

Equality and Diversity Council: Information paper on the way that the Care Quality Commission considers equality in its regulation of healthcare services in England

Paper for the 28th April 2015 meeting of the Equality and Diversity Council

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Purpose

1. This paper outlines the remit of the Care Quality Commission (CQC) in regulating for equality in health care services and the way that CQC has developed its approach to regulating for equality in response to this remit. This paper was requested by Simon Stevens, Chair of the Equality and Diversity Council (EDC) at the EDC meeting on 30th January 2015.

Summary

2. Addressing inequality is at the heart of CQC's purpose to make sure health and social care services provide people with safe, effective, compassionate, high quality care and that CQC encourages care services to improve. This is because equality is linked to quality - CQC expects providers to take seriously their responsibilities to provide safe, high quality care *for everyone*. CQC's new approach to regulation has provided an opportunity to embed equality into mainstream regulatory practice. The CQC Human Rights Approach to regulation provides the strategic framework for this ambition and CQC has completed the first stage of ensuring that equality is appropriately covered in the new regulations and CQC assessment frameworks. Work is underway to develop the information, methods, learning and communication to enable CQC staff to regulate for these equality requirements and considerations effectively – including how CQC continues to work with the Equality Delivery System - EDS2, and incorporates the new Workforce Race Equality Standard into judgements of whether NHS trusts are well-led. A continuous improvement cycle – incorporating evaluation, equality objectives and leveraging improvement through CQC national reporting on equality is also underway.

CQC strategic approach to equality in regulation

3. In 2013, CQC published a three year strategy for 2013-2016¹ following a public consultation on a draft. This strategy laid out radical changes to the way that CQC would regulate health and social care, including:
 - Appointing chief inspectors of hospitals, adult social care and primary and integrated care.
 - Focussing inspections on five key questions: are services safe, effective, caring, responsive and well-led?
 - Increasing specialisation of inspectors and developing larger inspection teams that include clinical and other experts, and people with experience of care

¹ <http://www.cqc.org.uk/public/about-us/our-performance-and-plans/our-strategy-and-business-plan>

- Improving intelligence to predict, identify and respond more quickly to services that are failing, or are likely to fail, by using information in a more focused and open way, including listening better to people’s views and experiences of care as well as care staff who tell CQC about their concerns.
 - Working more closely with partners in the health and social care system to co-ordinate work better.
 - Publishing better information for the public, including ratings of services.
 - Introducing a more thorough test for organisations applying to provide care services.
 - Strengthening the protection of people whose rights are restricted under the Mental Health Act.
 - Building a high-performing organisation that is well run and well led, has an open culture that supports its staff, and is focused on delivering its purpose.
4. These radical changes gave CQC an opportunity to embed equality and human rights into the new approach to regulation. Following some piloting and a public consultation, CQC published the ‘**Human rights approach for our regulation of health and social care services**’ in October 2014² (see Appendix 1) alongside the first provider handbooks on how CQC regulates different types of services. Equality is one of the seven human rights principles applied throughout the human rights approach. This approach enabled strategic consistency in the development of regulation of equality and human rights across different types of health and social care services.
5. Equality and human rights impact analyses were also carried out as each draft and final provider handbook was published. This enabled CQC to identify specific actions required to meet Equality Act 2010 and Human Rights Act 1998 duties in relation to the development of regulation for particular types of health and social care services. For example, the NHS Acute Hospital, Mental Health and Community Health analysis identified 14 actions required to promote equality and human rights in the way that CQC regulates these services³.

Progress to date in delivering the ‘equality principle’ in the human rights approach to regulation

6. The following paragraphs take each step of the human rights approach in turn and consider CQC progress to date and work still to do in delivering the equality principle in practice.
7. ***Building equality into assessment frameworks***
- Work between CQC and the Department of Health has led to complete alignment between the protected characteristics in the Equality Act 2010 and the characteristics

² <http://www.cqc.org.uk/content/our-human-rights-approach>

³ Equality and human rights impact analysis available from <http://www.cqc.org.uk/content/hospital-community-mental-health-providers#handbooks>

covered by the requirements of the new regulations - the 'Fundamental Standards'⁴. The regulations that specifically relate to equality are given in Appendix 2.

