking that providers have due regard to meeting the needs of people on the basis of 'religious persuasion'. Other beliefs are also covered in other regulations about meeting individual needs. In our discussions with the Department of Health over changes to the regulations, we will raise alignment of terminology around religion and belief with the Equality Act 2010 – to align requirements and therefore make the requirements clearer for both providers and people who use services. Any changes to the way that we regulate health and social care services may have an impact on equality and human rights for people of different religions and beliefs. In order to maintain our ability to promote equality on the grounds of religion and belief, it will be important that the standards we use continue to enable us to take action on any inequality when necessary. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote equality on the grounds of religion and belief for people using health and social care services.
Sexual Orientation: (include impact on heterosexual people as well as lesbian, gay and bisexual people)	There are some gaps in data around the experience of lesbian, gay and bisexual people when using health and social care services as sexual orientation is not monitored in some main health data sets such as hospital episode statistics. In our current work on equality data, led by our Intelligence Directorate, we are aiming to make the best use of available data. We know that there have been a number of studies and reports showing that lesbian, gay and bisexual people can experience discrimination and poorer outcomes when using health and social care services.[8] The regulations under which we register providers and monitor compliance include checking that providers have due regard to meeting the needs of people on the basis of sexual orientation. There can be particular difficulties in identifying lesbian, gay and bisexual people using health and social care services in order to assess the compliance of providers with this regulation. We will consider best approaches to addressing this difficulty as we develop our new regulatory approach. Any changes to the way that we regulate health and social care services may have an impact on equality and human rights for lesbian, gay and bisexual people and has the potential to make a positive impact if learning from our experience of regulation to date can be incorporated into the new model. In particular, it will be important that the standards we use continue to enable us to take action on equality on the basis of sexual orientation. It will also be important that our regulatory model, including our surveillance model and ratings, will enable us to utilise these standards to promote equality for lesbian, gay and bisexual people.

[8] Equality Matters – equality information for CQC in 2012 (2013) Care Quality Commission

7.	
Analysis Considering the evidence and engagement activity, set out below, the actual or likely effect of the policy, project or work under each of the general duties of the Equality Act. CQC must have due regard to the general duties in the exercise of all of its functions	
Effect on eliminating discrimination, harassment and victimisation (includes unlawful discrimination because of marriage or civil partnership status, as well as other protected characteristics)	The new model will assist CQC to have due regard to the elimination of discrimination – provided that the new standards continue to enable CQC to take regulatory action where there is unlawful discrimination or a failure of a provider to have due regard to meeting the needs of people who use services on equality grounds. In the consultation document, one of the proposed fundamentals of care is, 'I will be protected from abuse and discrimination'. There are opportunities in the development of the new model for more in-depth and specialist inspections which could have an impact on eliminating discrimination, provided this is embedded into the new model including the use of appropriate surveillance to identify risks to equality.
Effect on advancing equality of opportunity (includes removing or minimising disadvantages, taking steps to meet the needs, and encouraging participation in public life of people from protected groups)	The new model will assist CQC to have due regard to the advancement of equality of opportunity – provided that the new standards continue to enable CQC to take regulatory action where there is failure by a provider to have due regard to meeting the needs of people who use services on equality grounds. There are opportunities in the development of the new model for more in-depth and specialist inspections which could have an impact on advancing equality of opportunity, provided this is embedded into the new model. The introduction of ratings could also have an impact on improving equality in health and social care services above the level required to meet the essential standards.
Effect on promoting good relations between protected groups	There may be a potential positive impact through ratings – if, for example, ratings include wider issues about how providers carry out community engagement work.
Effect on compliance with Human Rights Act 1998	The new model will assist CQC to have due regard for our responsibilities to respect, protect and fulfil the rights of people using services that are covered by the Human Rights Act 1998 – provided that the new standards continue to enable CQC to take regulatory action on the same range of human rights issues that are covered under the current regulations. The proposed new fundamentals of care include the following standards which would have a direct impact on protecting human rights:

	• I will be protected from harm during my care and treatment.[9] • I will be cared for in a clean environment.[10] • I will be protected from abuse and discrimination.[11] • I will be given pain relief or other prescribed medication when I need it.[12] • I will be helped to use the toilet and to wash when I need it.[13] • I will be given enough food and drink and helped to eat and drink if I need it.[14] There are opportunities in the development of the new model for more in-depth and specialist inspections which could have an impact on protecting and fulfilling human rights, provided this is embedded into the new model, including the use of appropriate surveillance to identify risks to human rights. The prioritisation of changes in services where people are in vulnerable circumstances should also help to protect people at most risk of having their human rights breached.

