

# Patient Carer Race Equality Framework (PCREF) Annual Report and Action Plan 2026



## Introduction and Context

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. We are committed to consistent quality improvement - the Care Trust Way, we know that quality improvement goes hand in hand with addressing inequalities and improving health equity. The Care Trust Way supports us to focus on the lived experiences of stakeholders within our care pathways seeking out where and how to improve it. 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. The plan is set out below under the headings of PCREF's three components:

- Leadership & Governance,
- Organisational Competencies, and
- The Patient & Carers Feedback Mechanism.

The PCREF programme is an integral part in delivering our Belonging and Inclusion Plan aspirations and it supports our organisational strategy, Ambition to Action which aims to deliver the Best Quality Services to all.

## Foreword from Kelly Barker, Chief Operating Officer

At Bradford District Care NHS Foundation Trust, *Better Lives, Together* is more than our strategy – it is a commitment to the people, families and communities we serve. It speaks to how we care, how we listen, and how we work alongside one another to reduce inequality and improve lives. The Patient and Carer Race Equality Framework (PCREF) is central to making that commitment real.

We know that experiences of mental health care are not the same for everyone. For many people from Black, Asian and other racially and ethnically diverse communities, there are longstanding and deeply felt inequalities – in access, outcomes, safety and trust. PCREF matters because it asks us to face these realities with honesty and compassion, to hear the voices of those most affected, and to change how we lead, design and deliver care so that it truly works for everyone.

This annual report reflects our shared commitment to learning and improvement. It shows how we are embedding PCREF across our Trust – in our leadership and governance, our workforce development, our partnerships, and, most importantly, in how we listen to and act on the experiences of patients and carers. It demonstrates how lived experience, community insight and data are coming together to guide meaningful change.

As Chief Operating Officer and Executive Lead for Inequalities, I see PCREF as a vital enabler of our *Better Lives, Together* ambitions. It strengthens our focus on health equity, coproduction and compassionate leadership, and supports our commitment to being an actively anti-racist organisation. By embedding PCREF into our core business, we are building services that are safer, more inclusive and more responsive to the diverse communities we serve – and a workplace where our staff feel valued, supported and able to bring their whole selves to work.

This progress has only been possible because of the trust, time and generosity of our patients, carers, community partners and colleagues. I want to thank everyone who has shared their experiences, challenged us, and worked alongside us to make change happen. While we are proud of what has been achieved, we are clear that this is a long-term journey. PCREF requires sustained commitment, curiosity and courage – and we remain determined to keep listening, learning and improving together.

By staying true to our values and working in genuine partnership, we can continue to build services that reflect the richness of our communities and deliver better lives, together.



*Kelly Barker Chief Operating Officer*

# PCREF Part 1: Leadership and Governance

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

## Our Commitments, we will

Our organisation is committed to building strong and accountable leadership structures that embed race equality into everyday decision-making. We will continue to maintain a dedicated Executive Board Lead for PCREF and ensure we have governance mechanisms, such as the Accountability Group, to provide clear oversight, transparency, and escalation routes.

We will strengthen co-production within governance by involving our workforce, Voluntary, Community and Faith Sector partners (VCFS), community leaders, patients, and carers so that decision-making reflects lived experience and community insight.

