NHS
South West Yorkshire Partnership
NHS Foundation Trust

Implementing PCREF at South West Yorkshire Partnership NHS Foundation Trust

Thursday 3rd April 2025 11:30-15:30

With **all of us** in mind.

NHS
South West Yorkshire Partnership
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Today we will…

- Invite Dr Jacqui Dyer, NHS England, National Mental Health Equalities Adviser to talk about the national context around PCREF
- Hear from an early implementor pilot site, South London and Maudsley NHS Foundation Trust about how the framework has been applied
- Share our local approach and context
- Reflect on people's lived experience through our community voice
- Present our action plan for your consideration
- Explore some of the work already in progress to reduce health inequalities
- Agree our next steps

With **all of us** in mind.

Agenda

Coming together to reduce inequalities: PCREF implementation

South West Yorkshire Partnership NHS Foundation Trust

Activity	Lead	Timing
Welcoming introductions and housekeeping	Sharon Kennedy	11:30-11:40
Opening comments	Sue Barton	11:40-12:00
National context	Jacqui Dyer	12:00-12:25
Lunch and networking		12:30-13:15
Pilot site example - South London and Maudsley NHS FT journey towards equity in mental health	Jacqui Dyer / Zoe Reed	13:15-13:45
Local context	Sharon Kennedy	13:45-14:10
Community involvement experience	Phil James	14:10-14:30
Break		14:30-14:40
Implementation plan – priority areas and action plan for consideration	Sharon Kennedy	14:40-15:00
Showcase 1. Carers (passport, ToC, therapeutic funds, carers confident accreditation) - Gill Cowell 2. Tackling Health Inequalities in Kirklees – Aboo Bhana 3. Strategy Refresh – Sue Barton 4. Anti-racism statement – Julie Comb 5. LD service health checks, waiting well – Wakefield – Zohfina/Deborah/Jessica 6. Culture of Care- Chris Lawton/Lianne Harrison 7. Mental Health Act Detention project – Julie Carr		15:00-16:00
Next steps and reflections	Sue Barton	16:00-16:25
Close	Sharon Kennedy	16:25-16:30

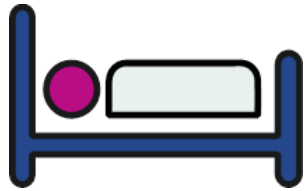
South West Yorkshire Partnership NHS Foundation Trust in numbers

South West Yorkshire Partnership NHS Foundation Trust

We serve a population of 1.3 million people

- Barnsley population is 244,600 (an increase by 13,400 since 2011).
- Calderdale is 206,600 (increase by 2,800 since 2011).
- Kirklees is 433,300 (increase by 10,800 since 2011).
- Wakefield is 353,300 (an increase of 27,500).

The Trust also have services and staff in North Leeds, Sheffield, Doncaster, and Rotherham.



470 BEDS ACROSS 5 INPATIENT SITES

Each year we provide inpatient care for over 1800 people

OVER 5000 STAFF EMPLOYED

Over 1500 community services

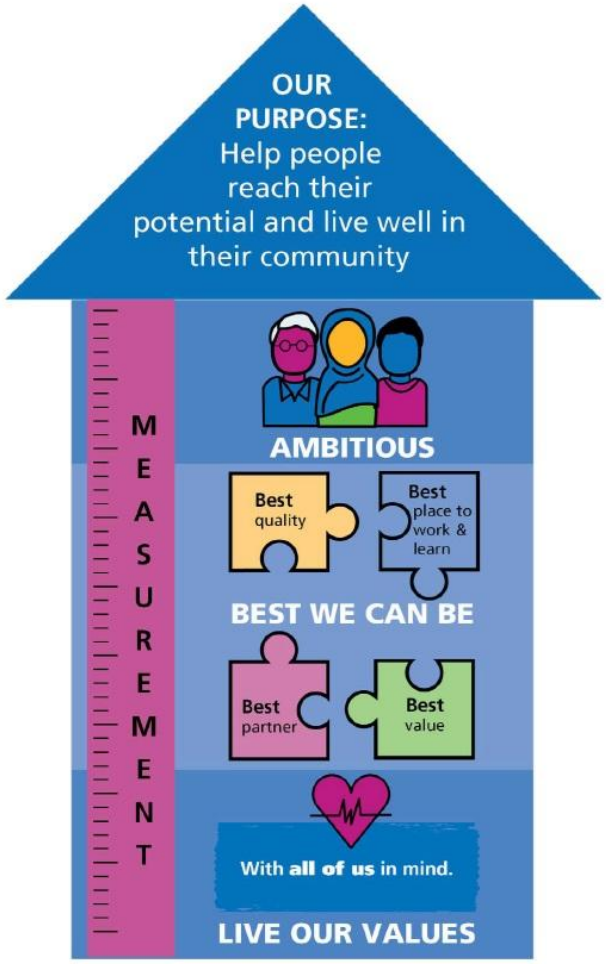
With **all of us** in mind.

PCREF is part of our approach to delivering Trust objectives and ambitions

Our **Trust wide strategy** refresh in 2024 saw reducing health inequalities identified as one of our key strategic ambitions: ‘Our leadership in reducing health inequalities through inclusive community connections and co-creation including in creativity and health’.

April 2025 will see a launch of our refreshed **Equality, Diversity and Inclusion strategy** which has PCREF being identified as a key tool for delivery and measuring a meaningful and sustainable shift towards participation and collaboration.

This is a journey of working together to help us make the changes we need to improve access, outcomes and service user and carers experience. Helping EVERYONE reach their potential and live well in their community



Our strategic aims:

1. We will live our values
2. We will be the best we can be
3. We will be ambitious


NHS
South West
Yorkshire Partnership
NHS Foundation Trust
There is so much more
we need to do to prevent racism

NHS
South West Yorkshire Partnership NHS Foundation Trust

Why is PCREF important to our Trust?

- Inequalities in health, housing, income and discrimination remain and there is need for improvement across each of our places. We know these inequalities put people at greater risk of ill health, mental ill health, or distress.
- We also know that people who are mentally ill, those with a learning disability, and those who live in poverty face wider health consequences as a result.
- Systemic racism and prejudice also affect our Black, Asian and minority ethnic communities.
- Nationally we know that non White / British communities are more likely to have poorer access, experience and outcomes.
- Approximately 15% of the communities SWYPFT serve are from minority ethnic communities.
- In 24/25 approximately 10% of these referrals were received into SWYPFT Mental Health services, this is disproportionate to the population statistics and suggests those we serve from minority ethnic communities may not be experiencing the same access to services as White / British communities.

Why is PCREF important to our Trust?

We recognise that people have different experiences depending on their race and background. The Trust wants to be more open and have conversations about race and inequalities and is working hard to come up with solutions to address racism and racial inequality.

We want to ensure
better access, experiences and outcomes for our racialised and marginalised communities.

With **all of us** in mind.

A note on language and approach:

It's important to acknowledge that current legislative terminology used to describe certain race and cultural identity do not always reflect people's unique intersectional needs and lived experiences

Who do we mean when we say racialised and marginalised communities:

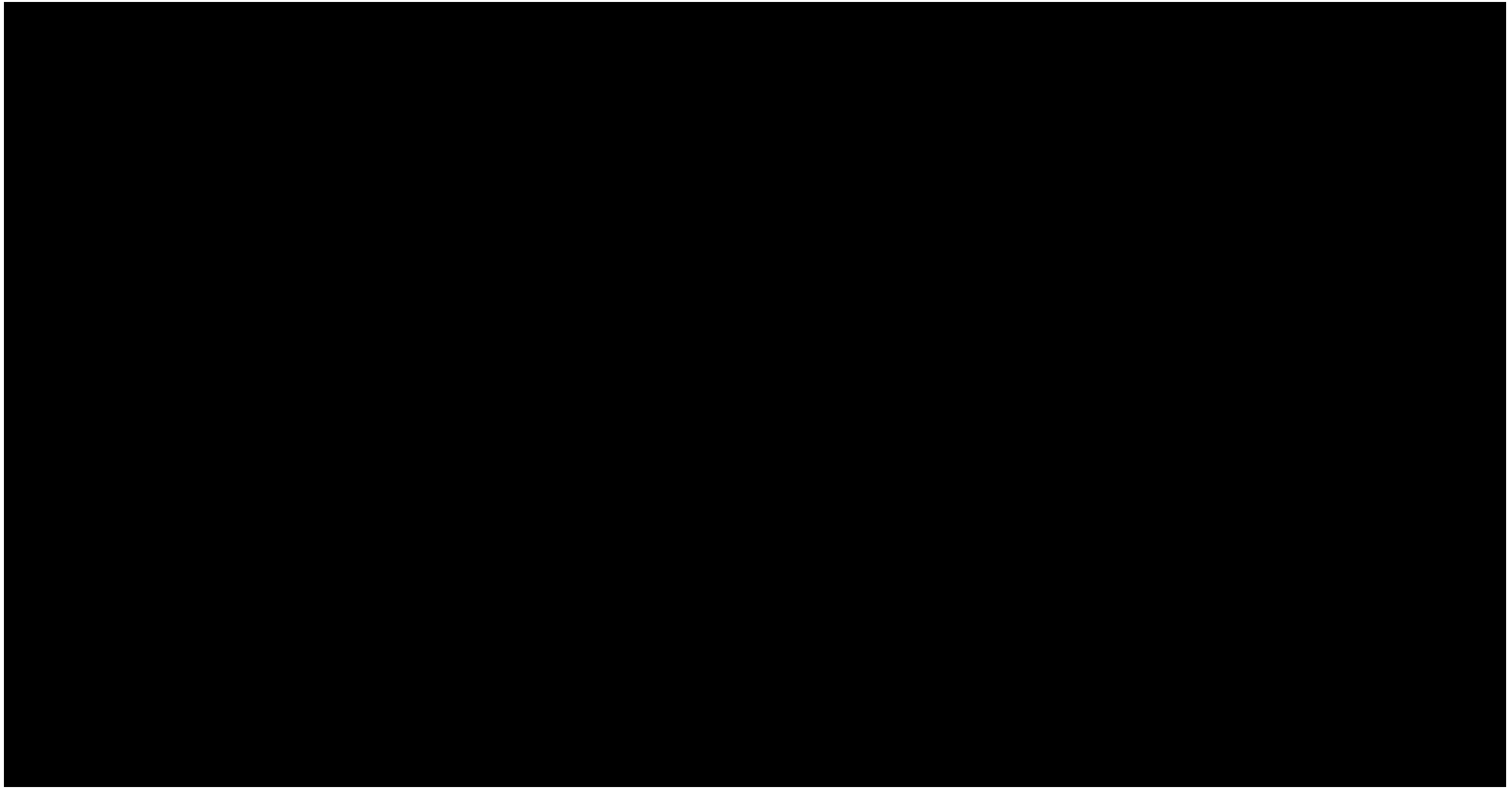
We use the terms 'racialised communities' which refers to ethnic, racial and cultural communities who are minoritised populations in England, have been racialised (Centre for Mental Health – Guide to race and ethnicity terminology), and/or marginalised that leads to social exclusion and often to unequal treatment and discrimination..

At SWYPFT our approach is to apply the PCREF core actions that are needed to address inequalities and improve care for communities faring worse across all of our mental health, learning disability and community health services.

With **all of us** in mind.

Portia's Story

Password: equality2022



Patient and Carer Race Equality Framework

Making anti-racism work for all Mental Health providers

Dr Jacqui Dyer, MBE
NHS England, National Mental Health Equalities Adviser
Advancing Mental Health Equalities

April 2025

Background/history

- NHS England (NHSE) published its first Advancing Mental Health Equalities Strategy in October 2020, laying out plans for addressing inequalities in access, experience and outcomes in mental health care.
- The strategy summarises the core actions that are needed to address inequalities and improve care for communities faring worse than others in mental health services. It sets out three avenues to achieve this:
  - Supporting local health systems to advance equalities
  - Improving the quality and use of data to inform decision making, and
  - Creating a diverse and representative workforce which is equipped with the capabilities to achieve change

- The **Patient and Carer Race Equality Framework** **(PCREF)** is a core part of the Advancing Mental Health Strategy and a key recommendation of the Independent Review of the Mental Health Act 2018, supported by the set up of the MHA African and Caribbean group to support with the aims of the independent review, focusing on the inequalities faced by racialised and culturally and ethnically diverse communities. NHSE agreed to take forward the PCREF soon after the review was published.

- The delivery of the Strategy and the development of the PCREF is being overseen by the Advancing Mental Health Equalities Taskforce, and the PCREF Steering Group, established in February 2020, and chaired by Dr Jacqui Dyer, NHSE's national Mental health Equalities Advisor.

Reclaiming the narrative

The fight against racial inequality and inequity in mental health services is a very personal journey for me.

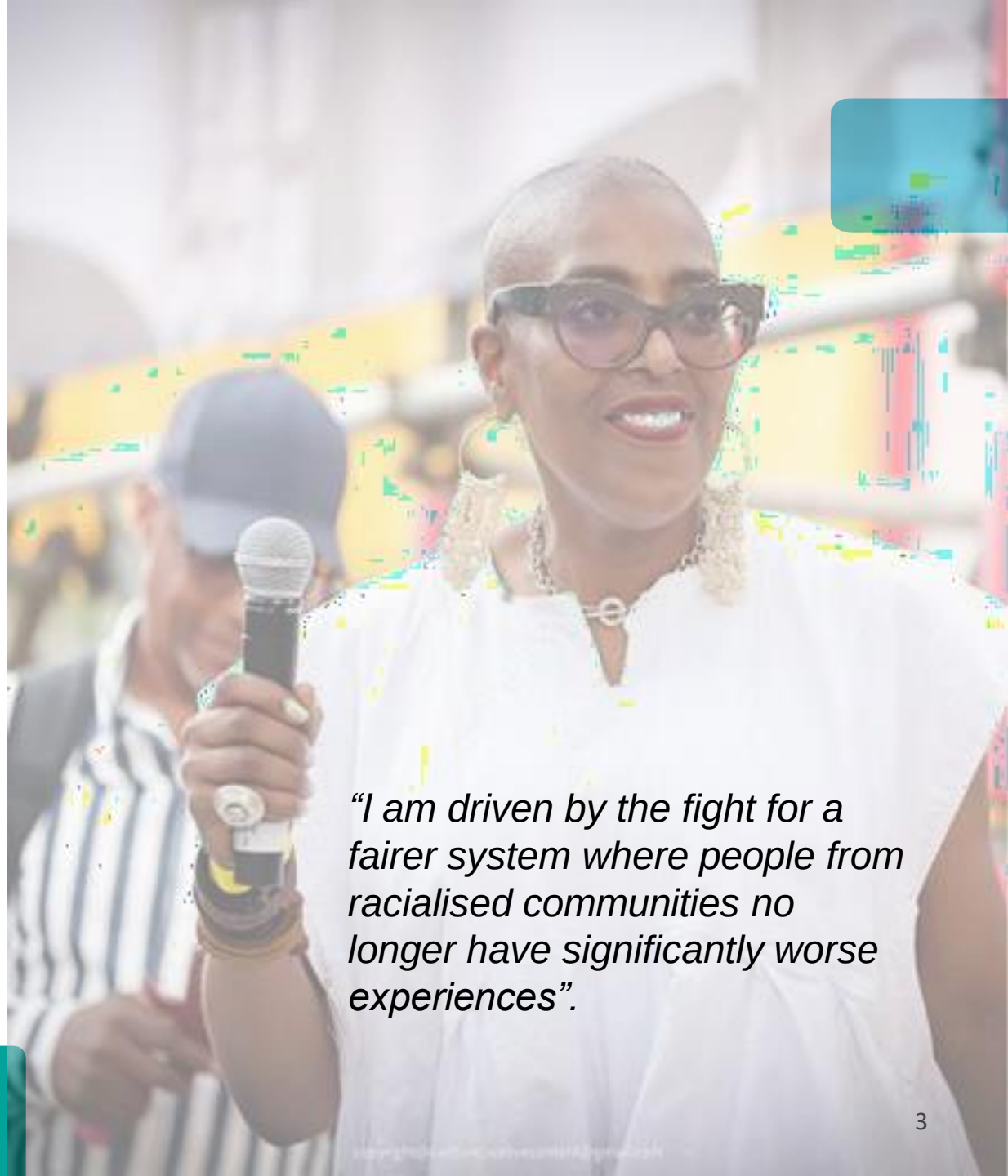
As a mental health service user and carer for the past few decades my experiential knowledge of mental health services is extensive and my commitment to this agenda is personal, political and professional.

