Bradford District Care
NHS Foundation Trust

Patient and Carer Race Equality Framework (PCREF): Annual Report

Bradford District Care NHS Foundation Trust

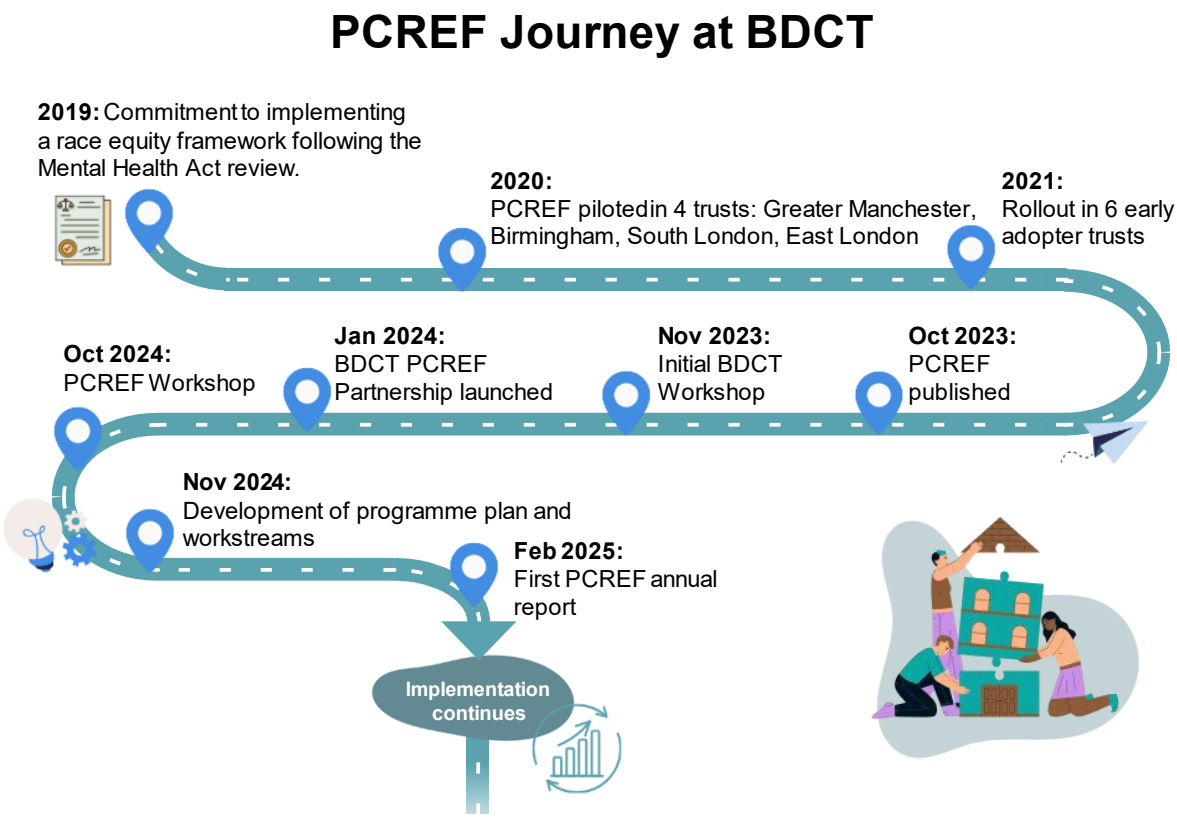
February 2025

Contents

1.0 Introduction

The Patient and Carer Race Equality Framework (PCREF) is a national initiative designed to tackle racial inequalities within mental health services, ensuring that racially and ethnically diverse communities receive equitable, high-quality care. In January 2024, our Trust formally launched the PCREF Partnership to lead this important work. Since then, we have taken steps to develop and embed practices that promote inclusion and cultural sensitivity, while developing long-term plans to implement the wider requirements set out within the framework.

This annual report serves as both a progress update on what we have achieved over the past year and a roadmap for how we will continue to implement the PCREF moving forward. We believe that transparent, regular reporting is essential to maintaining accountability and sustaining momentum. By detailing our successes, challenges, and planned actions, we aim to demonstrate how we are meeting our commitment to eliminate racial disparities in mental health outcomes, while also creating a platform for continuous learning and improvement. Our goal is to embed the PCREF principles at every level of mental health services within the Trust, ensuring that service users, carers, and staff from all backgrounds are at the centre of our commitment to deliver better lives, together.



2.0 Context

The racial disparity in the access, experience and outcomes of racially diverse communities are avoidable harms which we can take action to prevent. Published in October 2023, the PCREF is a national framework which is designed to eliminate these racial inequalities in mental health services. Implementing PCREF will enable us to work towards addressing systemic barriers faced by ethnically diverse people in accessing and receiving care. NHS Trusts are responsible for PCREF implementation, but we are also committed to undertaking this work collaboratively with our communities and partnership organisations.

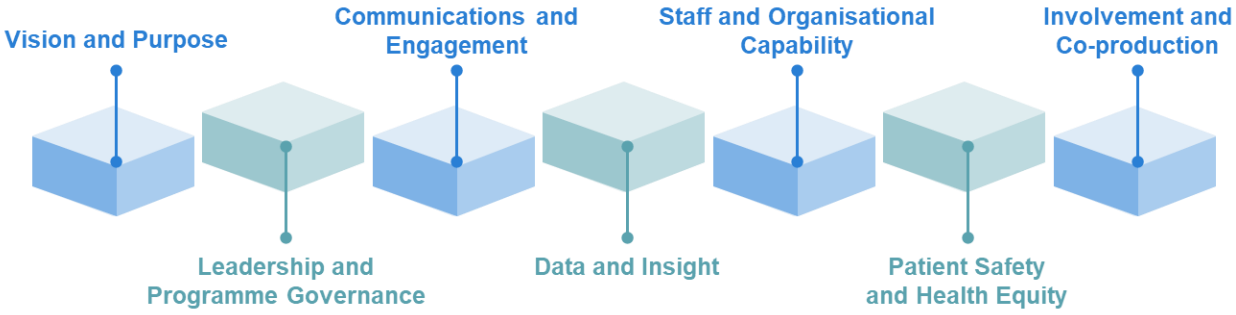
The requirements set out within the PCREF cover 3 pillars: Leadership & Governance, Organisational Competencies and Feedback Mechanisms.