[9] Relevant to European Convention on Human Rights Article 2 – Right to life and Article 3 – Right to be free from inhumane or degrading treatment (The Human Rights Act 1998 incorporates these European Convention of Human Rights Articles)

[10] Relevant to European Convention on Human Rights Article 2 – Right to life, Article 3 – Right to be free from inhumane or degrading treatment and Article 8 – Right to family life, privacy and correspondence

[11] Relevant to European Convention on Human Rights Article 3 – Right to be free from inhumane or degrading treatment and Article 14 – non-discrimination in relation to other rights

[12] Relevant to European Convention on Human Rights Article 3 – Right to be free from inhumane or degrading treatment and Article 8 – Right to family life, privacy and correspondence

[13] Relevant to European Convention on Human Rights Article 3 – Right to be free from inhumane or degrading treatment and Article 8 – Right to family life, privacy and correspondence

[14] Relevant to European Convention on Human Rights Article 2 – Right to life, Article 3 – Right to be free from inhumane or degrading treatment and Article 8 – Right to family life, privacy and correspondence

8. Log of Equality and Human Rights actions

Give an outline of the key actions based on any information gaps, challenges and opportunities identified during engagement and evidence analysis.
Include any action required to address specific equality or human rights issues where the work may need adjusting to remove barriers or better advance equality as well as actions to mitigate any potential negative effects of the policy on particular groups . Include how the actual impact on equality and human rights will be reviewed after implementation of the policy or project. Add more rows if required. Refer to Guidance for more information

Action (If using a project plan this should be a new deliverable or new task within an existing deliverable)	**Start date**	**End date**	**Action Owner**	**Outcome** (relate back to analysis section – which equality or human rights issues will be addressed through this action)	**Success measure**	**Actual Completion Date**
1. Develop our human rights approach (which includes equality) for the 5 domains that we are using in the new model– to help us ensure that we address human rights issues in the fundamentals of care, our approach to regulating the new expected standards of care, ratings and evidence to support these	April 2013	Aug 2013	Lucy Wilkinson	Provides basis for the new model of monitoring, inspection and regulation to eliminate unlawful discrimination, advance equality of opportunity and protect and promote human rights	Human rights approach developed and agreed by CQC	
2. Apply the human rights framework to the fundamentals of care	May 2013	Aug 2013	Lucy Wilkinson/ Karen Wilson	Ensures our development of the fundamentals of care will have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and protect and promote human rights	The fundamentals of care protect human rights and rights to equality	
3. Apply the human rights approach to new NHS inspection methodology; surveillance, tools and guidance for inspectors for both acute and mental health	May 2013	Sept 2013	Lucy Wilkinson/ Sue Macmillan/ Lisa Annaly	Ensures new NHS regulatory model has due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and protect and	Our model to monitor, inspect and regulate NHS trusts and foundation trusts protects and	

NHS trusts and foundation trusts and incorporate learning from our evaluation of equality and human rights in reviews of compliance into this work				promote human rights	promotes human rights and rights to equality	
4. Pilot work to utilise values-based approaches in NHS inspection methodology with a view to incorporating this into new inspection methodology if successful (Joint work with MacMillan Cancer Care)	Q1	Q4	Nigel Thompson/ Lucy Wilkinson/ Matthew Trainer	Develops new NHS regulatory model in relation to the protection and promotion of human rights	We test a methodology which enables inspectors to focus on the values behind human rights in a health setting and how to use these on inspection	
5. Consult on our human rights approach and the way that it applies to expected standards and the NHS inspection methodology for both acute and mental health NHS trusts and foundation trusts in the next public consultation	Q3	Q3	tbc	Engagement to ensure new NHS regulatory model and the new fundamentals of care have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and protect and promote human rights	Views of other stakeholders improve the way that our model to monitor, inspect and regulate NHS trusts and foundation trusts protects and promotes human rights and rights to equality	
6. Apply the human rights approach to developing ratings including how we assess whether services are high quality by using good practice developed by other organisations	Q3	Q3	Lucy Wilkinson/ Emma Steel	Ensures the new method for rating services has due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and protect and promote human rights and assessments of whether services are high quality considers good practice in relation to equality and human rights	Views of other stakeholders improve the way that our method for rating services protects and promotes human rights and rights to equality	
7. Consult on the human rights approach and the way that it has	Q4	Q4	Lucy Wilkinson/	Engagement to ensure the new method for rating services has	Our method for rating services protects and	

been applied to ratings			Emma Steel	due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and protect and promote human rights	promotes human rights and rights to equality	
8. Utilise the human rights approach when we develop learning and development activity for inspectors and others around the new model	Q3?	Q4	Lucy Wilkinson/ Ruth Heron	Ensures that the equality and human rights elements of the new approach can be put into practice by CQC workforce	CQC staff are confident in promoting equality and human rights in their work using the new model	
9. Discuss with the DH some specific suggested revisions to the regulations relating to equality and human rights that are might be required – based on our experience of operating under the current regulations and aligning the wording of the regulations with other legislation (e.g. Equality Act 2010) for clarity for providers and people who use services	Q2	Q3	Lucy Wilkinson/ CQC Lead with DH	In assisting the Department of Health to define the new regulations, we contribute our regulatory experience to date around having due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and protect and promote human rights	The new standards protect and promotes human rights and rights to equality	
10. Give specific consideration, when developing the detail of the new model, to addressing the difficulties with assessing whether providers meet the standards for lesbian, gay and bisexual people using their services (e.g. around discrimination and respect)	Q1	Q4	Lucy Wilkinson	We have had due regard to the need to due regard to the need to eliminate unlawful discrimination and advance equality of opportunity for lesbian, gay and bisexual people	Increasingly, we are able to judge whether health and social care services meet the expected standards for lesbian, gay and bisexual people using their services	
11. Continue to develop our approaches to assessing equality through our Mental Health Act	Q1	Q4	Debbie Mead	We have had due regard to the need to due regard to the need to eliminate unlawful discrimination	The information on equality that we obtain through our	

function and enable this work to inform our work to regulate mental health services				and advance equality of opportunity in the development of our regulation of mental health providers	Mental health Act function contributes to our regulation of mental health providers	