Tees, Esk and Wear Valleys
NHS Foundation Trust

Patient Carer Race Equality Framework (PCREF) 2025

For General Release

Meeting of:	**Quality Assurance Committee**
Date:	
Title:	**Patient Carer Race Equality Framework (PCREF) 2025**
Executive Sponsor(s):	**Hannah Crawford, Director of Therapies**
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Report for:

Assurance	✓	***Decision***	✓
Consultation		***Information***	

Strategic Goal(s) in Our Journey to Change relating to this report:

1: To co-create a great experience for our patients, carers, and families	✓
2: To co-create a great experience for our colleagues	
3: To be a great partner	✓

Strategic Risks relating to this report:

BAF ref no.	*Risk Title*	*Context*
3	**Co -creation**	There is a risk that if we do not fully embed co-creation caused by issues related to structure, time, approaches to co-creation and power resulting in fragmented approaches to involvement and a missed opportunity to fully achieve OJTC
4	**Quality of Care**	There is a risk that we will be unable to embed improvements in the quality of care consistently and at the pace required across all services to comply with the fundamental standards of care; caused by short staffing, the unrelenting demands on clinical teams and the lead in time for significant estates actions resulting in a variance in experience and a risk of harm to people in our care and a breach in the Health and Social Care Act

Executive Summary:

Purpose:

This paper is presented to the Committee to provide assurance that the Trust is meetings its obligations under the Patient Carer Race Equality Framework (PCREF).

NHS England (NHSE) has developed the PCREF to support Mental Health Trusts to become anti- racist organisations by

ensuring they co-produce and implement actions to reduce racial inequalities within their services. It will become part of the CQC inspections in the future. The ICBs are monitoring Trust's progress with the PCREF.

Following engagement with the ICB it has been agreed that data flows and governance structures that comply with the PCREF part 1 should be established for this first year of the PCREF.

As a minimum Trusts must publish:

- The number of cases of detention under the Mental Health Act and the cause (section) and duration of these detentions by ethnicity
- Restraint including the type of restraint by ethnicity, age and gender.
- Physical health checks for those adults with Severe Mental Illness by ethnicity.

  The Trust is currently not able to produce this data as it is not something as a Trust we collect data and report on. The guidance states that the registers are held within primary care. Contact has also been made with NHS digital who are planning to produce this data at a regional level but were unable to provide any timescales. The ICBs have also been contacted to provide support to progress this agenda.

  Physical health data is recorded on Cito however the data does not currently flow within the IIC and would require thorough development and testing. The information is recorded quite differently to how it was on Paris and therefore some time is required to ensure the developments match the clinical processes. This will be available after April 2025 from the Trust.

- Improved access rates to Children and Young People's mental health services for 0 – 17-year-olds
- A sample of locally agreed access, experience and outcome metrics. Information which previously formed part of the patient publication of information has been included under this heading.
- The Trust will report on any deaths in mental health inpatient units to the CQC by protected characteristics. The Trust is complaint with this and currently reports to the CQC on all deaths of patients detained under the Mental Health Act by gender, ethnicity, disability, religion/ belief, sexual orientation and age. This data is not collated centrally, the Mental Health Legislation office save a copy of the death notification once it is sent to CQC.

The data charts are attached to this report as Appendix 1.

The PCREF asks the Trust to produce the above data as simple counts and at this stage does not require any analysis of the data. However, as an organisation we are committed to not only publishing the data, but to analysing and understanding it in order to make improvements at place for our service users, carers and communities.

Proposal:

The Committee is asked to confirm that it has good assurance that the Trust has followed a robust process in developing the PCREF data flows and governance process as required by the ICBs.

The Committee is asked to approve the publication of the PCREF data on the Trust website.

Overview:

The Trust is required to publish the PCREF data by March 2025 as outlined above. The proposal for good assurance is based on the information contained in this report and the data in appendix 1, taking in to account:

- The data required for the PCREF has been produced in a robust manner excepting the SMI/physical health check data.
- The data on detentions, restraint and access to Children and Young People's services is for the period from 1.4.23 – 31.3.24. The data on rates of access to clinical services compared to admissions and clinical outcomes is for the calendar year 2023.
- *The data in the appendix 2 includes trustwide information on rates of access to services compared to admissions and clinical outcomes for both adults and children. This data has previously been published as part of the Trust's publication of service user information and is for the calendar year 2023.*
- Moving forward we will bring the reporting period for PCREF and for reporting on our public sector equality duties together, so all data will be for the same time period.

