

# East London NHS Foundation Trust Patient and Carer Race Equality Framework (PCREF)

## Action Plan 2025/26

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## Introduction

East London NHS Foundation Trust (ELFT) is committed to becoming an actively anti-racist and equity-led organisation. Our approach to the Patient and Carer Race Equality Framework (PCREF) reflects this commitment, ensuring that race equity is embedded in how we lead, deliver care, and involve our communities.

This 2025 PCREF Action Plan is intended to be a high-impact, focused plan that builds on our progress to date, while clearly outlining next steps for improvement. It identifies key priorities, actions, and accountability measures across the three core domains of the framework: Leadership and Governance, Cultural Competencies (also known nationally as Organisational Competencies), and Patient and Carer Feedback Mechanisms.

The plan draws on what we have learned so far including the challenges we've faced, such as sustaining engagement, navigating data limitations, and embedding structural change across a large and complex organisation. This learning has shaped a more focused and practical approach that prioritises meaningful and measurable actions.

This is a one-year plan, designed to bridge to the launch of our broader Patient and Carer Equity Strategy in 2026. That strategy will embed PCREF into its foundations, ensuring it is not treated as a separate initiative but as an integral part of how we understand, design, and deliver equitable care.

By focusing on targeted improvements in 2025, this action plan ensures we maintain momentum, address areas of inequity, and lay the groundwork for long-term, system-wide change.

## PCREF Part 1: Leadership and Governance

This section sets out how we will ensure race equity is embedded at every level of leadership and decision-making. It includes actions to strengthen accountability, build inclusive leadership behaviours, and ensure governance systems are actively addressing structural inequalities across the Trust. We will also work to ensure that executive, clinical, and operational leaders are supported to lead change and champion PCREF within their directorates.

### Pilot Journey

East London NHS Foundation Trust began its PCREF journey in 2021 as one of four national pilot sites. Over the course of the pilot, we engaged service users, carers, staff, and partners to explore how we could meaningfully embed race equity into our systems, culture, and care delivery.

Our involvement has shaped our understanding of what works and what needs to change. The pilot phase provided critical learning and a foundation for action. Some of the key achievements and insights from this period include:

- The PCREF pilot took place across ELFT's London boroughs: City & Hackney, Newham and Tower Hamlets, with a primary focus on adult mental health services. This brought to light the differences between directorates, whether relating to the distinct ethnic makeup of individual boroughs, or the unique needs of older adults, children and young people, and the need for a tailored approach to race equity, rather than a 'one-size-fits-all' approach.
- Service user, carer and community engagement was initially led by two Experts by Experience, of Bangladeshi and Caribbean backgrounds respectively.
- Staff and service user awareness around PCREF was raised through presentations to the Trust's CEO Discussion Group, Directorate Management Team meetings, Working Together Groups and the BAME Network (now known as the RaCE Network).
- PCREF was embedded into the Trust's robust equity governance structure in 2022, with our Chief Nurse as PCREF Executive Lead and our Head of EDI as PCREF Strategic Lead. Our governance structure has since expanded to include the Clinical Strategic Lead and Chairs of the PCREF Steering Group, which reports to the Equity Programme Board.

## Progress and Challenges 2024/5

In 2024/25, we continued to strengthen our governance and leadership structures to support the delivery of PCREF and broader equity objectives. This work focused on ensuring that responsibility for race equity is clearly embedded across senior leadership, with visible sponsorship and improved lines of accountability.

While we have made meaningful progress, we also faced ongoing challenges in translating commitment into consistent action and local ownership across all directorates of the Trust. The learning from this period has helped us identify what further support and structures are needed to embed anti-racism into leadership practice and decision-making.

Key achievements and challenges from this theme include:

- Our governance structure has evolved to include PCREF Leads on an Executive, Strategic, Clinical and Directorate level.
- The PCREF Steering Group (established December 2023) monitors PCREF implementation progress on a Trust level and is chaired by a Clinical Director. Within this Steering Group are two subgroups, each chaired by a PCREF Strategic Lead: the PCREF Data Subgroup, and the Directorate Leads Implementation Group. These groups report to the PCREF Steering Group monthly.
- The PCREF Data Subgroup (established March 2024) is chaired by the PCREF Trustwide Strategic Lead and is attended by Directorate, Informatics and Performance Leads to scrutinise PCREF data before quarterly submission to NHS England. This allows for data to be as accurate and complete as possible and has

led to an evolution in how we present our PCREF data, including through directorate level heat maps, which display local variations in a clear, accessible format. Local inequities can be masked in Trust-level data and are crucial in shaping local PCREF priority areas, while also guiding local PCREF steering groups currently in place.

