Patient Carer Race Equality Framework (PCREF) Action Plan 2024 – 2027

# PCREF Part 1: Leadership and Governance

There is a range of legislation that applies to all NHS mental health trusts and mental health providers which relates to racial equity in care. LYPFT must ensure we are fulfilling legislative and regulatory requirements. Furthermore, we must have strong governance structures, accountability and leadership across the organisation to improve racial equity in care.

## Our Commitments, We will:

1. Ensure we have robust governance structures in place for improving racial equity in care
2. Establish an effective independent mechanism for oversight on the implementation of the PCREF, consisting of local community leaders, patients/carers and voluntary sector organisations.
3. Collect, monitor and use data relating to racial equity in care to inform decisions and improvement activities.
4. Ensure we continuously improve our compliance with our statutory duties

## Progress made in 2024/2025

* LYPFT have an Executive PCREF Lead at Trust Board level accountable for delivery & oversight of PCREF
* Agreed Governance Structures for oversight of PCREF work going forwards
* PCREF Project Group established
* Partnered with NHSE’s ‘Advancing Mental Health Equalities Taskforce’ as a PCREF early implementor site
* Equality, Diversity and Inclusion objectives included for all Executive Team
* Developed draft Terms of Reference and recruited four lived experienced community members to be members of the Partnership Group.
* Partnered with West Yorks ICB and engaged a broad range of stakeholders and discussed their membership of the partnership group
* We have designed and developed an Equity data dashboard and report with the capabilities to review measures by a wide range of equity variables, including ethnicity. We started by including equity measures we have a statutory obligation report on such as detention rates and restrictive practises.
* Developed training on improving quality of data collection around protected characteristics.
* We are part of the Culture of Care Programme from NHS England's Quality Transformation Programme aiming to improve the culture of care in our inpatient mental health, learning disability and autism wards
* for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work. We will use tried and tested quality improvement methodology to support implementation the Culture of Care standards.
* Reviewed of our Equality Impact Assessment processes and developed a new tool to strengthen how we undertake these equality impact assessments.
* Reviewed our governance arrangements for reviewing completed equality impact assessments and the mitigating actions for those with protected characteristics and those with are likely to be impacted by health inequalities.

## Our Key Objectives 2025/26

* The Health Equity Steering Group to provide oversight of the PCREF project group.
* Report progress on PCREF through agreed channels (Equity Steering Group, Quality Committee, Trust Board).
* Racialised, ethnically and culturally diverse community representatives recruited to participate at Trust Board Level. They are equipped with skills to participate meaningfully in discussions.
* Trust Board trained and equipped with the skills to support racialised community member participation in board discussions.
* Embed PCREF into service lines local governance processes, training and improvement programmes.
* Begin regularly meeting as a PCREF partnership group, feeding into established governance structures.
* Provide robust induction to PCREF to empower the partnership group to effectively oversee its implementation. Determine good guiding principles anti-racist partnership working.
* Support stakeholders within the partnership group to develop networks and relationships to progress work on racial equity in care.
* Develop our jointly owned action plan to support improvement in racial equity in care.
* Through a co-production process with the PCREF partnership group, Health Equity Steering Group and other key stakeholders, locally agree access, experience and outcomes metrics to be added into the Equity data dashboard. This should include an equity lens on measures we have a statutory duty to report on such as patient safety incidents and deaths.
* Regularly report a locally agreed set of equity measures e.g. Friends and Family Test, waiting times, complaints, rejected referrals, through Quality Committee and Board.
* Raise awareness of equity data dashboards with staff. Empower our staff to use data dashboards through equipping them with skills.
* Roll out training to improve the quality of data recording to include protected characteristics.
* Develop guidance to support services, management and leaders on their collection, analysis and use of equity data in decision making.
* Work with services to systematically embed equity (including racial equity) into their annual Quality reporting including experiences of patients, carers, their families.
* Continue to roll out the new equality impact assessment process to ensure all significant service changes and new policies are robustly assessed.
* Complete an annual audit on equality impact assessments to review quality. Make improvements based on findings.
* Review feedback mechanisms from culturally appropriate advocacy services and from racialised carers. Agree improvement actions as required.