Over the past year, our PCREF Partnership has met regularly, bringing together staff and external partners to co-develop a comprehensive programme plan. This coordinated effort is central to our commitment to transforming the patient and carer experience by addressing racial disparities in mental health outcomes. We will deliver our plans over the coming year with an aim to meet the requirements set out within the framework, but we have also used PCREF as an opportunity to identify wider improvements relating to racial equity.

The PCREF programme plan outlines the strategic actions we will undertake over the coming year to embed improvements across our organisation. It identifies key areas of focus, including leadership and governance, communications and engagement, data reporting, staff development, and involvement. By mobilising dedicated workstreams in each of these areas, we are working to ensure that teams across the Trust are equipped to drive improvements and deliver culturally competent, equitable care.

3.0 Workstreams

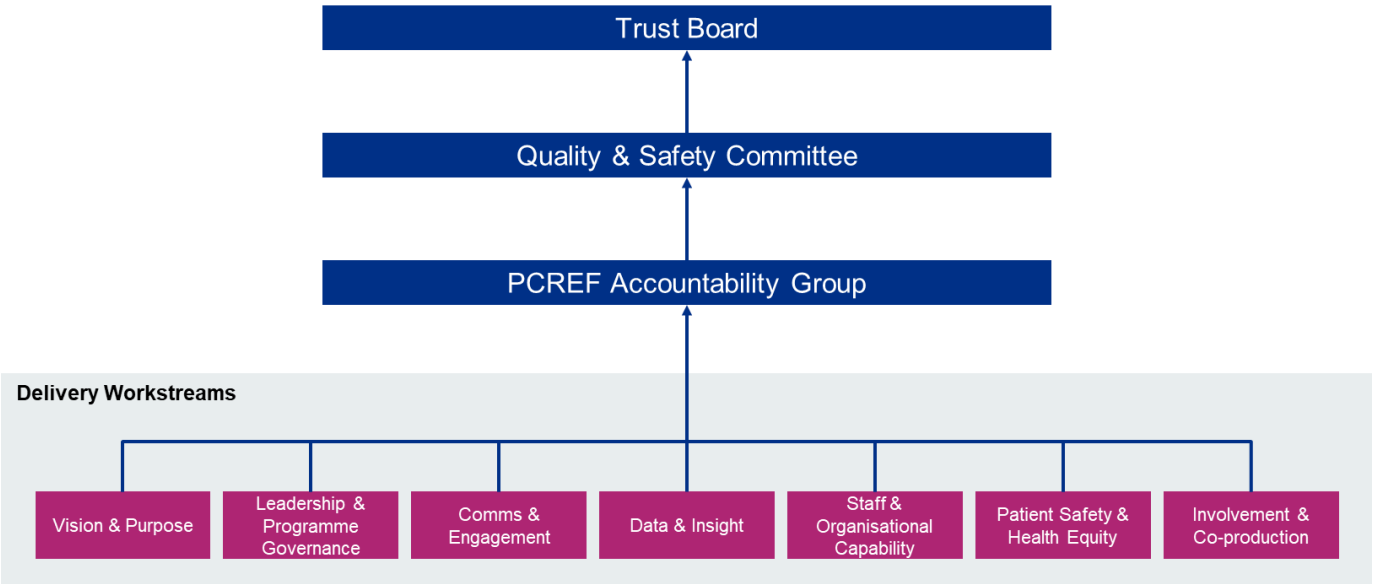
To ensure our PCREF ambitions are tackled systematically, we have divided our programme into 7 initial workstreams shown below. As implementation progresses, we may stand down some workstreams and introduce additional workstreams as required.



Each workstream leads implementation of the PCREF requirements aligned to that particular area. We have set out the overarching purpose of each workstream below.

Workstream	Purpose
1. Vision & Purpose	Set the overall direction for PCREF, ensuring legislative and regulatory priorities are identified and embedded in local plans, while creating a clear narrative of the programme's purpose and alignment with existing programmes of work.
2. Leadership & Programme Governance	Ensure robust oversight, accountability, and strategic leadership of PCREF at all levels of the organisation. Establish clear governance structures, roles, and responsibilities to facilitate organisational rollout, integrate race equity into business-as-usual, and drive continuous improvement.
3. Communications & Engagement	Raise awareness and understanding of PCREF among staff, partners, and local communities, thereby increasing participation in our PCREF efforts. Develops and cascades key programme messages effectively, shares best practice and fosters ongoing commitment to racial equity.
4. Data & Insight	Define the quantitative and qualitative data required for PCREF, determining how it is captured, analysed, and shared. Focused on developing robust reporting that disaggregates data by ethnicity to track inequalities and inform evidence-based decision-making across the organisation.
5. Staff & Organisational Capability	Identify and provide the training, support, and resources needed to embed PCREF and wider racial equity goals throughout the organisation. Enhance cultural competence, anti-racist practices, and inclusive leadership, ensuring staff development aligns with PCREF aims and foster an equitable culture.
6. Patient Safety & Health Equity	Integrate PCREF objectives into core patient safety, quality, and governance processes, enabling monitoring of our quality, safety and experience for ethnically diverse communities. Maintain effective feedback loops between governance committees and operational teams to reinforce accountability and sustainable improvements.
7. Involvement & Co-Production	Develop a framework for community involvement and genuine co-production as a key element of the PCREF and seek to integrate this framework at all levels of the organisation. This will enable the organisation to ensure service plans, improvements and research initiatives are authentically coproduced with service users, carers, and local communities.