- This joint work also improved the wording relating to 'fitness requirements' for disabled staff and registered managers – clarifying that reasonable adjustments need to be considered in relation to fitness. (see Appendix 2)
- The CQC guidance on the regulations gives more detail on CQC expectations in relation to equality performance by health and social care providers in order to meet the regulations (see Appendix 2) – and includes reference to EHRC statutory guidance and EDS2⁵ in the appendix of 'relevant guidance linked to the regulations'.
- On inspections, CQC considers a wider range of issues than are covered by fundamental standards, in order to rate providers against the five key questions of whether services are safe, effective, caring, responsive and well-led. Key lines of enquiry (KLOEs) for each provider type have been developed (e.g. acute hospitals, mental health services, community health services, GPs). Equality considerations have been embedded into the KLOEs, prompts and ratings descriptors linked to the KLOEs. Examples of KLOEs that cover equality are given in Appendix 3⁶. Detailed mapping of KLOEs to EDS2 outcomes is underway.
- Inspections of hospital services are arranged around 'core services' (for example, in acute this includes urgent and emergency, medical care, surgery, critical care). Inspections of GP services have been arranged around 6 'population groups' which include some equality groups – for example older people, people with long term conditions and people experiencing mental ill health. One group is 'people whose circumstances make them vulnerable' – this is a more flexible category but CQC expects this always to include people with a learning disability and people who are homeless⁷.

8. Developing the human rights approach for each type of service – risk to equality

The CQC approach to ongoing monitoring of risk of poor care is based on 'Intelligent Monitoring'. Intelligent Monitoring reports consist of a series of robust indicators for a provider (e.g. an NHS trust), analysed in a statistically valid way. Indicators cover aspects of the five key questions and enable CQC to raise questions about the quality of care, but not to make judgements on care quality – which always follow an inspection. Intelligent Monitoring helps CQC to consider potential issues of care quality between inspections - for example, this has an impact on inspection scheduling. CQC has published both the

⁴ The Health and Social Care Act 2008 regulated activities regulations (2014): see <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>

⁵ See Guidance for providers Annex B: Links to relevant guidance on <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>

⁶ For full lists of Key lines of enquiry, see appendices to the provider handbooks, on the sector based guidance pages of the CQC website – for example: <http://www.cqc.org.uk/content/hospital-community-mental-health-providers>

⁷ See appendices to the NHS GP practices and GOPP out of hours handbook – a download from <http://www.cqc.org.uk/content/gp-practices-and-out-hours-service-providers#handbooks>

indicator sets, which are refreshed regularly and further information about the Intelligent Monitoring process⁸.

- It has been challenging to get robust equality indicators for Intelligent Monitoring, some developmental work is planned for this in 2015-2016
- Work is currently underway in CQC to develop an indicator for the Workforce Race Equality Standard for NHS Trusts working with the EDC WRES technical advisory group

9. In addition, qualitative information – such as feedback from people who use services or staff – is gathered between inspections alongside a range of other information such as statutory notifications, Ombudsman’s and Coroners Reports. Whilst CQC does not have a complaints investigation function, these qualitative information sources may also trigger responsive inspections or other contact from CQC to providers if there are concerns that the information indicates that the provider may not be meeting standards. This information may also influence the focus of scheduled inspections. In relation to ensuring feedback from equality groups:

- A new public engagement strategy prioritises work with equality groups⁹
- There have been a number of programmes of work to encourage equality groups to report their experiences of care to CQC for example through:
 - The SpeakOut network¹⁰ (over 100 marginalised and disadvantaged community groups) which was created to support CQC in the discharge of its regulatory functions. The Network is managed by the School of Social Work at the University of Central Lancashire. Member groups from across England include: minority faith groups, Black and minority ethnic groups, refugees and asylum seekers, disabled people, lesbian gay and bisexual people, mental health service users, people with a learning disability, people with specific dietary needs, older people, young people, Gypsy and Traveller communities, gender specific groups, prisoners, people with HIV and homeless people.
 - Specific programmes of work to encourage people to report their experiences of care to CQC in partnership with larger organisations with an interest in equality such as Mencap and the Lesbian and Gay Foundation.

