

Patient and Carer Race Equality Framework: Service User Feedback

PCREF resource pack:
[https://tinyurl.com/
ELFT-PCREF-Pack](https://tinyurl.com/ELFT-PCREF-Pack)



Hosted by

Jen Hedworth (Service User Co-Chair, PCREF Steering Group)

Juliana Ansah (PCREF Strategic Lead, Head of Equity, Diversity and Inclusion)

Thank you for joining us! Please share your feedback



tinyurl.com/PCREF-ELFT-Feedback

Agenda for the day

Time	Item	Presenter
2:00	Welcome and Introduction	Lorraine Sunduza , Chief Executive Officer
2:15	Service User Stories	Satwinder Kaur , Service User, QI Coach Rakesh Patel , PCREF Data Subgroup Service User Co-Chair
2:35	National Learning and Barriers	Jacqui Dyer , NHS England Equalities Adviser Mental Health Team Husnara Malik , NHS England National Lead for Advancing Mental Health Equalities
2:50	PCREF Journeys and Priorities	Mina Hadi , PCREF Project Officer
3:00	Quality Improvement: Service User Journey	Ismael-Rachid Ibrahim , Recovery College Peer Tutor, PCREF Steering Group Deputy Service User Co-Chair Satwinder Kaur , Service User, QI Coach
3:10	Quality Improvement: Pursuing Equity	Sarah McAllister , Head of Improvement Programmes
3:20	Break	
3:30	Gathering Feedback on PCREF	Joanna Moore and Marco Aurelio , Associate Directors of Quality Improvement
4:00	World Café Round-Table Discussion	Jennifer Hedworth , PCREF Steering Group Service User Co-Chair
4:40	Implementing PCREF and Next Steps	Evah Marufu , Director of Nursing
4:50	Closing Remarks	PCREF Service User Co-Chairs and Deputies

Welcome and Introduction

Lorraine Sunduza, Chief Executive Officer

PCREF: A WELCOME FROM CEO

NOVEMBER 2024

Lorraine Sunduza, CEO





We care
We respect
We are inclusive



East London
NHS Foundation Trust

ELFT's Commitment to PCREF

ELFT began its PCREF journey in 2021 its east London boroughs for the pilot phase. With equity, diversity and inclusion at the heart of everything we do, we continue to align our longstanding efforts to address systemic racial inequities with the PCREF cultural competencies.

Whether honouring coproduction through our People Participation directorate, workforce in our thriving Staff Equity Networks, co-learning in our various Quality Improvement projects - PCREF is integral in ELFT dedication to addressing inequality for all of our populations.



Our Mission is:

To improve the quality of life for all we serve

Our Vision:

We will work with our partners to deliver on our commitment to person-centred coordinated mental and physical health care, to improve the health and wellbeing of the communities we serve, to recover from the pandemic and to promote social justice...

Our Promise

As part of our continuing commitment to the way in which we work together in our mental health, community health and primary care services, and with our partners, we promise:

- To work together creatively
- To learn what matters to everyone
- To achieve a better quality of life
- To continuously improve our services

Our Organisational Treasures

We believe our strengths as an organisation will support us on our journey, including:



Our Values Are:

We Care

We Respect

We are Inclusive



The ELFT Strategy



East London
NHS Foundation Trust

elft.nhs.uk

- [NHS_ELFT](https://twitter.com/NHS_ELFT)
- [EastLondonNHSFoundationTrust](https://www.facebook.com/EastLondonNHSFoundationTrust)
- [NHSELF](https://www.youtube.com/channel/UCNHELFY)



East London
NHS Foundation Trust



East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

Mission

What is our role in society

Strategic Outcomes

What are the biggest factors that will help us achieve our mission?

Specific Objectives

What do we need to work on, for each of our strategic outcomes, to achieve our mission?

To improve the quality of life for all we serve

Improved population health

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities

Improved staff experience

- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities

Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste





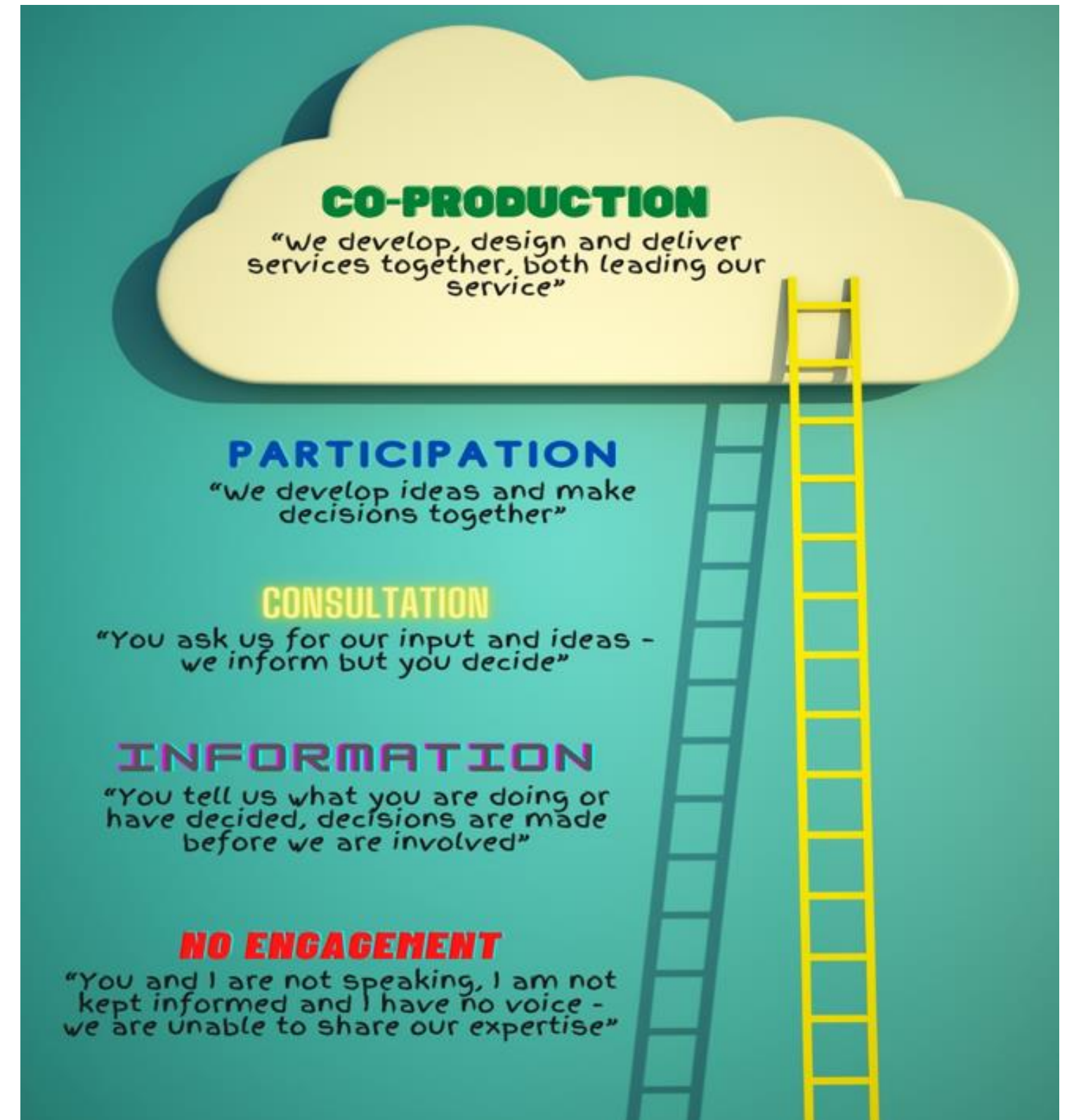
Service User and Carer Involvement

ELFT's vision is to make a positive difference to people's lives. This aim can only be achieved if we proactively ensure that service users and carers work alongside us to lead, plan, deliver, evaluate, and improve our services. This process of joint work is People Participation.

People Participation endeavours to engage with the full diversity of people who use our services, thereby ensuring that Trust strategy and services are responsive and accessible.

The Trustwide Working Together Group's current priorities include **addressing inequities**, with a focus on making services accessible to all.

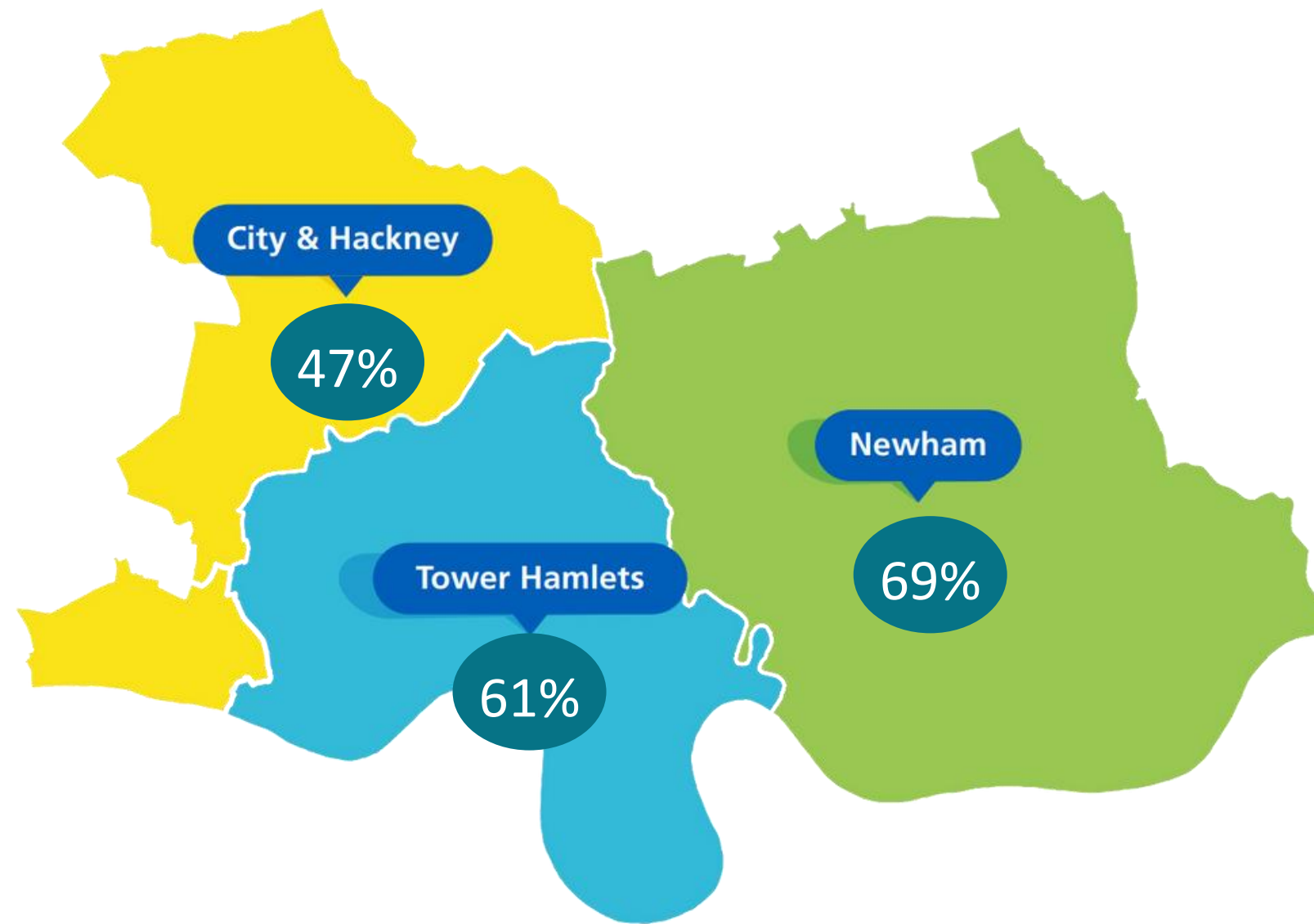
PCREF has strengthened and supported our ongoing commitment to working alongside service users and carers from diverse racialised communities to improve access, experiences and outcomes in the services we provide.