- We continue to improve on and refine the quality of our central PCREF data, which comprises ethnicity breakdowns, Trust-level run charts, directorate-level heat maps and headcounts where required. This involves coordinating with teams and leads in the Trust to validate data, ensuring localised data is the same as data collected centrally, and understanding varying levels of data completeness within directorates.
- The Directorate Leads Implementation Group (established November 2024) is chaired by the PCREF Clinical Strategic Lead and is attended by Directorate Leads. The group provides an opportunity to progress through the requirements under the framework, ensuring a consistent approach to delivery across the Trust is achieved. It also provides opportunities for shared learning and troubleshooting challenges/barriers, allowing for more in-depth strategising and tailored action planning on a directorate level. Directorate Leads also provide local narrative for quarterly reporting.
- PCREF Directorate Leads are in place for most directorates. Our Quality Improvement lead ensures QI methodology is embedded in our approach to PCREF implementation; the Trust lead for People Participation ensuring that the service user voice remains central in the development of all plans.
- The PCREF Steering Group and Data Subgroup are co-chaired by a service user or carer. While lived experience is central to our approach, we face ongoing challenges with recruitment, retention, and sustained engagement. ELFT is committed to supporting and upskilling service users to meaningfully participate and co-lead PCREF meetings
- The EDI Working Together Group (Dec 2023–Dec 2024) provided a space for service users to share experiences and influence PCREF. Though disbanded due to financial constraints, its work is now embedded within People Participation. ELFT remains committed to inclusive service user and carer involvement in PCREF.

These insights will directly inform our 2025 actions under the leadership and governance domain of PCREF, with a focus on clarity, accountability, and culture change.

## Objectives 2025/26

Building on the progress and learning from previous years, our focus for 2025/26 is to embed race equity more deeply into our governance structures and leadership behaviours across the Trust. This includes ensuring greater accountability, visible leadership on anti-racism, and clear alignment between PCREF and our strategic priorities.

We will strengthen our scrutiny of PCREF-related data to ensure trends, gaps, and outcomes are regularly monitored and addressed at all levels, with particular emphasis on local ownership. In parallel, we will deepen our connection with communities and service users, ensuring their voices continue to shape decisions and remain central to how we define and measure progress.

We aim to move from commitment to consistency, ensuring that racial equity is not just championed but operationalised at every level of leadership.

Key objectives for this theme include:

- Standardisation of ethnicity recording across the Trust. This will enable accuracy in targeted action to deliver meaningful and measurable outcomes.
- Centralised data reporting that accurately reflects locally held data sets and knowledge of services.
- Further integration and embedded responsibility of PCREF action plans and progress within Directorate Management Teams (DMTs) with ownership and oversight into national reporting.
- Directorate Management Teams to routinely and systematically monitor the performance of services for racialised service users
- Expanding PCREF into community health services and primary care particularly pertaining to access to and monitoring of physical health checks data
- Embedding PCREF into the Population Health strategy for the organisation, with focus on population health data and triangulation with the access, experience and outcomes of racialised service users.
- Development of a population health dashboard which will improve the effectiveness of targeted action through easily accessible data
- Scoping a PCREF Power BI dashboard.
- Enhancing service user involvement in key to meetings where crucial decision-making takes place.

These actions will support our goal of making equity a core part of how we lead, govern, and make decisions across East London NHS Foundation Trust.

## PCREF Part 2: Cultural Competencies

This section focuses on developing the knowledge, confidence, and capability of our workforce to deliver racially equitable care. It outlines how we will embed cultural humility and anti-racism into training, supervision, and practice, while ensuring that staff from all backgrounds feel psychologically safe, valued, and equipped to meet the needs of diverse populations.

- National Competencies:
  - Cultural Awareness
  - Staff Knowledge and Awareness
  - Partnership Working
  - Coproduction

- Co-Learning
- Workforce
- Local Competencies:
  - Trauma-Informed Care
  - Intersectionality

## Pilot Journey

As part of our role in the national PCREF pilot starting in 2020, East London NHS Foundation Trust began exploring how to embed race equity into the daily behaviours, skills, and mindsets of our workforce. We worked with staff, service users, and partners to understand what cultural competency means in practice and how it could be applied to strengthen racially equitable care.

This early work helped us understand where gaps existed in knowledge, confidence, and consistency across teams. The pilot phase laid the groundwork for a more intentional approach to workforce development, inclusive practice, and reflective supervision.