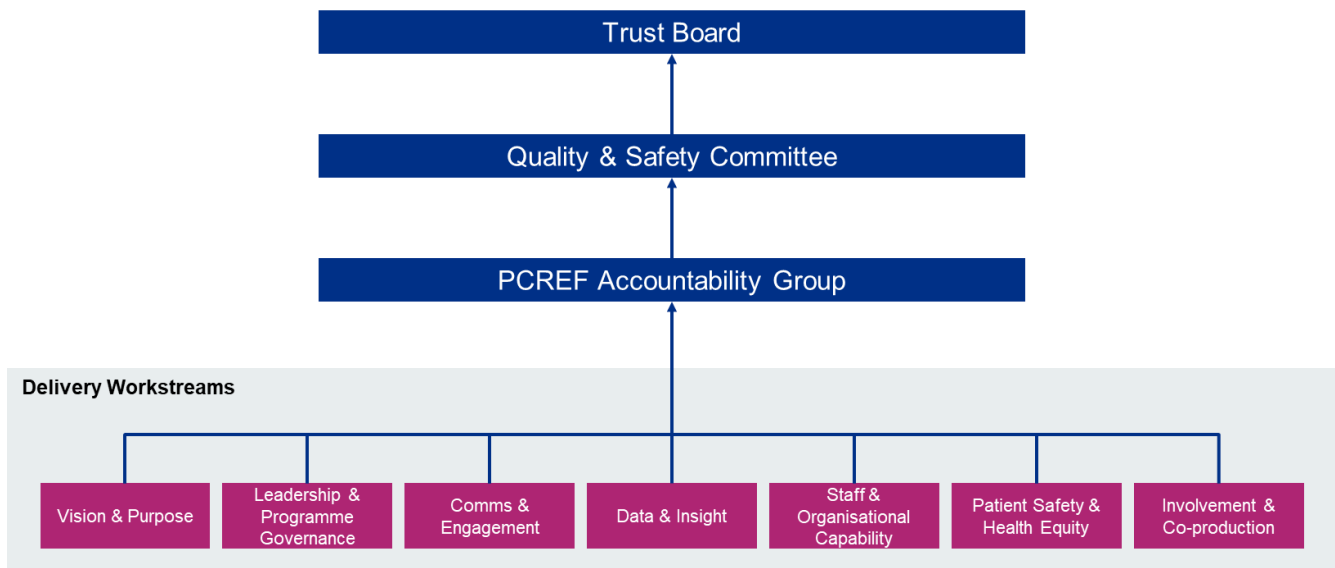
We are also committed to continue to improve racial diversity within leadership by addressing structural inequities in recruitment, expanding reciprocal mentoring programmes, and continuing Board-level development sessions on health equity.

Alongside this, we will embed our pledge to be an anti-racist organisation through training and policies that address staff-to-staff and patient-to-staff harassment and dismantle structural and systemic racial inequity. We will monitor workforce race equity indicators and routinely report them to the Trust Board via the Quality and Safety Committee (QSC).

## Progress made in 2025/2026:

- We have established strong executive leadership for PCREF, including a dedicated Board level lead.
- We launched and embedded the PCREF Accountability Group, strengthening oversight and including VCFS partners in decision making.
- We designed Terms of Reference and work plans for all PCREF governance groups (Partnership, Delivery Workstreams, Accountability Group).
- We delivered Board development sessions focused on health equity, antiracism and cultural capability.
- We are an active member of the West Yorkshire Mental Health Collaborative, Learning Disability and Autism Programme Racial Equity Steering Group.
- We expanded the reciprocal mentoring programme, completing three cohorts and establishing a graduate network.
- We refreshed and relaunched the Managing Racial and Other Forms of Discrimination and Harassment Policy, supported by Trust wide training and anti-racism campaigns.
- We developed and implemented project management infrastructure including a programme plan, Risks, Assumptions, Issues and Dependencies (RAID) log, highlight reports and governance templates.

- We completed the methodology for a Health Equity corporate governance review and identified alignment with revised governance structures.
- We agreed organisational resource through the Equality, Diversity and Inclusion (EDI) team to support Health Equity and PCREF delivery.



### ***CASE STUDY: Sensory Friendly Inpatient Environments***

#### **Aim:**

To improve the experience of services users effected by sensory processing issues on mental health wards via training, resource allocation, developing pathways and procedures.

#### **Data and Insight Led:**

- 76% of the current inpatient population were identified to be at risk of sensory processing issues.
- 80% of service users and 90% of staff sited the ward environment impacts on engagement and recovery.

#### **Change Delivery:**

- Key information about the role sensory factors can play in effecting service user behaviour was embedded into core training.
- Training videos embedded into the Electronic Staff Record so that staff can access learning and refresh understanding.
- Workshops run with ward staff, inpatient occupational therapists, estates and facilities staff and health and safety teams.
- Templates, flowcharts and screening tools developed to ensure patient needs are identified, flagged and embedded into care plans.
- A sensory suitcase with low risk and low-level sensory tools was provided.
- Launch of the 'make it your own space' adaptable room on the ward where service users can control their environment including rocker chairs, beanbags, weighted blankets, fidget toys, projectors and speakers.