10. Inspecting for human rights: methods, tool and information

There has been a range of work to build equality into pre-inspection information and into information gathering on inspection visits, to help inspection teams with equality-related key lines of enquiry. For NHS inspections, this includes:

- An overview of how to use the human rights approach on inspection

⁸ See <http://www.cqc.org.uk/content/monitoring-nhs-acute-hospitals> for example

⁹ <http://www.cqc.org.uk/content/our-plan-engaging-public-our-work-2015-16>

¹⁰ See <http://www.speakoutnetwork.org/>

- A demographic tool that can be interrogated to describe the diversity profile of a local area to supplement demographic information presented in pre-inspection data packs
- Information about how to use EDS2 reports on inspection. EDS2 outcomes are, amongst other levers, aligned to the FREDA principles of the Human Rights Act. However, CQC recognises that inspection teams are not currently utilising EDS2 information consistently enough; work is underway to integrate EDS2 better into pre-inspection data packs and to consider the best way of delivering learning that will support better use of EDS2.
- Work is underway to develop how inspection teams will look at the Workforce Race Equality Standard as part of how CQC inspects how 'well-led' NHS trusts are – including testing focus groups for Black and Minority Ethnic staff with a 'mirror' set of questions for interviews with the Trust (e.g. staff with Human Resources responsibility)
- Analysis of how acute inspections have considered quality of care for people with a learning disability, including developing a set of 4 questions to ask to check how responsive a Trust is to people with a learning disability.
- A recent online survey of inspectors to ensure that a refresh of the existing joint guidance for inspectors on equality and human rights produced by CQC and the EHRC will meet the needs of inspectors both in terms of format and content.
- A new CQC staff-wide Equality and Human Rights Network enabling peer support and good practice sharing across CQC around equality and human rights in regulation. This supplements three existing staff equality networks focussed on specific protected characteristics – disability, race and sexual orientation and gender reassignment.

11. Building confidence in equality and human rights – learning and development for inspection teams

CQC has been successful in securing funding through the EHRC for a programme of learning on equality and human rights which will reach all CQC staff in 2015-2016¹¹ – the largest staff learning programme to be delivered by the CQC Academy this year. The British Institute of Human Rights were successful in a competitive tendering process to deliver the learning programme which includes:

- A review of all existing learning for CQC staff which relates to regulation - with recommendations about how to better integrate the human rights approach into future versions of this learning
- Mandatory online learning about unconscious bias as pre-learning for
- Workshops looking at equality and human rights in regulation (1 day for inspection staff, half day for other staff)
- Specific workshops for CQC staff responsible for developing policy, methods and intelligence
- A programme of higher level learning for equality and human rights leads across the organisation

¹¹ <http://www.cqc.org.uk/content/new-human-rights-and-equality-partnership-announced>

12. Communicating the CQC approach to equality to providers, people who use services and others

- The publication of the human rights approach has been supplemented by ensuring coverage of equality and human rights in key documents such as provider handbooks, so a consistent message is presented about how CQC regulates for equality in all publications.
- Where there are significant developments in how CQC regulates for equality, such as the agreement for how CQC will use the Workforce Race Equality Standard, these are shared with the sector via news stories on the CQC website and other media¹²
- The CQC annual equality report – Equal Measures¹³ – published in March 2015 goes beyond minimum statutory reporting duties to give an overview of key equality issues in health and social care from the perspective of CQC's work. The report sends a clear message to health and social care providers about what CQC expects in relation to equality for people using services and for staff.
- Developing communications will be a key priority for the CQC Equality and Human Rights team this year, as a way of encouraging improvement beyond work on individual inspections. A new communications plan is being developed to reinforce key messages in the human rights approach and the Equal Measures report.

13. Supporting the principles of the human rights approach

The work described above supports the principles of focussing on people who use services, mainstreaming equality into the CQC inspection approach and enabling everyone to use the approach with tailored advice and support from equality and human rights specialists if required. Other activity to support these principles includes:

- A new project to embed external expertise on equality and human rights – particularly from the perspectives of people who use services – into CQC structures that develop our regulatory approach such as co-production groups
- The Equality and Human Rights Team provides an advice function for operational staff and responded to over 60 queries in 2014-2015.
- A Memorandum of Understanding with the EHRC enables CQC to obtain specialist advice on the Equality Act 2010 and Human Rights Act 1998 in specific circumstances.