I have been working with vulnerable and racialised groups and communities for many years and have seen the disastrous impact that systemic racism and injustice has had on so many peoples' lives.

I have lost two brothers who throughout their lives struggled with long term mental health challenges and died at age 53 and 41. In 2022, I also lost my aunt, who died whilst in the care of mental health services.

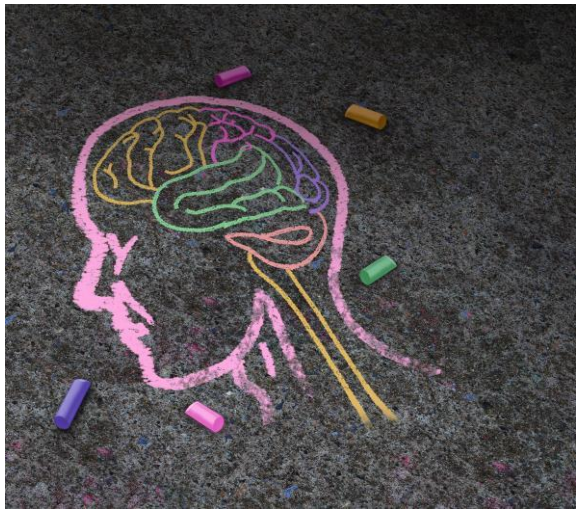
In early 2019, I was appointed as the Mental Health Equalities Champion for England and am currently the Mental Health Equalities Advisor for NHS England.

To find out more about me and the significant work on advancing mental health equalities please refer to my profile on NHS England



"I am driven by the fight for a fairer system where people from racialised communities no longer have significantly worse experiences".

Historical Context of racism in Mental Health Policies impacting systemic equities in care



Systemic Racism

Historical policies have entrenched systemic inequities in mental health care, leading to persistent disparities in access and treatment for racialised communities, necessitating urgent reforms to address these long-standing injustices.

Funding Disparities and their Impact on care

Financial inequities create significant barriers for racialised communities seeking mental health care, including limited availability of culturally competent providers and longer waiting times which results in a significant cost to NHS services. 2025 report by NHS RHO on *The Cost of Racism*

Barriers to Access

Insufficient funding for mental health services in racialised communities leads to inadequate treatment options resulting in poorer health outcomes and experiences and increased reliance on crisis interventions

The Consequences of Dehumanisation in Mental Health services

Impact on Patient Trust

Dehumanisation fosters an environment of mistrust between patients and providers, leading to reluctance in seeking help and sharing critical information about mental health conditions right

Cultural Misunderstandings

Lack of cultural competency among mental health professionals results in misinterpretation of systems and needs, exacerbating the challenges faced by racialized communities in receiving appropriate culturally competent care

Long Term psychological impact

The ongoing demonisation of individuals in mental health services contributes to chronic stress and worsen mental health outcomes and experiences, perpetuating cycles of disadvantage and limiting recovery opportunities

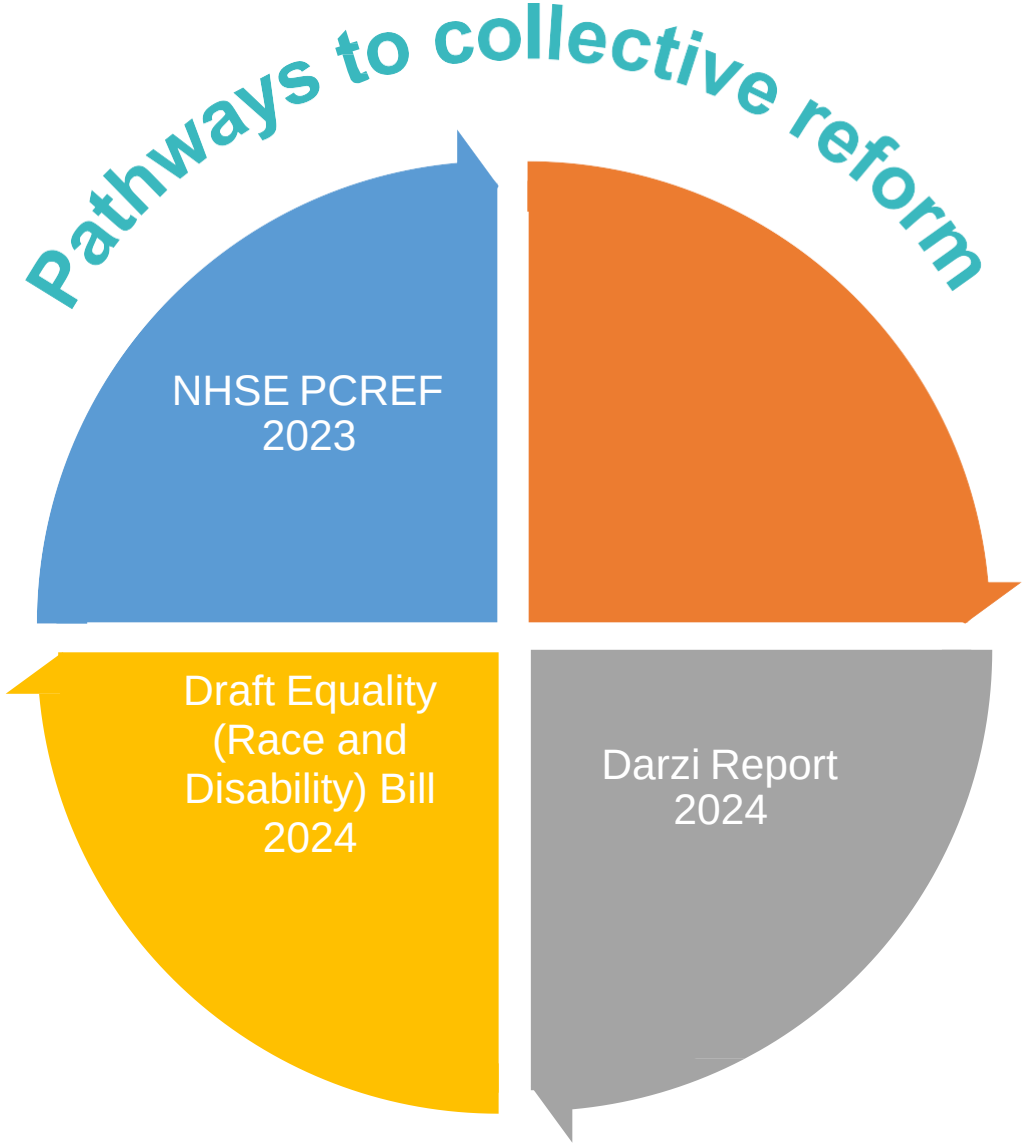
Recent Events Highlighting Racial Disparities

Impact of Societal Unrest

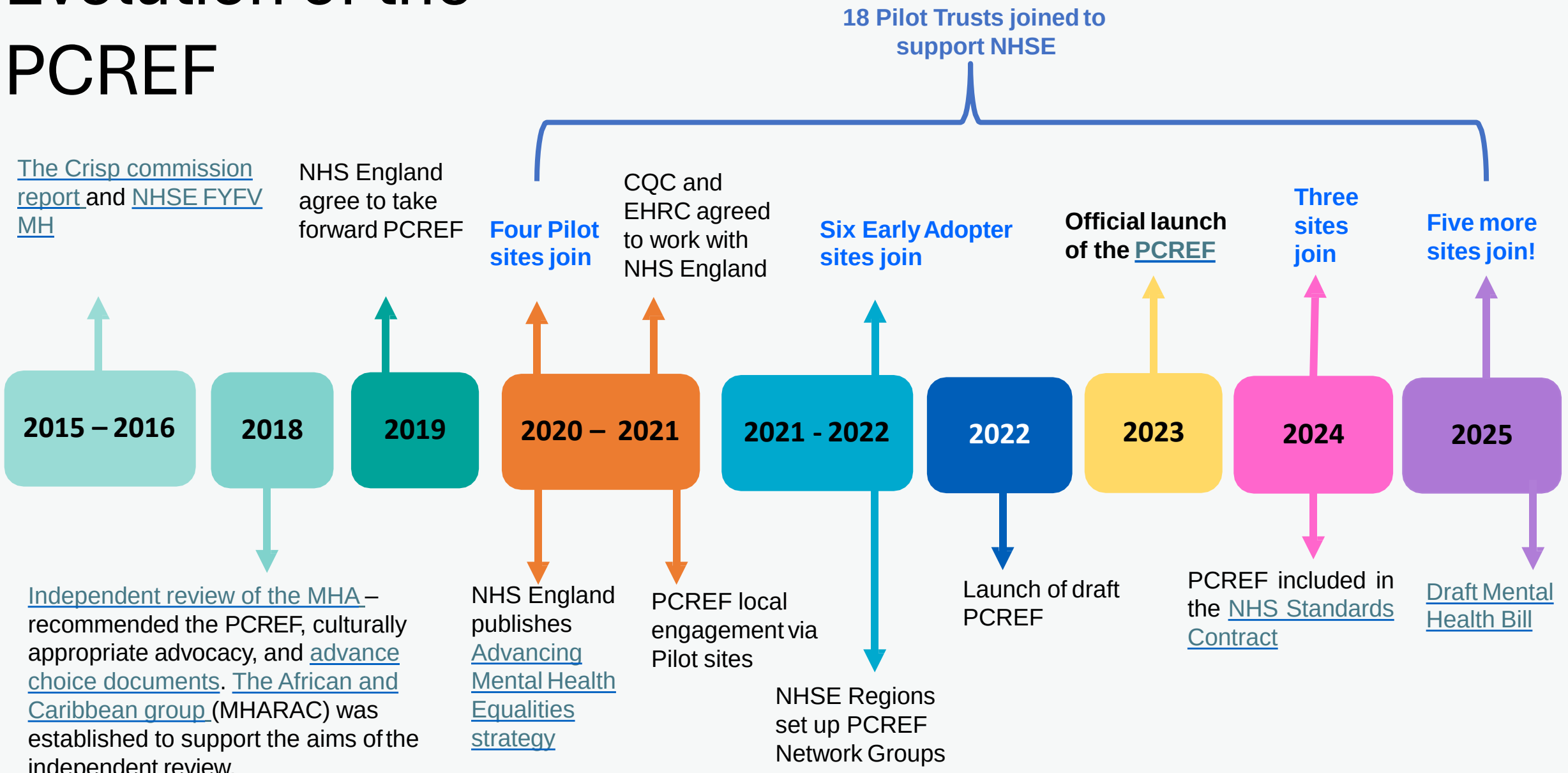
Societal upheavals, such as race riots have highlighted the mental health implications of discrimination exacerbating existing health disparities among minority communities right and then

Urgent need for Reform

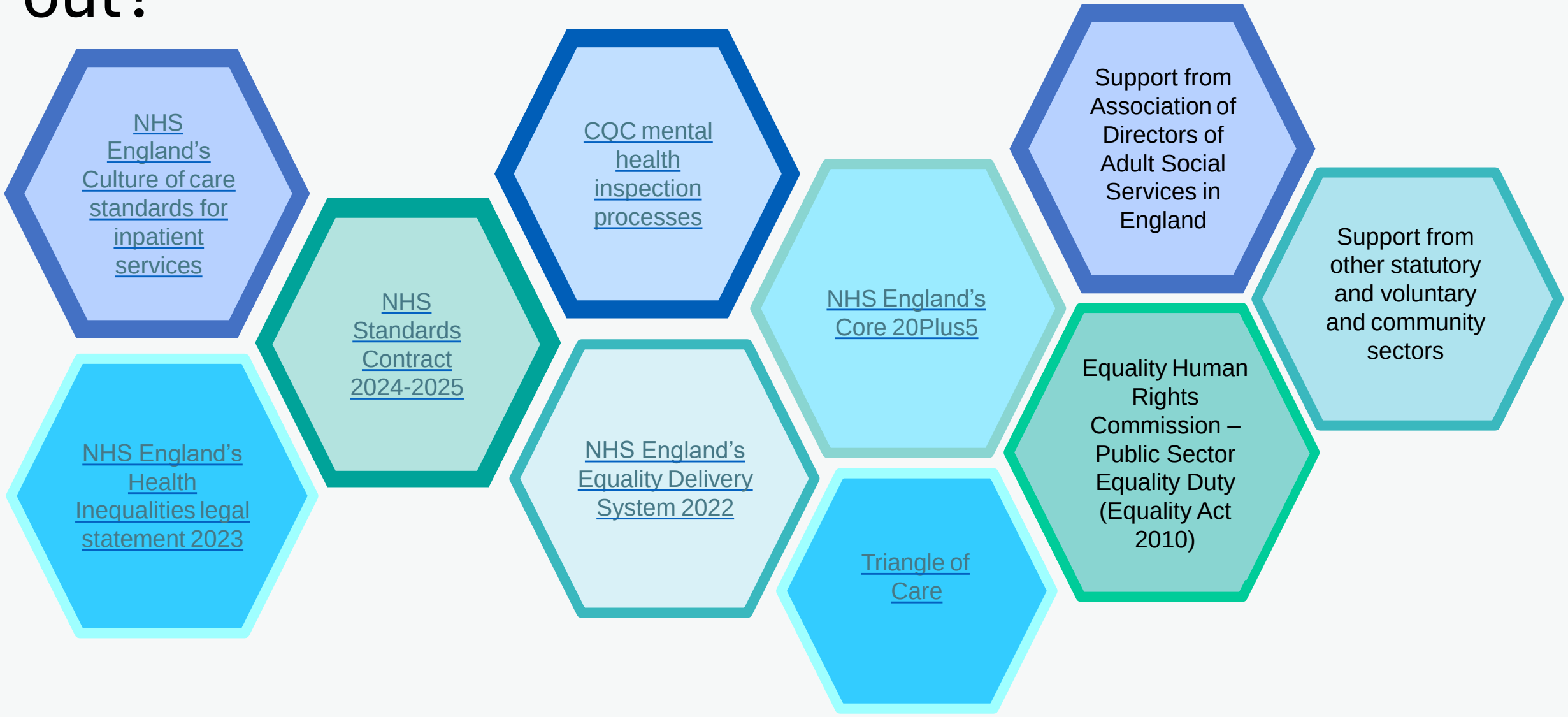
The persistent racial disparities in mental health outcomes the critical need for targeted legislative measures to ensure equitable access to mental health care for all



Evolution of the PCREF



What makes the PCREF stand out?



