

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 24 January 2024
Agenda Item: 13

Report Title:	Patient and Carer Race Equality Framework	
Author(s):	Salli Midgley, Director of Nursing, Professions & Quality	
Accountable Director:	Salli Midgley, Director of Nursing, Professions & Quality	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Quality Assurance Committee
	Date:	10.1.24
Key points/recommendations from those meetings	Quality Assurance Committee were assured on the progress to date. There were questions about how we reach communities and broaden engagement which were accepted as challenge to consider in PCREF delivery development. PCREF reporting to continue every 6 months to QAC.	

Summary of key points in report

This report summarises the learning and improvements made between 2021 and 2023 as an early adopter of Patient and Carer Race Equality Framework (PCREF). The report also proposes a high level summary of the key areas for focus in developing the PCREF delivery plan for March 2025, following the publication of the PCREF in November 2023 for formal implementation across the NHS.

Quality Assurance Committee were asked to take assurance that there are clear plans and timelines in place to allow for further development of key actions and governance improvements to support a successful delivery plan for 2024 – 2026. PCREF delivery plans will evolve over time as data, outcomes and feedback is received, analysed and recommendations are made.

Quality Assurance Committee were asked to note that with the publication of the PCREF SHSC will be required to formalise its work with the Local Authority, Police and other partners in tackling racial inequalities in the city. SHSC has recently participated in Race Equity Commission events in the city and been commended for its grass roots model of engagement and participation with Voluntary, Community and Social Enterprise (VCSE) communities who are marginalised by their ethnicity.

Risks to the delivery of PCREF require mapping to strategic priorities and ways of working. With current focus on community powered transformation and improvement it is likely that this way of working will strengthen race equity providing the ethnicity lens is applied to partnerships and engagement.

Societal views and behaviours also pose to a risk to PCREF as cultural awareness and development are not a one way interaction. Our staff, service users and carers reflect society and there are clear risks and current experiences of racism within our services which must be tackled and require all of us to enact SHSC anti racism statement through word, deeds and actions.

PCREF will be monitored for implementation through NHSE contractual standards and with regulators. CQC are currently devising guidance for inspectors to assess organisational uptake of the PCREF.

Recommendation for the Board/Committee to consider:						
Consider for Action		Approval	X	Assurance	x	Information
The Board should be assured that the early adoption work with NHSE to develop the Patient and Carer Race Equity Framework (PCREF) has been a significant learning opportunity for SHSC and a number of initiatives and improvements have been made during this period.						
The Board is requested to consider the inequalities governance to support reporting for PCREF.						
The full document can be found here https://www.england.nhs.uk/long-read/patient-and-carer-race-equality-framework/						
The Board is asked to agree to establish an Inequalities Advisory Board to support the oversight of the development of SHSC PCREF delivery plan.						
PCREF governance to be established and commence coproduction work.						

Please identify which strategic priorities will be impacted by this report:						
Effective Use of Resources				Yes	x	No
Deliver Outstanding Care				Yes	x	No
Great Place to Work				Yes	x	No
Ensuring our services are inclusive				Yes	x	No
Is this report relevant to compliance with any key standards ?			State specific standard			
Care Quality Commission Fundamental Standards	Yes	x	No		CQC regulations under Health and Social Care Act	
Data Security and Protection Toolkit	Yes		No	x		
Any other specific standard?	Yes	x	No		NHSE contractual standards Equalities Act Use of Force Act Human Rights Act WRES/WDES	
Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why		
Service User and Carer Safety and Experience	Yes	x	No	We serve communities marginalised by ethnicity and race. Implementation of PCREF is vehicle to understanding inequalities and tackling discrimination		
Financial (revenue & capital)	Yes	x	No	Funding has been formalised for part time roles to deliver PCREF. Training funding is not substantive.		
Organisational Development /Workforce	Yes	x	No	There are existing requirements under WDES and WRES which align to PCREF		
Equality, Diversity & Inclusion	Yes	x	No	The plan is tackle racism and inequalities.		
Legal	Yes	x	No	Non compliance with duties under the framework could lead to prosecution under a range of legal requirements		
Environmental Sustainability	Yes	x	No	PCREF will support local communities to live better lives.		