Our People

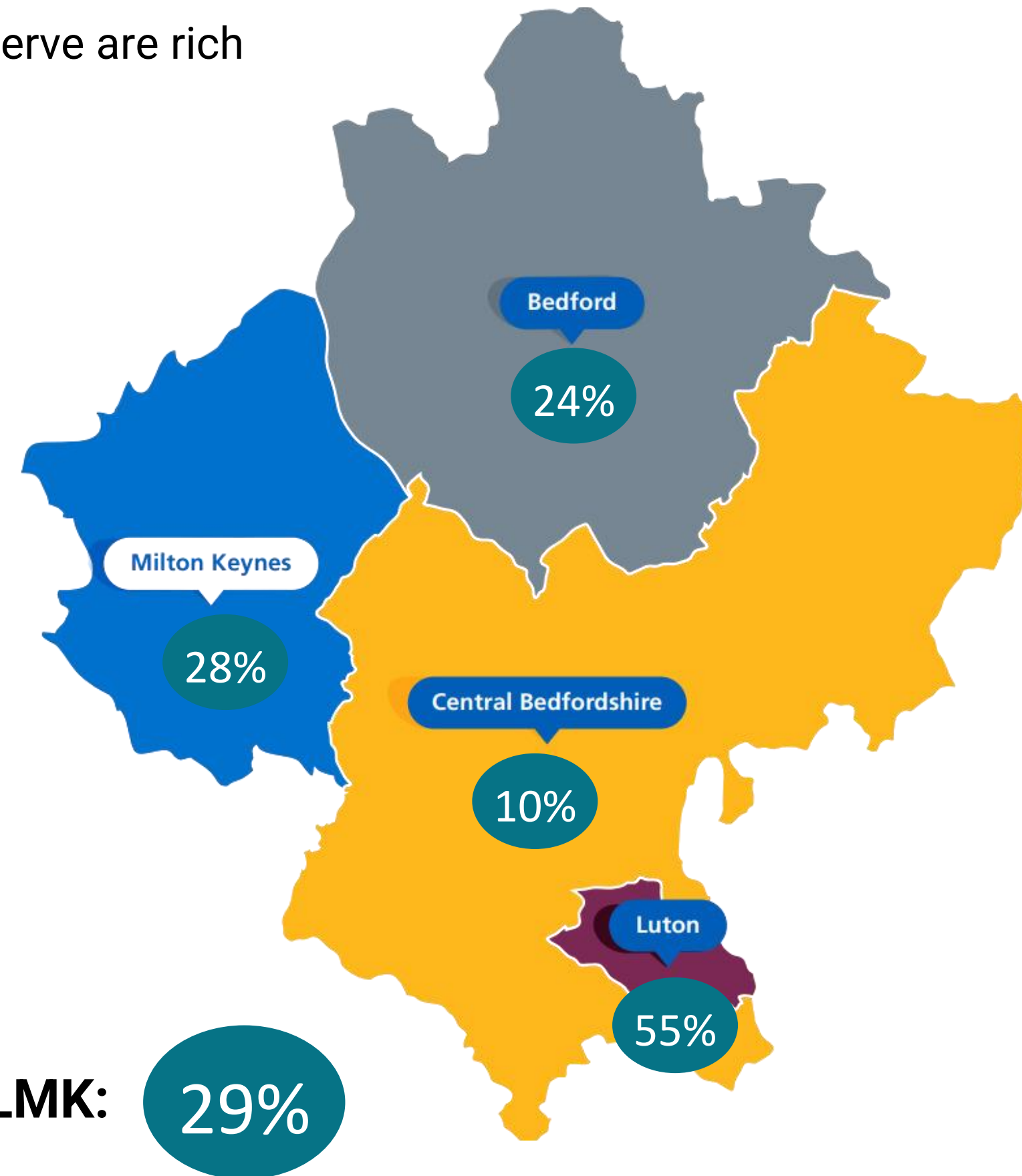
1.9 million people live in the areas we serve at ELFT. The boroughs we serve are rich in ethnic diversity but are also amongst the most deprived in the UK.

BME % in London: 46%



■ Black, Asian, Mixed, Other

BME % in BLMK: 29%



■ Black, Asian, Mixed, Other

DO NOT HARM

**REDUCE/
MINIMISE HARM**

Overview of Our Antiracism Journey

Staff, Board and Governors' sessions on COVID-19, Race and Privilege

Board Development session on Power, Privilege and Micro-aggressions

London pilot phase of Patient and Carer Race Equality Framework

Trust-wide Pursuing Equity QI programme (Phase 1 and 2)

Launch of Equity Programme Board

First coproduced Annual Population Health Report

Week of anti-racism workshops by Robin diAngelo

Local launch of Patient and Carer Race Equality Framework (PCREF)

Established PCREF Steering Group, Clinical and Service User Co-Chairs

Identified PCREF Clinical Strategic Lead

Identified PCREF Leads for each Directorate

Launched workshops on Antisemitism, Islamophobia and xenophobia

Making Equity Work sessions

RaCE (Race and Cultural Equity) Staff Network

Trust-wide Pursuing Equity QI programme (Phase 3)

Trust-wide Perinatal Access QI Project with Race Health Observatory

Poetry

Satwinder Kaur, Service User Representative

ANTI? RACISM

Are we there yet?

No.

Tomorrow, maybe?

In the same world, under one sky.

Reality reminds rewind, play listen hear do you feel the words spoken, diminished dignity denied. Speak, silence, sound of your voice only talks telling tales in your head. Solitary spaces serving time, for having no white faces.

Antagonised, aggressive, allegations, there really is no way out.

Tormented troubled tired, eventually, you lash out. Lives lost, language of otherness rewrites, the meaning of the word to question why?

Colour, culture, community destroyed, it is easy to draw line in ink.

Trust, truth, treasures plundered, perfectly planned: religious divide left empty echoes, empathy denied, made to leave homes overnight.

Invited, intelligent, invisible workforce required. English language is highly desired, purpose, position, promotion declined. Educated, highly academic, articulate advanced, but still no chance.

Stigma, solitude, sorrow growing old, retirement, resent, rejected. Loss and pain age the body, physical emotional energy end. Anguished, alienated, abandoned, Time ends. Rest in Peace.

Mirror, mirror, my reflection glows, with colour, culture, courage that no one knows. Alive, arrived action required. Stories, of racism, ridiculed, ruined lives. I really wanted to write a lie, to say and hear the words " Racism died", after feeling the pain of others, no longer alive.

Service User Story

Rakesh Patel, PCREF Data Subgroup Service User Co-Chair

Rakesh's Journey



National Learning and Barriers

Dr Jacqui Dyer MBE, NHS England Equalities Adviser Mental Health Team

Husnara Malik, NHS England National Lead for Advancing Mental Health Equalities

Patient and carer race equality framework

Making anti-racism work in all mental health providers



Dr Jacqui Dyer MBE
Chair of the Advancing Mental Health
Equalities Taskforce and the Patient
and Carer Race Equality Framework
Steering Group, NHS England

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".

Why now.....


Public Health crisis
 Many racialised people have died in the care of mental health services and a painful reminder of the oppressive system still treating racialised people in a dehumanised way



Poorer mental health and access to mental health
 Increased use of crisis pathways, out of area placements and higher rates of detentions, seclusion and restraint under the mental health act



Unequal society
 Deep rooted discrimination and inequality across Britian, these include recent events on the UK race riots



Social media
 Rise on Islamophobia, xenophobia transphobia and many other protected characteristics and vulnerable groups being vilified, creating further hatred in our society



Political will
 Funding cuts and absence of political will, rooted in racism throughout every policy area of society creating further division and disparity amongst racialised communities



Racism damages health and wellbeing and drives inequalities - report by [Institute of Health Equity 2024](#)

Collective Progress

Independent review of the MHA in 2018
 Recommended the Patient and Carer Race Equality Framework, NHS England's first ever anti-racism framework for the mental health sector

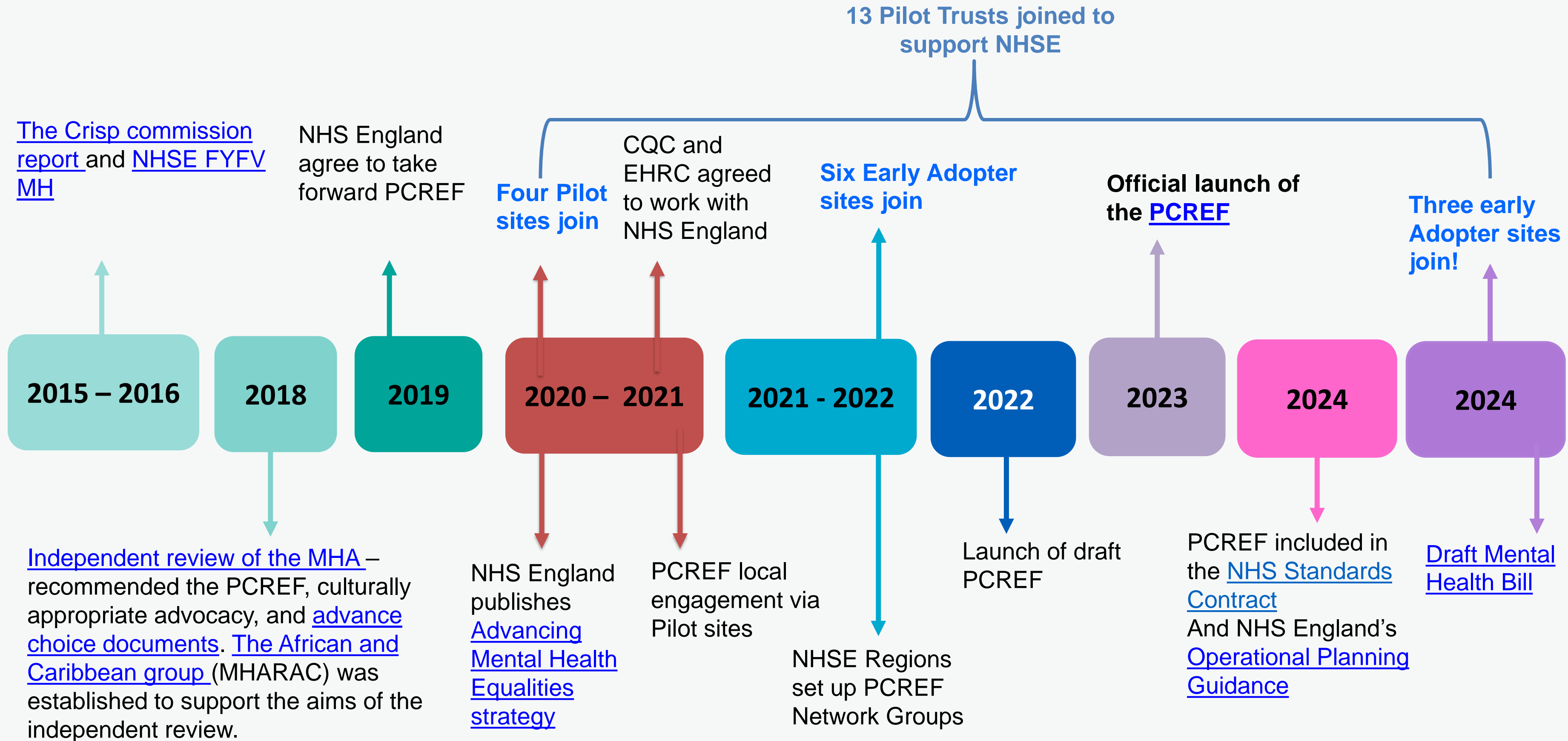
Mental Health Act Reforms Bill 2024
 An opportunity for the government to:

- Tackle Racial injustices
- Strengthen people's rights
- Give people access to the care they need

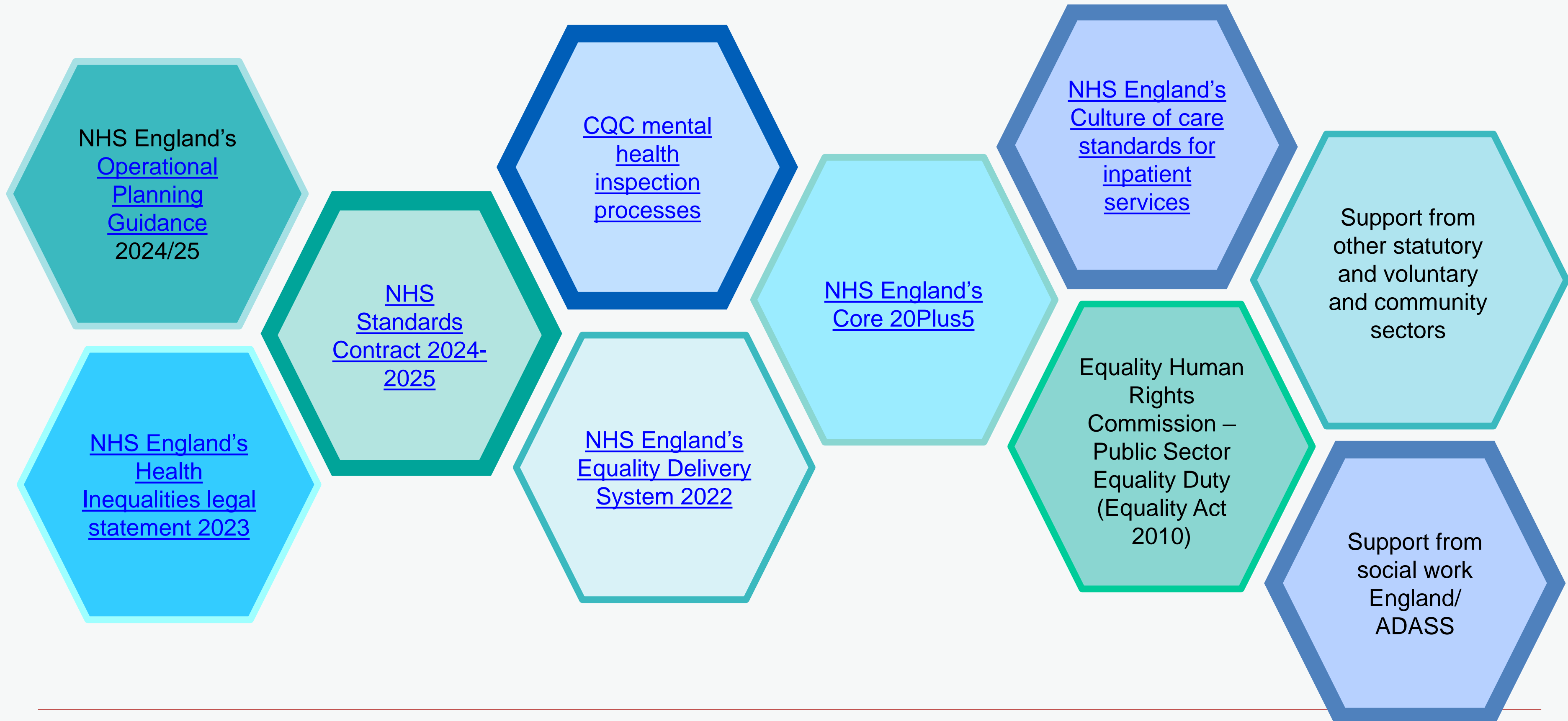
Draft Equality (Race and Disability) Bill 2024
 The bill intends to "tackle inequality for ethnic minority and disabled people" by: Introducing a statutory right to equal pay for ethnic minorities and disabled people

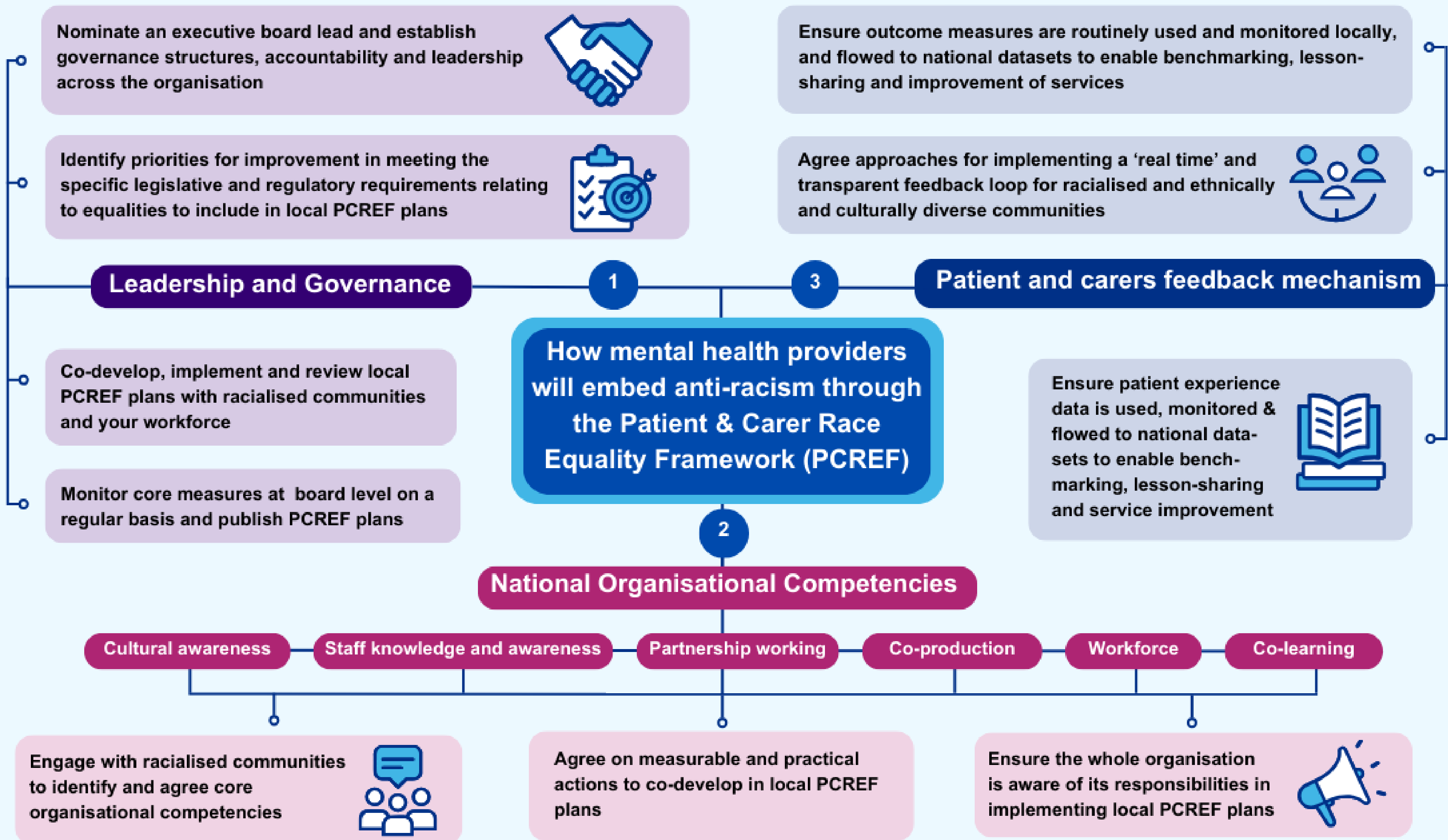
Darzi Report 2024
 People from minority ethnic groups experienced worse outcomes
 Opportunity on the reasons to understand the differences so it can be addressed

Evolution of the PCREF



What makes the PCREF stand out?

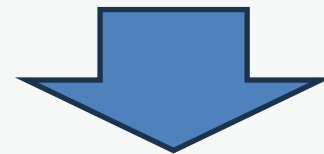




How pilot Trusts have implemented the PCREF: good practice examples

PCREF Part 1 – Leadership and Governance

- ✓ Exec lead for PCREF at board level
- ✓ PCREF Monitoring and Assurance embedded
- ✓ Link to ICS's Equality objectives
- ✓ PCREF governance structures have rep's from ethnic led lived experiences and VCSE's
- ✓ Link to ICS's strategic and corporate objectives and EDS 2022
- ✓ All PCREF metrics being reported on via the governance structures
- ✓ Recruitment of project managers/community offices/human rights officer



Pilot Trust data has been critical to shift the dial on cultural awareness and training has supported this.

- ✓ Inhouse dashboard to help stakeholders understand the data produced to ensure transparency and greater accuracy of figures.
- ✓ The data on restrictive practice and mental health act detention rates is being used as a learning tool to identify gaps and see where activities are having a positive impact.