How mental health providers will embed anti-racism through the Patient & Carer Race Equality Framework (PCREF)

1 Leadership and Governance

- Nominate an executive board lead and establish governance structures, accountability and leadership across the organisation

- Identify priorities for improvement in meeting the specific legislative and regulatory requirements relating to equalities to include in local PCREF plans

- Co-develop, implement and review local PCREF plans with racialised communities and your workforce
- Monitor core measures at board level on a regular basis and publish PCREF plans

2 National Organisational Competencies

Cultural awareness | Staff knowledge and awareness | Partnership working | Co-production | Workforce | Co-learning

- Engage with racialised communities to identify and agree core organisational competencies

- Agree on measurable and practical actions to co-develop in local PCREF plans
- Ensure the whole organisation is aware of its responsibilities in implementing local PCREF plans

3 Patient and carers feedback mechanism

- Ensure outcome measures are routinely used and monitored locally, and flowed to national datasets to enable benchmarking, lesson-sharing and improvement of services
- Agree approaches for implementing a ‘real time’ and transparent feedback loop for racialised and ethnically and culturally diverse communities

- Ensure patient experience data is used, monitored & flowed to national data-sets to enable bench-marking, lesson-sharing and service improvement

The importance of PCREF influencing the reforms

PCREF aligns closely with the Mental Health Act Reforms and supported by the Darzi Review's vision for NHS transformation, particularly its Three Big Shifts, which guide the NHS 10-Year Plan:

1. From Quality of Care to Quality of Life
2. From a Healthcare System to a Health and Wellbeing System
3. From Centralized to Localized Care

By embedding PCREF principles in NHS governance, performance metrics, workforce development, and patient feedback mechanisms, we can:

- Address systemic racism in mental health services.
- Improve patient outcomes for racially minoritized groups.
- Drive NHS performance through transparency, accountability, and inclusion.
- Strengthen the role of NHS leadership in reducing racial inequities.

Annex

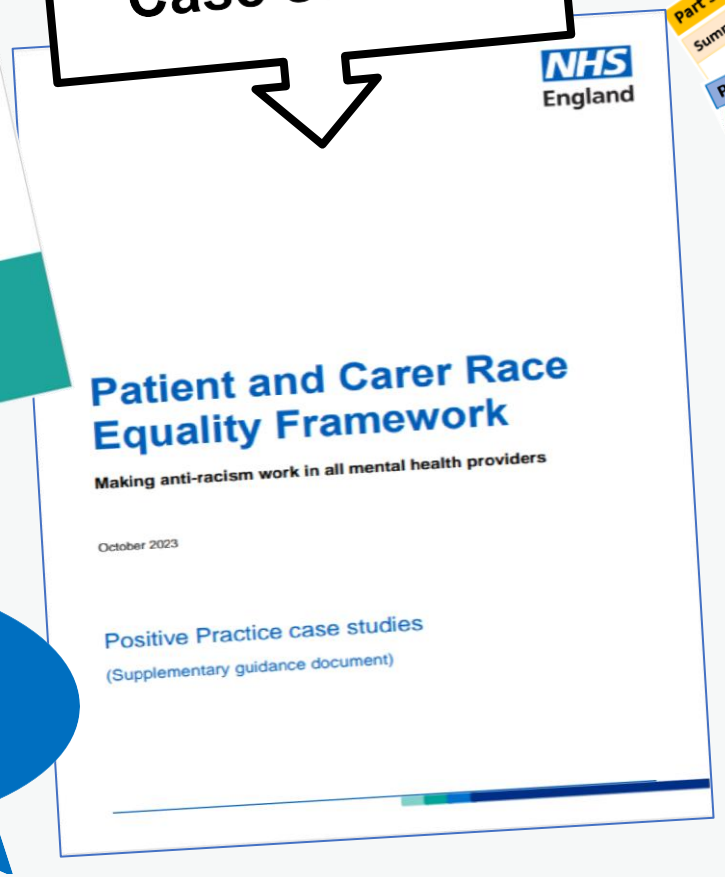
Resources

Get yourself familiar

www.england.nhs.uk/pcref

NHS Future Collaboration site

Case studies



PCREF report

Join NHSE's PCREF Community Forum

Patient and Carer Race Equality Framework

NHS England (NHSE) published its first Advancing Mental Health Equalities Strategy in October 2020, laying out plans for addressing inequalities in access, experience and outcomes in mental health care.

The PCREF is a core part of the Advancing Mental Health Equalities strategy. It was also a key recommendation of the Independent Review of the Mental Health Act 2018 that NHS England (NHSE) agreed to take forward.

Now have 18 Mental Health Trusts helping NHS England to develop the PCREF

- South London & Maudsley Trust
- East London Foundation Trust
- Birmingham and Solihull Trust
- North East London Foundation Trust
- Greater Manchester Foundation Trust
- Gloucestershire Health & Care Foundation Trust
- Oxleas Foundation Trust
- Pennine Care Foundation Trust
- Essex Partnership University Trust
- Sheffield Health & Social Care Foundation Trust
- Oxford Health Foundation Trust
- Southwest & St George's Trust
- Black Country Foundation Trust
- St Andrew's Healthcare Trust
- Leeds & York Partnership Foundation Trust
- Lincolnshire Partnership Foundation Trust
- Nottinghamshire Healthcare Foundation Trust
- South West Yorkshire Partnership Trust

Thank you

Email: england.mentalhealthpmo@nhs.net

Learn more about NHS England recently published **Patient and Carer Race Equality Framework:** https://www.england.nhs.uk/pcref

And for additional information on the PCREF – including a positive practice guidance, can be found here: NHS Future Collaboration Platform

Learn more about the **advancing mental health equalities programme** here.

Patient and Carer Race Equality Framework
Mandatory Anti-Racism Framework
- Our Journey towards equity in mental health

Zoë Reed

Director Organisation and Community; Freedom to Speak Up Guardian

South London and Maudsley NHS FT

PCREF Joint Strategic Lead

Co-Chair Joint Anti-Racism Steering Group

with Dr Jacqui Dyer MBE

South West Yorkshire Partnership NHS FT

3rd April 2025

Group Agreement Summary:

Respect and value each other | Working in partnership with understanding | We are learning together

Empower the voices of all Black and Mixed Black people | Collective accountability for an effective PCREF delivery

PCREF is a partnership between:

PCREF at South London and Maudsley - context

1. The issue of **inequity had been of great concern** to the Trust and the local community for many years; compounded by the tragic deaths of Sean Rigg and Olaseni Lewis

2. We were involved in the **Review of the Mental Health Act** and were aware of the recommendations of the African and Caribbean Sub-Group

3. We are **involved in lots of research** and **have leading experts** in the field amongst our staff - but inequities persist

4. We had been **developing a way of working with local communities** to enable us to jointly pilot community proposals for improvements with services

www.slam.nhs.uk/PCREF

Why PCREF is important for our Trust and the reasons behind our Approach

The Trust has 36.7k patients - **9.2k are Black and Mixed Black**

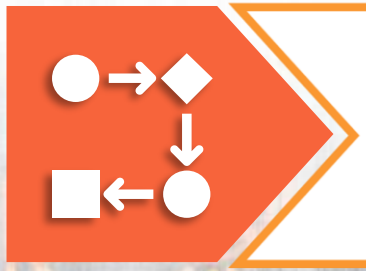
[as at May 2024]

Black African, Black Caribbean and Mixed Black people are **more likely to have poorer** access, experience and outcomes according to our data

So, **a quarter** of our patients are potentially **less likely** to receive a quality service – this is unacceptable **Racism in a Quality issue**

The PCREF is a **partnership approach –** so we needed to be clear who we are building partnerships with

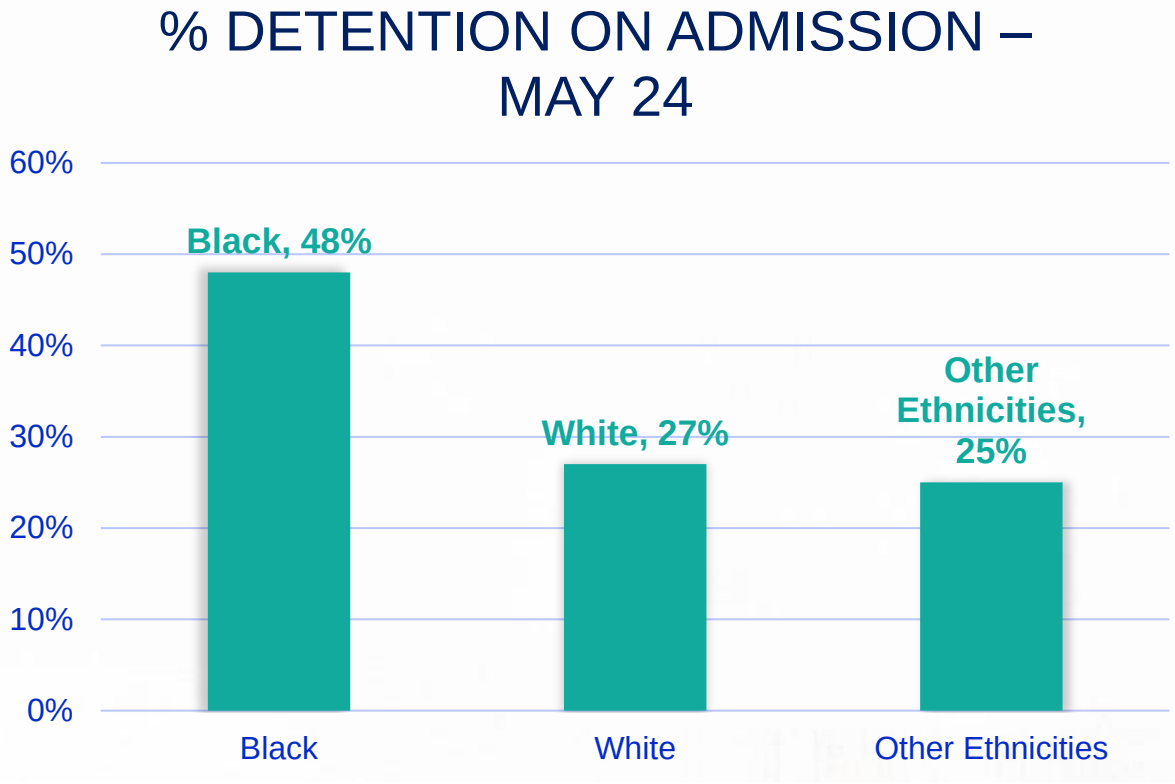
By building on **our existing relationships** with local Black communities we have been building our PCREF Partnership

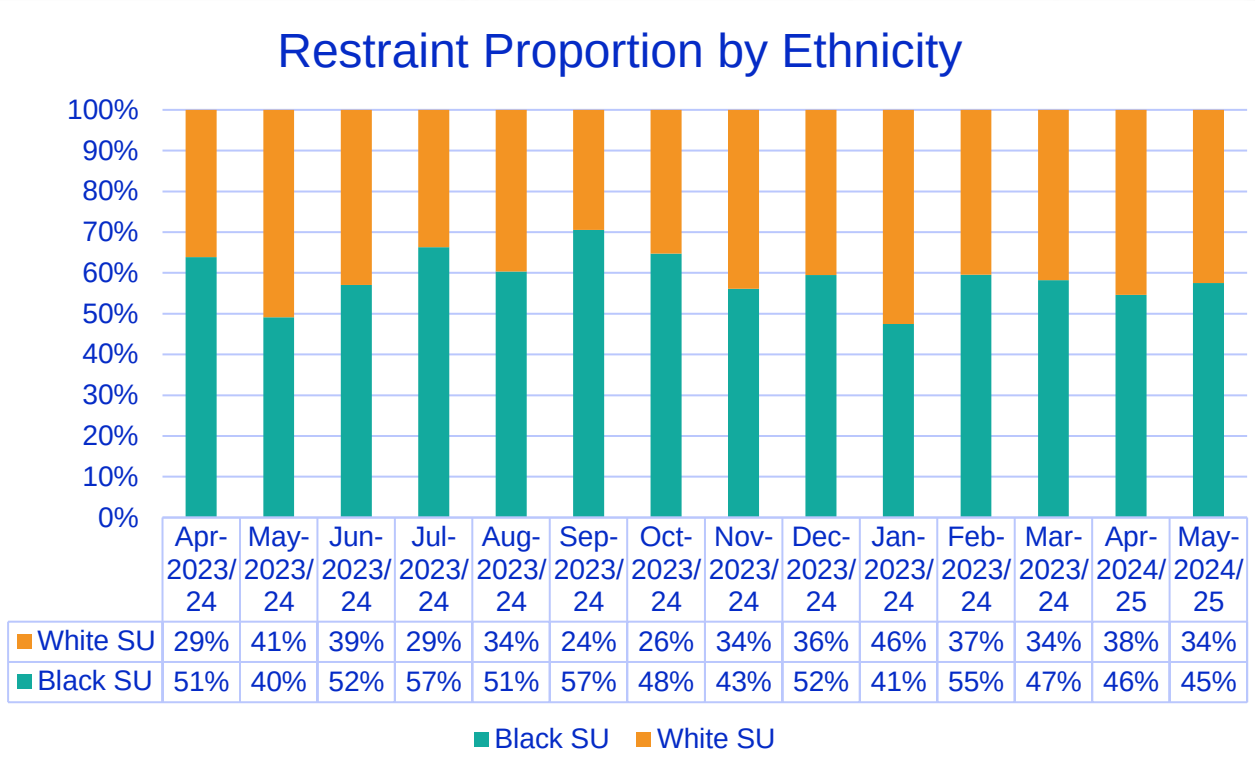


Wanted to take a **systematic iterative approach** to the conditions holding racism in place and evaluate effectiveness of initiatives as we go

www.slam.nhs.uk/PCREF

Racial Inequities – some examples





	Apr-2023/24	May-2023/24	Jun-2023/24	Jul-2023/24	Aug-2023/24	Sep-2023/24	Oct-2023/24	Nov-2023/24	Dec-2023/24	Jan-2023/24	Feb-2023/24	Mar-2023/24	Apr-2024/25	May-2024/25
White SU	29%	41%	39%	29%	34%	24%	26%	34%	36%	46%	37%	34%	38%	34%
Black SU	51%	40%	52%	57%	51%	57%	48%	43%	52%	41%	55%	47%	46%	45%

The Trust admitted 145 patients on section in May 2024 out of 242 admissions - ie 60% of all Trust admissions were on section.

The inequity is that 48% Black patients / 27% White patients

The data for 23/24 above shows the Restraint Proportion by ethnicity. There was only a couple of months – May 2023 & January 2024 – when there was close to equity between Black and White patients; in all the other months, the inequity is clear

Our PCREF approach

PCREF is a partnership between:

Initial logo

Our logo now!