We have also reviewed our programme governance structure, to ensure this is suitable for our continued implementation. Going forward each workstream will reporting into a newly formed PCREF Accountability Group, which has replaced our PCREF Partnership.



The following sections outline the specific PCREF requirements each workstream is addressing, summarising progress, ongoing efforts, and planned initiatives for full implementation. It also highlights the broader efforts across the organisation to contribute to delivering culturally competent, inclusive care that meets the needs of our diverse communities.

3.1 Vision & Purpose

Our work within the Vision & Purpose workstreams centres on identifying and embedding the core areas where we must drive improvements in equalities. We have drawn on local priorities, as informed by our Equality Delivery System (EDS22) assessments over the past two years, to shape our priority areas for PCREF implementation. Identified priority areas will be our Specialist Mother and Baby Services, Child and Adolescent Mental Health Services (CAMHS), Intensive Home Treatment and Physical Health & Wellbeing. Within these services, we will deliver against our EDS22 action plans, including actions to improve access to services for underrepresented ethnic groups, develop partnerships with VCS partners and improve data quality relating to ethnicity and feedback. Through the Culture of Care programme, we will also identify specific improvements identify inpatient mental health wards participating in the Culture of Care programme. Additionally, we will integrate with broader initiatives within the trust such as

- Lynfield Mount redevelopment: plans to redevelop hospital site to create a more modern, safe and therapeutic environment for patients and staff.
- Positive and Proactive Care group: who oversee implementation of our policy relating restrictive interventions.
- NHS Workforce Race Equality Standard Metric 5: work ongoing to reduce the levels of ethnically diverse staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- Community Mental Health Transformation: ongoing programme of transformation work within our Community Mental Health Teams, offering an opportunity to align with PCREF principles.
- Mental Health Legislation Committee: oversee the application of the Mental Health Act and Mental Capacity Act.

Over the coming quarter, we will embed key improvement actions within priority areas and support staff to implement improvements that reduce racial inequalities within their own services.

To support the wider embedding of PCREF, we will create a clear narrative articulating our ambitions relating race equality 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.

3.2 Leadership & Programme Governance

Leadership and robust governance are at the heart of our PCREF plans. We have met the requirement to nominate an Executive Board Lead for the PCREF, with our Chief Executive Officer acting as the accountable executive for both development and delivery. We recognise the importance of co-producing PCREF plans with our staff and in October 2024, we held a PCREF workshop that brought together teams from across the Trust to discuss this work and plan our next steps.

We have also strengthened our advisory and oversight mechanisms. The PCREF Partnership initially served as our advisory board, and in January 2025, we decided to create a PCREF Accountability Group to replace it. This new group will oversee the implementation of PCREF and currently includes VCS partners. As our involvement and coproduction work develops, we will seek to include local community leaders, patients, and carers to ensure a broader range of perspectives. Our governance structures already benefit from representation by the Ethnically and Culturally Diverse Communities (ECDC) programme, and we aim to incorporate additional insights from their ongoing community engagement work to keep these voices at the centre of decision-making.

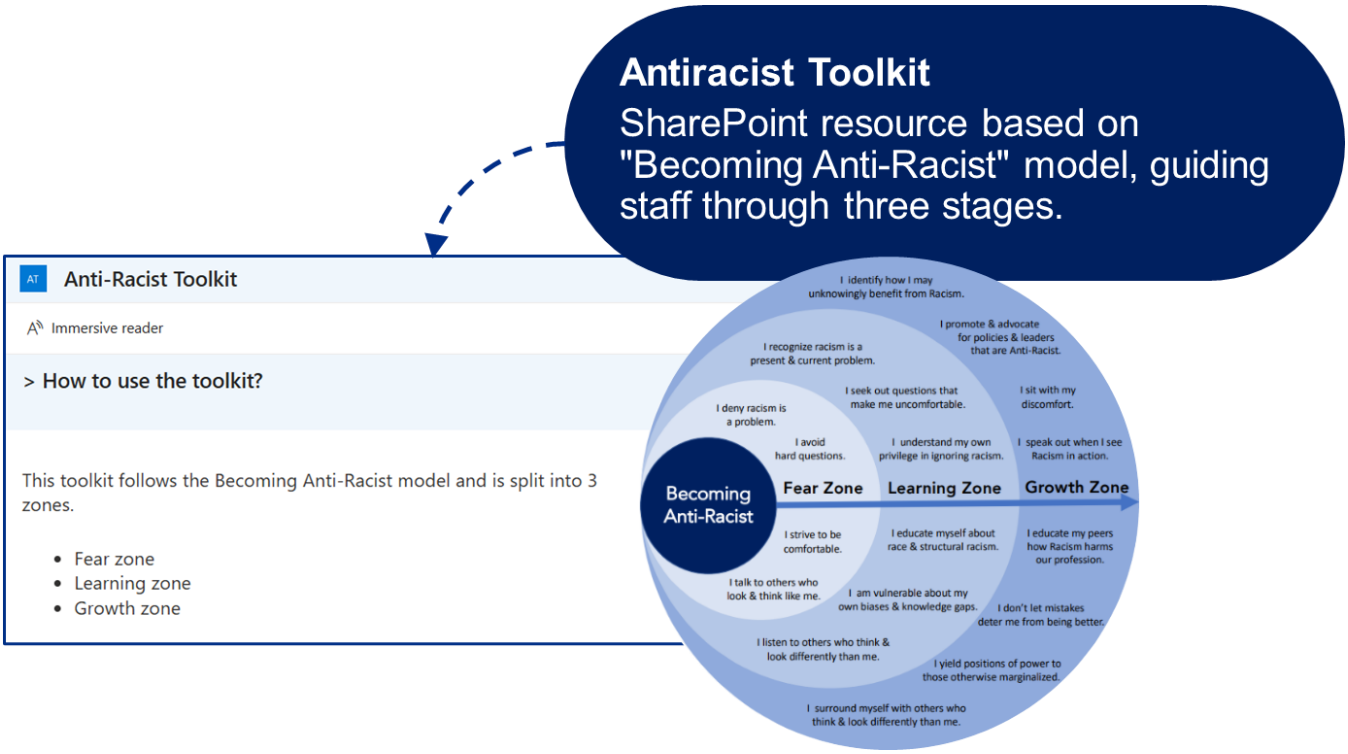
In terms of board-level representation, our 2024 WRES data indicates that 12.5% of Board members are ethnically diverse, compared to 28% of the overall workforce. While this does not yet match the diversity of our staff, we are committed to improving representation as opportunities arise. To equip our Board with the skills needed to champion equity, we have held two development sessions focusing the broader health equity agenda. These sessions will continue, and we are also delivering an Inclusive Recruitment Project, which seeks to eliminate structural barriers in hiring and progression. We also intend to include an ECDC representative on our Council of Governors, and we are expanding our reciprocal mentoring programme to cultivate leadership development within our diverse workforce.