PCREF Part 2 – National Organisational Competencies

- ✓ Culturally Appropriate Advocacy services delivered in partnership with community led organisations
- ✓ Co-developed cultural awareness training led by local community organisations
- ✓ Joint working with local authority partners and a number of joint initiatives rolled out including Community Outreach/MH crisis care training/advocacy services

PCREF Part 3 – Feedback Mechanism

Pilot Trusts are analysing various patient and carer experience tools to monitor feedback:

- ✓ Working with specific VCSE's representing racialised communities to enhance awareness and understanding on feedback
- ✓ Friends and Family Test Results, GP data, Complaints, Dialogue+

Some recommended actions

The PCREF has already set out the expectations of what Trusts should be doing for each part of the PCREF from ensuring there is board level accountability and monitoring of data (part 1), representation and participatory of the communities impacted (part 2) and ensuring feedback/experiences are being captured so that there is a continued improvement on data and that all of this is transparent for communities to see the change (part 3)

Building trust through change – some tips for leaders, staff and racialised communities

- ✓ Agree on co-developing SMART personal development objectives for each leader and staff from a racialised lens and implement an actionable plan for improving race equalities in your role as a leader and as a staff member of the workforce
- ✓ Agree with racialised communities to assess and determine if you have delivered on your SMART personal development objectives (for leaders)
- ✓ Use your data to help inform investment decisions on PCREF and mental health equalities
- ✓ Use methods (i.e. water of systems change) to undertake systematic pieces of work which result in a few discrete improvements ideas with metrics which can be regularly reported on and monitored. Progress towards anti-racism that can then be demonstrated.
- ✓ Agree as a Trust on overarching measures for reducing inequity for racialised communities for example through the use of PCREF make a commitment to eliminate use of restraint, use of detention rates and increasing trust and reputation amongst the communities impacted

What actions you could take after this session?



Next steps and priorities for 2024/25

Priorities during the mandatory roll-out in 24/2025 will be focusing on refining the PCREF subject to feedback received. Some key areas of focus will be on:

	Role of Integrated Care Systems and Integrated Care Boards	ICS's/ICB's to help embed the PCREF in line with their legal equality duties introduced by the Health and Care Act 2022 including engaging with local VCSE's, commissioners/ MH independent sector the police and education sector. To also explore the equalities funding allocations from a racialised lens.
	PCREF feedback mechanism	Patient and carer experience measures to be identified, national improvements to clinical outcomes and a digital platform to be developed.
	PCREF Data dashboard	A PCREF dashboard to be developed for Trusts to submit their data as set out in the PCREF on reporting metrics. This will provide transparency for trusts and communities to access data and see progress of PCREF
	Improving Carers role	Strengthen racialised carers role for each part of the PCREF, this should include aligning to existing reporting experiences Trusts already collate on carers, understanding carers institutional barriers and how might this impact carers and patients.
	Supporting MH providers to strengthen across all service pathways/sectors	Collate repository of good practice examples on how each part of the PCREF is implemented across different service areas/and sectors i.e. CAHMS, Spec Comm, Talking Therapies, primary care, education settings/acute trusts and share learning across system
	Independent evaluation on impact of PCREF	Scope out how we will be measuring and monitoring the implementation of PCREF, and how we will be assuring that delivery of the PCREF is of high quality.

Other areas emerging

- NHSE inpatient services and aligned to the [Culture of Care Standards](#)
- MH Spec Comm
- Provider Collaboratives
- PCREF implementation at VCSE level
- PCREF in national NICE recommendation, RCN and Social Care for England Standards
- PCREF Fellowship programme aligned to NHSE WT&E curriculum standards
- DHSC MH Bill – Culturally Appropriate Advocacy and Code of Practice

Get yourself familiar

www.england.nhs.uk/pcref

[NHS Future Collaboration site](#)

Case studies

Patient and carer race equality framework
Making anti-racism work in all mental health providers



Patient and Carer Race Equality Framework
Making anti-racism work in all mental health providers

October 2023

Positive Practice case studies
(Supplementary guidance document)

Join NHSE's PCREF
Community Forum

PCREF report

Part 3: Feedback Mechanism

Summary of progress on part 3 - Please attach evidence in the Annex section.

Part 2: Organisational Competencies

For this section you will be required to refer to the six national organisational competencies on 'what good looks like' and the self-assessment checklist (refer to Annex B of the PCREF document). In the following pages, please explain what actions have been taken this quarter to improve your organisation's competencies, please state clearly if these national organisational competencies and the self-assessment checklist has four suggested levels of performance: Good, Outstanding, Developing and Inadequate. In the table below, please indicate the level of performance for each competency and the self-assessment checklist. Please note the national organisational competencies and the self-assessment checklist are relevant to your services, and where possible, please provide evidence to support your performance.

National Organisational Competencies	Good	Outstanding	Developing	Good	Outstanding
Leadership					
Workforce					
Production					
Feedback					

Part 1: Legislative / Statutory duties

For this section you will be required to refer to the six national legislative / statutory duties on 'what good looks like' and the self-assessment checklist (refer to Annex B of the PCREF document). In the following pages, please explain what actions have been taken this quarter to demonstrate compliance with legislation. Trusts should provide a summary of the legislative / statutory duties and the self-assessment checklist. Please note the national legislative / statutory duties and the self-assessment checklist are relevant to your services, and where possible, please provide evidence to support your performance.

PCREF "Legislation" section for more details in the table entitled "How trusts are to demonstrate compliance with legislation". Trusts should provide a summary of the legislative / statutory duties and the self-assessment checklist. To support Trusts, national mental health statistical data are published quarterly. Please refer to NHS England's Data quality dashboard for more details on protected characteristics. Please also refer to NHS England's Data quality dashboard for more details on protected characteristics. Please also refer to NHS England's Data quality dashboard for more details on protected characteristics.

and the cause and duration of these detentions by

NHS 75 Celebrating 75 years of the Windrush **NHS England**

Patient and Carer Race Equality Framework (PCREF)
Making anti-racism work in all mental health trusts

Quarterly report template for all mental health provision 2023/24

Each NHS Mental Health Trust and mental health service provision will be required to have a PCREF in place by the end of the financial year 2024/25. The implementation of the PCREF will support CQC and EHRC's inspection processes, in line with their regulatory duties. Pilot Trusts and early adopter sites are asked to report on each part of the PCREF (Parts 1, 2 and 3) to the Advancing Mental Health Equality Taskforce on a quarterly basis. This template is aligned to the guidance and provides hyperlinks to where information/ data can be sourced (nationally and locally), where relevant. A complete list of all hyperlinks is provided at the end of this template. In addition to these national resources, Trusts are also encouraged to use data and information that they collate locally.

Each section starts with a summary explanation of the reporting requirements (aligned to parts 1-3 of the PCREF) and Trusts are also encouraged to consult the relevant sections of the PCREF for more details. Please feel free to delete instructions and create new template copies/duplicate slides as needed, to create more space to add your text. We have also created additional template copies in the Annex for you to include further evidence and all links are copied there for convenience.

Version 0.4

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](#).

PCREF Journeys and Priorities

Mina Hadi, PCREF Project Officer

PCREF Journeys and Priorities



Presented by
Mina Hadi
PCREF Project Officer

PCREF Roadmap



East London
NHS Foundation Trust

Sept 2022

Equity governance
structure established

Dec 2023

PCREF Steering
Group

Mar 2024

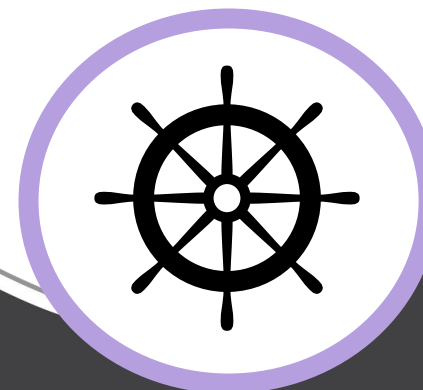
PCREF Data
Subgroup

Apr 2024

PCREF EDI Project
Officer appointed

Oct 2021

PCREF Survey
closed



May 2021

2 EbEs identified
for Pilot

Feb 2022

VCSE feedback

Sept 2023

PCREF local
launch at ELFT

Feb 2024

First PCREF Quarterly
Report

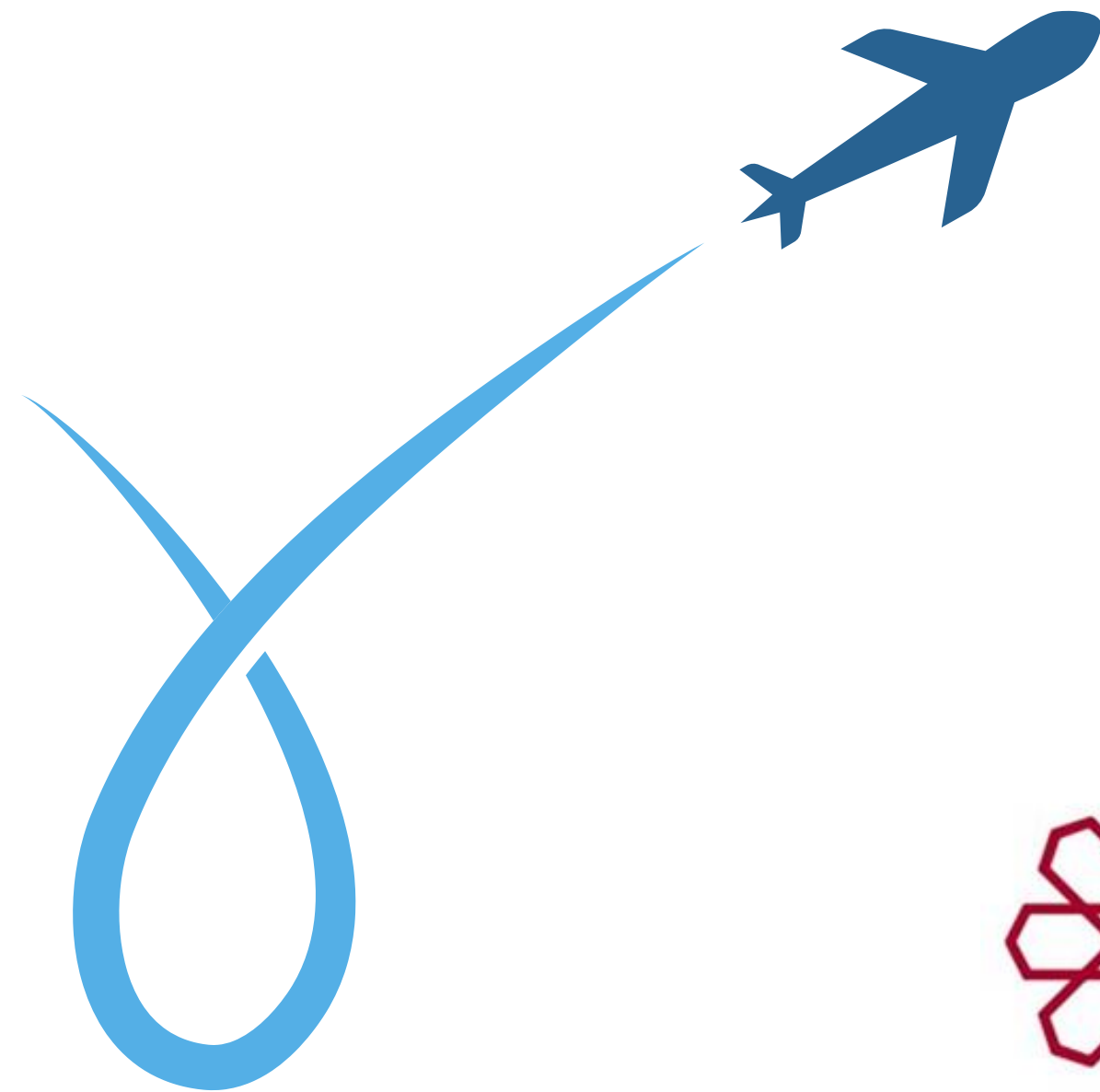
Mar 2024

Launch of
PCREF
workshops

Nov 2024

Directorate
Leads
identified

Pilot Phase - Questionnaire



- Led by two Experts by Experience: Jennifer John (Carer) and Mina Hadi (Service User)
- Over 100 responses for questionnaire
- Social media and comms campaign
- Feedback from six community organisations
- Child friendly and Easy Read versions