Section 1: Analysis and supporting detail

1.0 Background

In 2021 the Quality Directorate started conversations with support from Sheffield Flourish to consider plans to address the inequalities in care delivery specifically for African Caribbean Communities who received care from SHSC. This had been highlighted during the early work to develop the least restrictive practice strategy and to fully introduce the Use of Force Act (2018) requirements to SHSC.

In meeting with three of Sheffield's African Caribbean communities it was clear that the engagement and sustainability with leaders of diverse community groups had been inconsistent. There was a real sense of mistrust and unwillingness to work with SHSC as one of many partners in the city.

After some challenging conversations Sheffield African Caribbean Mental Health Association (SACMHA) agreed to work with SHSC through Sheffield Flourish to develop a plan to address racial inequalities in inpatient care, they also requested a focus on understanding suicide in their community and support to address black male suicide.

This partnership was the start of the latest work which has been included into the early adoption of the Patient and Carer Race Equality Framework (PCREF). During 2021/22 SHSC approached NHSE PCREF leadership and requested to join the PCREF pilot work which was already underway. NHSE agreed that SHSC along with 3 other organisations could join as early adopters to the developing framework along with the initial 4 pilot sites.

1.1 Patient and Carer Race Equality Framework : National Policy

The Advancing Mental Health Equalities Strategy outlines the short and longer-term actions NHS England and NHS Improvement will take to advance equalities in access, experience and outcomes in mental health services.

The development of the Patient and Carers Race Equity Framework (PCREF) is a key objective of the strategy to support local systems to address race inequalities in mental health.

Mental health trusts and mental health providers are responsible for the delivery of the PCREF in collaboration with their partners, including local authorities, commissioners, communities, patients and carers from racialised and ethnically and culturally diverse communities.

Each NHS mental health trust and mental health providers will be required to have a PCREF in place by the end of the financial year in 2024/25.

As an anti-racism approach, at its core, the PCREF aims to:

Aims	Purpose
Mental health trusts and mental health providers (leaders and staff)	<ul style="list-style-type: none"> • Make a commitment to implementing the PCREF and other mechanisms for advancing mental health equalities. • Improve your governance structures, to include better representation of racialised people and improve services accordingly. • Improve data collection around ethnicity and other demographics. • Examine the information to improve services to better meet your local population needs. • Use your ethnicity data to co-produce plans to improve access to services and outcomes for racialised groups and make them publicly available. • Commit to improving interactions with racialised groups.
Patients and carers	<ul style="list-style-type: none"> • To be actively involved at every level of Mental Health Trusts' and mental health providers governance structures, included in decision making, and consulted about individual care and services accessed.

The PCREF is split into three core components:

- **Part 1 – Legislative and regulatory obligations (Leadership and governance):** Legislation has been identified that applies to all NHS mental health trusts and mental health providers in fulfilling their statutory duties, and leaders of the Trusts and mental health providers will need to ensure these core pieces of legislation are complied with across their organisation.
- **Part 2 – National organisational competencies:** aligns with the vision in the Independent Review of the Mental Health Act 2018 (MHA). Through a co-production process, six organisational competencies have been identified working with racialised communities, patients and carers. Trusts and mental health providers should work with their communities and patients and carers to assess how they fair against the six organisational competencies (and any more identified as local priorities) and co-develop a plan of action to improve them.
- **Part 3 – The patient and carers feedback mechanism:** which seeks to embed patient and carer voice at the heart of the planning, implementation and learning cycles.

SHSC has been focussing across all three components between 2021 and 2023 to develop early learning and priorities as an early adopter.

1.2 Early Adoption learning and outcomes 2021 – 2023

1.2.1 Part 1 Leadership & Governance

- Executive leadership through the Executive Director of Nursing, Professions and Quality
- Delivery sits with the Engagement and Experience Team : part time lead for PCREF (2021)
- Part time community network lead to support community engagement was established for 9 month period in 2022. This is now a substantive post.
- Early relationships established with a small number of community representatives including SACMHA, Pakistan Muslim Centre, Chinese Community Centre, MAAN Somali Health and SADACCA
- Participated in Sheffield Race Equality Commission review (REC)