Key learning and progress from the pilot period includes:

- Two Experts by Experience from racialised backgrounds were selected to lead on the PCREF survey in 2021, in coordination with our People Participation directorate. The survey was completed by over 100 service users, carers and staff members, primarily in ELFT's London boroughs. Key findings from the survey included:
  - Better addressing crisis and trauma, given the overrepresentation of racialised communities in acute settings;
  - Recognising and responding to the stigma often associated with mental health issues; and
  - Broadening cultural awareness based on the needs of local ethnic and cultural groups.
- As part of our PCREF pilot journey, the two Experts by Experience engaged with key stakeholders within the community in our east London boroughs. A total of six community organisations provided insights to the Trust about the experiences of specific groups and barriers to access, including the orthodox Jewish community, Black women, the Somali community and Muslim communities across east London. Themes arising from this VCSE engagement included restoring trust in the NHS, overcoming language barriers and improving cultural knowledge in the workforce.
- Concurrent with PCREF were the 'Let's Talk' focus groups, led by the People Participation Lead for racialised communities, Samuel Ogunkoya. A series of focus groups were carried out across our ELFT London boroughs, coproduced and cofacilitated by People Participation, community connectors and clinicians of racialised backgrounds. The [final report](#) noted the following findings, which have been embedded into the Trust's PCREF strategy:
  - Need for more racial diversity in psychiatry, psychology and management;
  - Mandatory cultural competency training;

- Importance of community spaces to combat isolation and provide support; and
  - Increased advocacy for service users.
- The Trust has been central to several research projects that align with PCREF and its competencies. This includes ARIADNE, a co-designed research study addressing the impact of the COVID-19 pandemic on access and experience of care for people of racialised backgrounds with severe mental illness. This participatory research project involved interviews and coproduced workshops. Co-designed actions for ELFT included providing more information regarding non-pharmacological and peer-led treatment options.
- The Trust agreed on two additional local competencies: Trauma-Informed Care and Intersectionality. This was based on existing work on a local level promoting trauma-informed approaches, while the emphasis on intersectionality came from our engagement with VCSEs. Several community groups highlighted the compounding effects of multiple forms of prejudice, such as racism, sexism, ableism and homophobia.

## Progress and Challenges 2024/25

Over the past year, we've focused on embedding cultural competency into training, supervision, and clinical practice. This work has included updating core learning offers, introducing anti-racism components into staff development, and improving access to reflective spaces.

While these steps have contributed to greater awareness and engagement, we continue to face challenges related to inconsistent application across teams, time pressures, and a lack of confidence in having conversations about race and identity. We've also identified the need for clearer expectations around behaviours and leadership role-modelling.

Key highlights and challenges from 2024/25 include:

- The EDI team held several PCREF workshops, cofacilitated with service users. These workshops explained the purpose, progress and direction of PCREF within the Trust and included the following content:
  - Existing antiracist work within the Trust, such as our Pursuing Equity QI programme, the Befriending Service, which is available in 22 languages, and the RaCE (Race and Culture Equity) Staff Network;
  - Service user demographic data;
  - PCREF metrics for quarterly reporting;
  - Extensive breakdowns of our national and local PCREF cultural competencies;
  - Interactive discussions about barriers to gathering feedback from racialised groups; and
  - Guidance for ELFT staff to create PCREF action plans.