Barriers Faced



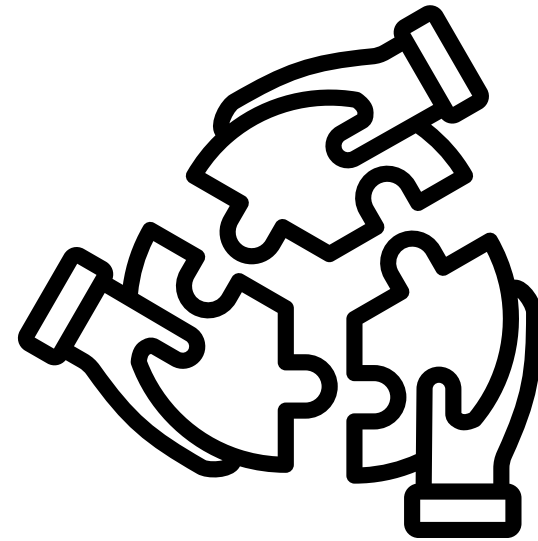
- Digital poverty
- Impact of COVID-19 lockdowns (lack of in-person questionnaire completion)
- Use of jargon in questions
- Consultation fatigue
- Survey completion time
- Consideration of literacy when translating questions

How can we take learning from the pilot when implementing PCREF Trustwide?

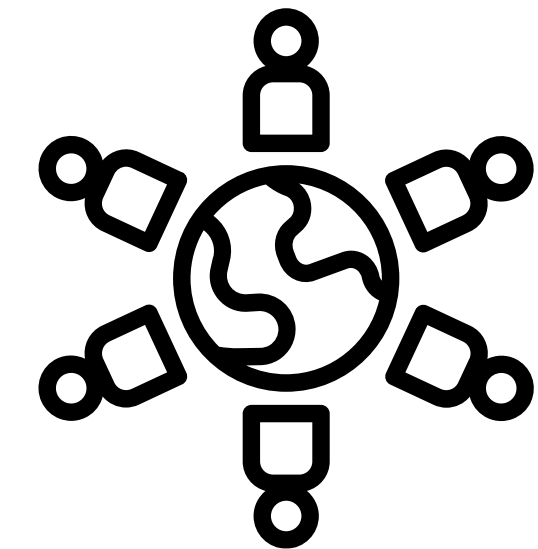
Recommendations from community organisations



Restore trust in NHS



Collaborate with voluntary organisations



Promote diversity in workforce



Increase resources and capacity



Improve cultural knowledge



Overcome language barriers

PCREF Priority Areas

Access

Experience
(including Use of
Force)

Outcomes
(including Service
User and Carer
Feedback)

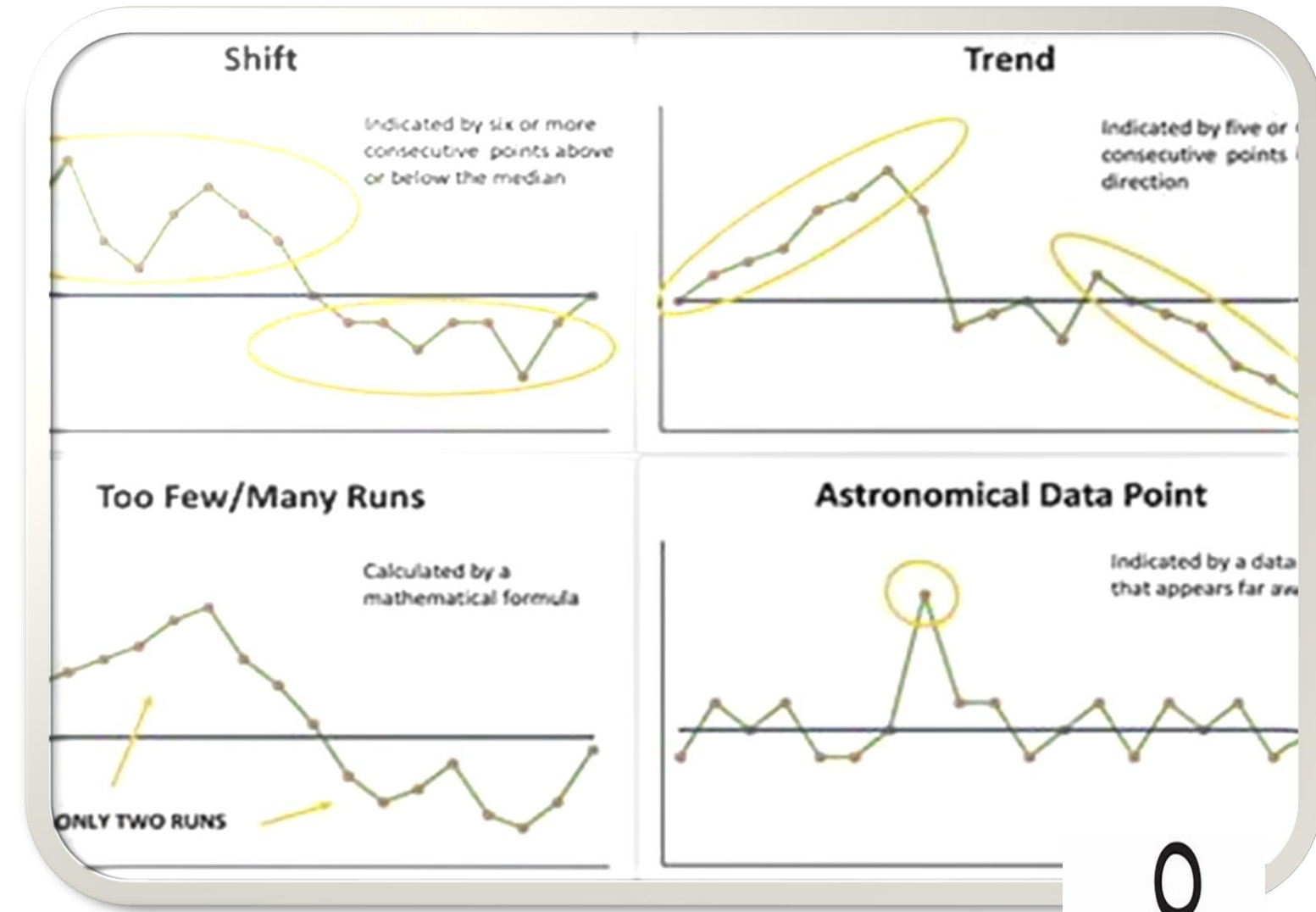
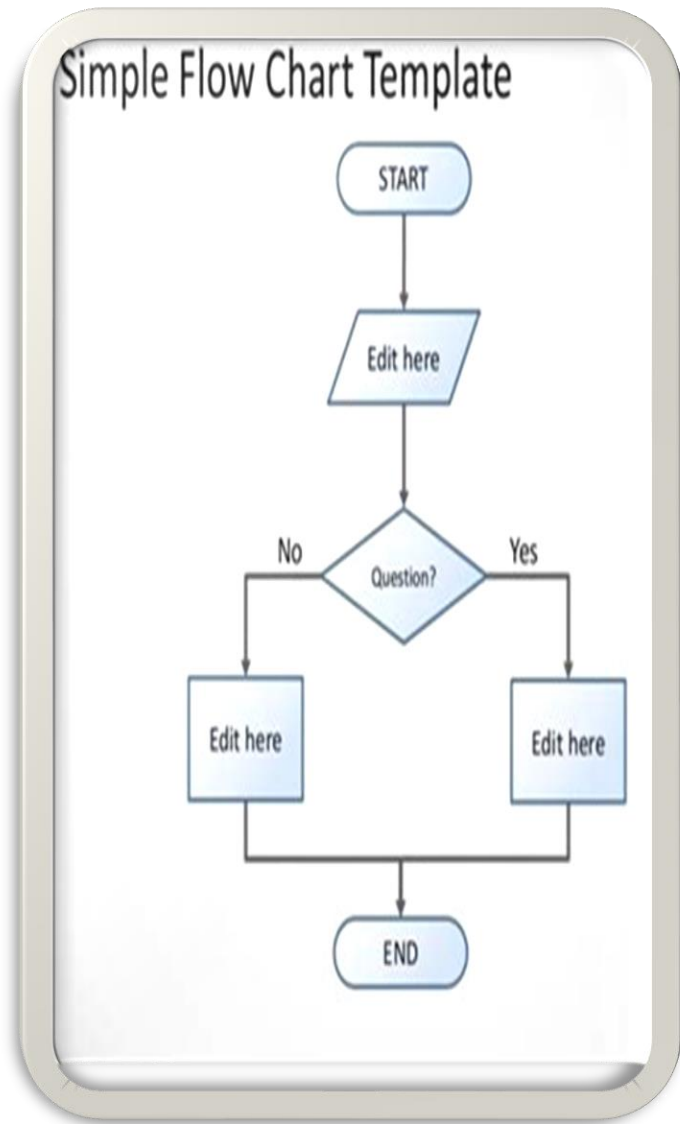
Quality Improvement: Service User Journey

Satwinder Kaur, Service User Representative

Ismael-Rachid Ibrahim, Service User Representative

August 2016- People Participation My QI Journey Begins!

Satwinder Kaur



Bridging the Bedford Gap

“Returning to Oakley Court to run my tea party poetry, changed my darkest memories to hope for patients on the ward”

The First National Service User and Carer-Led QI Project



Start where it matters most to you!

Reducing Bed Occupancy on Keats Ward

“I have been here before...”

Why QI?



Nothing ever becomes real till it
is experienced.

~ John Keats

Service User QI Journey – Ismael-Rachid Ibrahim

- My introduction to the QI field as an Expert by Experience.
- Training as QI Coach Sponsored by Deputy Director of T.H. Community Health Services.
- QI Coaching project for the Black Men under the Mental Health Act.



Quality Improvement: Pursuing Equity

Sarah McAllister, Head of Improvement Programmes

How did we approach the work?

