**Patient Experience Equality Delivery Action Plan 2019-2023**

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|  | **Objective One - 1.1** | **Year 1: 2019-2020** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **1** | **To develop a bespoke Engagement Toolkit for the organisation, taking guidance from NHS England ‘Involving patients and public in event planning and delivery’ and the Point of Care Foundation ‘Experience-based co-design toolkit’.**The toolkit will help staff to identify:* **why** there is a need to engage with patients and the public
* **when** it’s best to organise an engagement event
* **who** they need to engage with; certain communities?
* **what** they want to achieve; particular information?
* **where** would be the best setting/location to achieve optimum attendance
* **how** the results of the engagement will be utilised in improvement work
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
* Sexual Orientation
 | **Equality Act 2010**- Public Sector  Equality duty**EDS2 Equality Objective 1:**Develop ‘conversations with the community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | **The main aim** is to provide staff in the organisation a helpful ‘toolkit’ which provides step-by-step guidance on how to successfully and confidently facilitate patient and public engagement.**The success will be measured** by evaluating the results staff have had when using the Engagement Toolkit, in regards to improvement work and changes to service delivery. | Initial draft completed by **end of Q2 2019-2020 (September’19)**To be implemented Trustwide at the **beginning of Q1 2020-2021 April’20** | Author:**Carol McIndoe**Patient Experience Improvement Manager – Disability EqualityIn collaboration with:**Katie Parker**Head of QualityAssurance:**Suzie Cro**Deputy Director of Quality |

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|  | **Objective One – 2.1** | **Year 1: 2019-2020**  |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **2** | **Continued working with ‘Insight’ (previously Gloucestershire County Association for the Blind) to enhance Patient Experience for visually impaired people. Working in liaison with the Modern Matron, Head & Neck*** Insight members to carry out a ’15 Steps Challenge’ audit of East Block (10:30am Wednesday 5th June). Feedback will be incorporated into the action plan
* Disseminate actions to Modern Matron, Head & Neck.
* Maintaining contact with focus group with updates of progress
 | **Disability** | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 1:**Develop ‘conversations with the community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | **The main aim** of this work is for the Trust to have a better understanding of the needs of people with impaired sight, by involving them in an audit and sharing their ideas as patients with lived experience.By listening to patients, we intend to make improvements which assure patients with visual impairment that care is taken over the ophthalmology environment in terms of décor, lighting, visual guidance/prompts and signage.It is our intention to expand the existing Disability Equality Policy by incorporating specific information and guidance about providing services for people with visual impairment. **Success will be measured by** repeating the ‘15 Steps Challenge’ within 12 months (June 2020) and through the Friends & Family Test and patient feedback. | Insight members to audit CGH Ophthalmology at the **end of Q1 2019-2020 (June’19)**Work resulting from this to be taken forward by Claire Powell from July 2019 onwards, with the first phase of improvements being completed by the **end of Q4 2019-2020 (March ‘20)**Ongoing collaboration with Insight members and Claire Powell thereafter | **Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Claire Powell**Modern Matron, Head and Neck |
| **3** | **Renewed working with Gloucestershire Deaf Association (GDA) and its members, to continue to enhance Patient Experience for Deaf people and those with hearing impairment**  | **Disability** | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 1:** | **The main aim** of this work is for the Trust to have a better understanding of the needs of people who are Deaf or have impaired hearing, to minimise the stress of making an appointment or coming into hospital. | Begin work at the start of **Q2 2019-2020 (July’19)*** Re-establish contacts and reconvene focus group to review
 | **Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Claire Powell**Modern Matron, Head and Neck |