The Trust recognises the importance of evaluating both partnership working and the local implementation of the PCREF. To this end, we will develop a robust evaluation framework by November 2025. This framework will assess the impact of our collaborations with community partners, patients, carers, and staff, as well as track satisfaction levels across different stakeholders. We will publish these findings annually, ensuring transparency and accountability. To support with evaluation, we have strengthened our programme management approach to ensure we are robustly tracking delivery of the programme plan, providing assurance to senior leaders and escalating risks and issues appropriately.

We have met the PCREF requirement to implement a reciprocal mentoring programme focusing on cultural differences: three cohorts of ethnically diverse staff have now completed this initiative, and the programme has been positively evaluated. Similarly, we have also met the requirement to have clear policies and procedures to managing abuse from patients. Alongside this, our "See It, Say It, Stop It" campaign raises awareness and supports staff in addressing incidents of racism and discrimination. We also have a Dignity and Respect at Work Policy which defines processes to address staff-to-

staff harassment, bullying and abuse. Implementation of the policy is supported by Building Inclusive Teams training and trained Bullying & Harassment Officers who provide confidential guidance.

To address the wellbeing of our ethnically and culturally diverse staff, we will be co-creating new wellbeing equality indicators in collaboration with the Aspiring Cultures staff network, which will include the feedback survey developed to capture feedback on the Trust's approach to tackling racial harassment. We have already embedded wellbeing indicators into our Belonging and Inclusion Plan. All of these indicators will be reported to our Trust Board through our Strategic Staff EDI Partnership, which ensures real-time feedback on staff experiences. We also maintain WRES action plans to improve staff survey outcomes, reflecting our commitment workforce race equity. Additionally, we have developed an anti-racist toolkit for staff (below), built on an existing model and plan to create guidance on partnership working.



3.3 Communications & Engagement

We are designing a comprehensive communication and engagement plan to raise awareness of PCREF within the Trust and the communities we serve. A communications toolkit will be central to this effort, supporting our staff to talk about PCREF, share best practice, and highlight successful initiatives. We house key materials, including case studies, on our SharePoint, ensuring easy access for teams looking to improve equality in their service areas. Simultaneously, we will publish key information on the BDCFT website and cascade key information to our system partners, engaging local communities and partners in our PCREF journey.

Frontline workers are already benefitting from guidance on best practice for working with racially and ethnically diverse communities. The Equality, Diversity and Inclusion Team are compiling case studies into a best-practice repository, showcasing successful approaches and helping staff replicate them. Furthermore, the BAME Lead for Talking Therapies is leading the implementation of the IAPT positive practice guide for Black, Asian, and minority ethnic patients and is also leading rollout of the BA-M model, a culturally adapted therapy approach for Muslim communities. We will seek to share and celebrate this and other examples across the organisation of staff delivering care that meets the needs of our communities.

3.4 Data & Insights

Collecting and analysing robust data disaggregated by ethnicity is crucial for monitoring our progress, enabling a clearer view of where racial inequalities exist and how best to address them. In line with legislative requirements and national frameworks such as PCREF, CORE20PLUS5, and the NHS England Statement on Health Inequalities, we have collated and scoped key reporting metrics. The existing reporting within our Integrated Dashboard already allows for data to be disaggregated by ethnic group across a range of mental health services. This self-service functionality enables staff to analyse caseloads for underrepresented groups and over the last year, we have completed focused reviews on our priority service areas. Furthermore, the data quality for ethnicity, religion and main spoken language information is generally high, due to the quality processes undertaken by our Business Intelligence team.