PCREF data (Data in Appendix 1)

Detention data produced for Mental Health Act Legislation Committee (Fig 3).

Information has been produced by calculating the expected rates of detention by gender and ethnicity for the Trust based on standardised rates of detention per

100,000 population. The trust's anticipated rates are based on the 2021 census for ethnicity, sex, age and gender. These have been compared to the Trust's detention rates and NHS Digital's detention rates for 2023/24.

- Compared to the national rates of detention per 100,000 population the Trust detains more people from all ethnicities than the national rates (Fig. 3). Those who are mixed race, Black/ Black British and Other Ethnicities have higher rates of detention per 100,000 population than White people and Asian/ Asian British people have lower rates of detention per 100,000 population compared to White people.
- This is confirmed by the table in fig. 4 which shows that per 100,000 population those who identify as Mixed race and Other Ethnicities are detained 1.32 times more than White people and Black/ Black British people are detained 2.61 times more than White people per 100,000 population.
- Further analysis of relative rates of detention by ethnicity and gender per 100,000 population (Fig 5.) show that compared to White women, Black/ Black British women are detained 3.39 times more, compared to Asian/Asian British women 4.08 more, and are detained at higher rates than any other female ethnic group. Black/ Black British men are detained 1.94 times more than White men; Mixed women are detained 1.15 times more than White women and Mixed men 1.51 times more than white men. Men who identify as other Ethnicities are detained 1.77 times more than White men. Women from other Ethnicities are detained less than White women (0.85)

Restraint (Figs. 6-9)

The data on restraint is included in fig.6 -9. Further analysis is required to understand differentials and patterns. In particular understanding where individuals appear in more than one category and also being aware of the possibility of variation due to the small numbers within each ethnicity and type of restraint category.

Initial analysis suggests that women are more likely to be physically restrained compared to men and men are more likely to be in seclusion compared to women. Physical interventions and isolation for those aged 18 – 29-year-olds are significantly higher than for other age groups; mechanical restraint is low across the board but there appears to be an outlier in the 30 – 34 age group.

CYP Access (Fig. 10)

Data on CPY access is included in fig. 10. Further analysis is required to understand any differentials and patterns. We have been unable to calculate population rates as children and young people are not included in the census so that work to develop a proxy would need to be undertaken.

PROMS and CROMS (Figs. 11 & 12)
For adults and older people, the percentage of discharged patients showing measurable improvement on the CROM tool is significantly higher for our Black/ Black British population than other groups.

For CYP CROMS for Other Ethnicities is significantly lower but for PROMS our Black/ Black British children, the proportion of discharged patients showing measurable improvement is around double. Caution needs to be applied as the numbers of patients will be significantly lower.

PCREF requirements 2 – 8
Information and actions relating to the PCREF requirements 2 – 8 are included in Appendix 2 of this document. Information and actions against requirement 1 are those detailed in the body of this report and Appendix 1. All the data outlined in these requirements is currently available with the exception of:

- **Action 3 – Patient safety incidents are reviewed by ethnicity.** An initial review of existing data on patient safety incidents within ethnically diverse groups to identify key themes is to be undertaken by the Patient Safety team.
- **Action 4 – Complaints from racialised patients and carers are appropriately actioned.** The Complaints team are currently implementing the processes adopted by one of the PCREF pilot sites to capture this information.
- **Action 6 – Advance choice decisions are routinely reviewed with racialised patients and carers.** Advance choice decisions are currently recorded on CITO and should be reviewed in line with care planning.
- **Action 8 – Feedback from racialised carers is appropriately actioned in line with the triangle of care.** Carer demographics are to be captured in the carer survey from August 2025

Description of ongoing activity
The Trust is developing relationships with our communities and engaging in exploratory work to understand actions

required. This also includes actions around further analysis of the data provided in this report to understand where there are differentials and patterns that the Trust needs to pay attention to. Of particular importance we need to understand how we can integrate data with respect to protected characteristics within quality and positive and safe dashboards.

Prior Consideration and Feedback

The Trust's Business Analytics and Clinical Outcomes Information Department have undertaken the development of the service user data. The information has been reviewed by Executive Clinical Leaders subgroup.