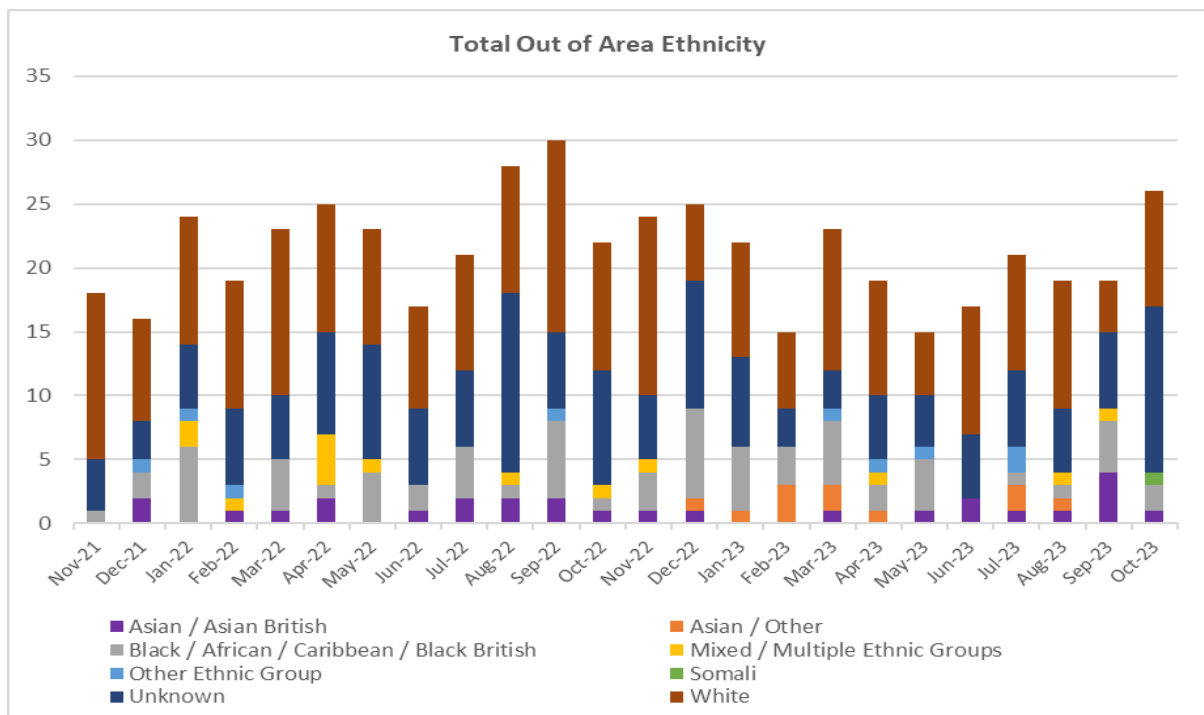
- Commissioned a deep dive into Sheffield REC by Profession Hilton which focussed on Mental health and PCREF in Sheffield.
- Ensure submission of data to the Mental Health Services Data Set
- Submit data aligned to the Public Sector Equality Duty
- Outline development of a Race Equality Dashboard which will sit within the existing Integrated Performance and Quality Report (IPQR) which includes complaints by ethnicity.
- Restrictive Practice Dashboards finalised and published to team level by ethnicity, age and gender across types of restraint.
- Patient safety reporting and use of force reporting with a lens on ethnicity reported to Board from 2023.
- Planned progress with implementation of the Triangle of Care.