14. Continuous improvement as the new inspection model develops

- At a number of points in the development of the new model, the Equality and Human Rights team have evaluated the effectiveness of the human rights approach – sometimes by sampling inspection reports to see which equality and human rights issues are 'coming through' – and which are not. This is supplemented by feedback from operational staff about the reasons for the results and is used to develop projects such as the guidance refresh.

¹² <http://www.cqc.org.uk/content/cqc-support-nhs-tackling-race-inequality-across-workforce>

¹³ <http://www.cqc.org.uk/equalmeasures>

- A number of the CQC thematic inspections have included equality issues, learning from this thematic work is also used in developing inspection methods.
- During 2014-2015, CQC undertook work to identify key equality issues where CQC could lever improvement in equality, in order to set new equality objectives. These objectives were published in March 2015¹⁴. Regulatory objectives are to:
 - Include race equality for staff (through the NHS Workforce Race Equality Standard) as a factor in judgements about whether hospitals are well-led.
 - Improve regulatory insight and action about the safety and quality of mainstream health services for people with a learning disability or dementia, or those experiencing mental ill-health.
 - Help inspectors to pursue key lines of enquiry and to make consistent and robust judgements about particular aspects of equality - focussing on adult social care services meeting the needs of lesbian, gay and bisexual people and people with a sensory impairment, and looking at the transition of young disabled people into adult services.

15. How CQC supports EDC work – Equality Delivery System (EDS2)

CQC inspects using outcomes-based key lines of enquiry based on the five key questions described above. Until April 2015, EDS2 was voluntary. Even though participation in EDS2 is now a requirement of the NHS contract, CQC inspection is not an assurance process to check that providers are following specific initiatives required in contracts. CQC approach to EDS2 has been:

- To work with the EDC and NHS England to show where there is alignment between the 18 EDS2 outcomes and CQC regulations and key questions, in order to encourage health providers to use the EDS2 to improve their equality performance across all protected groups, making it *more likely* that they will meet CQC requirements and achieve a higher rating.
- To use EDS2 reports as pre-inspection information (see section 10 above).

Future plans for developing the use of EDS2 in CQC inspections include:

- Further work on alignment of the 18 outcomes to the final version of CQC KLOEs (rather than the broader key questions) is underway as a first stage in developing consistent EDS2 information in pre-inspection information for inspection teams. The new EDS2 summary report template will also help greatly. This EDS2 information will help to determine which equality areas should be considered on inspection and, triangulated with a wide range of other evidence sources, will help inspection teams to decide on ratings on the five key questions – particularly whether services are responsive (in relation to equality for people using the service) and well-led (in relation to equality for staff).
- Now that EDS2 is mandatory, Trust engagement with EDS2 may be considered in terms of whether an organisation is well-led – however this is different to CQC inspection being an assurance process with compliance with EDS2 requirements in the NHS

¹⁴ Equality Objectives 2015-2017 downloadable from <http://www.cqc.org.uk/equalmeasures>

contract. CQC will consider further whether trusts should be asked on inspection specific questions about their usage and reporting of EDS2, in addition to CQC utilising EDS2 evidence, as described above.

- CQC is incorporating use of EDS2 into some new FAQs on equality and human rights for inspection teams and will work with NHS England in looking at opportunities for learning that might support inspection teams to use EDS2 evidence better.