Partnership between the Trust and two Black-led Host Organisations supporting local IAGs*

Triple leadership** **approach** involved in all decision making

Mainstreaming PCREF into the **Trust's systems for planning and monitoring**

October 2020:
PCREF launched before the Trust's strategy .. Influenced strategy and aligned in 2023

The Trust's Strategy commits to embedding PCREF at scale and leading anti-racism in mental health by 2026

Triple Leadership Teams have developed Change Ideas to test embedding

*Independent Advisory Groups
** Service User/Carer Rep, Community IAG Rep, Staff Senior Rep

How did we get to where we have got?
A focus on process: the how - not the what

PCREF
South London and Maudsley
A partnership to achieve anti-racism and equity in mental health

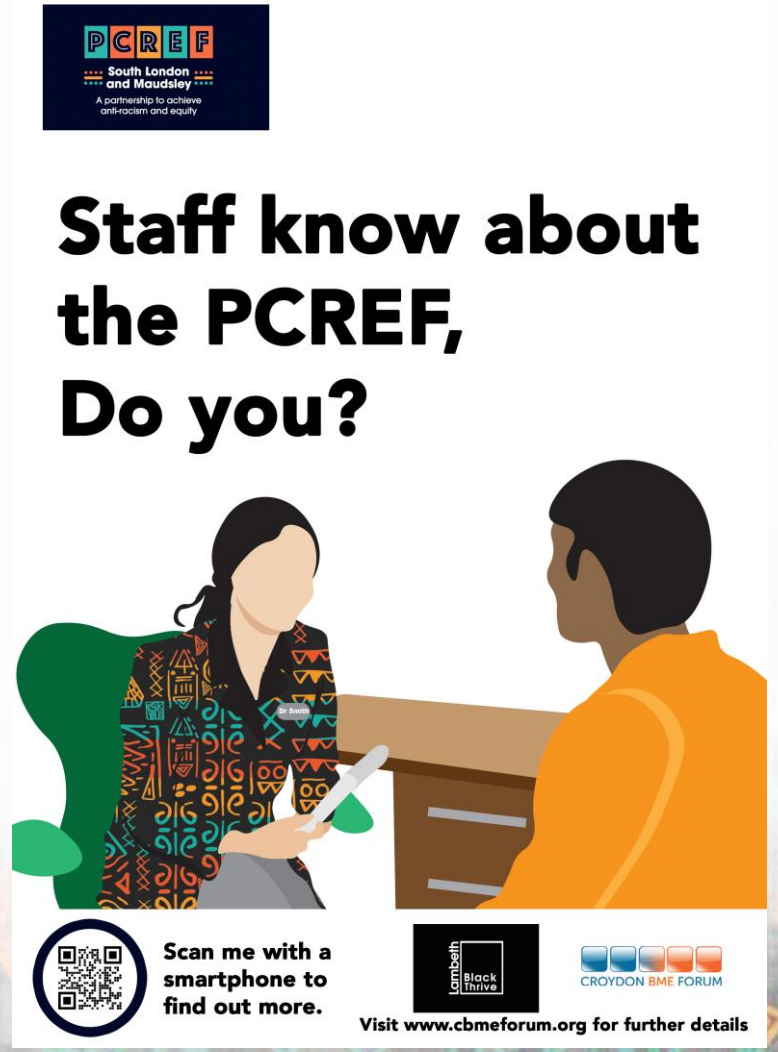
Partnership Development with local Black-led Community Organisations

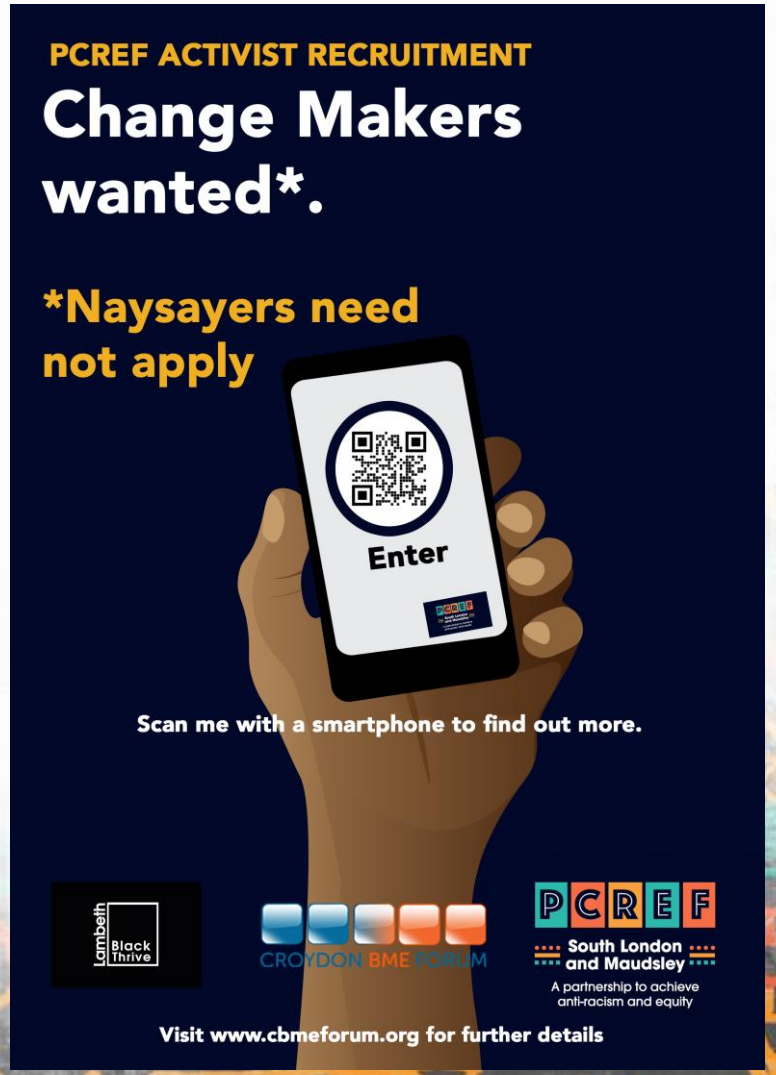
Began with developing logos, branding and images together – Design work led by the Community Organisations [not NHS style!]

PCREF
South London and Maudsley
A partnership to achieve anti-racism and equity in mental health

Staff

Service Users and their Carers





Community

www.slam.nhs.uk/PCREF


PCREF
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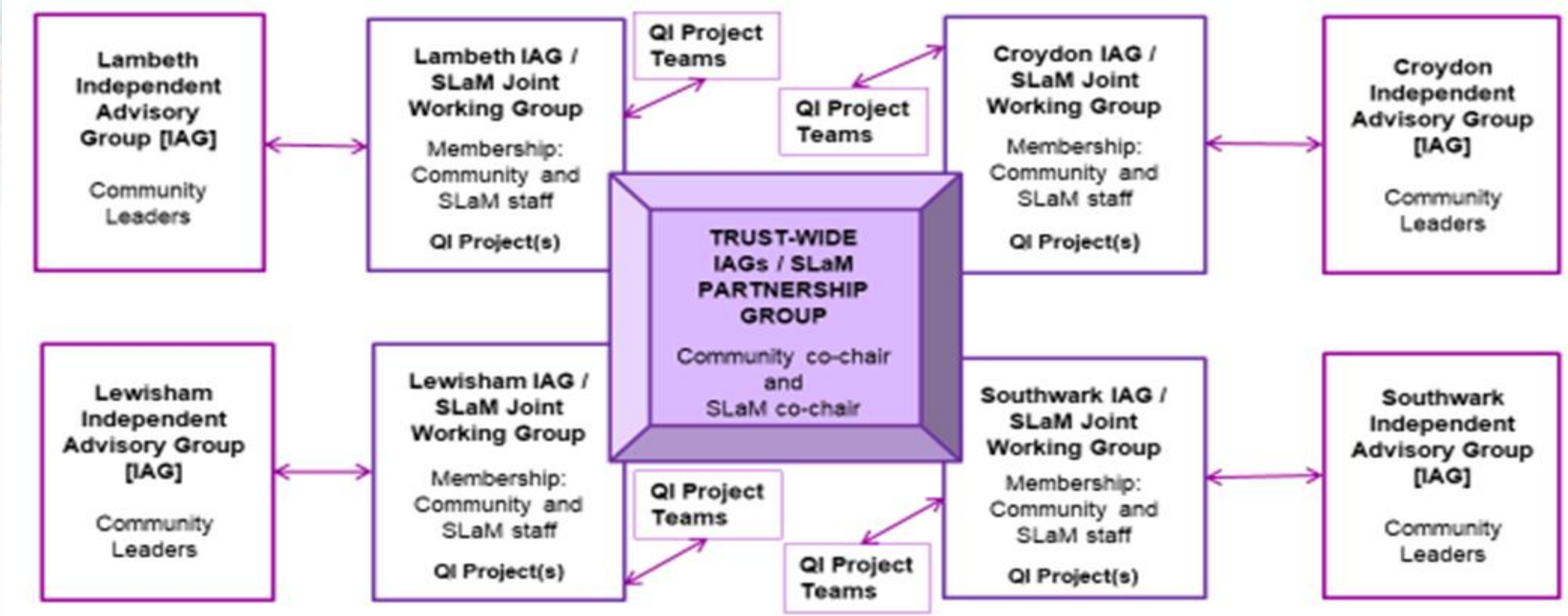
TAXI
MAUDSLEY HOSPITAL
#MaudsleyPCREF
SERVICE USERS & CARERS
Lambeth Black Thrive
CROYDON BME FORUM
NHS
South London and Maudsley
NHS Foundation Trust

South London and Maudsley
PCREF Partnership Governance

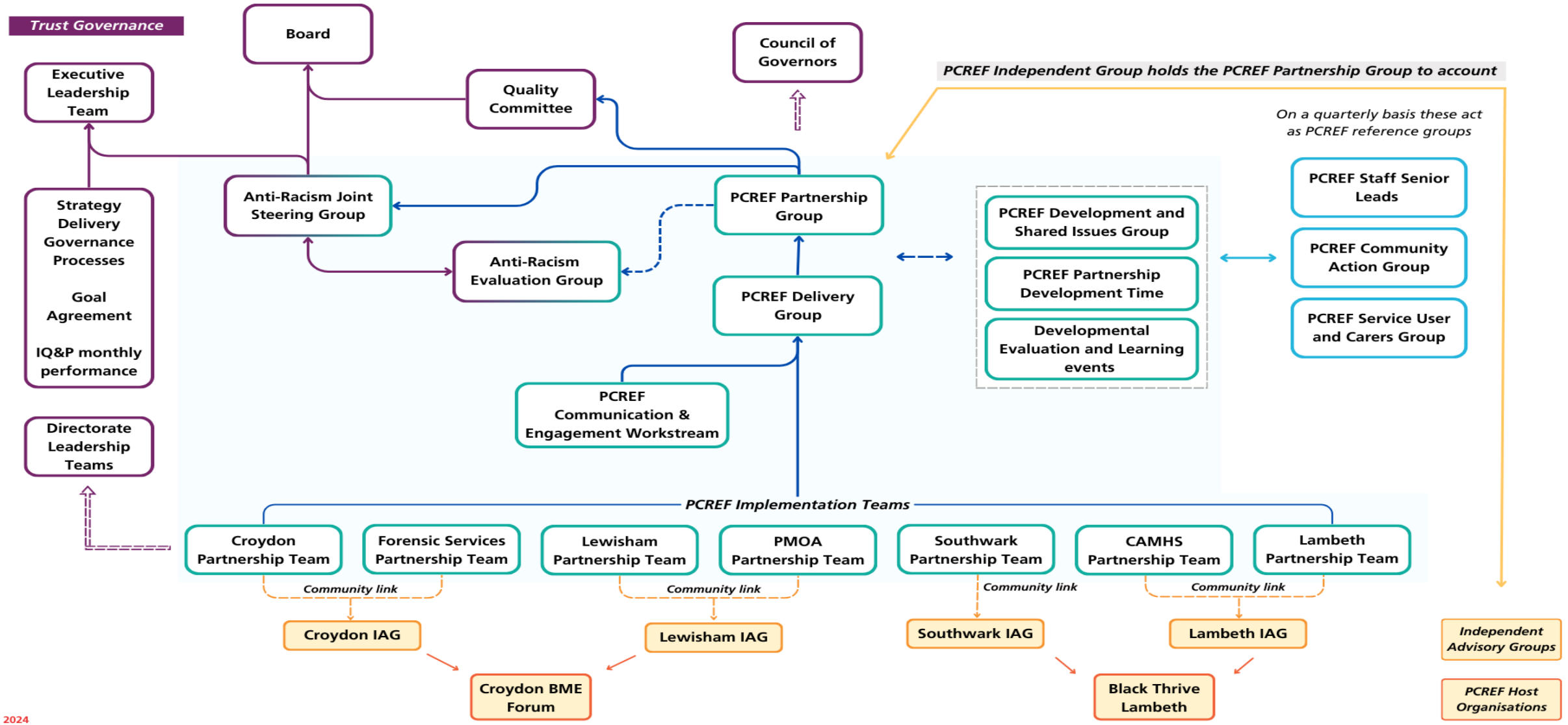
Our model considered an exemplar and used in launch material for PCREF

Governance – built on pre 2020 structures

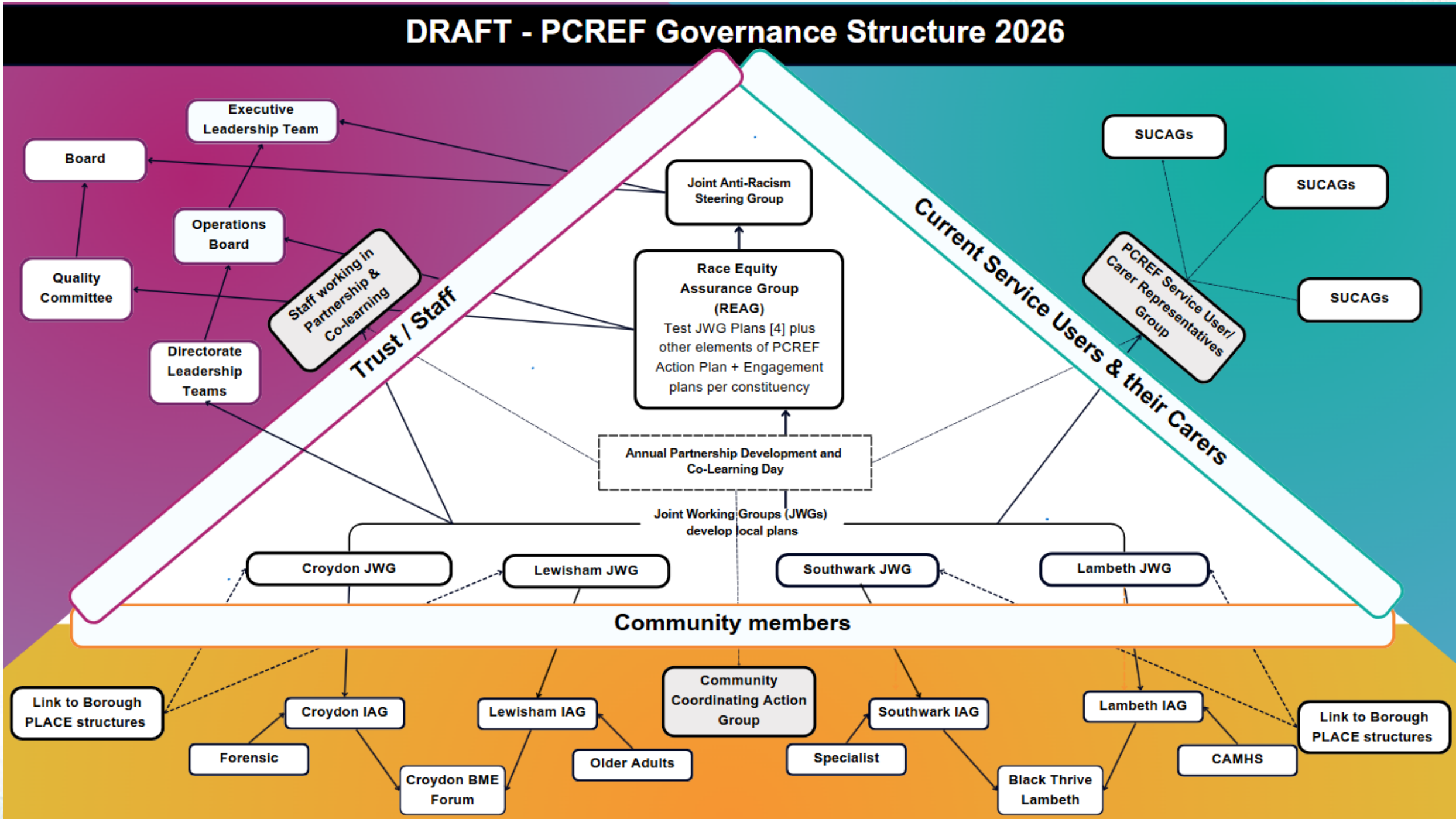


Governance - connecting Community and Trust: Triple Leadership throughout green coloured area

PCREF
South London and Maudsley
A partnership to achieve anti-racism and equity in mental health



DRAFT - PCREF Governance Structure 2026



Journey so far

[Roadmaps to embedding PCREF as Standard Operating Procedure in Annex]

THE JOURNEY SO FAR...