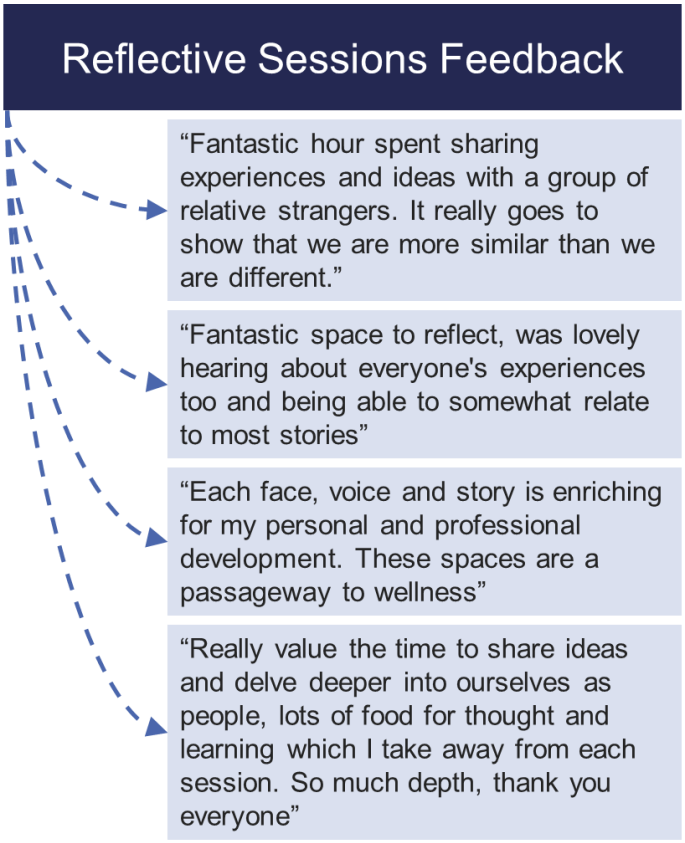
Building on this foundation, we are in the process of developing a dedicated PCREF Dashboard to incorporate all relevant PCREF requirements, including metrics on Mental Health Act detentions and use of restraint. Until the PCREF Dashboard is fully operational, the Equality, Diversity, and Inclusion (EDI) team provides interim six-monthly reports to maintain oversight of progress (section 4). To enhance staff engagement with existing data reporting, we are developing resources, including video tutorials, to improve understanding of ethnicity analysis, increase usage of reporting tools, and support more targeted service improvements.

In addition to monitoring clinical metrics, we are committed to capturing and analysing patient and carer feedback in a consistent and meaningful way. The BI team currently includes patient-reported outcome measures (PROMs) within reporting, and we will explore opportunities to improve use of these metrics and incorporation of patient-reported experience measures (PREMs) into the new PCREF Dashboard. We also collect ethnic group data as part of our Friends and Family Test (FFT) process and plan to integrate these insights, alongside other feedback data such as complaints, into our reporting. By routinely monitoring differential experiences and outcomes, disaggregated by ethnicity, we aim to identify trends, share lessons learned, and monitor the impact of our work.

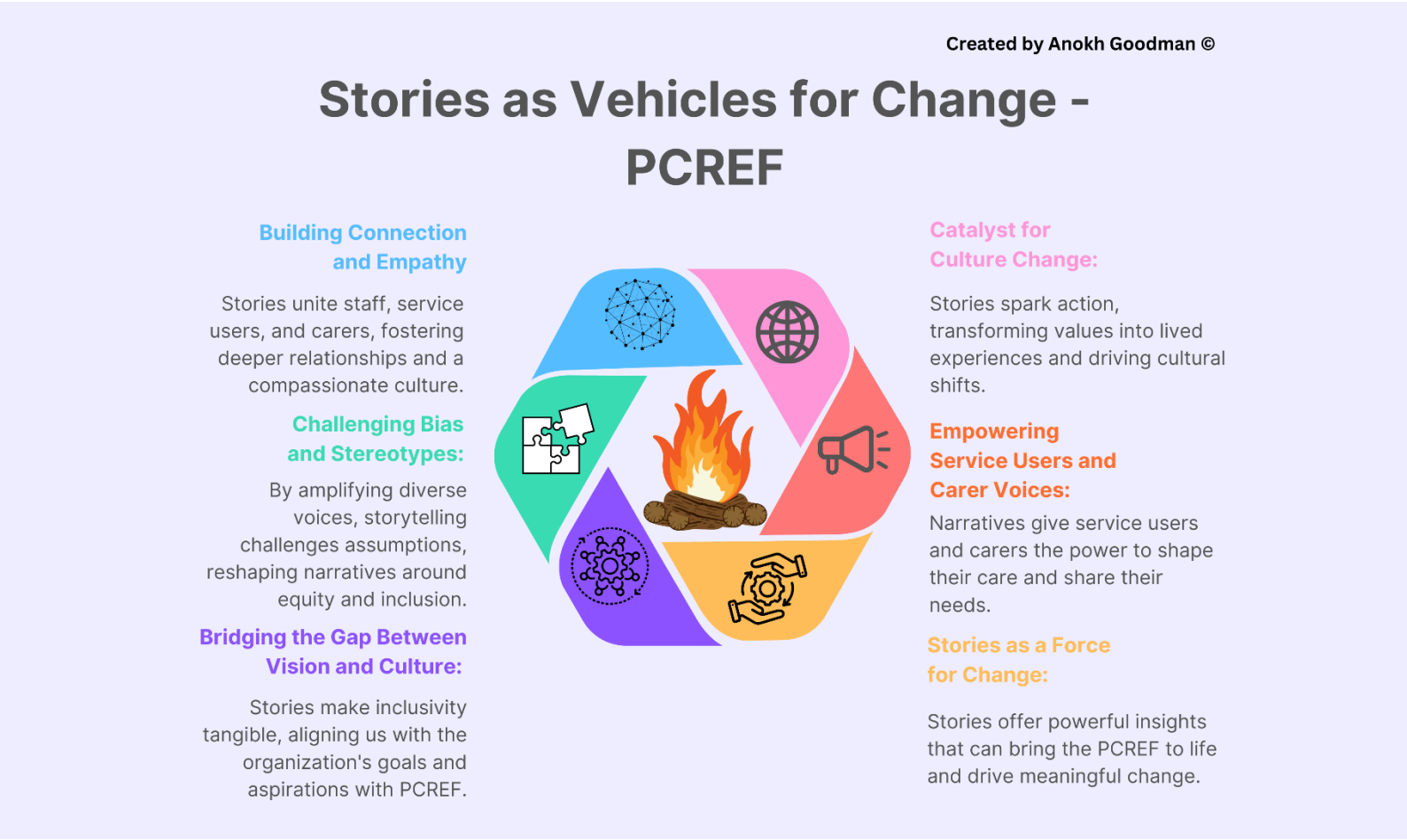
3.5 Staff & Organisational Capability

Our commitment to fostering an inclusive culture is demonstrated by a comprehensive equality, diversity, and inclusion training offer. Over the last year, we delivered EDI training to more than 400 members of staff, with over 90% providing positive feedback. This training offer includes manager-specific courses, team-based sessions on inclusive cultures, and our newly rolled out cultural competency and humility training, which was commissioned regionally and launched in January 2025.