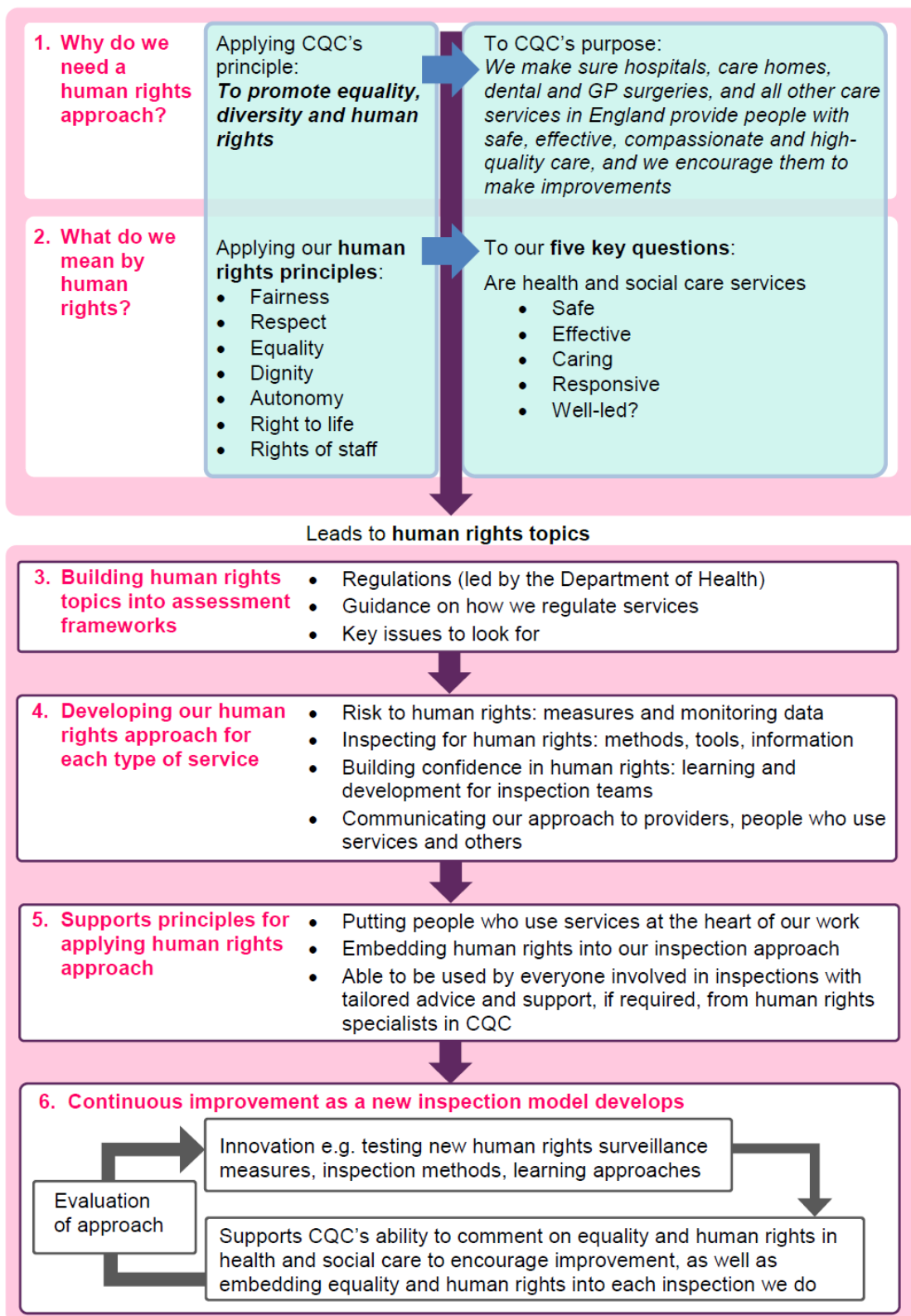
16. How CQC supports EDC priorities – the Workforce Race Equality Standard (WRES)

There is now increasing evidence of a link between equality for NHS staff and quality of care. This is the reason why staff equality falls within the scope of CQC's remit as a quality regulator. The way that CQC intends to utilise the WRES, to contribute towards judgements about whether an NHS trust is well-led, is laid out in the CQC Equality Objectives 2015-2017 and in section 8 and 10 above. CQC is:

- Developing an intelligence risk indicator for race equality for staff based on the WRES metrics and considering how best to use this indicator in the inspection process
- Testing focus groups for BME staff in hospital inspections including testing race equality questions relating to the well-led key question. Alongside the focus groups, testing questions for Human Resources interviews that relate to race equality for staff. There will be roll out after the pilot, if successful.
- During 2015-2016, asking NHS Trusts on inspection how they are developing plans to implement the WRES. CQC will also ask this for independent healthcare providers, if the WRES applies to them. Where CQC has specific concerns about staff race equality in any Trust, e.g. from staff, the intelligence indicator will be used and concerns will be followed through on inspection, and reported on in the well-led key question.
- From April 2016, in line with the NHS Contract, CQC will report on race equality for staff in all hospital inspection reports under whether the trust is well-led.
- In addition, the CQC Chair, David Prior, is chairing the national WRES advisory group.