- Since April 2022 ELFT has launched three QI programmes to support teams to use improvement to pursue equity
- Collaboration: Quality Improvement, People Participation, Performance, Data & Analytics and the Trust network leads
- Support: QI coaches, sponsors, learning sessions, story telling
- Teams: 64 teams across the Trust

Race & Ethnicity

- 16 teams
- Access, racism, recovery rates, end of life care

Gender

- 10 teams
- Pay gap, perinatal services, cervical screening and menopause

Sexuality

- 3 teams
- Network membership, experience and incidents

Missed appointments

- 31 teams
- Deprivation and other equity metrics

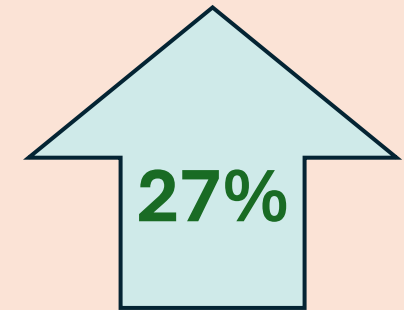
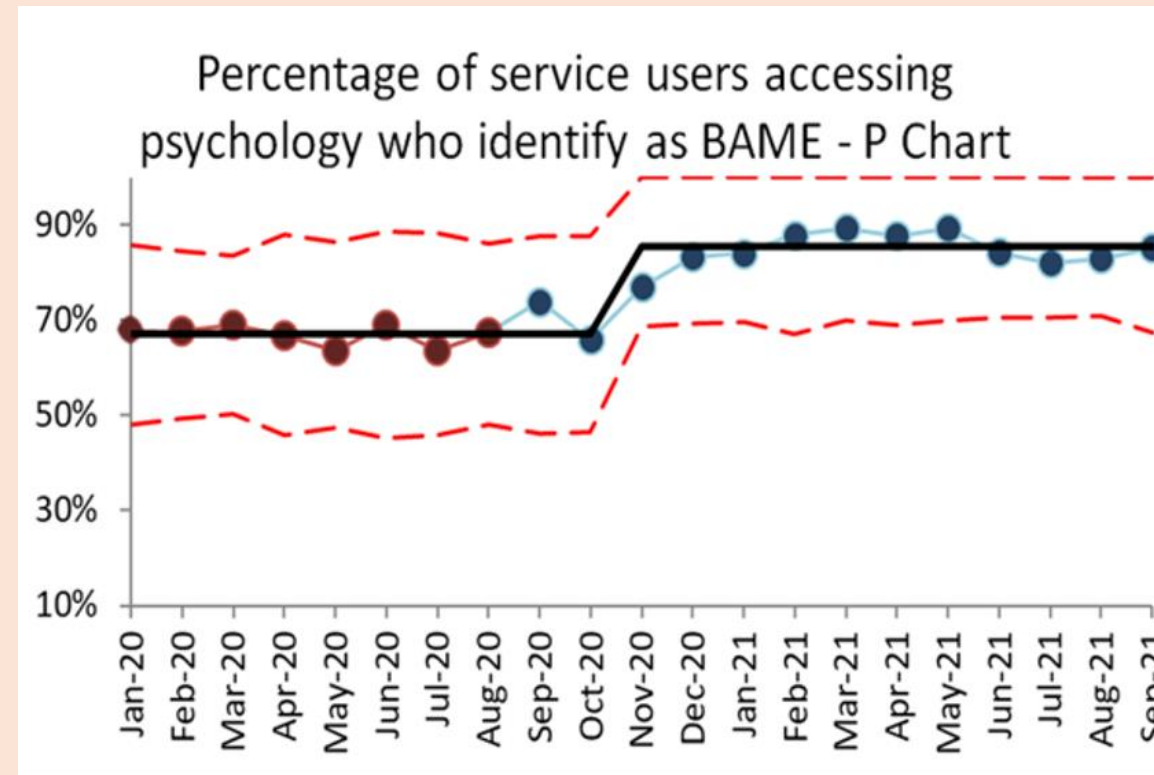
What is the impact of our work?

Tower Hamlets EIS

Aim: Increase % of BAME service users accessing THEIS by 8%

Change ideas:

- Prioritising service users discharged from inpatient ward
- Developing & delivering family intervention package



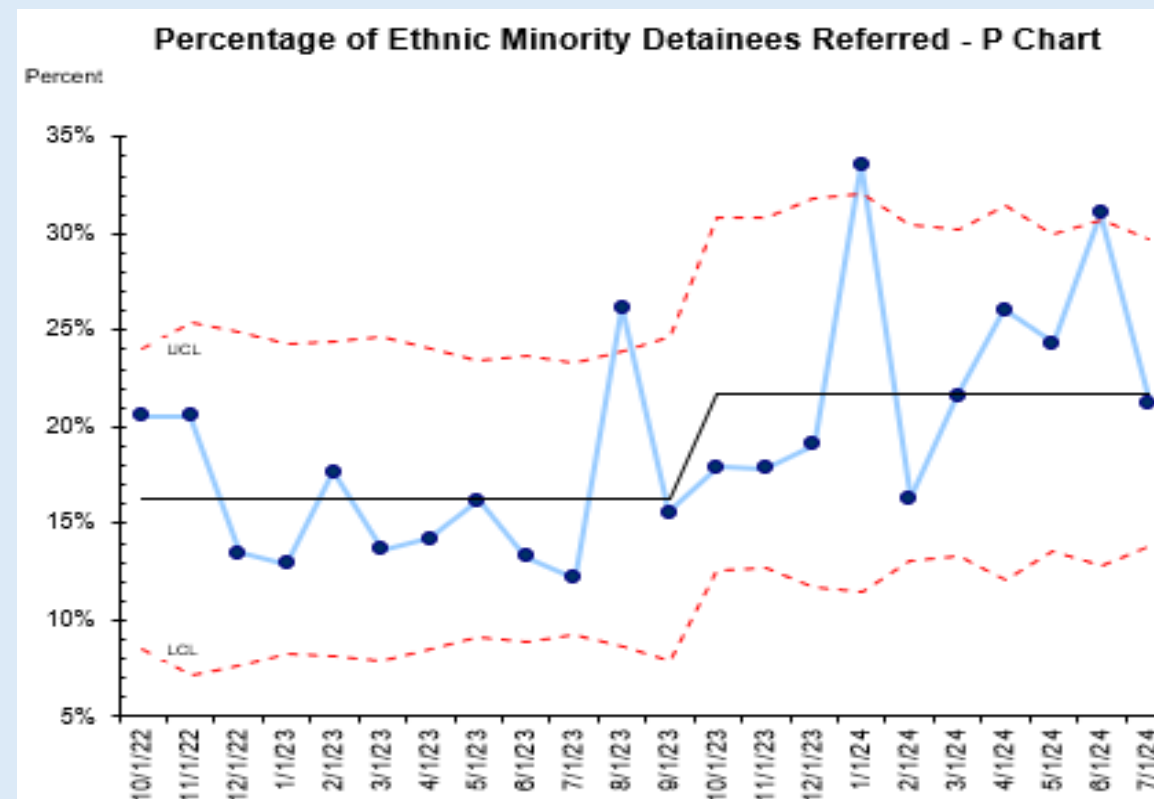
Increase in access for BAME service users

Bedfordshire Liaison & Diversion

Aim: To see our BAME detainees referred into our service at a proportionate rate as compared to indigenous population

Change ideas:

- Regular presentation to custody bases on ethnicity arrest and referral data



Increase in access for BAME service users

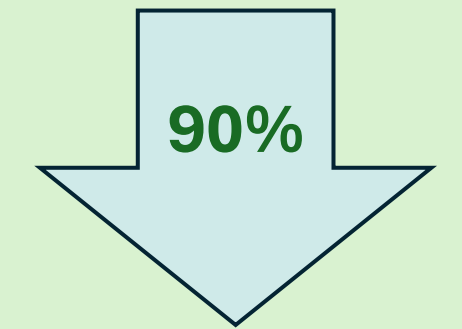
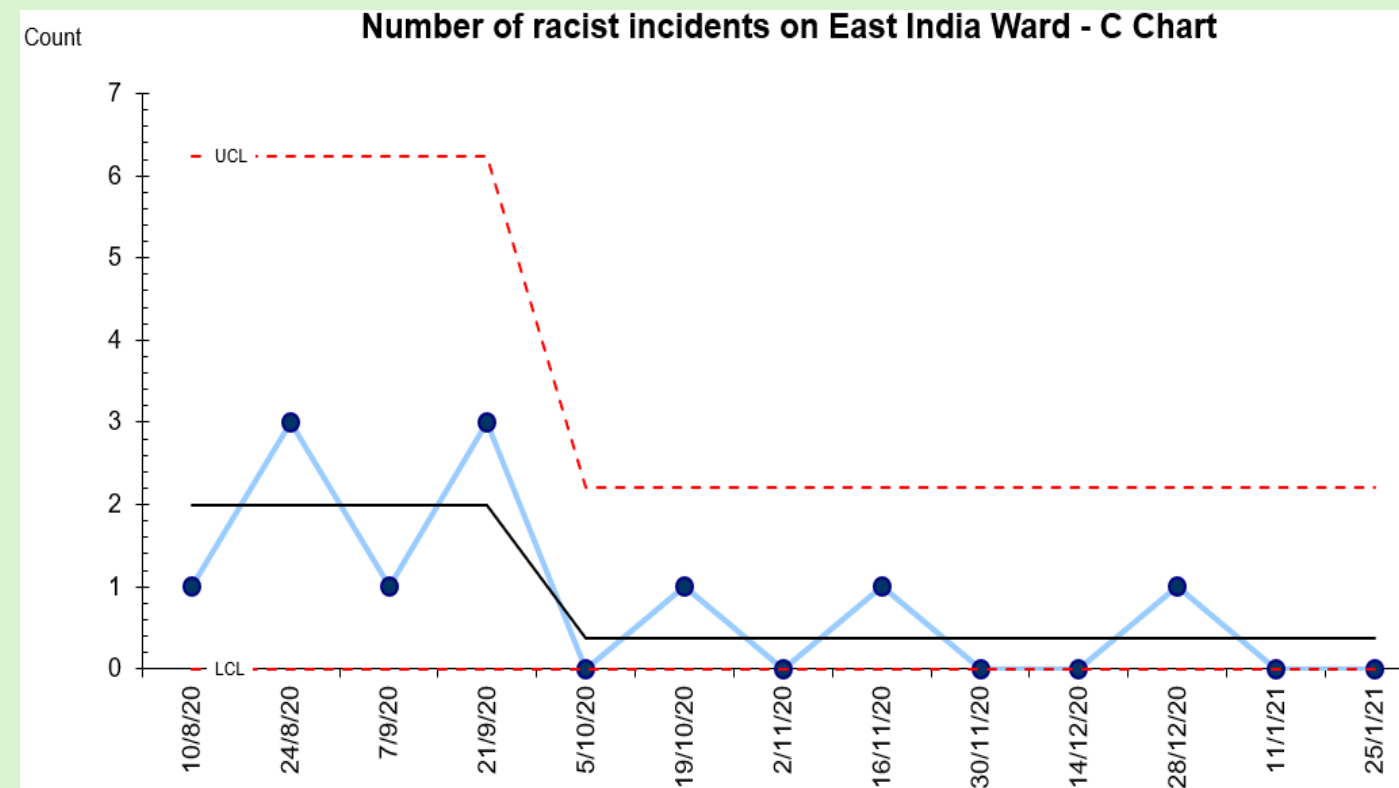
What is the impact of our work?