Race Equity Dashboard

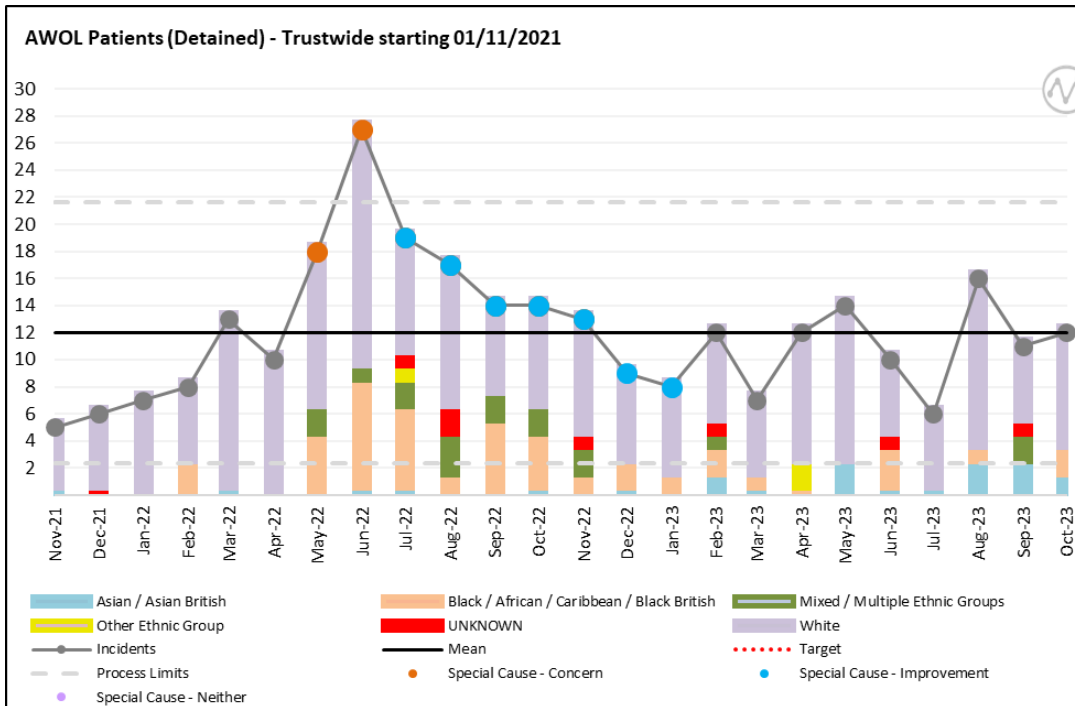
The race equity dashboard is in development. Where possible we are seeking to illuminate quality and performance data that is already in use through the lens of race. The Performance and Strategy lead for the Quality Directorate is currently working with colleagues to develop the presentation and a consistent approach to representing the data.

What is clear is that the missing data in relation to protected characteristics is causing a significant issue with the ability to understand and therefore address issues of concern.

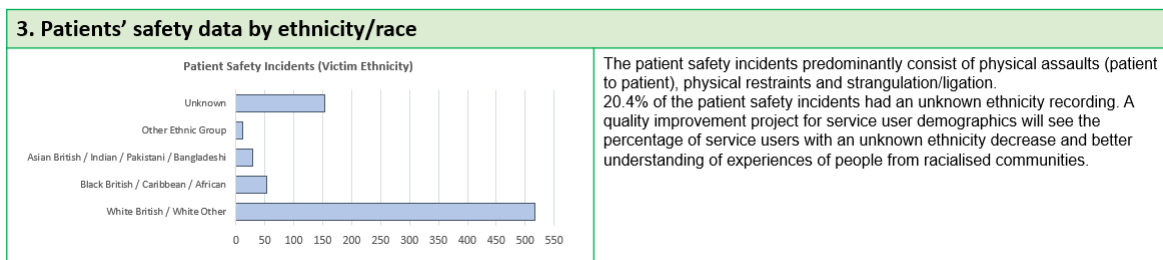
The use of out of area beds is both a quality and efficiency issue, we can see that the use of these beds is spread across different ethnicities though as previously highlighted our lack of recording presents issues in relation to understanding the true demographics. We have discussed that our engagement leads could seek to ask service users this data if they accept the offer of a call with the team.