Appendix 1 – CQC Human Rights Approach to regulation

Figure 1: Our human rights approach to regulation



Appendix 2 – Equality coverage in HSCA 2014 regulations and CQC guidance on the regulations¹⁵

Regulation	Equality-related guidance
<p>10.—(1) Service users must be treated with dignity and respect.</p> <p>(2) Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—</p> <p>(a) ensuring the privacy of the service user;</p> <p>(b) supporting the autonomy, independence and involvement in the community of the service user;</p> <p>(c) having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.</p>	<p>10(1)</p> <p>All communication with people using services must be respectful. This includes using or facilitating the most suitable means of communication and respecting a person’s right to engage or not to engage in communication.</p> <ul style="list-style-type: none"> • Staff must respect people’s personal preferences, lifestyle and care choices. • When providing intimate or personal care, provider must make every reasonable effort to make sure that they respect people’s preferences about who delivers their care and treatment, such as requesting staff of a specified gender. <p>10(2) (a)</p> <p>People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities. Where appropriate, such as in mental health units, women should have access to women-only day spaces.</p> <p>10(2) (c)</p> <p>People using services must not be discriminated against in any way and the provider must take account of protected characteristics, set out in the Equality Act 2010.</p> <ul style="list-style-type: none"> • The protected characteristics are age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation. • This means that providers must not discriminate, harass or victimise people because of these protected characteristics. This includes direct and indirect discrimination, which is described in the Equality Act 2010. • Providers must also make sure that they have due regard to people’s protected characteristics in the way in which they meet all other regulatory requirements. For example, in relation to care and treatment reflecting the person’s preferences in Regulation 9(1)(c) or in relation to community involvement in relation to Regulation 10(2)(b).
<p>13.—(1) Service users must be</p>	<p>Staff must understand their individual responsibilities in preventing discrimination in relation to the protected</p>

¹⁵ See <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>

<p>protected from abuse and improper treatment in accordance with this regulation....</p> <p>(4) Care or treatment for service users must not be provided in a way that—</p> <p>(a) includes discrimination against a service user on grounds of any protected characteristic (as defined in section 4 of the Equality Act 2010) of the service user,</p>	<p>characteristics set out in s.4 of the Equality Act 2010. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.</p> <ul style="list-style-type: none"> • Providers should have systems for dealing with allegations and acts of discrimination regardless of who raises the concern or who the allegation is against. This includes policies and procedures that describe the required actions and the timescales in which to take action. • Providers must support people who use services when they make allegations of discrimination or actually experience discrimination. They must not unlawfully victimise people who use services for making a complaint about discrimination. • When allegations of discrimination are substantiated, providers must take corrective action and make changes to prevent it happening again. This may involve seeking specialist advice or support.
<p>9.—(1) The care and treatment of service users must—</p> <p>(a) be appropriate,</p> <p>(b) meet their needs, and</p> <p>(c) reflect their preferences.</p> <p>(3) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>(h) making reasonable adjustments to enable the service user to receive their care or treatment;</p>	<p>No additional guidance for paragraph h</p>

<p>14.—(1) The nutritional and hydration needs of service users must be met. (4) For the purposes of paragraph (1), “nutritional and hydration needs” means— (c) the meeting of any reasonable requirements of a service user for food and hydration arising from the service user’s preferences or their religious or cultural background</p>	<p>People should be able to make choices about their diet.</p> <ul style="list-style-type: none"> • People’s religious and cultural needs must be identified in their nutrition and hydration assessment, and these • needs must be met. If there are any clinical contraindications or risks posed because of any of these • requirements, these should be discussed with the person, to allow them to make informed choices about their requirements. • • When a person has specific dietary requirements relating to moral or ethical beliefs, such as vegetarianism, these requirements must be fully considered and met. Every effort should be made to meet people’s preferences, including preference about what time meals are served, where they are served and the quantity.
<p>15. —(1) All premises and equipment used by the service provider must be..... (c) suitable for the purpose for which they are being used...</p>	<ul style="list-style-type: none"> • People should be able to easily enter and exit premises and find their way around easily and independently. If they can’t, providers must make reasonable adjustments in accordance with the Equality Act 2010 and other current legislation and guidance. • Reasonable adjustments must be made when providing equipment to meet the needs of people with disabilities, in line with requirements of the Equality Act 2010.
<p>16(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p>	<ul style="list-style-type: none"> • Information and guidance about how to complain must be available and accessible to everyone who uses the service. It should be available in appropriate languages and formats to meet the needs of the people using the service. • Providers must tell people how to complain, offer support and provide the level of support needed to help them make a complaint. This may be through advocates, interpreter services and any other support identified or requested. <p>Note that there is similar guidance around providing interpreters and communications relating to safety incidents under regulation 20 the duty of candour</p>
<p>19.—(1) Persons employed for the purposes of carrying on a regulated activity must— (a) be of good character, (b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and (c) be able by reason of their</p>	<ul style="list-style-type: none"> • All reasonable steps must be made to make adjustments to enable people to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010. This may include offering alternative roles. • This aspect of the regulation relates to the ability of individuals to carry out their role. This does not mean that people who have a long-term condition or a