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|  | **Objective One – 1.2** | **Year 1: 2019-2020**  |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **3** | * Meet with new CEO of GDA
* Collaborative working with GDA focus group, people

with hearing impairment Modern Matron Head & Neck and staff involved in the patient pathways of people who are Deaf or hearing impaired, to discuss improvement ideas, set an action plan and achieve project aims |  | Develop ‘conversations with the community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | We want to assure Deaf patients that their communication needs will always be met by a pre-booked interpreter, or booked at the time of an unscheduled care appointment by hospital staff.The aims will be achieved through raising the awareness of the ‘I am Deaf’ cards with ‘frontline’ staff and insuring that all appointment booking staff are fully aware of the implications of the ‘Deaf BSL user’ alert on TrakCare.A policy will be created, which outlines what Deaf and hearing impaired people can expect when coming into, or having contact with, the Trust. It will also outline what it means to staff when a ‘Deaf BSL user’ alert is on a patient’s health record, if they are presented with an ‘I am Deaf’ card and how to communicate with people who have residual impaired hearing.**Success will be measured by** the results of the GDA quarterly report, the Friends & Family Test, the rates of concerns and complaints and feedback from members of the focus group. | current service adjustments and evaluate their success by the **end of Q3 2019-2020 (December ‘19)*** Collaboration with GDA members (Deaf BSL users) and those with hearing impairment to inform improvement plans from the beginning of **Q4 2019-2020 (January’20)**

Initial meeting with GDA CEO by the end of July 2019Ongoing contact thereafter |  |

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|  | **Objective One – 1.2** | **Year 1: 2019-2020 into Year 2: 2020-2021** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **4** | **To re-establish collaboration with the Transgender community, working with people at various stages of their gender-reassignment journey*** The creation of a focus group will provide a safe platform to listen, gain an improvement plan for transgender patients using our services
* Modern Matrons and members of frontline staff will be involved at various points to enhance understanding and integrate good practice into various aspects of service delivery understanding and develop
 | **Gender Reassignment** | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 1:**Develop ‘conversations with the community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | **The main aim** is for the Trust to have an understanding of each individual’s needs at every stage of the gender re-assignment process, to minimise stress and upset and enhance the confidence of staff when interacting with people who are Transgender.The outcome will be achieved through gaining a comprehensive understanding from listening and sharing knowledge with ‘frontline’ staff. This will be achieved through updating and adjusting of the existing policy and the introduction of a Transgender passport which outlines the individual’s needs and preferences. | Begin work at the **beginning of Q3 2019-2020 (October’19)**Re-establish and make new contacts to form a focus group/ network, to identify service improvements by the **end of Q4 2019-2020 (March’20)*** Develop a ‘Transgender Passport’ in collaboration with people who are Transgender and to implement service improvements by **mid-Q4 2020-2021 (March’21**)
 | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Modern Matron,** **Nursing and AHP representatives** |
| **5** | **Objective Two – 2.1** | **Develop a Person-Centred Care Charter (Dignity & Respect) for patients, in collaboration with communities and organisations with specialist knowledge**The Charter will address all personal elements of care that directly affect the patient. | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 2:**Develop a Person-Centred Care | **The main aim** is for the Trust to create a meaningful and living document - in collaboration with service users and carers - which provides realistic and simple advice on how to provide person-centred care which is fair, equitable and empathetic, without fear, but with | At the **beginning of Q3 2019-2020 (October’19)** the programme of work will begin involving patients and the public – by way of ‘conversations with the community’, to | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality |

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|  | **Objective Two – 2.1** | **Year 1: 2019-2020 into Year 2: 2020-2021** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **5** | We aim to provide care that is tailored to each individual’s needs. To achieve this, we need to have a mechanism that captures each individual’s preferences and requirements, as well as an effective means of sharing this information with other care-providers.In regards to the protected characteristics, the Charter will outline inclusive care, whichmeets patients’ needs, whatever their differences, including:* **Enhanced communication tailored to need**
* **Accommodation of religious belief and practice**
* **Sensitive care and treatment for people on their gender reassignment journey**
* **Establish sensitive methods of gathering ‘Protected Characteristics’ data**
* **Service development that is accessible to all**
* **Ward information that is accessible to all**
* **Enhanced staff awareness**
 | * Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
* Sexual Orientation
 | Charter (Dignity & Respect) for patients, clearly stating that our Trust is committed to providing services that are non‐discriminatory and ensure equitable provision for all regardless of difference.**Care Quality Commission (CQC) domains:**Image result for what are the cqc domains | confidence, to all people regardless of difference.Modern Matrons, divisional general managers, sisters, senior associated healthcare professionals, reception supervisors and other managers concerned with patient interaction, will be involved in discussions about the implementation of the Charter and its effective cascading to other staff.**Success will be measured by** the rate of complaints and concerns received by the Trust; obviously the hope is for a downward trend as the Charter becomes routine practice throughout the Trust, as well as feedback from the Friends & Family test and local surveys.It is hoped that staff satisfaction and wellbeing will be positively impacted, as confidence improves with greater understanding and appreciation of individual differences that may have previously caused apprehension. | develop a robust Person-Centred Care Charter.The process will continue over a 2 year period, to enable us to make new contacts, build Trust and capture the views of hard-to-reach communities.The Charter will be completed by **the end of Q2 2021-2022 (September ’21)** | **Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Modern Matron,** **Nursing and AHP representatives****Frontline non-clinical staff representatives** |