The Clinical Lead for Cultural Connection, Belonging, and Transformation also facilitates reflective sessions on topics such as racism, language, and identity, encouraging open dialogue among staff. Alongside this, the Lead has facilitated Intersectionality training within the Community Mental Health and Early Intervention in Psychosis Teams, incorporating the PCREF, to promote inclusivity and develop skills for addressing



cultural and identity-related factors in care. While teams acknowledged the relevance of these aspects in mental health practice, many were uncertain about how to engage with them effectively. Through experiential learning, including narrative-based methods and reflective exercises, staff were supported in examining their own identities. This has strengthened team cohesion and is now being applied in therapeutic settings to build more meaningful relationships with service users.



We have met the requirement to commission cultural awareness training in partnership with organisations that understand the experiences of racially and ethnically diverse communities. We are now looking to embed specific development goals relating to race inequalities into staff personal development plans. Additionally, we continue to showcase best practices such as the Culture of Care programme in our inpatient settings, where simple yet significant changes, such providing a range of hair products suitable for different hair textures, can make patients feel more recognised and respected.

3.6 Patient Safety & Health Equity

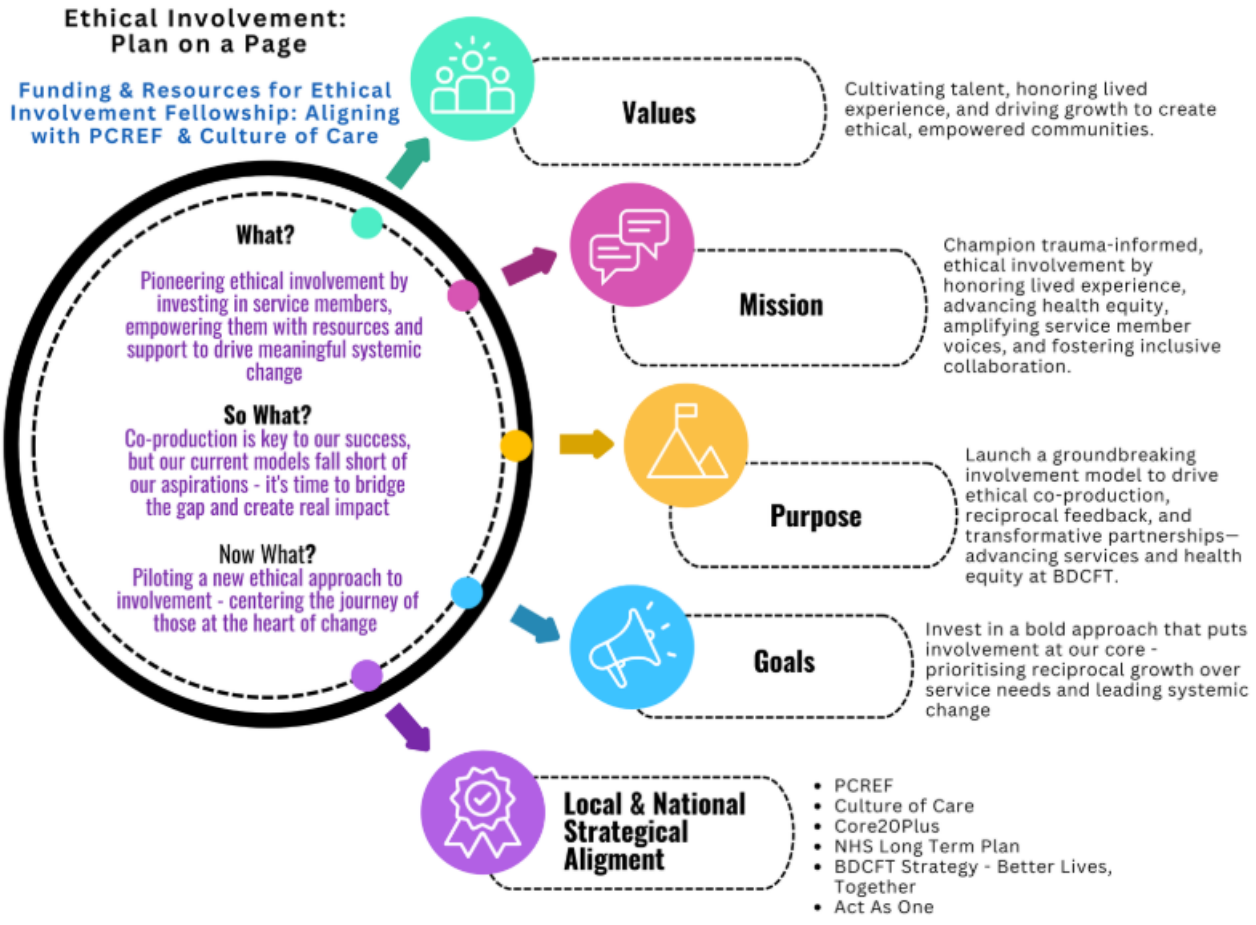
We are taking steps to ensure that patient safety incidents and near misses can be viewed through an ethnicity lens but recognise that our data quality needs to improve as our incident reporting system does not routinely capture demographic information from the patient record. As an interim measure, we have introduced a specific question within the incident reporting system so that relevant incidents can be flagged to the EDI team. Our Safety Risk & Resilience Team and Business Intelligence teams are collaborating to ensure that our incident data can be linked to the patient record and therefore disaggregated by ethnicity within the PCREF dashboard. In the long term, we will work with our Information Governance team and suppliers to explore opportunities to link our incident reporting system to our patient record system, thus allowing demographic data to be automatically populated

within our incidents reporting system. We will then be able to view all incidents with an ethnicity lens and plan to involve ethnically diverse experts by experience in reviewing incident outcomes to inform learning and service improvement. We will also identify processes which enable us to monitor the demographics of complainants more systematically, as our data quality is currently poor. This would enable us to identify patterns and address any inequalities in who is (or is not) raising concerns.