## Our Key Objectives 2026/27

* Racialised, ethnically and culturally diverse community representatives start being included at Trust board level and Council of Governors.
* Twice a year, review feedback on involvement of community members in Trust Board from all parties. Use feedback to improve experience and effectiveness.
* Independently evaluate the implementation of PCREF at a local level with patients, carers, the workforce, Voluntary Community and Social Enterprise (VCSE)partners and racialised, ethnically and culturally diverse communities and publish the findings.
* Agree a trust wide process to improve recording of key equity data such as inclusion health groups, interpreter requirements and communication preferences to improve the quality of our equity reporting.
* Develop and roll out the clinical systems and tools required to collect key equity data (such as interpreter and translator requirements).
* Incorporate the Health Equity Index (to be developed by the Leeds Health Inequalities Oversight Group) into our data dashboards and performance reporting on equity measures.
* Work in partnership with others in the Leeds Health and Care System to share key data and insights with a view to improving racial equity in care.
* Complete an annual audit on equality impact assessments to review quality. Make improvements based on findings.

# PCREF Part 2: Organisational Competencies

PCREF Part 2 outlines critical competencies for mental health providers that help to focus service transformation to better meet the needs of racialised, ethnically and culturally diverse communities. These competencies are: Cultural awareness; Staff knowledge and awareness; Partnership working; Co-production; Workforce; Co-learning. LYPFT will work to improve our maturity across these competencies.

## Our Commitments, we will:

* Seek to embed racial equity within our Trust policies
* Identify and address implicit biases that may impact our work and ensure equitable treatment of racialised, ethnically and culturally diverse communities within our services
* Create an equitable environment for staff and meet the specific needs of staff from racialised, ethnically and culturally diverse backgrounds.
* Communicate transparently about our PCREF plans, progress and learning with our workforce

## Progress in 2024/5

* Development of the Trust Health Equity Strategic Plan (which includes a fundamental focus on improving racial equity)
* Start to understand the racialised patient journey and carry out a cost benefit analysis
* Cultural competency and humility training continues to be rolled out across the Trust
* Equality training is mandatory for all staff to complete
* We have active Cultural Ambassadors and Freedom to Speak Up Guardians working across the Trust
* As part of the ‘Advancing Mental Health Equalities Taskforce’ we are hosting NHSE at our system wide PCREF Launch event to start to understand what is holding racism in place
* Applied the Equality Delivery System 22 (EDS22) to identify gaps in wellbeing offer for staff from racialised, ethnically and culturally diverse backgrounds.
* The Workforce Race Equality Network (WREN) meets and is dedicated to fostering positive relationships, promoting inclusion and challenging racial inequalities amongst staff across all levels of the organisation.
* Cultural Ambassadors from racialised backgrounds are included on recruitment panels to senior roles.
* (Historically, a reciprocal mentoring scheme was piloted between Board members and Workforce Race Equality Network (WREN) during COVID19 pandemic)
* Developed a communication plan to socialise the PCREF across the Trust
* Invites sent for trust wide PCREF webinar. Planning for NHSE PCREF leads to join as well as call for action
* Internal Intranet page developed on PCREF

## Objectives 2025/26

* Codevelop a reducing violence and aggression standard to include support for service users
* PCREF Partnership group to review the trust policies and frameworks on addressing racism. If required, co-develop clearer policies on addressing racism, whether experienced by patients or staff.
* Strengthen the racial lens within current training offers on cultural competence, civility and respect and trauma informed care. Expand their roll out across the Trust.
* Make frontline workers aware of and support implementation of best practice in care for racialised, ethnically and culturally diverse communities, such as the NHS Talking Therapy positive practice guide for ‘Black, Asian and minority ethnic’ patients
* Review the use of advance choice documents across the Trust for documented treatment preferences. Coproduce tools and improvements in their use with racialised, ethnically and culturally diverse communities
* Work in partnership with the voluntary sector to provide independent support for service users who have experienced restrictive practices within LYPFT
* Work with the Migrant Health Board & ICB to improve commissioning of translation and interpreter services.
* Working with the WREN to implement a clear plan to improve the staff survey outcomes for racial diversity of ethnically and culturally diverse staff
* Review learning from the reciprocal mentoring programme delivered during COVID. Ensure there is a focus on understanding cultural differences and increasing opportunities for career progression into senior roles.
* Reciprocal programme to be rolled out with a broader reach including leadership and management roles.
* Working with ethnically and culturally diverse staff and agree on developing wellbeing equality indicators reported at Trust board level supplementary to the Workforce Race Equality Standard
* Share learning, and review best practise emerging, as part of PCREF early adopter’s scheme
* Integrate PCREF overview into the Trusts Corporate Induction
* Roll out engagement and communication plans to support PCREF awareness amongst the workforce.
* Regularly update intranet pages with best practise examples.