#### **Impact:**

- One pilot ward saw a 40% reduction in violent incidents, an increase in discharges and a reduction in lengths of stay.
- All pilot sites reported a reduction in the use and duration of seclusion episodes.
- Clinical case study examples found that there was a significant cost saving in comparison to non-sensory informed intervention.
- Service users reported an increase in independence and reduction in the levels of medication needed.
- A National Sensory Network was established.
- The project won a 'working in partnership' award at the Celebrate as One Awards.

## Our Key Objectives 2026/27:

- We will build on our equality impact assessment processes to roll out service level training to use the new PCREF dashboard and routinely review core measures by ethnicity at leadership fora.
- We will look at the health equity of ethnically and culturally diverse patients through an intersectional lens.
- We will use data and insights to drive change, collecting and seeking feedback through engagement and coproduction with key stakeholders.
- We will embed PCREF within the refreshed Health Equity governance arrangements, ensuring independent oversight with community and VCFS representation. We will engage with our Council of Governors and Involvement Partners.
- We will identify a Non-Executive Director to lead on the programme and provide regular Board Development Sessions that support our committees and governance structures to develop their Health Equity related equality objectives.
- We will finalise our new Health Equity Approach and embed it into our new organisational strategy when it is renewed.
- We will implement Advance Choice Documents (ACDs) in mental health services and establish a process to monitor uptake and review with patients and carers.
- Strengthen authentic involvement in governance by widening service user and carer participation in decision making and assurance routes.

# PCREF Part 2: Organisational Competencies

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

## Our Commitments, we will:

We will strengthen the cultural capability of our workforce by continuing to deliver high-quality cultural awareness, cultural humility, anti-racism and identity-focused training co-designed with organisations representing racially and ethnically diverse communities. Staff development will include reflective practice, experiential learning, and intersectionality training that builds confidence and competence in addressing cultural needs in care.

We will enhance partnership working with VCFS organisations, research teams, specialist clinical leads and culturally informed therapy models, ensuring that service transformation is shaped by both expertise and lived experience. We will seek out good practice from across the Trust and share it.

Our commitment includes embedding race-equity objectives into staff appraisal processes and improving staff ability to use and interpret ethnicity-disaggregated data. We will strengthen Equality Impact Assessments, so improvements, policies and service changes are consistently assessed for their impact on racial equity.

Additionally, we will continue to embed inclusive practices across clinical environments, such as the Culture of Care programme in inpatient wards, ensuring services respond to cultural, religious and identity-related needs.

## Progress made in 2025/2026:

- We have delivered extensive EDI training based on priorities identified through the PCREF programme, with over 450 staff attending and more than 90% giving positive feedback.
- We have rolled out Cultural Competency and Humility training Trust wide, codesigned with partner specialists.
- We have developed and launched the Health Equity toolkit, providing practical support for embedding culturally informed practice.
- We have developed strong partnerships with VCFS organisations such as Bradford District and Craven Mind as well as Hope and Light.
- We have delivered Community Mental Health Service Cultural Transformation Training across relevant teams.
- We have developed templates and processes for collecting and sharing good practice through the EDI Influencers programme and staff intranet repository.

- We have drafted wellbeing equality indicators in collaboration with the Aspiring Cultures Network to monitor the wellbeing of our ethnically and culturally diverse staff.



- We launched the Anti-Racist Toolkit and have developed an e-learning package to support its roll out. We have engaged with our partners to assess impact of our programmes across the West Yorkshire Collaborative.
- We have embedded inclusive practice through the Culture of Care programme and culturally adapted care models.
- We have completed stakeholder mapping to support targeted engagement across the Trust.
- We have developed PCREF communications branding, a toolkit and elevator pitch to support awareness and consistency of PCREF messaging.

### CAST STUDY: Increasing Organisational Competencies

#### Aim:

To develop a PCREF Passport that provides a training framework for staff to work through to increase their knowledge and understanding of PCREF and health equity. To target the programme into priority areas.

#### Data and Insights:

- Systems were developed to monitor core PCREF data for example in incidents that included racial abuse, interpreting or an equality related concern and in employee relations intelligence.
- The staff survey was analysed to provide information about staff feedback on equity, dignity and respect and likelihood to recommend the Trust to family and friends.
- All information was analysed by ethnicity and religion or belief to identify gaps in access, experience and health outcome.