PCREF South London and Maudsley
A partnership to achieve anti-racism and equity in mental health

2020

Sept - Oct
Established available ethnicity data and gaps

Oct - Nov
Co-designed engagement events with staff, service users, carers and local communities

2021

Jan - Feb
Delivered a series of **six public events** to identify and review the needs assessment in each borough

Mar
Published the needs assessment data following the events

Apr - Jul
Allocation of Organisational Competencies to each borough based on the needs assessment

Aug - Nov
Delivered a series of **seven workshops**, using the *Waters of System Change* model

Nov
Launch of the PCREF Partnership Teams which comprise of service users, carers, community members and staff

A Joint Trust Strategy / PCREF Task & Finish Group established, and work began to develop the Trust's anti-racism definition and action plan

Dec
The Partnership Teams began developing proposals for their Change Idea projects in each borough

2022

Jan
4x borough **One Year On events and a Trustwide event** to share progress on PCREF

Feb
The Partnership Teams agreed their projects and the metrics to measure them

Mar - Apr
The Change Idea projects went to various Boards and Committees across the Trust for review

May
The Trust Board and PCREF Partnership Group approved:

- The Change Idea projects
- Task & Finish Group recommendations and anti-racism definition

Jun - Sept
The Partnership Teams began initial work to implement their projects and delivered local engagement events

Oct
The Trust launched its Anti-Racism vision statement - a commitment as part of its strategy

2023

Jan
Focused work began on PCREF Part 1 - ensuring we meet our statutory and legal obligations as a Mental Health Trust

Jan / Feb
Each Partnership Team agreed on their project plans and budgets for the next financial year

Feb
Began Goal Agreement within each directorate to ensure PCREF measures were part of their assessments

T&F Group reconvenes to support progress on the Trust's Anti-Racism Action Plan

Mar
Started hosting regular PCREF Lunch and Learn sessions online

Apr
PCREF Partnership continues to be invited to share its learning at events across the country in a variety of areas and sectors

May
The Trust launches its first Anti-Racism Action Plan

Jun
NHS England visited to film the PCREF Teams and Board members as part of their national launch

PCREF Annual Learning Event to update the public and collect feedback

Jun - Jul
Held a series of PCREF Anti-Racism creative workshops for staff - delivered by external artists

Jul
Trialled a Trust level PCREF quarterly report with Q1 data

Aug
Bid submitted to Maudsley Charity to fund:

- Change Idea projects
- Development of the IAGs via the Host Organisations

Sept
Start of the quarterly Partnership Development Times events to strength partnership working relationships

Oct
The Trusts Strategy update event focused on anti-racism including the work of PCREF

Nov
PCREF launched across England at an event hosted by NHS England - our Trust featured in the presentations & film

2024

Nov
We presented our PCREF approach at a number of events as an example of good practice:

- London Anti-Racism Collaboration Health Event
- NHS Confederation Conference for all NHS Chief Executives

Dec
Projects plans and budgets for each Partnership Team were finalised for inclusion in the Maudsley Charity Bid

Task and Finish Group [T&F Group] now named Joint Anti-Racism Steering Group
Many developments and much work in 2024 – just haven't found the time yet to write it down!

Part 2: National Organisational Competencies [NOCs] - change ideas development process

This work was undertaken in 2021/2022

Summary of Stages: Borough-based NOC development

Stage 3 [Sept-Oct 2021] Separately | **Stage 4 [Nov] Together** | **Stage 5 [Dec] Together**

4 Staff Problem Solving Groups [1 per Borough]
- Completed analysis using WoSC
- Completed mapping of existing projects
- Mapping NOCs to PCREF metrics
- Initial thoughts on change ideas to try

Each Group to present analysis to meeting of Service Directors Early November

Service User and Carers Reps Group
- Developed confidence and expertise in the NOCs
- Undertaken learning on any aspects they wish
- Built network of Borough based service users/carers
- Identified activist volunteers to join Workstreams
- Act as Reference Group for PG
- Nominated reps to LOCs* Task and Finish Group

Community Action Group
- Develop confidence and expertise in the NOCs
- Undertake learning on any aspects they wish
- Build network of Borough based IAG members
- Identify activist volunteers to join Workstreams
- Act as Reference Group for PG
- Nominate reps to LOCs* Task and Finish Group

18 November PCREF Partnership event
- Community
- SU/Carers
- Staff Groups [4]

to share thinking and analysis
- Start building PCREF Partnership Teams

Workforce NOC development held in abeyance pending Trust anti-racism plan

Borough-based PCREF Partnership Teams preparation of joint presentations on findings and proposed change ideas for public events [in January]

PCREF Partnership Teams presentations to public meetings

PCREF Pilot Sites Engagement event with NHSE 7 December

* LOC = Local Organisational Competency = Anti-Racism

www

Change Idea Projects

Final list different from initial one –evolved and changed as partnership working matured and all voices strengthen

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#	Change Ideas and organisational competencies		Description
A	**Croydon AMH:** Partnership Working Community (impacting in patients)		Targeted support for service users from Black backgrounds who use services intensely, aiming to reduce repeated admissions and inequity in detentions
B	**Croydon AMH:** Co-production Community		Implementing DIALOG+ within care planning, involving part-time DIALOG+ Supporters, aiming to improve equity in service access
C	**Lambeth AMH:** Cultural Awareness Community		In induction, supervision and appraisal, focus on cultural awareness both in self and others and impact of own cultural norms on our response to those of others
D	**Lambeth AMH:** Staff Knowledge and Awareness In Patient		Improve staff knowledge and awareness from a cultural and racial perspective, through workshops.
E	**Lewisham AMH:** Cultural Awareness Community (impacting in patients)		Enhancing staff competencies and tackling racial disparities around detentions under the MH Act through co-designed training and support.
F	**Southwark AMH:** Co-learning In Patient		Develop a jointly trained Co-Learning Group who will examine data on complaints/incidents; Champions on the wards working with live cases to prevent them becoming formal..
G	**Older Adults:** Staff Knowledge and Awareness (Lewisham IAG) : Community		Enhance accessibility and foster collaborative partnerships to facilitate culturally appropriate Dementia assessments for Black service users and follow-up.
H	**CAMHS:** Staff Knowledge and Awareness (Southwark IAG) Community		Establishing a best practice approach with schools ensuring equitable access to services for Black young people, so they can be replicated across Trust services.
I	**Forensic:** Cultural Awareness (Croydon IAG) Community		Developing cultural competence to enable staff to better support harm minimisation in substance use that could lead to recall / relapse

National Organisational Competencies - summary

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Our Workforce

Cultural Awareness

- Recognising and understanding the diverse cultural backgrounds of the communities a Trust serves

Staff Knowledge & Awareness

- Recognising and understanding the racialised experiences of the communities a Trust serves and overcoming biases and prejudices by acting upon them

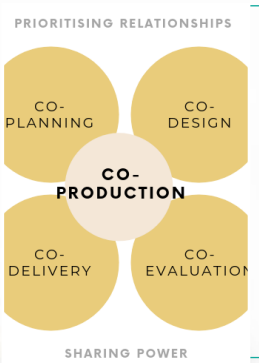
Workforce

- A culturally competent and diverse workforce that has a positive impact on patient and carers from racialised and ethnically and culturally diverse communities

The Way we do things here

Partnership Working

- Services work more closely with racialised and ethnically and culturally diverse communities, leaders and other organisations beyond the NHS, to support wellness and embed anti-oppressive partnership working



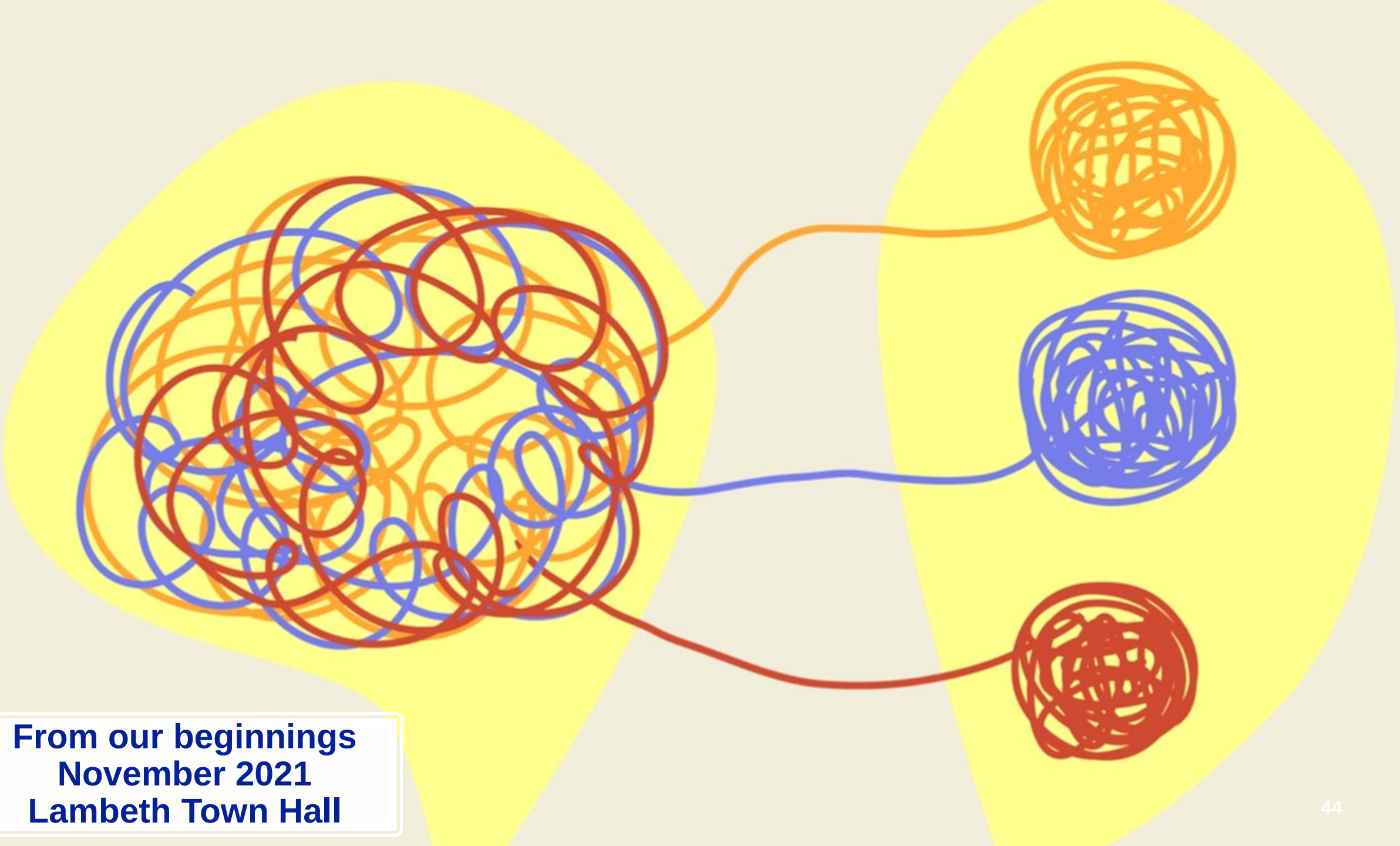
Co-production

- Ensuring ethnically, and culturally diverse patients and carers are treated as equal partners in decision making on their care and treatment plans.

Co-learning

- Two-way process that strengthens collaborative knowledge sharing beyond co-production principles and focuses on how Trusts can raise awareness of early intervention support amongst racialised and ethnically and culturally diverse communities

Group Agreement – Individual and Collective Accountability



From our beginnings
November 2021
Lambeth Town Hall

Our Group Agreement

Co-developed through an extensive process involving working in separate constituencies and in together spaces

1. Respect and value each other
2. Working in partnership with understanding
3. We are learning together
4. Empower the voices of all Black and Mixed Black people
5. Collective accountability for an effective PCREF delivery

Read out, together with the Purpose of the Meeting, at the beginning of all our PCREF Governance meetings

Overview

Our PCREF Governance model has been designed for us to:

- Work **collectively, strategically and systematically** to make change
- Bring into effect true ***Partnership Working***
- Bring together individuals who have a shared vision and purpose
- The Triple Leadership model ensures all **3 perspectives are heard equally**
- **Each Constituency** has a specific separate responsibility for action
- Together we collectively provide accountability, appropriate challenge and assurance

Areas of individual and collective responsibility
[from our Principles document]

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Service User and Carer Representatives

- Will the proposed changes improve service users and their carers experiences?
- Is there a sense of genuine *co-production* between them and clinicians / the Trust?
- What would a *co-learning* approach look like for them in receiving clinical services?

Community / IAG Representatives

- What do local people and local Black-led VSCEs understand about PCREF?
- How would they like to see it developed with and for the community?
- Is the information they receive enabling them to work in *Partnership* with the Trust?

Staff Representatives

- Do staff feel they have the *Knowledge and Awareness* and *Cultural Awareness* to eliminate racial inequity in services?
- Are the proposed changes feasible and scalable?
- Is PCREF visible at all levels and services within the Trust?

Developing our Vision

PCREF as a Standard Operating Procedure – 2026/27 and beyond: Developing a Vision

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- **NHSE PCREF Dashboard** [national, regional ICS and local] up and running so all our quarterly data can be compared with other Trusts; continual improvement in metrics [PCREF Part 1, 2, 3]
- **The National Organisational Competencies** are embedded as the way we do things around here, building on the learning from the 9 Pilot Change Ideas tested and evaluated in 2025 [PCREF Part 2]
- The **Feedback App/Mechanism** is being used by patients from racialised communities to provide real time feedback on their experience to providers; Pair DIALOG scoring undertaken by majority of patients with their clinicians and results used to identify and eliminate inequity [PCREF Part 3]
- IAGs along with communities and community organisations respond to the **PCREF Self-Assessment** [i.e., feedback on the mandatory PCREF Action Plan] – starting in April 2025
- Based on information from Part 1 and Part 3, Services routinely engage with current patients and their carers from racialised communities together with IAGs [interested citizens and appropriate VCSs] to **co-create improvement ideas**
- The Trust is **leading anti-racism in mental health** across all its activities - taking a learning approach to all its delivery using the Toolkit to name racism and eliminate it wherever it is found

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Draft

PCREF Strategy on a Page 2025/26

From Concept to Culture!

VISION: The Standard Operating Procedure of the Trust is that we are in an iterative, participative *partnership* with our racialised communities and service users and their carers such that we are *co-learning* with them and together *co-producing* equity of access, experience and outcomes for all.

NHS South London and Maudsley NHS Foundation Trust

Aims	Outcomes
As people from racialised communities who use services and those that care for us, we will feel safe to access mental health services confident that it has our best interests at heart	• SUCAGs each have a 50% representation from racialised communities • PCREF SUCAGs are working well in a bi-directional way with current patients and their carers from racialised communities – focus for development of this engagement particularly those living in the community
As local racialised community members who care about the need for mental health services to improve, we will engage with the Trust confident that we can work well in partnership together	• IAGs thriving and well-connected with local relevant VCSEs • IAGs well-connected with their populations on a bi-directional basis • JWGs up and running and working well as iterative, participative partnership groups ensuring that all three constituencies that members of the JWG represent, are fully engaged.
As staff who want to ensure that there is equity in everything we do, we will ensure we have the *cultural awareness* and *staff knowledge* to deliver equity in our services and experience equity in our employment	• Staff are confident in talking about racism and spotting it in play within clinical services • Staff have the tools needed to tackle racial inequity in our services and measure that our change ideas are being effective in eliminating racism and its impacts • Our organisation is renowned for taking action and feeding back when racism is raised as an issue. • Each of us knows it is our personal and professional responsibility to raise concerns about racism straight away.