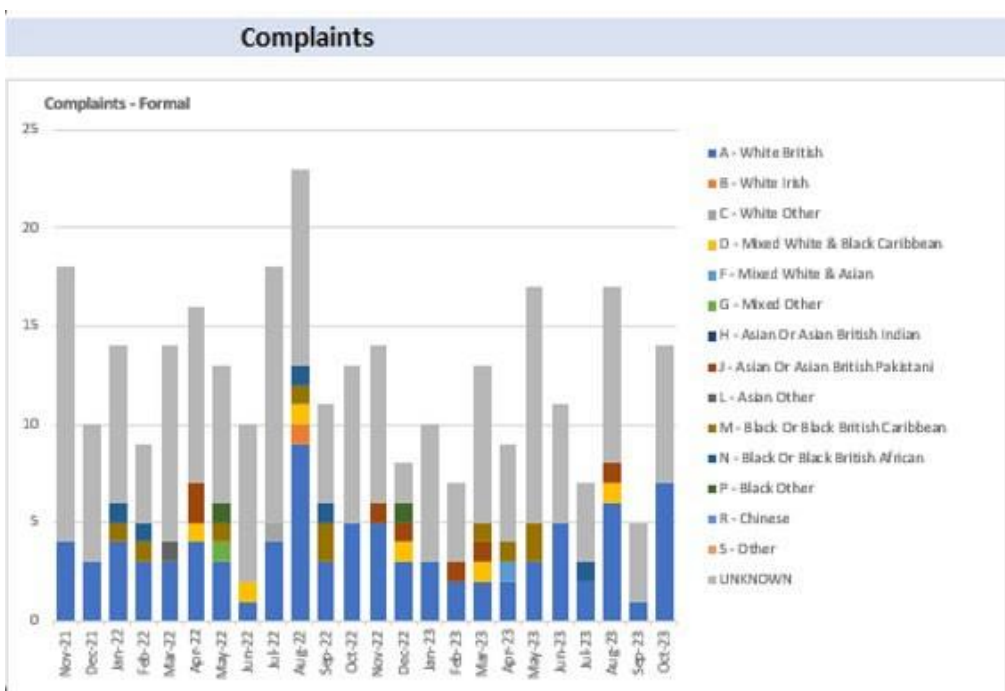
Understanding the absent without leave data for detained patients can also be represented through an ethnicity lens. Most of our quality data in the IPQR can be represented in this way.

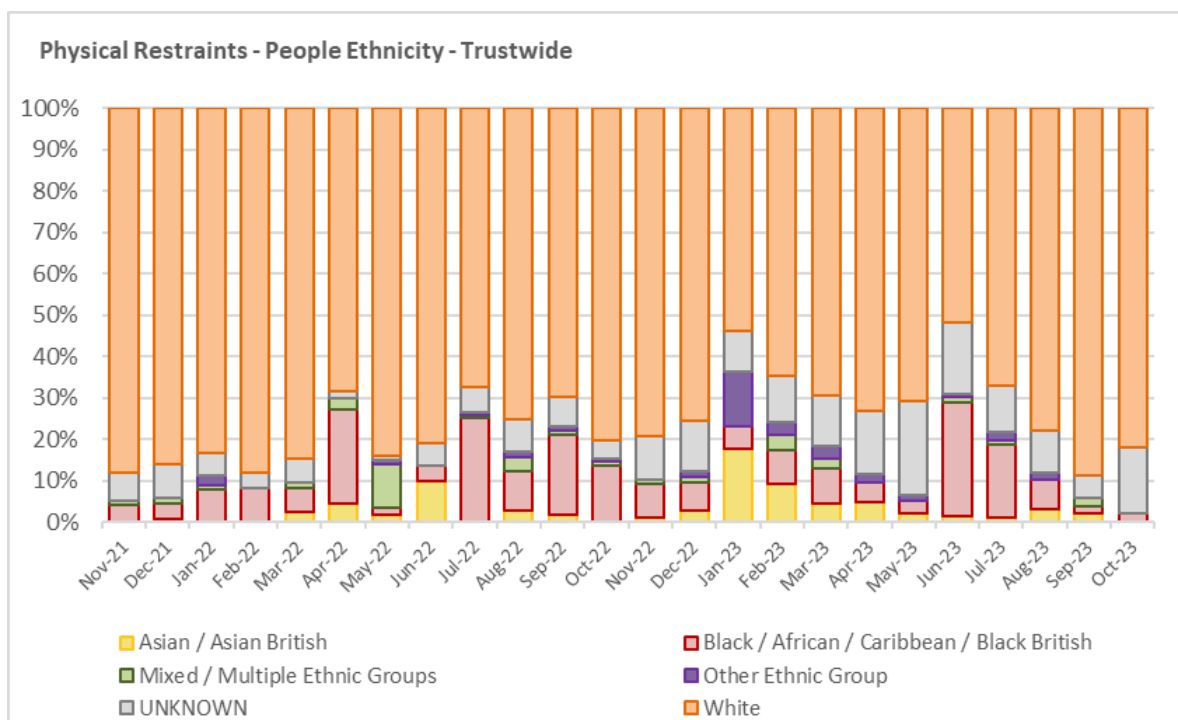


We can also look at victims of patient safety incidents, again we can note that there are over 150 incidents which are unknown by ethnic background. Our need to improve data is clear. We also need to understand the data by proportion.