We recognise our duty to provide accessible information about the right to complain and to access advocacy services, and we will develop processes to ensure patients and carers receive this information in formats that meet their needs. We have launched a Health Literacy Group. We are also exploring how best to document treatment preferences (through Advance Choice Directives) for ethnically diverse patients. We also intend to establish a mechanism to track how we act on feedback from advocacy services, ensuring transparency and accountability in how we respond to concerns raised on behalf of service users. Alongside this, we will strengthen our equality impact assessment process for new and existing policies and projects.

3.7 Involvement & Co-production

We are committed to deepening involvement and co-production with our communities but recognise that our existing Involvement structures may not allow for the level of authentic involvement that we would like to develop within our PCREF work. Therefore, we are developing an Ethical Involvement Fellowship programme, through which we plan to recruit Fellows who are recent or current service users to act as specialist advisors. These Fellows will collaborate directly with service teams to bring their perspectives into planning, decision-making, and quality improvement activities. We have already demonstrated the benefits of co-production through initiatives like the Stepping Stones to Wellbeing groups (Appendix 1), which were created in partnership with staff, service members, and VCSE partners to address specific cultural and community needs.



Our aim is to broaden these examples of good practice across the Trust, ensuring that all service areas benefit from the insights of diverse community members. We also plan to develop structures that make co-production an integral part of service design, building on existing monthly service user meetings and other involvement structures. In addition, we will seek collaborate more closely with our Research & Development Team to integrate race equity into research initiatives. Examples include projects exploring interpreting experiences in psychological therapies (Appendix 2) and developing culturally adapted therapy approaches such as the BA-M model for Muslim communities.

We recognise the importance of working with Local Authority partners and advocacy services to ensure that the perspectives of racialised and ethnically diverse service users are well-represented. We will incorporate this into our wider efforts to develop new processes to capture feedback from service users, carers and community partners in real time, with a commitment to acting on it promptly and communicating any resulting changes back to the people concerned.

4.0 Monitoring

4.1 Key Metrics

While our long-term ambition is to monitor our PCREF ambitions through the dashboard developed through the Data & Insights workstream, we have conducted a baseline analysis of our key metrics. The data is disaggregated to ethnic subgroup within our internal report, however in order to ensure privacy we have aggregated the metrics by 3 key groups: (1) ethnically diverse, (2) Asian and Asian British and (3) Black and Black British which can be found in the below tables.

Overall, detentions under the MHA were in line with the levels expected for our ethnically diverse population for 2024 and the trend is reducing. However, there was a peak in January 2024 of 43.9% compared with our population of 35.5%. However, for Black and Black British groups, this group are detained at 3.5 times the levels expected for our population. Comparing our detention rates within our inpatients, people who are ethnically diverse are more likely to be detained while an inpatient, with 97.3% of Black or Black British inpatients and 81.9% of Asian or Asian British inpatients being detained, compared with 62.7% of White inpatients.

Our physical restraint data indicates that 21.6% of physical restraints were applied to an Asian or Asian British service users which is higher than we would expect for our inpatient population (18.7%). For Black and Black British service users, this inequality was even starker, with 11.2% of physical restrains being applied to people from this ethnic group. This is far higher than the inpatient population level (4.5%) - indicating that this group experience physical restraint over twice the levels than we would expect. This is in line with levels reported elsewhere, but we will also seek to be369036nchmark this against other mental health providers. Our ethnicity data quality for incidents is also poor, with approximately 19% of incidents having no ethnicity recorded, indicating that these numbers may be higher than our current reporting indicates.

For our Adult Community Mental Health Team caseload, there is significant underrepresentation of ethnically diverse service users compared to our census population, with 24% of the caseload being ethnically diverse, compared with 35.5% of our census population. This is particularly apparent for Asian or Asian British service users, who make up 18.7% of the 2024 caseload, compared to 29% of the population.