East India Forensics Ward

Aim: Reduce incidents of racism on East India ward by 75%

Change ideas:

- Post racist incident action plan
- Race relations rep who supported people post incident
- Safety cross to report incidents – normalising reporting



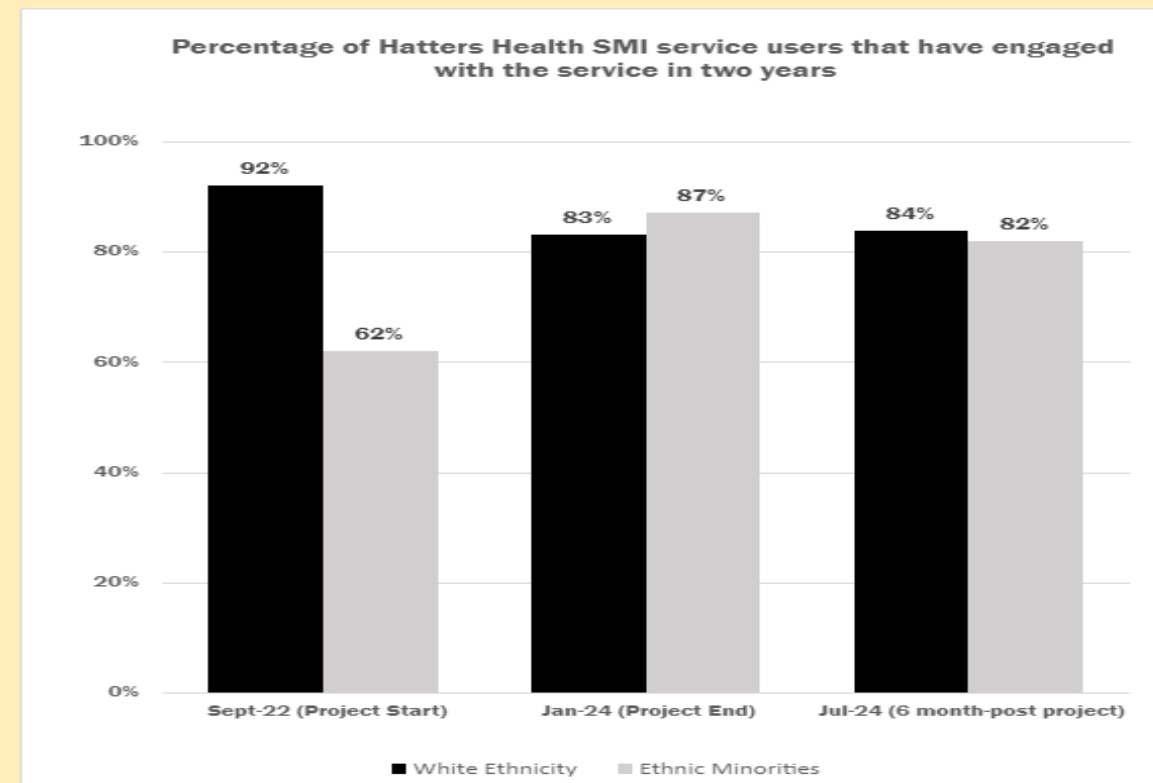
Reduction in racist incidents

Hatters Health Primary Care

Aim: Increase physical health checks of BAME clients with SMI from 20% to 80%

Change ideas:

- Update patient demographics to understand language needs
- Offer flexible appointment times
- Communication tools in own language

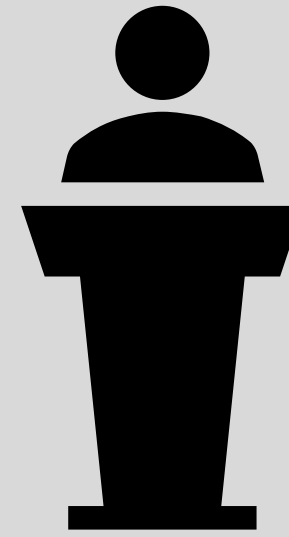


Increase in number of people with SMI who received physical health checks

Wider impact of the work



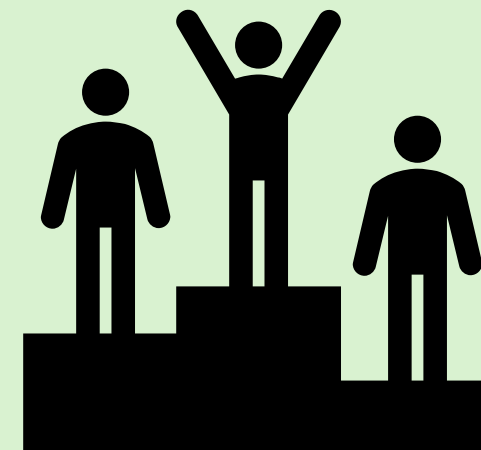
37 stories told and published on the QI Microsite or shared in community building emails



Three conference presentations, one poster prize and one other prize for teams on the programme



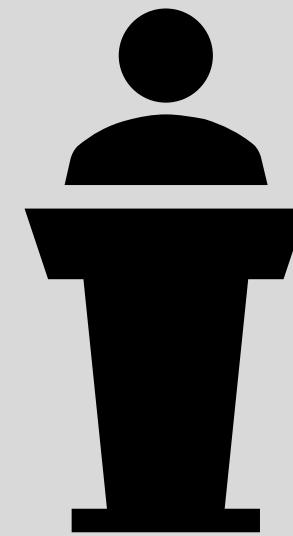
Five publications submitted in peer reviewed journals



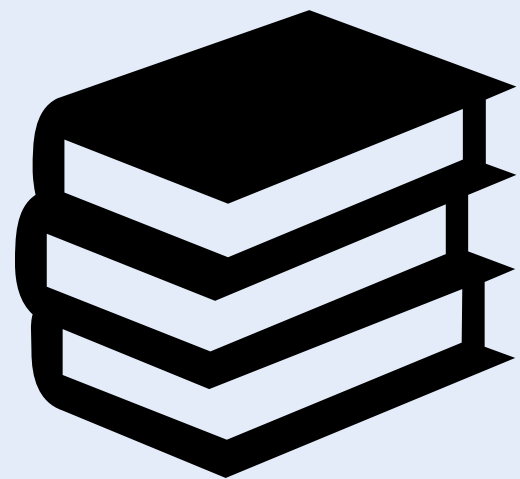
Two national awards such as the HSJ and Nursing Times award for teams on the programme



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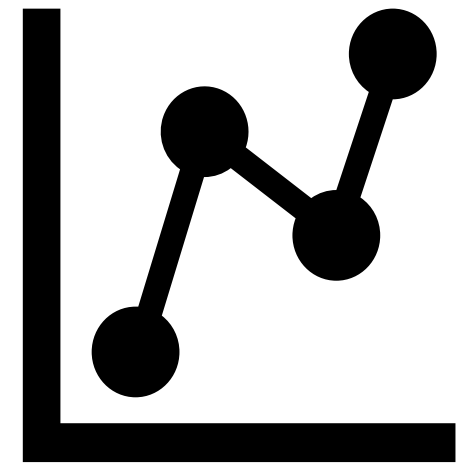


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Key Learning



Need for data support



Need a better sense of return on investment across the programme



Be more intentional about spreading and sustaining the gains



Focus on service user involvement during team onboarding

BREAK – 10 minutes



Gathering Feedback from Service Users and Carers

Joanna Moore, Associate Director of Quality Improvement

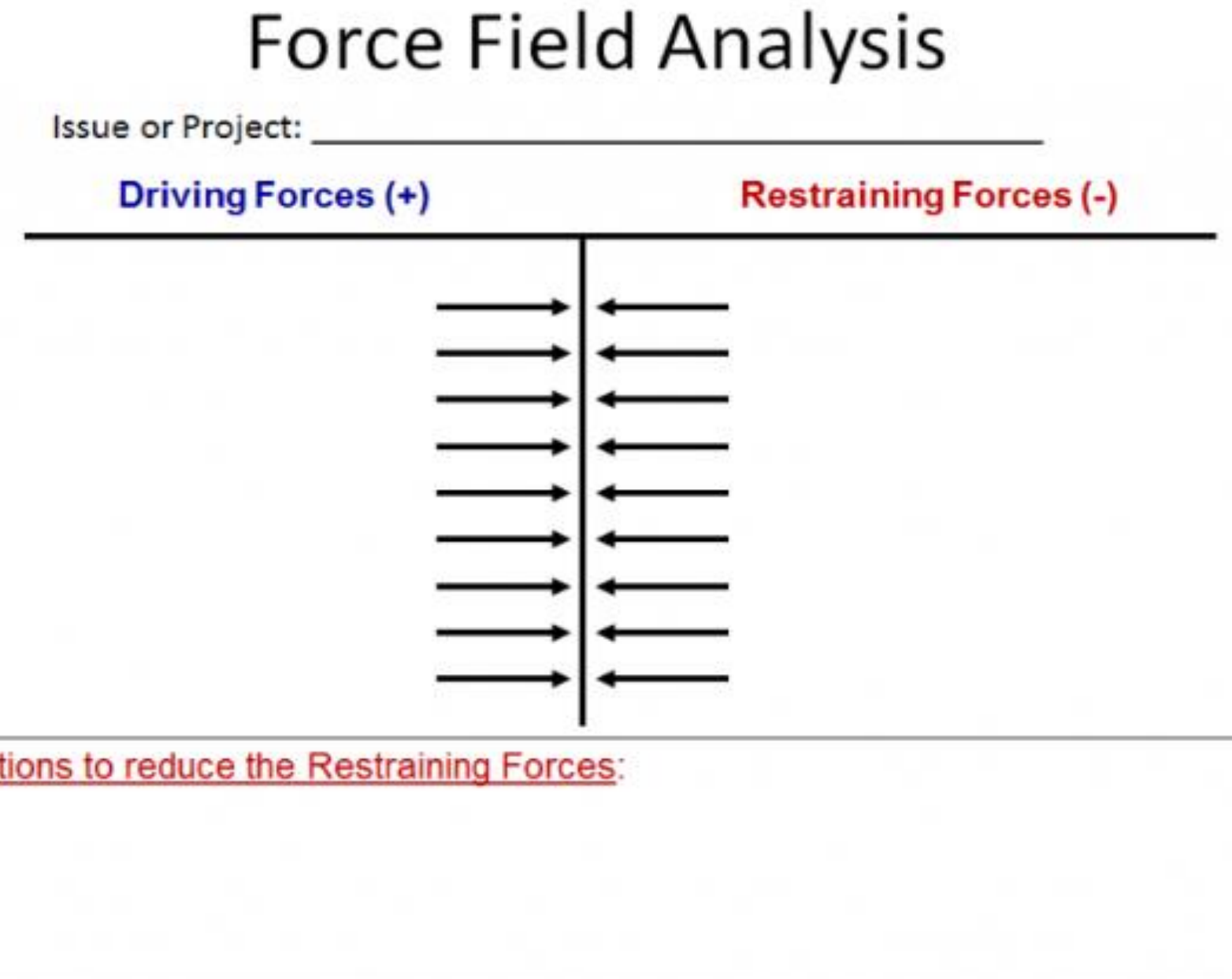
Force Field Analysis

What is it?