Complaints is an area where progress has been made since April 2023 when a formal request was made to record the ethnicity of the person complaining (or by proxy).





As noted, our main priority at this stage is to improve our recording of ethnicity in order that we truly understand where inequalities lay in the provision of services, care and treatment to our service users.

1.2.2 Part 2 National Organisational Competencies

PCREF Part 2 outlines critical competencies for Trusts and mental health providers, and mental health service provisions, these help to focus service transformation to better meet the needs of racialised and ethnically and culturally diverse communities.

The six most consistent areas of focus identified as national organisational competencies to improve the experience of racialised and ethnically and culturally diverse communities were:

1. Cultural awareness
2. Staff knowledge and awareness
3. Partnership working
4. Co-production
5. Workforce
6. Co-learning

However, there is also widespread recognition that there may be other priorities local communities, Trusts and mental health providers identify as local competencies, which are equally important to improve, and these should be added as required.

The following summarises work to date as an early adopter:

- A range of cultural awareness training has been commissioned and delivered across SHSC from a range of individuals and organisations. This includes through RESPECT level 3 training, Refugee and Asylum Seeker training (University of Sheffield study). MAAN & SACMHA, ROMA and Gypsy traveler and PMC workshops in development for delivery in early 2024.
- Delivery of hearing voices workshops with ethnically diverse lens narrated through delivery

- Reciprocal mentoring scheme in place
- IAPT race equity post to support access to services
- Quality Objectives aligned to access to services across recovery teams to develop localised teams engaging with communities
- SACMHA race equity programme devolved to direct commissioning. SACMHA now employ a race equity lead who works into SHSC and focusses on inpatient areas and the use and avoidance of use of restrictive practices including after event reviews and cultural support to clinical teams.
- SACMHA Man Talk programme has increased opportunities for black man to receive support and to talk about issues they face with skilled facilitation.
- Human Rights training available across teams and to key leads in the organisation including cultural advocates to strengthen human rights understanding across Sheffield and in mental health care
- Review of an existing Pakistan Muslim Centre contract into a number of wards, contract extended and enhanced to provide cultural advocacy to all inpatient wards and to stretch into Crisis team to support service users and carers prior to and during admission including supporting culturally appropriate discharge planning.
- Local team developments on improving culturally appropriate care such as review of food provision, hair care and access to faith requirements.
- Review of translation and interpreting services to provide accessible information for diverse communities.
- Reporting hate crimes work in conjunction with People Directorate
- Significant work across Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) reporting to Board via People Committee. More information available in separate reports.
- Inclusion, Diversity and Equality Group chaired by the Director of Operations and Transformation.
- Significant work to improve the experience of SHSC bank staff which employs predominantly temporary workers from diverse communities.
- Lets Talk About RACE events with staff and communities in 2023
- Festival of Debate : Bevan through the lens of race event at Israac Somali Community Association

1.2.3 Part 3 – Patient and Carer Feedback Mechanisms

Improve the routine use and collection of patient experience and outcomes data both nationally and locally and put in place an approach which allows learning from experience. This, combined with the routine monitoring of the core metrics from Part 1, should provide a well-rounded view of how patients and carers are faring, how they feel about the service, and whether the actions the Trust and mental health providers are currently undertaking are demonstrating an impact in addressing racism and discrimination.