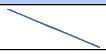
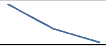
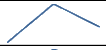
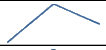
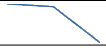
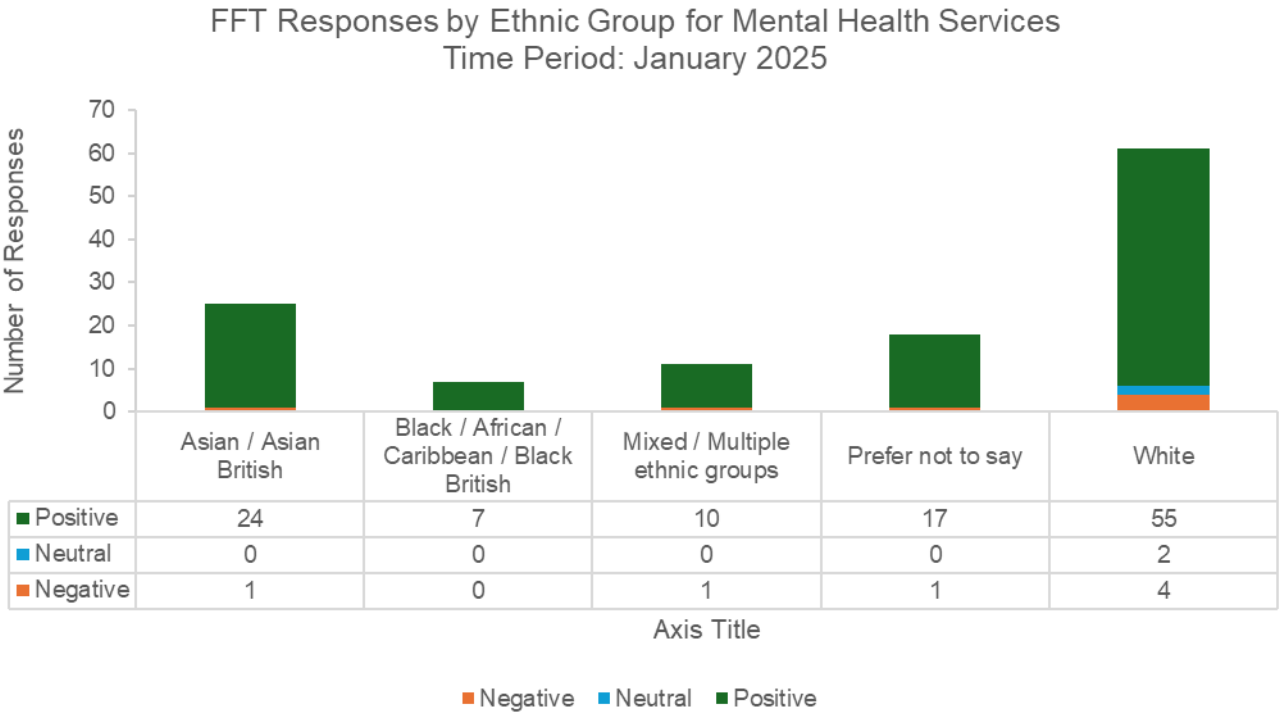
Table 1: Summary of Metrics for Ethnically Diverse service users (aggregated)							
Ref No.	**Metric**	**Census Population**	**2024 Total**	**Jan-24**	**Jul-24**	**Jan-25**	**Trend**
1a	Detentions under the Mental Health Act	N/A	202	18	16	14	
1b	Detentions under the Mental Health Act (%)	35.5%	35.6%	43.9%	33.3%	28.0%	
2a	Use of Physical Restraint	N/A	877	32	111		
2b	Use of Physical Restraint (%)	35.5%	35.0%	26.2%	52.9%		
3a	Adult Community MH Team Referrals	N/A	4492	367	473	410	
3b	Adult Community MH Team Referrals (%)	35.5%	24.0%	22.3%	26.9%	24.4%	
4a	Inpatient Admissions	N/A	252	20	24	19	
4b	Inpatient Admissions (%)	35.0%	30.8%	33.3%	32.9%	27.1%	

Table 2: 2024 Metrics for Asian or Asian British service users (aggregated)			
Ref No.	**Metric**	**Census Population**	**2024 Total**
1a	Detentions under the Mental Health Act	N/A	125
1b	Detentions under the Mental Health Act (%)	29.0%	22.0%
2a	Use of Physical Restraint	N/A	540
2b	Use of Physical Restraint (%)	29.0%	21.6%
3a	Adult Community MH Team Referrals	N/A	3307
3b	Adult Community MH Team Referrals (%)	29.0%	17.7%
4a	Inpatient Admissions	N/A	153
4b	Inpatient Admissions (%)	29.0%	18.7%

Table 3: 2024 Metrics for Black or Black British service users (aggregated)			
Ref No.	**Metric**	**Census Population**	**2024 Total**
1a	Detentions under the Mental Health Act	N/A	36
1b	Detentions under the Mental Health Act (%)	1.8%	6.3%
2a	Use of Physical Restraint	N/A	98
2b	Use of Physical Restraint (%)	1.8%	11.2%
3a	Adult Community MH Team Referrals	N/A	254
3b	Adult Community MH Team Referrals (%)	1.8%	1.4%
4a	Inpatient Admissions	N/A	37
4b	Inpatient Admissions (%)	1.8%	4.5%

4.2 Feedback Data

We are also able to review our Friends and Family Test feedback data by ethnic group. We have reviewed our responses for our Mental Health services for January, which indicates that the majority of respondents report positive overall experiences (87.6%). Asian / Asian British respondents reported 96% positive experiences, Black / African / Caribbean / Black British respondents reported 100% positive experiences and Mixed / Multiple ethnic groups respondents reported 90.9% positive experiences. Our ethnically diverse respondents across all groups are therefore more likely to report positive experiences than our White respondents. While this is an encouraging indicator, we recognise the importance of developing a larger and more representative sample size. We are committed to continually monitoring these trends over time, including identifying specific services areas for improvement, alongside qualitative feedback captured through the FFT, as well as broader insights that may not be fully reflected in the structured feedback process.



	Asian / Asian British	Black / African / Caribbean / Black British	Mixed / Multiple ethnic groups	Prefer not to say	White
Positive	24	7	10	17	55
Neutral	0	0	0	0	2
Negative	1	0	1	1	4

5.0 Conclusion

While we have met several key requirements of the PCREF, the stark differences highlighted within the data above underscores the need to continue to work to implement the PCREF. Over the coming year, we will seek to further embed these initiatives. We will also continue to invest in building an inclusive organisational culture - one that not only meets the legislative requirements but truly transforms the experiences of patients, carers, and staff from racialised and ethnically diverse communities. Through these efforts, we aim to fulfil our commitment to equitable, person-centred care that respects and addresses the cultural, religious, and ethnic backgrounds of everyone we serve.

6.0 Appendix

Description	Document
Appendix 1 – Stepping Stones to Wellbeing Groups	Stepping Stones to Wellbeing Groups Pos
Appendix 2 – Improving Interpreting Experiences in Psychological Therapy	Improving Interpreting Experienc