- Force Field Analysis is a QI tool designed to identify driving (positive) and restraining (negative) forces that support or work against the solution of an issue or problem.

What does the Force Field do?

- Allows comparisons of the “positives” and “negatives” of a situation
- Forces people to think together about all the aspects of making the desired change a permanent one
- Supports the honest and open reflection on the underlying root causes of a problem and ways to break down barrier



Force Field Analysis- example

Implementing a text messaging service to improve communication and appointment notifications to service users.

Driving Forces

- Passion of staff
- Buy in from senior leaders
- Service user feedback from pilot test
- New text messaging system

Restraining Forces

- Processes unclear
- No ownership of tasks
- Time
- Understanding of system interoperability

- Actions to mitigate restraining forces:
- Process map and assign owners to process steps
- Approach digital team for training on new technology.



Table Exercise: 20 mins

Work in table groups.

Using the flip chart paper, draw out a forcefield analysis template as you see here.

Spend 15 minutes mapping the driving forces and restraining forces in your system around collecting and acting upon service user and carer feedback.

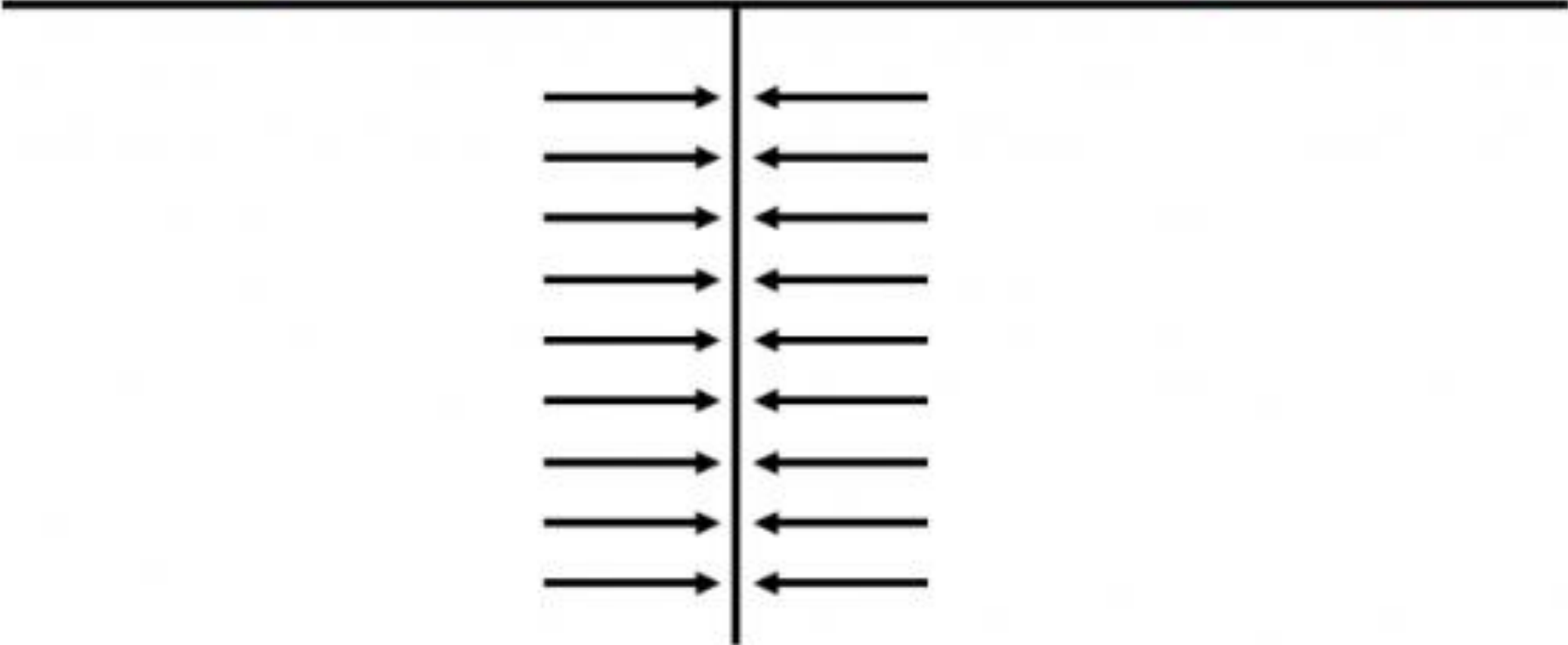
Spend 5 minutes considering the actions that our partnership may want to consider taking forward as part of this programme.

Force Field Analysis

Issue or Project: _____

Driving Forces (+)

Restraining Forces (-)



Actions to reduce the Restraining Forces:

-
-
-

What actions will we take away from today?

- Elect a spokesperson from each group
- Share one theme from your discussions with the whole group.
- Share your thoughts around actions that can be collated and form part of our new PCREF strategy.
- These will be collated from all tables and shared back after the event.

World Cafe Round Table Discussion

Jen Hedworth, PCREF Steering Group Service User Co-Chair

World Cafe Round Table Discussion

- Introduce yourselves
- **Question 1** – 10 minutes
- **Question 2** – 10 minutes
- Confirm **one key theme** from each question capturing ideas – 3 minutes
- **Feedback from facilitators** – 1 minute per table

PCREF Cultural Competencies

- Cultural Awareness
- Staff Knowledge and Awareness
- Partnership Working
- Workforce
- Co-Learning
- Coproduction
- Trauma-Informed Care (Local)
- Intersectionality (Local)

Implementing PCREF and Next Steps

Evah Marufu, Director of Nursing

Upstreaming



We will refocus on upstreaming to educate, communicate and raise awareness.

This will include the following partners:

- Identifying and engaging with VCSEs
- Police
- Local authorities
- Primary care
- Diverse communities

Having multiple safety nets at different stages in the system – upstream, midstream and downstream – and responding to feedback throughout enables us to improve on outcomes.

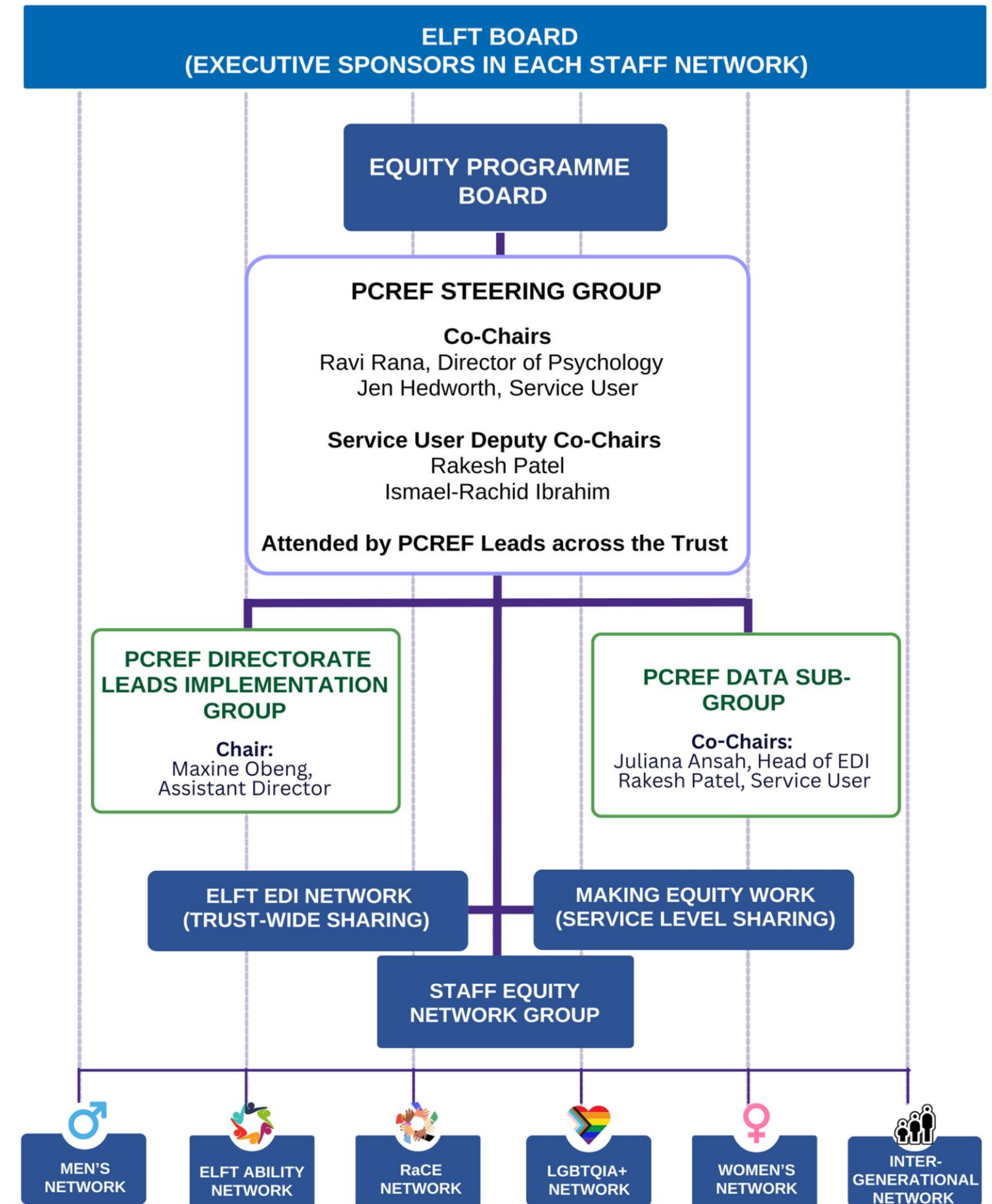
Embedding PCREF into localities

Newly appointed **Directorate Leads** will represent their Directorate Management Team (DMT) in PCREF implementation across their area.

Awareness of PCREF will be raised at clinical level through workforce development, and training.

Cultural Competency training is being delivered across services and directorates.

Collaborative PCREF action planning will support measurable improvements in key areas.



Building PCREF into Existing Infrastructure

- Culturally competent management of complaints from racialised groups, evidencing improvements from feedback.
- Continue embedding PCREF with tested and trusted QI methodology for implementing meaningful changes.
- Developing systems to disaggregate complaints and feedback by ethnicity, and identifying carers.
- Developing a system to capture advance choice documents and training staff on how to use these.

Planning for Communities Engagement

- Identify and engage core racialised communities to improve awareness of mental health systems and services.
- Increasing diversity of service users and carers within People Participation.
- Working with local authority partners to provide culturally competent advocacy services.
- Sharing learning in Tri Trust partnership when addressing known racial inequities.



Closing remarks

ELFT Service User and Carer Representatives



Thank you for joining us! Please share your feedback



tinyurl.com/PCREF-ELFT-Feedback