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|  | **Objective Two – 1.1** | **Year 1: 2019-2020 into Year 2: 2020-2021** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **6** | **Use activity and provider monitoring data by ‘protected characteristic’ to help inform the Charter*** Establish collaborative working with the Trust’s Information Team and consider ‘protected characteristics’ data to help inform the Charter
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
* Sexual Orientation
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 2:**Develop a Person-Centred Care Charter (Dignity & Respect) for patients, clearly stating that our Trust is committed to providing services that are non‐discriminatory and ensure equitable provision for all regardless of difference.**Care Quality Commission (CQC) domains:**Image result for what are the cqc domains | **The main aim** is that by reflecting on our ‘protected characteristics’ data, we will be able to compile a valuable document, which accurately represents the needs of our patients.**Success will be measured by** a reduction in the rate of complaints and concerns received by the Trust; obviously the hope is for a downward trend as the Charter becomes routine practice throughout the Trust, as well as feedback from the Friends & Family test and local surveys. | Request and obtain data for consideration **during Q4 2019-2020 (January’20)**Integrate data into the Charter alongside engagement with patients and the public for ratification and open-ness by the end **of Q3 2020-2021 (December’20)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Information team** |
| **7** | **Objective Two – 1.2**  | **Consider means of collecting the Protected Characteristics data of our patients to help inform a fair and equitable Charter*** Discuss with members of the Diversity Network (DN), the Equality, Diversity & Inclusion Steering Group (ED&ISG) and the Voluntary S\ervices manager, methods of collecting this data that is comfortable for staff and/or volunteers
* Develop a new protocol for asking for information about ‘protected characteristics
 | **The main aim** is for the Trust to have a comprehensive understanding of the demographics or our patients so we can shape services to effectively meet their needs. We can only do this by devising methods of obtaining personal information which are acceptable to staff and volunteers asking the questions. Patients need to understand and feel confident that their personal data is being requested for their benefit. **Success will be measured by** seeing an increase in the protected characteristics data we receive and are able to utilise. | Conversations around methods of asking for personal data to be had with DN and ED&ISG **during Q3/Q4 2019-2020 (November’19 to March’20)**PDSA cycle(s) to be tested **during Q1/Q2 2020-2021 (April to September’20)**Review of progress will inform a new | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Sarah Brown** Volunteer services manager**ED&ISG representatives** |

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|  |  **Objective Two – 1.2** | **Year 2: 2020-2021 into Year3: 2021-2022** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **7** | * ‘Protected Characteristics’ data gathered in accordance with the new protocol will be incorporated into the Charter
 |  |  |  | protocol for how to ask for information about ‘protected characteristics’, which will be written **during Q3/Q4 2020-2021 (October’20 to February’21)**‘Protected characteristics’ obtained in accordance with the new protocol will inform the Charter from **mid-Q4 2020-2021 to Q2 2021-2022 (February’21-September’22)** |  |
| **8** | **Objective One – 1.3** | **Develop close working with our community & social care partners*** Make contact with other health and social care providers serving our communities. Network, collaborate on events and share good practice in regards to patient and public engagement
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 2:**Develop a Person-Centred Care Charter (Dignity & Respect)  | **The main aim** is for the Trust and our community partners to extend the scope of the JUYI project to include the sharing of ‘protected characteristics’ data. Having shared knowledge, countywide health and social care providers can be prepared to provide consistency of care and treatment and meet the communication needs of patients.**Success will be measured by** seeing improvements in patient,  | Contacts will be made with health and social care partners **during Q3/Q4 2019-2020(October’19-March’20)**Collaborative working will continue **from Q1 2020-2021 (April’20)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality |

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|  | **Objective Two – 1.3** | **Year 2: 2020-2021 into Year3: 2021-2022** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **8** |  | * Sexual Orientation
 |  | carer and staff satisfaction and well-being, captured by the Friends & Family Test, reduced numbers of complaints and concerns, increased rates of compliments and more positive results from the staff survey |  |  |
| **9** | **Objective One – 2.3** | **Incorporate ‘Enhanced Care’ protocols into practice, in collaboration with project team members*** Patient Experience team members to facilitate/coach ‘Enhanced Care’ working group with project development and with patients and public engagement, with particular emphasis on improving discharge for people with protected characteristics who can experience health inequalities
 | **All protected characteristics** | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 2:**Develop a Person-Centred Care Charter (Dignity & Respect)  | **The main aim** is for the principles of Enhanced Care to be embedded in practice and for staff to know when it is appropriate to use them.**Success will be measure by** studying qualitative data from the Friends & Family Test and Realtime Surveys and also from the staff survey in regards to well-being and satisfaction | Collaborative working with the project team **throughout Q1-Q4 2020-2021 (April’20-March’21)**Coaching and facilitation to continue as necessary | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Modern Matron,** **Nursing and AHP representatives** |
| **10** | **Objective One – 1.3** | **Use engagement and quality improvements methods with patients/carers/relatives involved in transition between paediatric and adult services, to shape improvements*** Make contact with families who have been, or are currently, involved in the transition process, in liaison
 | **Age** | **EDS2 Equality Objective 1:**Develop ‘conversations with the community’ engagement events, reaching out to different areas served by | **The main aim** is for there to be a seamless flow for patients, carers and families from paediatric to adult services, with protocols and effective communication between specialisms/services being the keys to success.**Success will be measured by** taking baseline qualitative data from patients, their carers and | Engagement and initial baseline audit of co-design project to run **from Q3 2020-2021 until the end of Q1 2021-2022 (October’20-June’22)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality |

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|  |  **Objective One – 1.3** | **Year 2: 2020-2021 into Year3: 2021-2022** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **10** | with staff who are also involved* Work on an Experience Based Co-Design product to improve the transition process
 | **Age** | the Trust covering different socio‐economic and geographical areas. | families at the start of the project and again at the end (interim audits may also be useful to inform PDSA cycles). | Improvement work will be carried out and embedded in practice **during Q2/Q3/Q4 2021-2022 (July’21-March’22)** |  |
| **11** | **Objective One – 2.1** | **Develop ‘Conversations with the Community’ through engagement events and collaborative working*** Planning in collaboration with our health and social care partners
* Making contact with communities
* Hold public engagement events to learn more about what matters to our patients and build good relationships
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 1:**Develop ‘conversations with the community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | **The main aim** is for the Trust to have good working relationships with the communities we provide services for. We are particularly keen to make contact and develop good relationships with hard-to-reach communities; to understand how are services can be improved to meet their needs.**Success will be measured by** reflecting on feedback from the Friends & Family Test, Realtime Surveys and feedback forms at engagement events | Planning, making contact and holding events **beginning Q3 2020-2021 (October’20 onwards)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality |

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|  |  **Objective Two – 1.4** | **Year 2: 2020-2021 into Year3: 2021-2022** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **12** | **Incorporate a safe and effective Discharge Plan in collaboration with project team members*** Patient Experience team members to facilitate/coach the working group with project development and with patients and public engagement, with particular emphasis on improving discharge for people with protected characteristics who can experience health inequalities
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 2:**Develop a Person-Centred Care Charter (Dignity & Respect) | **The main aim** is for the Trust and our community partners to develop an effective process for discharge, which is underpinned with good Countywide coordination, communication and adherence to new agreed protocols. With shared commitment and knowledge, countywide health and social care providers can be equipped to provide consistency of care in regards to patient discharge. We want there to be seamless discharge for patients, (carers and families), where patients feel safe and supported as they move out of the acute hospital environment**Success will be measured by** a reduction in re-admission rates, improved patient experience captured by the Friends & Family test, Realtime surveys, ‘comments and compliments’ to PALS and a reduction in the rate of complaints and concerns | Working with project team members beginning in **Q3 2020-2021 until Q1 2021-2022 (October’21-June’22)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality**Modern Matron,** **Nursing and AHP representatives****County Health & Social Care partners** |
| **13** | **Objective One – 2.1** | **Engage with gypsies and travelling communities and build good working relationships, to understand what matters to them in regards to healthcare*** Research and plan for engagement, consulting our health and social care
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 1:**Develop ‘conversations with the | **The main aim** is for Gypsy and Traveller communities to have a more positive experience when using Trust services and to enjoy an improved reputation with Trust staff, as a result of having a positive, less tense relationship with the Trust. | Begin planning, make contact and enter into discussions (or EBCD) towards the **end of Q4 2020-2021 (March’21)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality |

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|  |  **Objective One – 2.1** | **Year 3: 2021-2022 into Year3: 2022-2023** |
| **Action** | **Protected****Characteristic(s)** | **Driver(s)** | **Proposed outcome and measures/indicators of impact** | **Timescale** | **Lead & others involved** |
| **13** | partners and our own staff for their experience, knowledge and contacts* Make contact and engage in discussion with gypsy and traveller communities, involving our own frontline staff
* *Consider an Experience-based Co-Design project to take improvements forward*
 | Partnership * Race
* Religion & Belief
* Sex
 | community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | This outcome will be achieved in the longer-term, with continued engagement with the Gypsy and Traveller communities, and continued conversations with Modern Matrons.**The success will be measured** by listening to the experiences of gypsies and travellers as part of an audit carried out at the beginning and end of the improvement work, with interim audits following PDSA cycles if necessary. | Assimilation of feedback and experience from gypsies, travellers and staff, to inform improvements **from Q3 2021-2022 until the end of Q1 2022-2023 (October’21-June’22)** | **Carol McIndoe**Patient Experience Improvement Manager – Disability Equality |
| **14** |  | **Engage with people from socio-economically deprived areas, to gain a better understanding of their healthcare needs and what is important to them.*** Research and plan for engagement, consulting our health and social care partners and our own staff for their experience, knowledge and contacts *(such as Job Centre Plus, homeless mission, community centres)*
* Make contact with key sources, involving our own frontline staff
* *Consider an Experience-based Co-Design project to take improvements forward*
 | **All:*** Age
* Disability
* Gender Reassignment
* Pregnancy & Maternity
* Marriage & Civil Partnership
* Race
* Religion & Belief
* Sex
 | **Equality Act 2010**- Public Sector  Equality duty  **EDS2 Equality Objective 1:**Develop ‘conversations with the community’ engagement events, reaching out to different areas served by the Trust covering different socio‐economic and geographical areas. | **The main aim** is for Trust staff to have a better understanding of the needs and expectations of people from socio-economically deprived areas and to develop a positive relationship with patients, their carers and families from those communitiesThe outcome will be achieved by providing assurance to people from socio-economically deprived areas that their comments and views are heard and acted on. Making improvements as a result of their feedback will be the assurance they need.**The success will be measured** by the Friends & Family Test, Realtime surveys, and qualitative feedback at engagement events | Begin planning, make contact and enter into discussions (or EBCD) towards the **end of Q4 2021-2021 (March’22)**Assimilation of feedback and experience from people from socio-economically deprived areas and staff, to inform improvements **from Q2 2022-2023 until the end of Q1 2022-2023 (September’22-March’23)** | **Suzie Cro**Deputy Director of Quality**Katie Parker**Head of Quality**Carol McIndoe**Patient Experience Improvement Manager – Disability Equality |