#### Change Delivery:

A training offer was developed including an interpreting and translation training, an anti-racist tool kit, a cultural competence and humility module, a managing discrimination from service users and the public training and a building inclusive teams workshop.

#### Impact:

- 430 staff engaged in the programme in 2025.
- The training was embedded into other programmes for example the Students Virtual Community Placement, the Assistant Psychologist Induction and the Culture of Care.
- Evaluation showed that staff valued the training and the opportunity to consider PCREF in this context and felt able to implement the learning.
- Teams left with objectives and plans to improve health equity.



## Our Key Objectives 2026/27:

- We want to publish and present a regular set of “best practice” patient and community stories to the Board, QSC and PCREF meetings to support culture change.
- We will map existing service level feedback mechanisms, identifying gaps, and implementing additional culturally appropriate methods for gaining patient feedback in priority teams.
- We will formalise partnerships with our Local Authority and advocacy providers to ensure feedback is captured, actioned and evidenced.
- We will launch and embed the Involvement Fellowship (coproduction) pilot across selected services, creating skilled ethnically and culturally diverse champions and advisers.
- We will embed a race inequality personal development plan (PDP) objective for agreed staff groups and monitor completion through existing performance processes.

# PCREF Part 3: Patient and Carers Feedback Mechanism

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

## Our Commitments, we will:

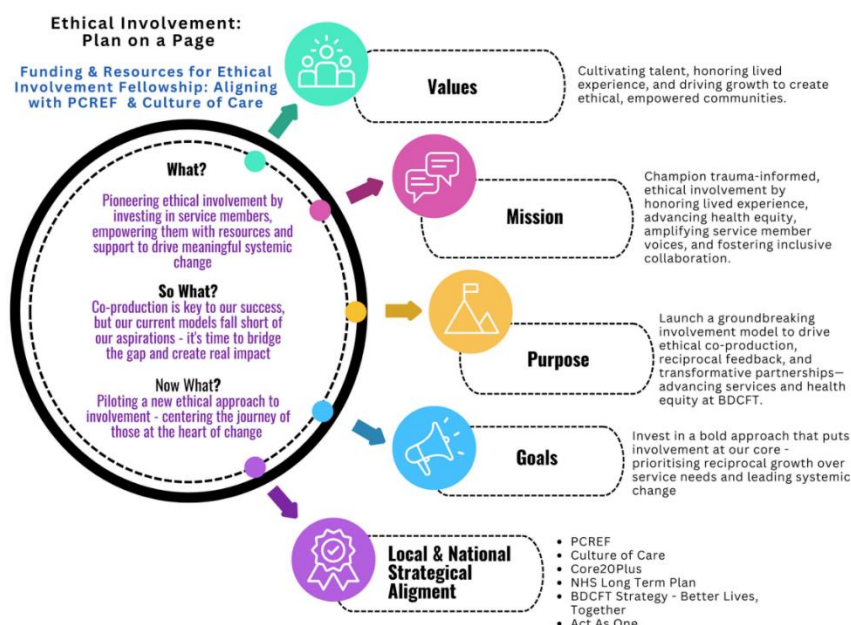
We are committed to ensuring that patient and carer voice sits at the heart of our PCREF work by expanding how feedback is collected, interpreted and acted upon. This includes developing culturally sensitive and diverse feedback methods that amplify voices that are seldom heard. We will also continue to strengthen co-production through initiatives such as the Ethical Involvement Fellowship.

We will improve how we analyse patient experience data, ensuring that ethnicity disaggregated findings across Friends and Family tests, (FFT) complaints, Patient Related Outcome Measures (PROMS) and Patient Related Experience Measures (PREMS) are routinely integrated into service learning and governance reporting.

We will ensure that access to complaints and advocacy processes and information is accessible, culturally appropriate and available in the right languages and formats. Finally, we are committed to closing the feedback loop by ensuring communities can see how their insights have influenced service changes and improvements.

## Progress made in 2025/2026:

- We introduced a new EDI flag within the incident reporting system to support equality, diversity and inclusion related analysis and oversight.
- We added a PCREF related question to incident investigation templates to enhance learning and triangulation.
- We completed initial analysis of Friends and Family Test data disaggregated by ethnicity.
- We developed the methodology to link Safeguard (incidents and complaints data system) with SystmOne our patient record, to improve ethnicity reporting and support equality monitoring.