Implications:

Failure to understand the differences in outcomes and experiences of our BAME service users in accordance with the requirements of the PCREF, and more broadly those with protected characteristics in accordance with our public sector equality duties may have regulatory and reputational consequences. Failure to act to reduce differences in outcomes and experiences of our service users with protected characteristics may impact on their outcomes and experiences.

Recommendations:

The Committee is asked to:

- confirm that it has good assurance that the Trust has developed data flows and a governance process as required by the ICBs.
- confirm that it has good assurance that the Trust has followed a robust process in producing and analysing the data required for the PCREF and in doing so is meeting its obligations as outlined above.
- to approve the proposed publication of the PCREF prior to publication on the Trust website.

Appendix 1 – Data required for PCREF publication

Number of Cases of detention under the Mental Health Act by cause and duration by ethnicity

Figure 1: Number of Detentions by Ethnicity & Section Type (1.4.23 – 31.3.24)

Number of Detentions by Ethnicity & Section Type							
Ethnicity x Section Type	**White**	**Asian/Asian British**	**Black/Black British**	**Mixed**	**Other Ethnicities**	**Unknown**	**Grand Total**
2	1514	41	25	27	17	155	**1779**
3	841	18	17	13	6	53	**948**
37	*<5*	0	0	0	0	*<5*	*<5*
37/41	5	0	0	0	0	0	**5**
37N	*<5*	0	0	0	0	0	*<5*
4	6	*<5*	0	0	0	*<5*	**8**
47/49	*<5*	0	0	0	0	*<5*	*<5*
48/49	7	0	0	0	0	0	**7**
5(2)	290	*<5*	*<5*	*<5*	*<5*	16	**318**
5(4)	90	*<5*	*<5*	*<5*	0	*<5*	**97**
Grand Total	**2762**	**66**	**46**	**43**	**26**	**230**	**3173**

Figure 2: Average Duration of Detention by Ethnicity & Section type (1.4.23 – 31.3.24)

Average Duration in Days by Ethnicity & Section Type							
Ethnicity x Section Type	**White**	**Asian/Asian British**	**Black/Black British**	**Mixed**	**Other Ethnicities**	**Unknown**	**Grand Total**
2	19	19	19	17	19	18	**19**
3	70	58	61	79	35	71	**69**
37	131	*n/a**	*n/a*	*n/a*	*n/a*	182	**144**
37/41	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*
37N	153	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	**153**
4	*<5*	*<5*	*n/a*	*n/a*	*n/a*	0	*<5*
47/49	67	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	**67**
48/49	75	*n/a*	*n/a*	*n/a*	*n/a*	*n/a*	**75**
5(2)	*<5*	*<5*	*<5*	*<5*	*<5*	*<5*	*<5*
5(4)	0	0	0	0	*n/a*	0	**0**
Grand Total	**32**	**28**	**33**	**34**	**21**	**30**	**32**

**n/a applies where either there were no detentions of type by ethnicity, or where the detention hasn't ended at time of data collection*

Figure 3: Actual detention rates per 100,000 population compared with anticipated detention rates and compared with national rates (2023)

Actual detention rates per 100,000 population compared with anticipated detention rates and compared with national rates					
Ethnicity	**National rates of detention per 100,000 population**	**Anticipated numbers of detentions in TEWV based on national rates**	**Actual numbers of detentions in TEWV**	**TEWV rates of detention per 100,000 population**	**Relative rate between TEWV detention figures and National Figures**
White	69.5	1329	2376	124.2	1.79
Mixed	115.9	28	40	163.4	1.41
Asian/Asian British	79.9	43	59	110.0	1.38
Black/Black British	239.0	31	42	324.2	1.36
Other Ethnicities	130.6	18	23	164.1	1.26
Unknown	-	-	210	-	-

Figure 4: Comparisons of TEWV detention rates by ethnicity (1.4.23 – 31.3.24)

Comparisons of TEWV detention rates by ethnicity					
Ethnicity	**White**	**Mixed**	**Asian/Asian British**	**Black/Black British**	**Other Ethnicities**
White		0.76	1.13	0.38	0.76
Mixed	1.32		1.49	0.50	1.00
Asian/Asian British	0.89	0.67		0.34	0.67
Black/Black British	2.61	1.98	2.95		1.98
Other Ethnicities	1.32	1.00	1.49	0.51	

Interpretation guide:
The rates are calculated against the row labels so if the figure is >1 the characteristic in the row label shows a higher detention rate than the comparator in the column label, if the figure is <1, they show a lower rate of detention.
An example of interpretation would be "per 100,000 population Black/Black British people are detained 2.61 times more than White people".