## Objectives 2026/27

* Determine priority existing policies to review with an equity lens. Update policies with recommendations from the review
* Embed specific development goals relating to inequalities related to race in staff personal development plans
* Further develop Cultural ambassadors and Speak Up Ambassadors working across the trust to act as specialist advisers representing the racialised, ethnically and culturally diverse communities and supporting the trust on PCREF implementation.
* Implement improvements in the use of advance choice documents based on coproduction exercise with racialised, ethnically and culturally diverse communities.
* Work with system partners & population health boards, to ensure that mental ill health prevention work prioritises the needs of racialised, ethnically & culturally diverse communities.
* Continue to roll out and extend the reach of the reciprocal mentorship programme
* Review our recruitment policies in line with a commitment for our staff to reflect the ethnic diversity of the communities we serve across all grades and roles.
* Coordinate with partners and contribute to PCREF celebration and learning events

# PCREF Part 3: Patient and Carers Feedback Mechanisms

PCREF Part 3 - seeks to embed patient and carer voice at the heart of the planning, implementation and learning cycles

## Our Commitment, we will:

* Listen to our patients and embed patient reported outcome measures into our standard practise
* Transparently communicate about progress on racial equity with patients, carers and communities
* Establish an infrastructure for coproduction with racialised, ethnically and culturally diverse communities.

## Progress made 2024/25

* Recruited lived experience partners into the PCREF partnership group
* Mapped current feedback mechanisms with service users and carers
* Joined the National PCREF Feedback Mechanism Group bringing together key stakeholders with lived experience and professional expertise to steer the PCREF work with a clear focus on patient experience & measures of impact
* Developed a PCREF action plan
* Provided relevant data to national bodies according to our statutory responsibilities
* West Yorkshire wide PCREF Engagement Event with multiple lived experience partners
* Inclusion coordinators working closely with communities, including racialised, ethnically and culturally diverse communities.
* Working with partners to gather existing insight (people’s voices partnership)
* Coproduction and extensive engagement taken place through community mental health transformation

## Objectives 2025/26

* PCREF Partnership group to determine the most suitable and impactful patient reported outcome measure (PROM) tool to implement at LYPFT. Ensure the tool is culturally relevant, acceptable and accessible for patients from racialised, ethnically and culturally diverse communities
* Working with a small number of services, implemented the PROM. Ensure feedback is robustly included within existing governance arrangements
* Review learning on the use of PROMs from early adopter sights and integrate learning into LYPFT plans
* Strengthen partnerships with Voluntary and Community Sector Organisations, including faith-based organisations, to continually build our understanding of community and service user needs. Strengthen escalation mechanisms to
* respond to feedback received
* Address limited quantity and quality of feedback received from racialised, ethnically and culturally diverse communities through current service user feedback mechanisms. Determine how we can elevate voices of unheard groups through alternative methods
* Every year, publish our action plan and progress made
* Develop an externally facing webpage to host PCREF updates, resources and reports. Ensure this is accessible – in plain English and with easy read versions.
* Ensure that feedback is openly acknowledged, reviewed and acted upon with clear communication on improvements made.
* Sustain our partnership working focused on engagement and co-production with under-represented communities (such as within transformation programmes)
* Continue to support extensive community engagement of racialised, ethnically and culturally diverse communities through inclusion coordinators
* Identify and support, community champion roles to inform service development
* Develop simple guidelines for our workforce on how to effectively and sensitively engage communities in coproduction activities such as service improvement.

## Objectives 2026/27

* Review the implementation of PROMs within a small number of services. Revise actions based on learning with the aim to roll out relevant and appropriate PROMs more broadly across services in the Trust
* Integrate PROM into performance reporting reviewed at service level, committees and board
* Work closely with local authority partners to evidence feedback from culturally appropriate advocacy services to improve service provision - including qualitative and quantitative data sharing
* Every year, publish our action plan and progress made
* Place into the public domain the locally agreed equity dataset that is regularly reported to board (see leadership section above)
* Co-develop with communities’ effective methods of communicating about progress made, service changes, new initiatives etc. These methods need to go beyond websites and make use of existing infrastructure in communities for sharing key messages
* Evaluate the impact of working more closely with communities including our success in developing equitable relationships, that has mutual benefits and shared decision-making with racialised, ethnically and culturally diverse communities
* Using Trust Guidelines, provide training to staff on how to effectively and sensitively engage communities in coproduction activities
* Work with the Leeds Academic Partnership and research leads within the LYPFT to better respond to the needs of racialised communities in the development and delivery of research.