- We completed scoping work for improved PROMs, PREMs and experience-based monitoring to strengthen data quality and future dashboard integration.
- We designed and approved the Involvement Fellowship model including service consultation, identification of pilot areas, and development of support mechanisms.
- We built strong foundations for transparent feedback loops through identification of existing involvement structures and development of best-practice repositories.
- We equality impact assessed two of our mental health services using the NHS Equality Delivery System (EDS) Framework. The assessment has identified good practice relating to PCREF and areas for development which are embedded into our EDS action plans for 2026/7.

## Our Key Objectives 2026/27:

- We will establish real time, transparent patient and community feedback loops (including “you said, we did”) across priority services.
- We will ensure community-based stories, narratives, lived experience and experiences are used throughout the Trust to support the aims and impact of the PCREF programme.
- We will complement FFT with targeted service led experience studies focused on seldom heard racialised communities and feed learning into improvement cycles.

### CAST STUDY: Using Equality Impact Assessments

#### Aim:

To carry our systematic equality impact assessments in mental health to identify areas of strength and improvement relating to PCREF.

#### Data and Insights:

We used the equality delivery system framework to equality impact assess three services that relate to mental health. We liaised with Bradford Teaching Hospitals Foundation Trust and Airedale General Foundation Trust so that they had a PCREF Focus too. They both looked at their emergency department through a mental health lens. Data relating to access, patient safety, patient experience and health outcome were looked at in detail for three Bradford District Care Trust services.

#### Change Delivery:

A desk top exercise looking at all of the data listed above by ethnicity, religion or belief and index of multiple deprivation was carried out. Surveys with staff and key community stakeholders was carried out. The data was shared and discussed with teams and at community engagement events. An action plan has been developed with organisational improvement priorities and individual team and services areas for celebration and development. The reports have been published on the BDCFT website in the equality publication scheme pages.

#### Impact:

A full report of the impacts and next steps is available here [Equality and diversity reports - Bradford District Care NHS Foundation Trust](#). Progress will be reported to the Trust Board via the Quality and Safety Committee every six months.

# Summary of our 2025 PCREF data

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 a summary is provided below.

Between January and December 2025, detentions under the Mental Health Act (MHA) for ethnically diverse service users were overrepresented for 7 out of 12 months compared to our local census population, with an average of 40% and a high of 52% in September, compared to the census baseline of 36%.

Detentions among Asian communities were proportionate to their representation in the Bradford population (29%), although increased to 36% in June. Black communities remain overrepresented, accounting for 7% of MHA detentions in 2025 whilst making up 2% of the Bradford District population and 0.5% of the Craven population. Monthly figures for MHA detentions of Black service users varied widely between January and December 2025, ranging from 0% to 13%.

Adult community MH referrals for ethnically diverse service users have improved since 2024 but remains below population levels in 2025 with an average of 28%. Referrals for Black communities are generally in line with census data. However, Asian communities are underrepresented in referrals, with an average of 21% in 2025 compared to our census population of 29%.

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 inpatient services between July and December 2025, which indicates that the majority of respondents report positive overall experiences (88%). Asian / Asian British respondents reported 83% positive experiences, Black African, Black Caribbean / Black British respondents reported 86% positive experiences and Mixed / Multiple ethnic groups respondents reported 70% 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.

## Our priorities:

It is our priority to narrow the gaps between the census and case load data and our ethnically and culturally diverse communities' representation in this data across all measures. We will take account of mental health prevalence data to inform this work.

We want to ensure that our data demonstrates an equitable experience within our services for ethnically and culturally diverse communities. We intend to continue to explore and narrow any gaps identified.

We want to analyse this data by specific team and service to give further insights for our PCREF interventions.

PCREF is a partnership among local services, the local community, voluntary organisations, as well as patients, service users, carers, and volunteers. If you'd like more information or are interested in getting involved, please get in touch with us at: [edi@bdct.nhs.uk](mailto:edi@bdct.nhs.uk)

You can also find more information about our community partners through the Hope and Light project: [Hope and Light | Bradford District and Craven Mind](#)