Figure 5: Comparisons of TEWV detention rates by ethnicity and gender (1.4.23 – 31.3.24)

Comparisons of TEWV detention rates by ethnicity and gender									
Ethnicity x Gender	**Asian/ Asian British - Female**	**Asian/ Asian British - Male**	**Black/ Black British - Female**	**Black/ Black British - Male**	**Mixed - Female**	**Mixed - Male**	**Other Ethnicities - Female**	**Other Ethnicities - Male**	**White - Female**
Asian/ Asian British - Female		1.03	0.25	0.48	0.75	0.61	1.00	0.52	0.86
Asian/ Asian British - Male	0.97		0.25	0.46	0.72	0.80	1.30	0.51	0.67
Black/ Black British - Female	3.95	4.08		1.89	2.96	2.41	3.97	2.07	3.39
Black/ Black British - Male	2.10	2.16	0.53		1.57	1.28	2.10	1.10	1.80
Mixed - Female	1.34	1.38	0.34	0.64		0.82	1.34	0.70	1.15
Mixed - Male	1.64	1.69	0.41	0.78	1.23		1.65	0.86	1.41
Other Ethnicities - Female	1.00	1.03	0.25	0.48	0.75	0.61		0.52	0.85
Other Ethnicities - Male	1.91	1.97	0.48	0.91	1.43	1.17	1.92		1.64
White - Female	1.17	1.20	0.30	0.56	0.87	0.71	1.17	0.61	
White - Male	1.08	1.12	0.27	0.52	0.81	0.66	1.09	0.57	0.93

Number of Cases of restraint, including type of restraint by ethnicity age and gender

Figure 6: Total Number of Restraint Interventions by Type (1.4.23 – 31.3.24)

Total Number of Interventions	No. Physical Interventions	No. Mechanical Interventions	No. Chemical Interventions	No. Isolation Interventions
	4748	29	1093	979

Figure 7: Number of Restraint Interventions by Gender (1.4.23 – 31.3.24)

Number of Interventions by Gender				
Gender	**No. Physical Interventions**	**No. Mechanical Interventions**	**No. Chemical Interventions**	**No. Isolation Interventions**
Birthsex Female - Gender Neutr	*<5*	0	0	0
Female (Including Trans Woman)	2659	7	594	187
Male (Including Trans Man)	1971	22	471	788
Non-Binary	*<5*	0	*<5*	0
Unknown	113	0	27	*<5*

Figure 8: Number of Restraint Interventions by Age (1.4.23 – 31.3.24)

Number of Interventions by Age				
Age Groupings	**No. Physical Interventions**	**No. Mechanical Interventions**	**No. Chemical Interventions**	**No. Isolation Interventions**
<20	773	*<5*	209	*<5*
20-29	1618	*<5*	263	720
30-44	886	20	175	200
45-64	611	*<5*	206	48
65+	757	0	221	5
Unknown	103	0	19	*<5*

Figure 9: Number of Restraint Interventions by Ethnicity (1.4.23 – 31.3.24)

Number of Interventions by Ethnicity				
Ethnicity	No. Physical Interventions	No. Mechanical Interventions	No. Chemical Interventions	No. Isolation Interventions
Asian/Asian British	91	0	13	*<5*
Black/Black British	39	*<5*	22	*<5*
Mixed	85	0	23	*<5*
White	4300	27	959	958
Other Ethnicities	19	0	13	0
Unknown	214	*<5*	63	14

Improved Access to CYPS for ages 0-17 (2023)

Figure 10: CYP Access by ethnicity

Ethnicity	Number of Patients
Asian/Asian British	201
Black/Black British	61
Mixed	336
White	25025
Other Ethnicities	144
Unknown	4090

Sample of locally agreed outcome metrics (2023)

Figure 11a & 11b: CROMS and PROMS CYP (2023)

CYP - CROM	
Ethnicity	% showing measurable improvement
Asian/Asian British	35%
Black/Black British	40%
Mixed	45%
Other Ethnicities	20%
Unknown	46%
White	46%

CYP - PROM	
Ethnicity	% showing measurable improvement
Asian/Asian British	17%
Black/Black British	67%
Mixed	23%
Other Ethnicities	0%
Unknown	16%
White	25%