<p>health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.</p>	<p>disability cannot be appointed.</p> <ul style="list-style-type: none"> • When appointing an employee, providers must have processes for considering their physical and mental health in line with the requirements of the role.
<p>19(2) Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in— (a) paragraph (1), or (b) in a case to which regulation 5 applies, paragraph (3) of that regulation.</p>	<p>Selection and interview processes should assess the accuracy of applications and be designed to demonstrate candidates' suitability for the role, while meeting the requirements of the Equality Act 2010 in relation to pre employment health checks.</p>
<p>4(1) This regulation applies where a service provider (P) is an individual or a partnership. 4(4) The requirements referred to in paragraph (3)(a)(i) and (b)(i) are that, if P is an individual, that individual or, if P is a partnership, each of the Partners.... 4(4)(b) is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are— (i) where P is an individual, intrinsic to the carrying on of the regulated activity, or (ii) where P is a partnership, intrinsic to their role in the carrying on of the regulated activity.</p> <p>Note that regulation 5 makes a similar requirement for directors of providers - where providers are not an individual or partnership and regulation 6 for 'nominated persons' where providers are not a partnership and regulation 7 for registered managers</p>	<ul style="list-style-type: none"> • This aspect of the regulation relates to the ability of individuals to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing relevant individuals the provider must have processes for considering a person's physical and mental health in line with the requirements of the role. • All reasonable steps must be made to make adjustments for individuals to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010. <p>There is similar guidance in regulation 5, 6 and 7</p>

Appendix 3 Examples of Key Lines of Enquiry related to equality in provider handbooks

Handbooks	Key question	Key Line of Enquiry	Prompts
Acute, specialist mental health, community health, GP ¹⁶	Effective	E1 Are people's needs assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance ?	3. Is discrimination, including on grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation avoided when making care and treatment decisions?
Acute, specialist mental health, community health, Ambulance	Caring	C1 Are people treated with kindness, dignity, respect and compassion while they receive care and treatment?	1. Do staff understand and respect people's personal, cultural, social and religious needs, and do they take these into account? 4. Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes?
Acute, specialist mental health, community health, GP, Ambulance	Responsive	R2 Do services take account of the needs of different people , including those in vulnerable circumstances?	1. How are services planned to take account of the needs of different people, for example, on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? 2. How are services delivered in a way that takes account of the needs of different people on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation? 3. How are services planned, delivered and coordinated to take account of people with complex needs, for example those living with dementia or those with a learning disability? 4. Are reasonable adjustments made so that disabled people can access and use services on an equal basis to others? 5. How do services engage with people who are in vulnerable circumstances and what actions are taken to remove barriers when people find it hard to access or use services?
Acute, specialist mental	Well-led	W3 How does the leadership and culture reflect the vision and	(from ratings descriptors) Outstanding: There are high levels of staff satisfaction across all equality groups. There are consistently high levels of

¹⁶ Slightly different wording for ambulance provider handbook

<p>health, community health, ambulance</p>		<p>values, encourage openness and transparency and promote good quality care?</p>	<p>constructive engagement with staff, including all equality groups. Good: Leaders at every level prioritise safe, high quality, compassionate care and promote equality and diversity.</p>
<p>GP</p>	<p>Well-led</p>	<p>W3 How does the leadership and culture reflect the vision and values, encourage openness and transparency and promote good quality care?</p>	<p>(from ratings descriptors) Good; There are clear vision and values, driven by quality and safety, which reflect compassion, dignity, respect and equality. Leaders prioritise safe, high-quality, compassionate care and promote equality and diversity.</p>