- Antiracism work continues to be a focus across the Trust, with ongoing programmes of work dedicated to developing strategies to improve the experiences of staff and service users.
- The desired outputs of what a cultural competency training package should deliver have been established based on trends and local population need.
- A real focus has been placed on staff engagement to raise awareness of PCREF at all levels, particularly frontline staff. This has been achieved through sessions at Away Days, local inductions, health & social care governance meetings and DMT meetings.
- Our Perinatal PCREF Lead is building on existing Quality Improvement work the Trust carried out in collaboration with the Race Health Observatory, aiming to increase access to perinatal mental health services for women and birthing people from Black African and Black Caribbean backgrounds. This project concluded in April 2025 and was co-led with service users accessing perinatal services and involved Population Health.
- ELFT submitted its WRES (Workforce Race Equality Standard) data in 2024, highlighting the experiences of our BME staff, who make up 57% of our workforce. Key focus areas included reducing the likelihood of BME staff entering disciplinary proceedings, reducing bullying and harassment, and increasing career progression opportunities for BME staff. These metrics have the potential to impact the care provided to service users. The Trust's efforts to address this align with cultural competencies such as Co-Learning, Cultural Awareness and Staff Knowledge and Awareness.
  - o Diversifying the pool of investigating officers, with 45% of the newly trained investigating officers being BME in January 2024;
  - o Embedding cultural competency learning in existing Quality Improvement and People Development training, including the Improvement Leaders Programme, Improvement Coaching Programme and Managers' Induction.
- In 2024, the Trust held a new workshop series with individual focuses on antisemitism, Islamophobia and xenophobia. ELFT's previous offer of antiracist training focused on anti-Black racism, led by Robin DiAngelo. Staff feedback on these workshops indicated a need for a deeper focus on other forms of racism. Our 2024 offer reflected the experiences and needs of our diverse workforce and communities, and these workshops were praised for facilitating meaningful dialogue and thoughtful discussions between staff.
- The Trust first launched FLAIR (Race in the Workplace) survey in August 2022. This confidential situational judgement survey opened for the third time in April 2025. The survey was completed by staff of 55 nationalities in 2024 and is aligned with several PCREF cultural competencies, such as Staff Knowledge and Awareness, Cultural Awareness and Workforce. The Trust's main strength area was Racial Diversity, with respondents expressing an interest in intersectionality and a need for mandatory antiracist and cultural sensitivity training. Black and Asian respondents felt their ethnicity was a barrier to career progression and being themselves at work. Learning from our third iteration of FLAIR will be embedded into our workforce equity action plans.

These insights are helping us shape a more targeted approach in the coming year, focused on practice-based learning, peer reflection, and accountability.

## Objectives 2025/26

Looking ahead, our goal is to integrate cultural competency into the foundations of day-to-day care. This includes making sure anti-racist practice is part of supervision, training, professional development, and staff support.

We want all teams to feel equipped and confident to deliver care that reflects the diverse needs and experiences of our service users. Our focus will be on applying learning in real time, supporting psychologically safe conversations, and embedding inclusive behaviours into every role.

Key objectives for this theme include:

- Develop a co-produced cultural competency training package
- Deliver a standardised cultural competency training across the Trust
- Embed cultural competency training in mandatory training matrix across the workforce
- Embed cultural competency awareness in inductions of all new staff to the Organisation
- Engaging clinical leaders, Psychiatrists & Clinical Psychologists with particular focus on best practise treatment plans/methods for racialised service users
- Consistency across the organisation and measurable outputs from the anti-racism programme of work
- Expand workforce cultural competency development to include the voluntary sector, Police, Local Authorities and Advocacy services.
- Key actions for the Workforce Race Equality Standard (WRES) include:
  - o Introducing enhanced training and support mechanisms for managers to mitigate unconscious bias in disciplinary decisions.
  - o Expanding mentoring and sponsorship programs for BME staff to increase representation at senior levels.
  - o Launch targeted campaigns and provide additional resources to support BME staff who experience harassment or bullying.
- From the FLAIR survey, the following actions are aligned with PCREF:
  - o Identifying ways for senior staff and management to challenge workplace racism.
  - o Setting targets for increased Black, Asian and Mixed ethnicity representation in senior roles and management.
  - o Developing a system to categorise bias-related incidents, with a clear, transparent process that allows for accountability and protects privacy.

These actions will support our aim of building a racially responsive and culturally aware workforce across East London NHS Foundation Trust.

## PCREF Part 3: Patient and Carer Feedback Mechanisms

This section outlines how we will strengthen the voices of racialised service users and carers in shaping services. It includes actions to improve how we capture, respond to, and act on feedback, ensuring mechanisms are accessible, representative, and lead to real improvements in care quality and experience.

### Pilot Journey

Since joining the PCREF pilot in 2020, East London NHS Foundation Trust has worked to better understand how to centre the voices of racialised service users and carers in the design and evaluation of care. We explored how current feedback mechanisms were being used, and in some cases overlooked, by specific demographics, and identified opportunities to make our approaches more inclusive, transparent, and responsive.

Through the pilot, we learned that trust, accessibility, and follow-through are key to encouraging feedback from marginalised communities. This phase gave us valuable insight into how to build more meaningful, culturally sensitive feedback systems.