Goals for 2025/26

1. The development of Equity of AEO in all our services; monitored through the IQ&P System
2. Professional Standards anti-racism embedded
3. Learning from Pilot Change Ideas embedded in Business Planning for 2026/27
4. Diagnosis and Medication Metrics part of the suite of key metrics measured for Board
5. Add additional metric to track length of time patients can avoid in-patient admission
6. Determine an effective Patient Feedback response mechanism - priority is for service users in the community
7. Include Equity audit in Tendable [quality and safety] to be reviewed by JWGs
8. Triangle of Care Star2 development discussed with each JWG
9. Establish the new Governance structures
10. Host Organisations develop and maintain connection with local VCSEs from racialised communities
11. Host Organisations fully support IAGs and identify ways for ongoing resourcing

Naming Racism – Tackling Causes

Anti-Racism Vision Statement launched October 2022

The Trust, as a mental health service provider, ***aims to apply anti-racism approaches to remove the conditions that hold systemic racism in place.*** *These are conditions where bias and prejudice are built into systems, policies, processes, resource flows, practices, relationships and connections, power dynamics and mental models. We will:*

- *ensure our organisational leadership and culture will embody anti-racism*
- *be an anti-racism employer and workplace*
- *collaborate with the mental health sector and our partners to promote, and evaluate, our anti-racism approach*
- *incorporate an anti-racism agenda into our organisational development; our training, education and research work and our innovations*
- *integrate anti-racism into our brand, media campaigns and communications*
- *nurture an environment of listening, learning and unlearning racism*
- *embed anti-racism in all that we do to ensure better access, outcomes and experience for our service users, carers and the communities we serve*

Anti-Racism Plan agreed May 2023 - Areas for Focused Action

Five main workstreams

- Services – PCREF
- Workforce
- Communications and Engagement
- Research
- Working with Police

Emerging work areas through the Joint Anti-Racism Steering Group

- Procurement
- Policies and Practices including Equality Impact Assessments
- Professional and Managerial action driving anti-racism in services and workforce
- Professional and Quality/Safety Standards

Governance and Accountability

The Trust is using several mechanisms to ensure transparency and accountability on its Anti-Racism Plan progress. These include:

Ongoing check and challenge from the Joint Anti-Racism Steering Group [JARSG] throughout the year. Jointly chaired by Dr Jacqui Dyer [Community] and Zoë Reed [Trust] with equal representation from PCREF Service User/Carer reps and IAGs [Independent Advisory Group] Community reps as well as Staff reps and Trust Board/Senior Leadership. Staff from all key areas of the Anti-Racism Plan attend to present their progress.

The Trust Board reviews progress on an annual basis. Quality Committee 6 monthly.

The bi-annual public Strategy Progress events – all strategy events update on progress.

The PCREF Developmental Evaluation Workstream - with triple leadership [i.e. service user/carer, community and staff reps] - is evaluating progress on the implementation.

As part of our business-as-usual arrangements for monitoring strategic delivery, progress is reviewed by the Executive Leadership Team on a monthly basis via the Strategy Deployment Room (SDR) meetings.

Part 2: Evaluation Approach
- Results must be respected by all three partner constituencies

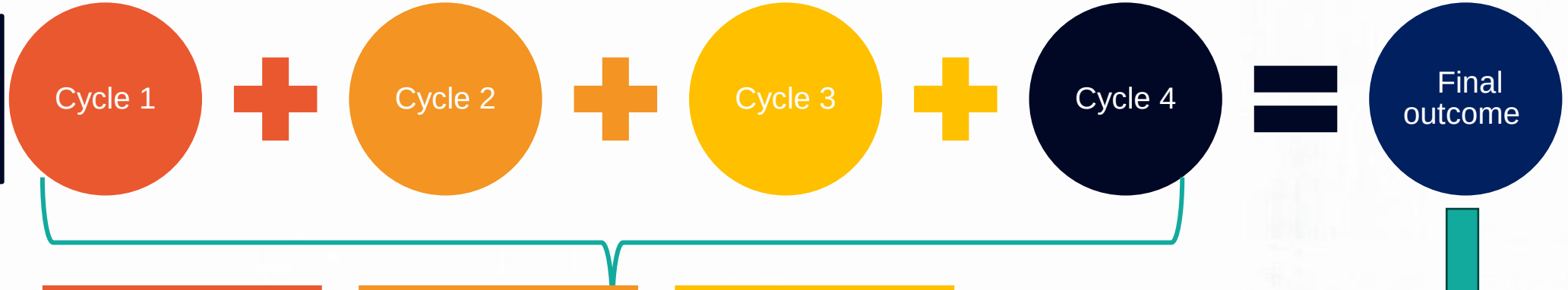
Initial discussions centred on how to identify an evaluation methodology that recognised the complexities of working in partnership and that could accommodate ideas adapting and changing, and that everyone could get behind

- Community [Host Organisation] proposed Developmental Evaluation
- Trust proposed PROCTOR Framework

This has resulted in our quarterly evaluation system looking at qualitative as well as quantitative data

Developmental Evaluation And Learning [DEAL]

f/y 24/25 Q2



Patient Outcomes	Service Outcomes	Implementation Measures
• DIALOG • PEDIC	• LOS • Treatment adherence	• Adoption • Sustainability

Health Economic Assessment

Scalability/ Affordability Assessment

Business Planning 26/27 start Upscale

Embed into practice

Diagnosis and Medication tbc

TOOLS TO TACKLE INEQUITY: Water of Systems Change [WoSC]:

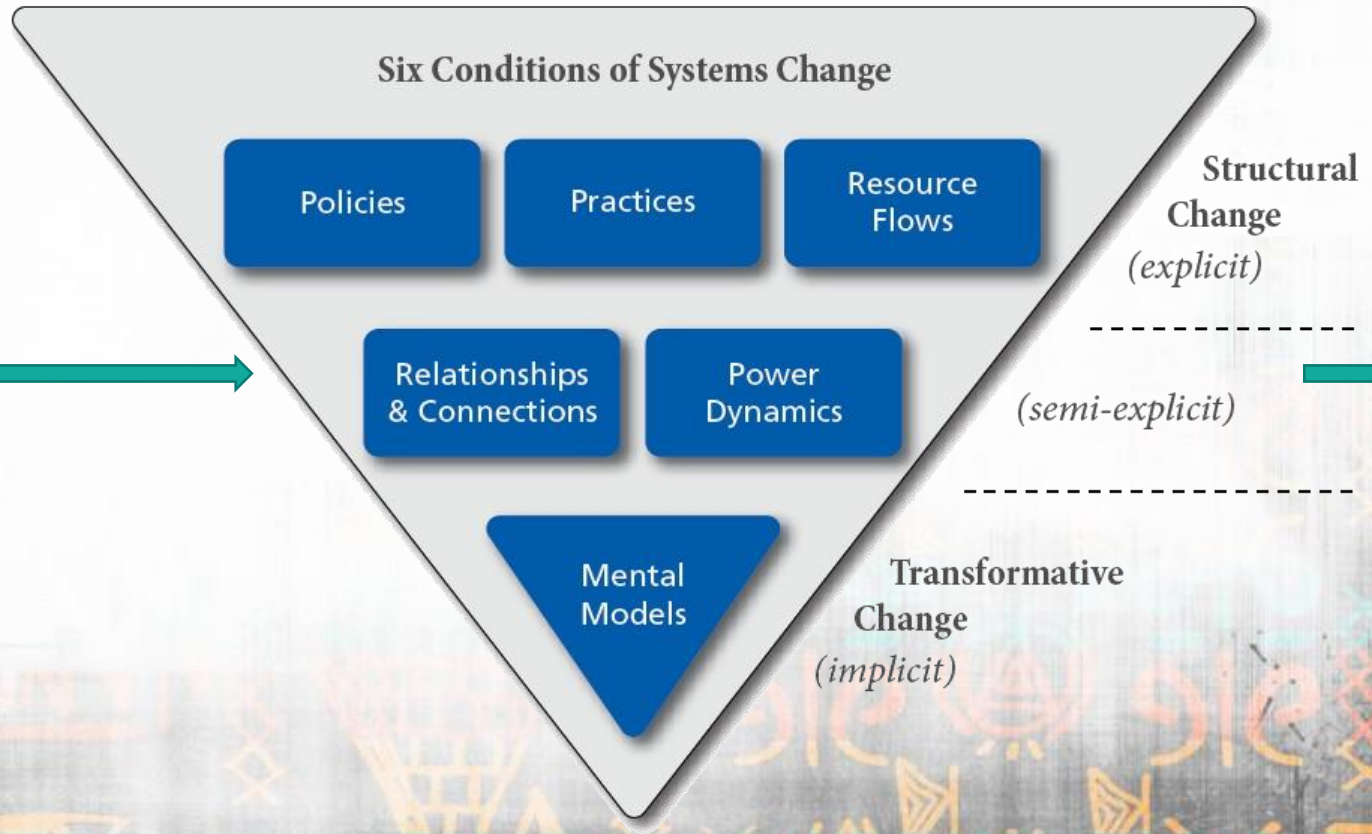
Shifting the Conditions holding the problem of racial disparity in place

Action at Trust wide and local Team level

Each Anti-Racism Plan component undertakes this analysis;

Each Team given Toolkit to do local work on an identified problem of inequity

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE



Team level and Trust level Change Ideas with quarterly evaluation can then evidence that the Trust is leading anti-racism in mental health as everyone is taking action

www.slam.nhs.uk/PCREF

3 Levels of Racism – A theoretical Framework;
[blended with WoSC in Toolkit to complete the analysis]

Nathan Stanley, Black Thrive ppt - summary of Jones, 2000

1) Institutionalised Racism

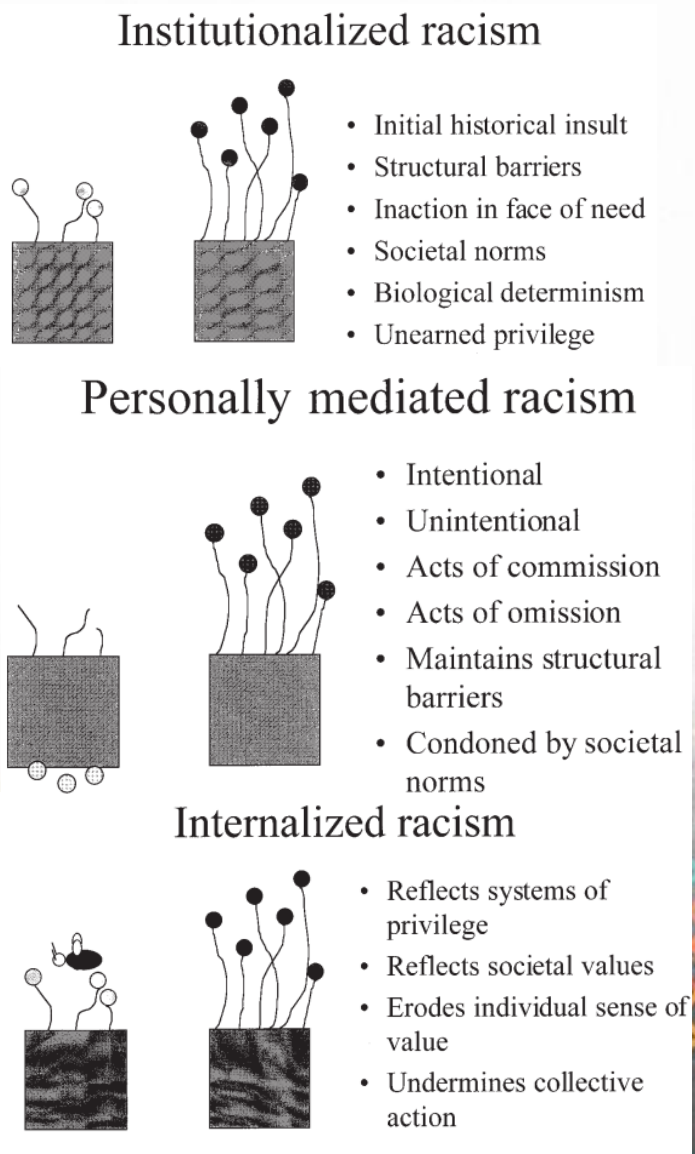
- Material Conditions
- Access to Power

2) Personally Mediated Racism

- Prejudice
- Discrimination

3) Internalised Racism

- Acceptance of negative messages about own abilities



Anti-Racism Developmental Evaluation Toolkit: 2 documents (i) Context (ii) Guidance Provides a Tool to implement these concepts

Documents developed by Evaluation Lead from Global Black Thrive (local Black-led VCSE) working in partnership with PCREF Joint Strategic Leads.

Documents being tested and improved through working with staff and teams across the Trust.

A few final thoughts

Implementing PCREF –some key aspects [1/3]

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- **Genuine Partnership working**
  - Genuine partnership with local Black-led VCSE; community members and service users and their carers must be evidenced through governance
  - Essential to recognise the impact of power imbalance across all dimensions
- **Clarity on what PCREF is and what it isn't**
  - Driven by our data – initial focus on eliminating racial inequity for Black Citizens
  - PCREF is not about community engagement per se – it is about partnership working in order to change Trust services to eliminate inequity
  - PCREF is not about general improvement – it is about eliminating racial disparity in access, experience and outcomes. A Quality and Safety issue.
- **Getting the Governance right – and keep refining**
  - Everything in partnership – co-design and co-delivery
  - Triple leadership of all governance arrangements and in everything we do
  - Strengthening the Independent Accountability is crucial to earning trust

Implementing PCREF –some key aspects [2/3]

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- **Mainstreaming from the outset**
  - Agree metrics and build into routine performance monitoring and Board reporting
  - Align where we can but remember *the PCREF approach is different* - so initially guard against being absorbed into other programmes and losing focus and impetus - until fully embedded and the PCREF Approach becomes the Standard Operating Procedure of the Trust
- **Shifting the Conditions that are holding the Problem in Place.**
  - Co-Design the Programme to tackle policies; practices; resource flows; relationships & connections; power dynamics; mental models
  - Ensure change ideas will eventually impact all staff in every service
  - Documenting the Policy and Practice improvements as we go
- **Central to the Trust's Strategy 2021-2026**
  - Quadruple constituency equal membership of Joint Anti-Racism Steering Group defined anti-racism and building trust and confidence of racialised communities in the organisation; provides check and challenge of implementation and ensuring there is evaluation of the interventions and activities in the name of anti-racism to provide evidence that they are delivering the Strategy Commitments
    - to take PCREF to scale across all services
    - to be leading anti-racism in mental health by 2026

Implementing PCREF –some key aspects [3/3]

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- **Triple Leadership driving change**
  - **Trusting the process to get it right**. Service Users and Carers, Community Leaders and Staff have come together in Borough-based problem-solving teams to develop and test out ideas that will embed organisational competencies and eliminate racial disparity in local services. Budgets and decision-making held by the Triple Leadership Teams

- **Evaluate and Evolve as you go**
  - Evaluation Framework must be collaboratively developed - the concept of Developmental Evaluation came from the Community; the PROCTOR Framework came from the Trust; everyone signed up to tracking progress in this way quarterly and adjusting the change ideas if they aren't delivering the improvements we all want to see – includes hard metrics and qualitative questions

PCREF – what we aim to achieve

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- Service users from racialised and marginalised communities (and their families and carers) should feel **more involved** with the organisation and see opportunities to work in partnership to develop and review local PCREF plans.
- They will also feel that their **voice is being heard**, including with the Trust Board of Directors.
- Service users and patients will know that their experience is being **listened to** as the organisation will regularly look at data and review their feedback to help make continual improvements to services.
- They will know **how to give feedback** and will feel comfortable and confident to do so.
- **Services will be better tailored to the needs of the community**.