Work that has progressed through the year to date includes :

- Qualitative feedback from SACMHA race equity lead on patient experience.
- PMC Qualitative and Quantative feedback on patient experience.
- Implementation of Carer Strategy which includes coproduction of Triangle of Care Delivery Plan.
- Engagement Lead input to wards and out of city patients to gather qualitative patient experience feedback.
- Experience of Care survey implemented via Tendable across the wards (Ethnicity not asked).
- 3 major transformation projects embedding lived experience within the governance
- Introduction of a lived experience bank and growth of lived experience colleagues in a range of opportunities and fixed roles across the organisation.
- Delivering against the lived experience strategy including focus on communities marginalised by race.
- Focus on data and representation with the development of videos to highlight issues with data completeness and support staff and communities to share ethnicity data.
- Leading work on Safe2Share, a cross arms length body project of interest to implement a live patient feedback tool within services. Led by lived experience colleagues with support from Engagement Team.
- Feedback shared with Lived Experience and Coproduction Assurance Group.

1.3 Governance, Oversight and Sharing Learning

Currently a Race Action Group is chaired by the Communities Network Lead which has been newly established. This group brings together a number of community leaders who wish to influence the development of the Year 1 PCREF plan from 2024 – 2026.

Currently PCREF early adoption work reports into the Lived Experience and Coproduction Assurance Group.

It is proposed in the future planning that a formal advisory board is agreed to oversee the PCREF development and implementation from 2024.

We were also awarded National Institute for Health and Care Research (NIHR) funding to evaluate our methodology and model for the implementation of PCREF. This is currently underway with the lead researcher interviewing and collecting evidence from a range of staff.

SHSC were shortlisted for a Health Service Journal (HSJ) award for year one improvements in race equity with SACMHA and are also speaking at the British Medical Journal Improvement Conference in April 2024 on their work.

1.4 Proposed Delivery Plan development 2024 – 2026

It is proposed that the development of the PCREF delivery plan commences from January 2024. During November and December 2023 there will be some planning and work with appropriate bodies to agree the formal structure and governance for PCREF.

The advisory board is proposed to be established in February 2024 with a view to overseeing the design of the draft plan until June 2024 (5 months). There will be a further period of up to 6 months to ensure the plans are communicated, socialised and engagement across communities and partners before finalising in December 2024 with a view to governance processes formalising the first PCREF delivery plan before March 2025.

This model gives time to establish the advisory board and working groups, good quality opportunities to engage with Sheffield communities and partners including statutory partners and the Integrated Care Board before agreeing the plan within SHSC.



The table below highlights some key actions that are proposed to be required in developing the delivery plan, however the working groups and advisory board will be given a range of PCREF tools from the NHSE platform and support from project management to ensure that all elements of the PCREF are covered.

Some of this work will be factored into 2024 for delivery so as not to “stand still” with addressing the inequalities experienced by people marginalised by their race and ethnicity.

PCREF Elements	High level actions required
<p>Leadership and Governance</p>	<ul style="list-style-type: none"> • Broaden the partnerships with community representatives and create a space to engage • Improve and strengthen the relationship with the local authority and Voluntary, Community and Social Enterprise (VCSEs) across agreed local priorities (Race Equality Commission (REC)) • Ongoing participation in Sheffield REC and potential to sit on REC Legacy Group • Finalise first iteration of IPQR Race Equality Dashboard which will include detention under MHA, complaints, Out of area placements and suicide rates. • Develop second iteration of SHSC Race Equity Dashboard in conjunction with community partners and organisations. • Implement COREplus20 • Workstream to focus on Advanced Choice Directives • Breakdown data from triangle of care by ethnicity
<p>National Organisational Competencies</p>	<ul style="list-style-type: none"> • Ongoing monitoring of recording of protected characteristics • Agree an advisory Board is in place to oversee the implementation of PCREF consisting of local community leaders, patients/carers and voluntary sector organisations • Mechanisms for recording training • Review the full outline of the competencies described in the final policy document • Undertake a further self assessment using the PCREF tools aligned to the policy • Development of community networker posts across Sheffield to tackle inequalities and strengthen relationships between VCSE and SHSC.
<p>Patient and Carer Feedback Mechanisms</p>	<ul style="list-style-type: none"> • Continue to explore a range of feedback mechanisms and opportunities to work with community organisations to understand and act on the feedback from communities marginalised by their ethnicity. • Ensure feedback and data is shared with the PCREF advisory board for transparency and future planning.

Next Steps

- SHSC Board to agree to establish an Inequalities Advisory Board to support the oversight of the development of SHSC PCREF delivery plan.
- PCREF governance to be established and commence coproduction work.