Key developments and learning from the pilot phase include:

- Given the pilot phase was during the COVID-19 pandemic, consultation was limited almost entirely to digital due to lockdowns. This brought to light barriers such as digital poverty and digital literacy and highlighting the importance of face-to-face engagement.
- The initial wording of the questions in the PCREF survey was also simplified to be more accessible, with input from CAMHS and Learning Disability People Participation Leads. Alternative versions of the survey were created, such as the Easy Read and Child-Friendly versions.
- Highlighted in the survey responses was the need for greater accountability when addressing racial equity in mental health and learning from past work instead of 'reinventing the wheel'. The pilot phase uncovered a great deal of antiracist work already taking place in the Trust and a wealth of literature from past initiatives – whether nationally or on a Trust level. Service users and carers expressed a sense of consultation fatigue and the need for greater cultural sensitivity when seeking feedback from racialised groups.
- Use of the term “BAME” was questioned by service users and staff alike, as ethnically diverse communities are not monolithic. As a Trust, we have encouraged precise, positive language which is as specific as possible when referring to a particular community or individual. Alternative catch-all terms the Trust encourages usage of are “racialised communities” or “Global Majority”, although “BME” is still used in some reporting to ensure accurate national benchmarking.

## Progress and Challenges 2024/25

In 2024/25, we focused on reviewing and improving how we collect and respond to feedback from racialised service users and carers. This included piloting targeted engagement sessions, reviewing complaints and compliments by ethnicity, and exploring the accessibility of surveys.

While progress has been made, several challenges remain. We identified gaps in the recording of ethnicity and other demographic data, along with inconsistencies in data quality. These issues have limited our ability to analyse feedback effectively and respond to disparities.

Key achievements from this period include:

- There are established feedback mechanisms used across the Trust including Patient Recorded Experience Measures (PREMs) and Friends & Family Test.
- The questions from the Trust PREM questionnaire were coproduced by service users and carers from Equity lens and a focus on access to care, experience of care and collaboration in treatment.
- The Trust routinely reports on these measures and there is an easy-to-use Patient Experience dashboard, which allows for experience data to be aggregated by locality, service and key demographics such as ethnicity.
- There are established patient outcome measures that are available in the Trust, the most prominently used being DIALOG. As an early adopter of DIALOG prior to its national rollout, ELFT had a wealth of patient data that could be analysed.
- The Trust commissioned research on pooled DIALOG scores in partnership with Plymouth University, analysing data for ELFT's Community Mental Health Team patients for 2018-19 and 2021-22 and comparing outcomes at assessment, review and discharge stages. Data covered patients in ELFT's three London boroughs: City & Hackney, Newham and Tower Hamlets. In 2023-24, data was further interrogated through an equity lens, disaggregated by ethnicity, which can now inform implementation. Analysis revealed increased health needs among Black and Asian communities during the pandemic, but better outcomes overall.
- The Trust has an established Carer's Strategy which is engaged in the implementation of PCREF.
- There are carers forums and carers leads across the Trust who hold local data on the carers in their areas including demographic information, and routinely collate and implement feedback for service improvements locally.
- Previously, data was reviewed by our EDI Working Together Group prior to our quarterly report submissions. We will continue to look for ways for service users to meaningfully contribute to narrating our quarterly report data.

These findings will guide the next phase of our work, focused on improving transparency, strengthening relationships, and embedding service user voice into continuous improvement.

## Objectives 2025/26

For 2025/26, we will focus on making feedback mechanisms more accessible and improving the quality of ethnicity data. This includes restoring trust by explaining how data is used and ensuring staff use the correct systems to record it accurately. We will also work with racialised service users and carers to co-design improvements and support staff to act on feedback. Our aim is to ensure people feel heard, informed, and see their feedback leading to real change.

Key objectives for this theme include:

- Consistency of ethnicity recording across all feedback mechanisms including DIALOG and the Friends and Family Test.
- Establishing mechanisms to record ethnicity for key metrics, such as Carers Feedback and Complaints.
- Develop a tool on the Trust patient records system that can be used to record carers information including demographic information like ethnicity.
- Transform how carers feedback is implemented into service transformation and consideration to how the principle of Triangle of Care can support this
- Review Advocacy services used to ensure these are culturally appropriate
- Development of Advanced Choice documents for use in the Trust

These actions will help us build a stronger culture of listening, accountability, and trust across East London NHS Foundation Trust.

## Monitoring and Reporting

This is a comprehensive plan. A more visual and localised version of the action plan will be developed and led by directorate leads to support structured implementation. Relevant sections will be overseen by various committees across the organisation, including People Participation Groups, Quality Assurance, People and Culture, and Equity Programmes. This will ensure a Trust-wide review and collective ownership of progress.

Regular and annual reviews will monitor implementation, assess impact, and identify areas for improvement. Learning from this action plan will directly inform the development of ELFT's 2026 Patient and Carer Equity Strategy, in which PCREF will be fully embedded as a core framework for advancing racial equity and lived experience leadership across services.