With **all of us** in mind.

Reducing inequalities and tackling discrimination: summary of activity to date

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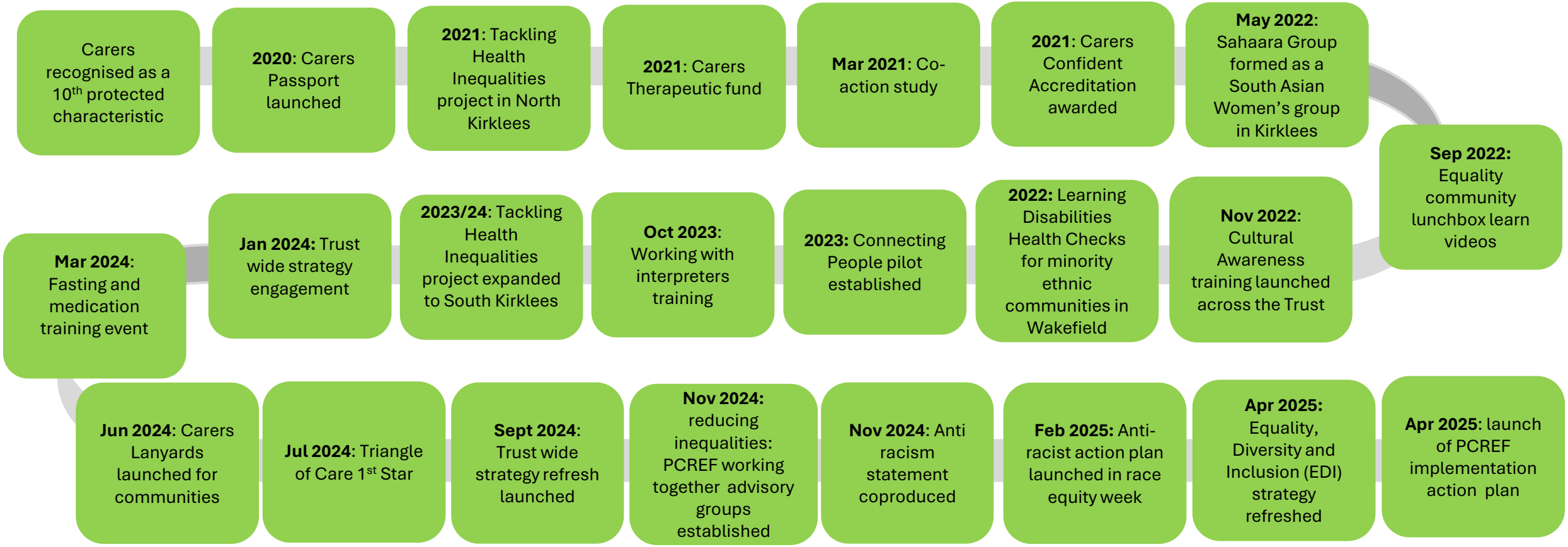

With **all of us** in mind.

Our approach to implement PCREF

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We know that to truly and sustainably embed the PCREF into the design and delivery of our services, it requires a partnership approach:

- We are committed to better understanding the experiences of those accessing and those supporting people to access our services and so, our approach is led by what our communities are telling us matters to them.
- As an organisation we recognise carers as the 10th protected characteristic and know that families and carers matter. When we talk about communities and our service users, this also includes families and carers of those accessing or those who may access our services.
- We know it's important that we remain respectful, honest, open and transparent in everything we do. People's lived experiences are not always positive, and we need to ensure we are actively considering this and mindful of being trauma informed. Our approach aims to ensure that we continue to engage with our communities, our workforce, and our partner organisations, communicating using language and approaches that appropriately reflect the audience.
- We understand the importance of setting clear milestones and having regular review points to check and balance with our communities that the right changes are happening across our services and teams.

Our PCREF journey so far:

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- We have established an executive board lead and governance structures including communities and workforce involvement with accountability and leadership across the organisation.
- Undertook a trust-wide exercise and together we completed the PCREF self assessment across all 3 domains and identified where we are strong and areas for improvement.
- Developed a communications action plan to ensure the whole organisation is aware of its responsibilities in implementing PCREF improvement action plan
- Agreed approach for implementing a ‘real time’ and transparent feedback loop for racialised and ethnically and culturally diverse communities.
- Adopted a data driven quality improvement programme management approach. Using data, information and understanding in decision making. With a commitment to systematic collection and analysis of data (both numbers and voice) according to protected characteristics to develop understanding and as the basis for our decisions. Established internal and external working together advisory groups, meeting every 2-4 weeks initially, to kick start the foundations of a feedback loop with our racialised and ethnically and culturally diverse communities and co-develop the PCREF improvement action plan.

PCREF Governance Structure

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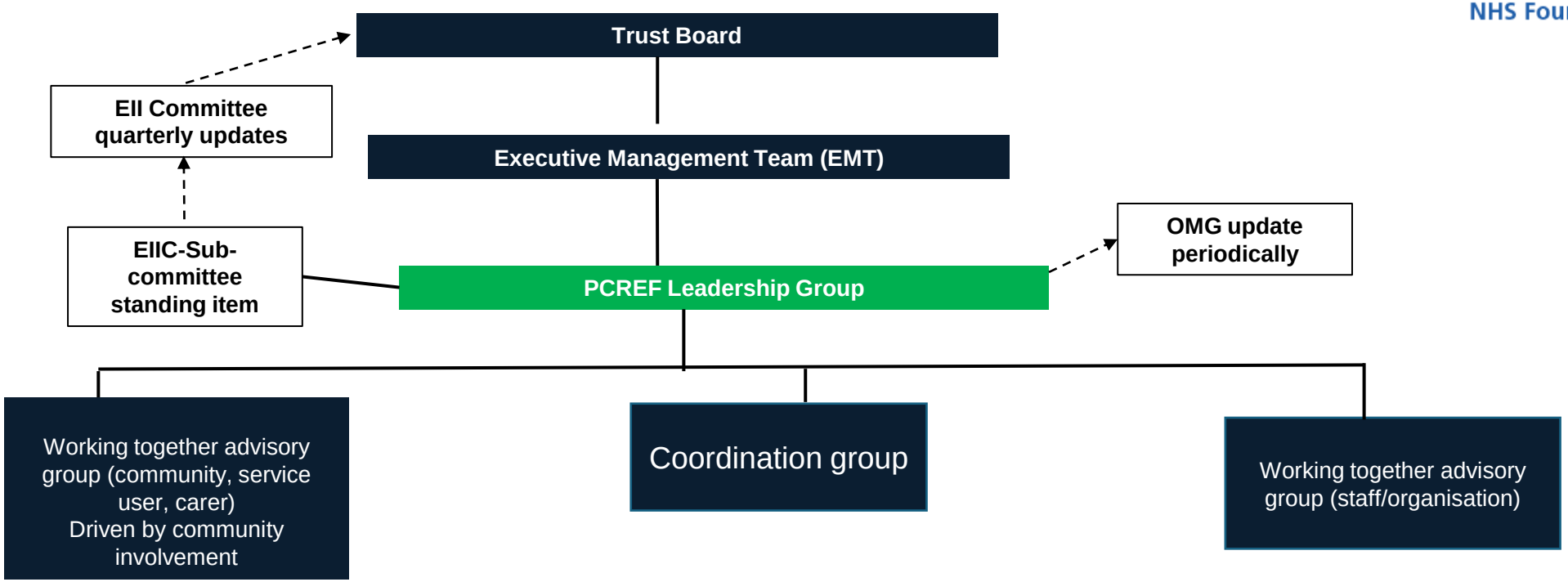

Achievements of PCREF working together groups so far since October 2024:

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- Codeveloped Trust Equality Diversity and Inclusion Strategy
- Codeveloped Anti Racist statement and undertook self assessment
- Undertook stakeholder analysis to identify SWYPFT communities connections and identify gaps to improve working together and external stakeholder engagement across all of our localities.
- Undertook PCREF self assessment, explored gaps and identify priorities for improvement to inform the PCREF action plan (more about that later)
- Codeveloped an approach to improving use of Equality data, to empower colleagues to have better conversations about equality data and understand the purpose of equality data collection.
- We have collated and scoped key reporting metrics.

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EDI strategy

Strategic aims		Areas covered		
		Colleagues	Public	Both
Area	**Strategic aim**			
Strengthen our approach to EDI	One: We will strengthen our approach and **weave EDI through everything that we do** so it is easier to do the right thing			■
Embrace Equality	Two: Consistently address health inequalities across our services, ensuring we are inclusive and working to minimise the impact of deprivation and the wider determinants of health*		■	
	Three: We will **actively address equality** for the people we serve and our colleagues			■
Recognise Diversity	Four: We will ensure we **recognise and value diversity** through the systematic **collection and analysis of data** (both numbers and voice) according to protected characteristics. We will use this to **develop understanding** and as the basis for our **decisions**			■
Deliver inclusivity	Five: We will ensure inclusive practices with #allofusinmind so that our colleagues feel they belong, are proud to work here and want to stay*	■		
	Six: We will **truly listen** to all our communities and **demonstrate the difference we make** to those we serve			■

With **all of us** in mind.

Feedback mechanisms

Our approach heavily relies on creating physical and psychological safe spaces for our communities (including our workforce) to share their experiences and tell us how things look, sound and feel for them when they, or people they know, access our services.

- ✓ Connecting People Programme
- ✓ Members
- ✓ Governors
- ✓ Healthwatch
- ✓ VCSE
- ✓ Staff networks
- ✓ Carers network
- ✓ Independent advisory groups
- ✓ Patient Experience
- ✓ Customer service
- ✓ Volunteers
- ✓ Peer support workers

Recent examples: in 2024, over 150 trained community involvement peers had conversations with our communities (involved over 1500 people) which was used to inform the Trust Strategy refresh and Older Peoples Services Consultation

Our current reach as identified through our external working well together advisory group

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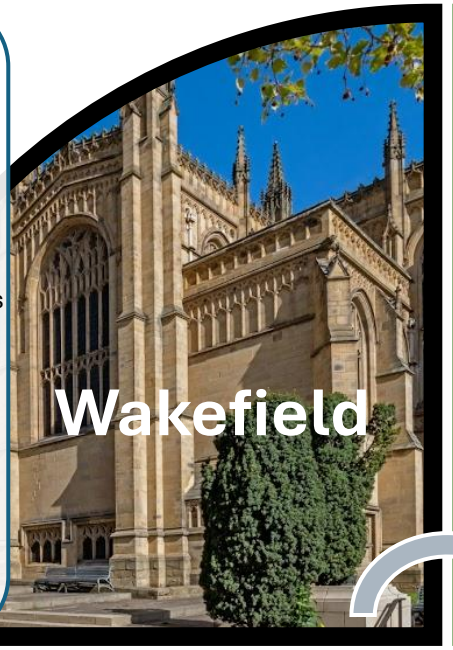
Wakefield

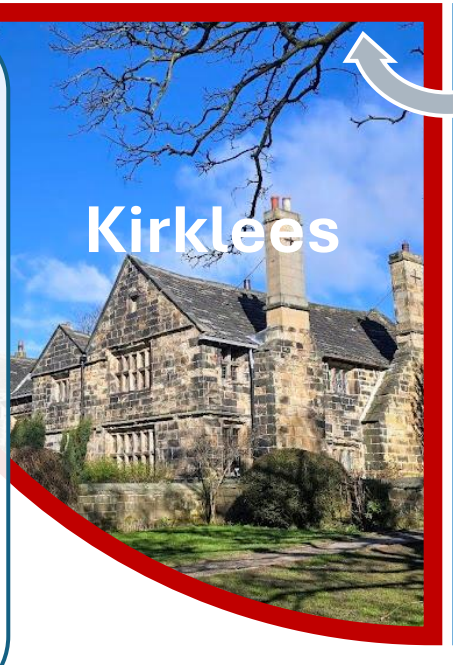


- GASPED
- Lived Well
- Humanity 1st
- NOVA
- Swafia mosque
- Duke of York St Mosque
- Madina Masjid
- Muslim Bereavement services
- MAN matters
- Social care - learning difficulties
- Services - Millenium Care
- Alternative care etc - Comphill
- Social Services LD East & West
- Primary care development staff
- GP Practices - connects
- PCN Buisness managers
- St Swithnas community centre
- Madina Masjid
- Special schools - Highfields & Oakfield Park
- LD England
- NOVA
- One Ummah
- SENCO and Senard
- Cloverleaf Self advantage
- Amina (One Ummah)
- Wakefield hospice - Prince Wales
- Pontefract Hospice
- Co-Active
- Akef Akbar
- NHS Recovery College
- Maternity Voices Partnerships
- Lightwaves centre Wakefield
- Masjid Swafia
- Masjid Chausra Institute
- Aghrigg Community centre

Barnsley

- Roya Pourali (Inclusion lead NHS)
- SMASH
- Barnsley Mosque
- Barnsley Gujarati Community
- Northern College
- HEPC NHS Liver
- D&A Services
- Long term project at Kendray Hospital
- Hospital Rooms - art and mental health - transforming units with artwork
- Inpatient and community - art and creative activities
- Strategic Health

Kirklees



- Family and Friend Carer reps
- Kirklees council social care co-production partner
- West Yorkshire Sukide prevention
- Befriender
- Support Bereaved Families via compassionate friends charity
- ForgetMe Not - Hospice
- Masoon Care - BAME adult care
- Gemz - young carers
- Salma Zaman fitness and Leisure
- TSL
- TAG
- Community fund
- Local mosque
- Masoom care
- Sandy Mount
- community plus
- Methodist Mission
- Oasis care
- Talk Menopause
- South Asian communities
- Churches
- Hudawi Asset Conscrtium
- Jamaica National
- KEDCN
- Oasis Care
- KLTV
- HEPC, NHS, Drug and Alcohol
- Temples
- Mosques
- Gurdwara's
- KEDCN (Kirklees diverse communities) 250 members
- Statutory Organisations
- community groups
- Faith Leaders
- Politicians
- Sports/Leisure
- Educational Leads

Calderdale

- Healthwatch
- Kirkwood Hospice
- Huddersfield Town Foundation
- Halifax Partners
- ROKT Foundation
- Ebenezer Centre Homeless
- Basement Project
- Kirklees Young Carers
- Halifax Opportunities Trust
- Women Centre
- Strategic Health
- HEPC Trust
- Drug and Alcohol services
- NHS Liver care
- Council of Mosques
- UC3
- Green Dome Trust
- British Muslim Association
- Muslim Youth Movement
- CC Calderdale
- Talkthru
- Maternity voices partnerships
- Perinatal Mental Health
- Calderdale Royal Hospital
- Health Visitors
- Midwives
- Calderdale college
- Crossley Health Sixth form
- Halifax Opportunity Trust
- Women's Activity Centre
- Calderdale Council Equality
- Laura Mitchell Centre
- Calderdale Hospital
- Youth Concern Action Group
- Halifax Opps Trust
- St Augustines Asylum & Refugee Support

Our PCREF actions are led by what our communities are telling us matters to them.

Throughout our work we will continue to actively gather and share insight to drive out actions in reducing race disparity to ensure our communities feel safe, listened to, valued and understood, and have equal access, experience and outcomes when using our services.

At the regular working together advisory group meetings we took part in some exercises which identified priorities for improvement and began to codevelop an action plan to implement these improvements.

This coordinated effort is central to our commitment to transforming the patient and carer experience by addressing racial disparities in outcomes.

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With **all of us** in mind.

You said the priority areas of focus should be:

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To create real change, need to challenge EDI practices

Address gaps in community experiences and outcomes

community collaboration

Using data and standards to measure and inform improvement

Build a workforce representative of our community

Seek feedback from those critically placed in communities

early intervention, and community-driven services

culturally competent and personalised care

Connect this work with other organisations

Advertise what we do as a Trust and signpost what is commissioned elsewhere

a more cohesive community is a healthy community

Providing equitable service access

Improve outcomes for carers and BAME communities .

"The right support will be available when me and my family need it. Support will be easy to access and responsive to my needs in an immediate practical and emotional way."

You raised concerns about:

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Digital exclusion – look at what can be done to support/reduce exclusion

Availability of resources and funding to progress work at local level

involve the wider community to reduce imprinting our own biases

This work becoming another tick box exercise

don't have a strong understanding of our services and our offers

Impact of wider community issues like closure of sports centres

culturally delivered services can't just be data driven, need to be customer focused.

Look at who's in the room, but also who's not in the room… need reflective representation

Find ways of connecting initiatives – health police etc to support communities that need it

acknowledgement that mental health is a taboo subject amongst a lot of communities and differs across age range

Not being informed of service improvements made when have given feedback

Lots of good practice from local communities if only you would work together

With **all of us** in mind.

So far, we have used this feedback to

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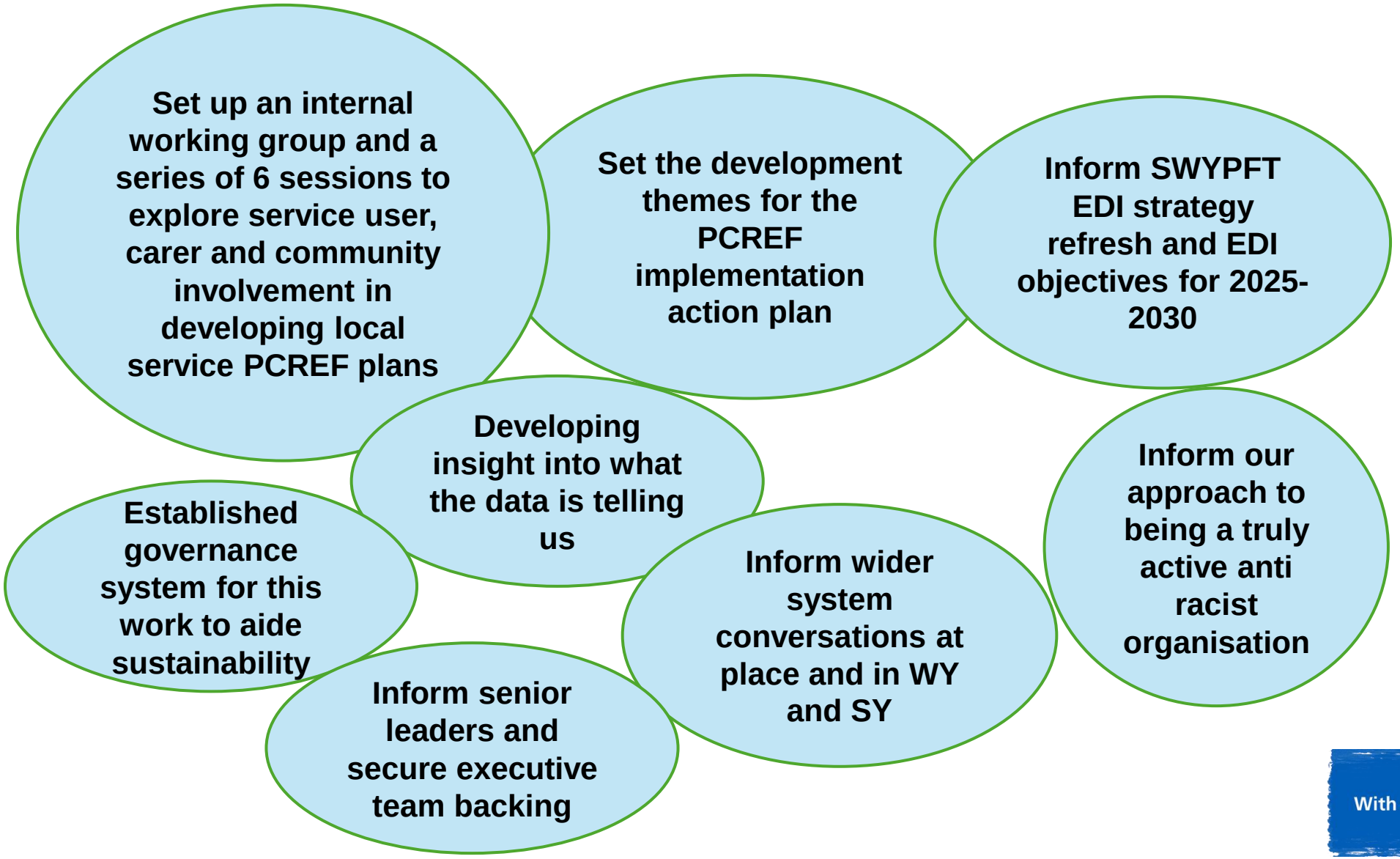

What our workforce want us to focus on

- **Collaboration with External Organisations**: Engaging GPs, community groups, public health initiatives, and external advisors to enhance patient and carer engagement.
- **Amplifying community voice**: Expanding feedback mechanisms (e.g., surveys, patient group meetings, friends and family forms) to collect more detailed insights.
- **Community-Based Initiatives**: Learning from successful programs (e.g., smoking services, Live Well services) and exploring their applicability.
- **Addressing Health Inequalities**: Collaborating with local public health teams to utilize existing data and insights on health inequalities.
- **Knowledge Sharing**: Strengthening regional partnerships (e.g., South and West Yorkshire) to share resources and best practices.
- Opportunity to comment on policies
- Leadership role modelling behaviours
- **Equality impact assessments**; consistency in approach and making them more meaningful
- **Data -** Understanding of how to gather and compare data. Data capture to include country of origin not just ethnicity
- **Creating truly safe spaces** for our workforce to share their views and experiences

Our PCREF programme is focused on the three core framework components also known as **our priorities:**

Part 1: Leadership and Governance – Legislative and Regulatory Obligations (Leadership and Governance) – Our Trust's Board will be leading on establishing and monitoring plans of action which fulfil our statutory and legal requirements. Our PCREF approach will demonstrate compliance against six requirements, through several areas that will be monitored and reviewed by the Trust Board.

Our PCREF programme is focused on the three core components also known as our priorities:

Part 2: National Organisational Competencies (NOCs) – these are ten core competencies a culturally responsible mental health service should demonstrate. At our Trust, Part 2 is broken down into three key areas:

- **NOCs Change Ideas:** Our Trust chose six priority areas to explore and will work with our communities to develop ‘change ideas’ to address local issues.
- **Reducing Health Inequalities:** The Trust made a commitment in it’s Strategy to actively reduce health inequalities as a priority focus.
- **Becoming a truly anti-racist organisation:** The Trust is working towards bronze status by June 2025 under the North West BAME Anti-Racist Framework

Our PCREF programme is focused on the three core components also known as our priorities:

Part 3: The Patient and Carers Feedback Mechanism – this component seeks to embed patient and carer voices at the heart of the planning, implementation and learning cycle.

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With **all of us** in mind.

Our PCREF plan:

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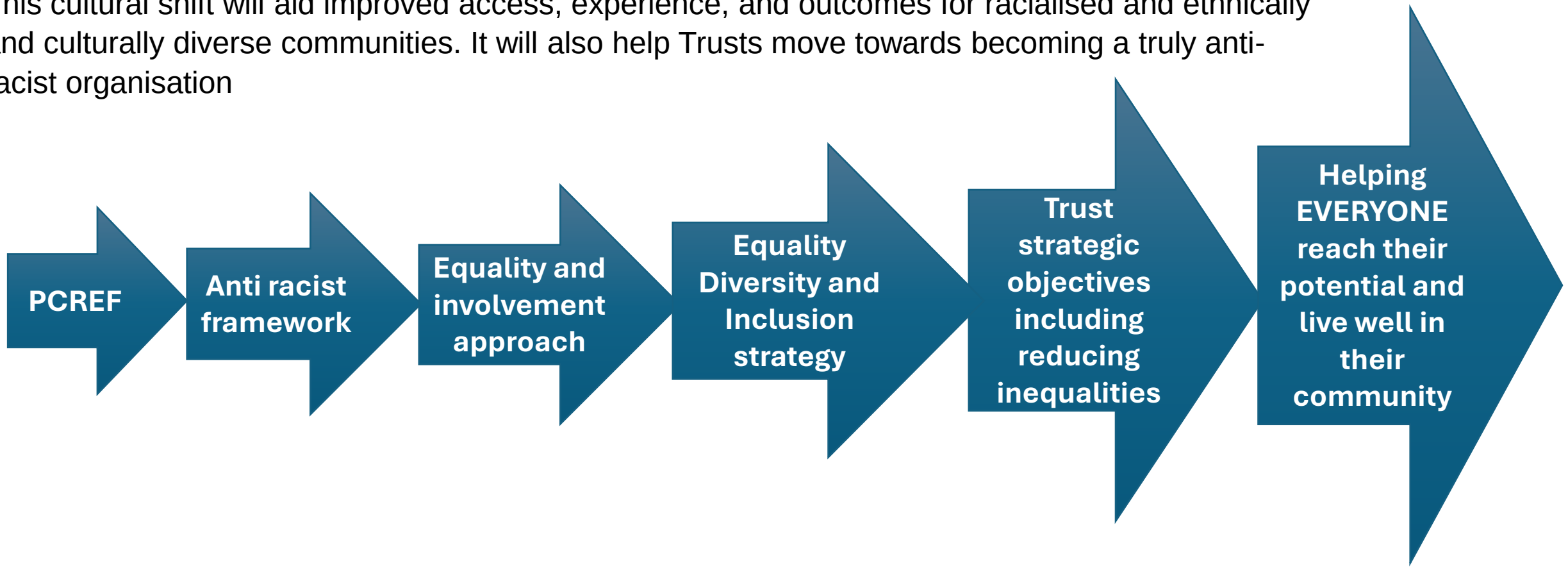
Our main driver is to weave **PCREF actions into all parts of our business**. PCREF sets the foundations for improvement in our work towards actively involving our service users and carers in decision making, and improving their access, experiences and outcomes.

This cultural shift will aid improved access, experience, and outcomes for racialised and ethnically and culturally diverse communities. It will also help Trusts move towards becoming a truly anti-racist organisation



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Our priority areas of action:

1. **Data improvement.** Data and insights will continue to be prioritised as a critical element in advancing an equitable, effective and accountable mental health system across Barnsley, Calderdale, Kirklees and Wakefield (South West Yorkshire). We aim to understand common gaps and challenges and identify limitations and biases regarding data collection, availability and systems to develop a Trust wide approach to improving data collection and data use for protected groups so we can improve our understanding of communities and impacts to make a difference to the access, experience and outcomes of our communities.
2. **Cultural awareness.** To fully deliver person centred and trauma informed health and care cultural awareness of the dynamic values and beliefs of different cultures is essential to promote equal opportunities around access, experience and outcomes for our communities.
3. **Experts by experience.** We recognise our communities as experts by experience and aim to develop robust processes and approaches to improve the design and delivery of our health and care services. Offering our communities meaningful opportunities to share their views and experiences, and influence change across the Trust.

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Our priority areas

4. Partnership working. For this programme of work to be embedded sustainably and meaningfully, we can not work in isolation. We are committed to building on and strengthening our relationships with partner organisations to promote shared learning and actively reduce health inequalities.

5. Workforce. Our workforce are pivotal to the success of the implementation of PCREF, but we also recognise that our workforce are members of our communities, and for some will be directly or indirectly accessing our services. We want to continue to develop a more racially diverse workforce to support provision of quality, culturally appropriate and non-discriminatory health and care outcomes for racialised and marginalised communities.

6. Quality Improvement Approach. #allofusimprove is the Trust approach to quality improvement. This approach ensures we have a robust way of identifying opportunities for improvement, working through ideas for change, measuring the impact of any QI changes and promote conversations that help to build a greater level of understanding and insight into the processes operating within our systems and how we can make them better for people.

PCREF 2025/26 Action Plan

NHS South West Yorkshire Partnership NHS Foundation Trust

Overarching aim: To improve access, experience and outcomes for our racialised and marginalised communities across Barnsley, Wakefield, Kirklees and Calderdale.

Data improvement

Actions 2024/25:

1. Monitor differential experience and outcome measures, disaggregated by ethnicity, across all service pathways within the Trust.
2. Routinely share patient experience survey and FFT feedback including equality data with services.
3. Data capture to include country of origin not just ethnicity
4. Equality Impact Assessments demonstrate consideration of any potential impact through the lens of PCREF and provide mitigation and assurance.

Cultural awareness, staff knowledge and awareness

Actions 2024/25:

1. Refresh training and induction resources to include PCREF and anti racist guidance as part of EDI deployment.
2. Sharing good practice and learning from projects
3. Development of digital training resource for staff to improve use and collection of data to inform decisions
4. Provide training to colleagues on cultural competence and anti-racist practices
5. Set improvement metrics and measures as part of EDI deployment plan

Coproduction: Experts by experience

Actions 2024/25:

1. Review trust governance structure to strengthen influence in decision making, advisory and oversight mechanisms
2. Review process for development of policies ensuring co-reviewed by experts by experience and communities. representatives.
3. Continue to build on our Connecting People asset based approach to amplify the voices of our communities
4. Working Together Advisory group to set improvement metrics and measurements

Partnership working

Actions 2024/25:

1. Volunteers working within the Quality Governance Team to gathering patient experience and family and friends feedback.
2. Work with our faith leaders to share information about our services and what our offer is / what people are entitled to.
3. Build internal lived experience network
4. Map partnership involvement in reducing inequalities and address gaps in representation. Improve collaboration and reduce duplication pool resources and data with other services and health sector / public sector partners. Assess the impact of our collaborations.

Workforce

Actions 2024/ 25:

1. Achieve bronze status of the North West BME Anti-Racism Framework
2. Through the People Strategy and plan build an inclusive business critical culture
3. Work with diverse colleagues to produce wellbeing equality indicators
4. Embed specific development goals relating to inequalities and race in staff development plans
5. Use measurements in place such as Staff survey , WRES,WDES, Track career progression, retention turnover, Civility and psychological safety audits, Grievance and resolution rates

Co-learning: Quality Improvement Approach

Actions 2024/25:

1. Focus on core20+5 projects aligned to strategic priorities using QI methodology such as:
   - Mental Health Act Detention
   - Health Inclusion
   - Waiting well, waiting fairly.
2. All projects to be developed in line with QI 6 step methodology and incorporating robust measurements around health inequalities.
3. Apply metrics and measurements as per each project.

Next steps

The PCREF plan outlines the actions we will undertake over the coming year to embed improvements across our organisation. It identifies key areas of focus, including Data improvement, Cultural awareness, Experts by experience, Quality Improvement Approach, Partnership working and Workforce. Over the coming quarter, we will firm up the action plan with a more detailed supporting narrative. We will embed key improvement actions within priority areas and support staff to implement improvements that reduce racial inequalities within their own services.

The next steps will be to establish and mobilise dedicated workstreams in each of these areas, working to ensure that teams across the Trust are led by what our communities are telling us matters to them and equipped to drive improvements in delivering culturally competent, equitable care.

To support the wider embedding of PCREF, we will create a clear narrative articulating our ambitions which will be shared with our staff. Key information will also be made available on our public website, enabling transparency and fostering engagement with our local communities.

Thank you for lending your time and expertise to help us achieve our goals and thank you to our guest speakers for providing valuable information and guidance today. All of your insights are vital to shaping the future of our services and driving improvements.


All of us have legally protected characteristics,