Figure 12 a & 12b: CROMS and PROMS AMH/MHSOP (2023)

AMH/MHSOP - CROM	
Ethnicity	**% showing measurable improvement**
Asian/Asian British	19%
Black/Black British	31%
Mixed	24%
Other Ethnicities	13%
Unknown	23%
White	16%

AMH/MHSOP - PROM	
Ethnicity	**% showing measurable improvement**
Asian/Asian British	52%
Black/Black British	42%
Mixed	50%
Other Ethnicities	30%
Unknown	50%
White	44%

Appendix 2

Core Requirements of the Patient and Carer Race Equality Framework (PCREF)

Req No	Requirement Description	Activity	Staff Contact
1	Practices that work towards the shared values of dignity, fairness, equality, equity, respect, least restrictive practices, independence, empowerment and involvement are routinely published to national datasets (Mental Health Service Data Sets – (MHSDS) and Public Sector Equality Duty (PSED) objectives annually). Trusts and mental health providers should have in place a responsible lead person whose role will be to collect and monitor data broken down by ethnicity and publish the data at the end of each financial year. This should include at a minimum: 1. The number of cases of detention under the MHA, and the cause and duration of these detentions. 2. Restraint including the type of restraint (physical, mechanical, chemical or use of isolation) and by ethnicity, age and gender as aligned by the MHA Code of Practice guiding principles. 3. As required by Core20Plus5 Trusts: a. physical health checks for those adults (18+) with Severe Mental Illness (SMI). b. improve access rates to Children and Young People's mental health services for 0-17 year olds.	See paper above re report on this activity	Hannah Crawford (Executive Lead) Data collection and review position currently (27.1.25.) vacant and preparing for recruitment.

	4. A sample of locally agreed access, experience and outcomes metrics where inequalities are the most evident. This may include Mental Health Act detentions (i.e. the duration of community treatment orders, out of area placements, aftercare placements and suicidal rates by ethnicity). 5. Trusts/mental health providers will report on any deaths in mental health inpatient units to CQC by protected characteristics. Please also refer to CQC's notifications on incidents.		
2	Trusts and mental health providers routinely provide accessible information in accordance with NHS England's Accessible Information Standard in regards to patients on their rights, complaints procedures, and advocacy services available to them.	We have an accessibility statement on our website: https://www.tewv.nhs.uk/accessibility/ We also have an accessibility roadmap: https://www.tewv.nhs.uk/about/publications/accessibility-roadmap-2023-2024/	Communications Officer (Stephanie Steel)
3	Trust and mental health providers board routinely reviews data on patient safety incidents and near misses this includes the inappropriate use of force, with an ethnicity lens applied, involving experts by experience.	• Patient Safety Partner (PSP) working group has been established which has brought together people with lived experience and staff members to discuss and co-develop the PSP role in line with the Patient Safety Incident Response Framework (PSIRF). The PSP role will play a lead role in developing the lived experience voice in the approach TEWV is taking to implementing PSIRF across the trust. • Lived Experience Directors for each Care Group are routinely invited to attend and contribute to Directors Assurance Panels where Patient Safety Incident Investigations (PSIIs) are reviewed and finalised. • A representative from the Patient Safety Team will attend the trust wide EDI&HR steering group from January 2025 onwards. • An initial review of existing data on patient safety incidents within ethnically diverse groups to identify key themes will be undertaken by the Patient Safety Team. The data will be broken down to geographical areas to enable comparisons to be made using local census data. The data will be presented to the trust wide EDI&HR steering group where key areas of future focus will be determined. Timescales to be confirmed at time of writing.	Associate Director of Patient Safety (Amy Taylor) Head of Risk Management (Kendra Marley)

		• The Positive and Safe team review the numbers of incidents of restrictive practice by protected characteristic	
4	Trusts and mental health providers evidence that complaints received from racialised and ethnically and culturally diverse patients and carers are actioned appropriately. Refer to NHS Complaint Standards on what good standards are in actioning appropriately complaints.	Conversations have taken place with colleagues from Birmingham and Solihull Mental Health NHS Foundation Trust (one of the pilot sites) 26.9.24 who provided guidance around how they were able to capture this information. This information has been passed onto Head of Quality Data and Patient Experience who is exploring how to implement this.	Head of Quality Data and Patient Experience (Emma Haimes) Senior Equality, Diversity and Inclusion Lead, BSMHNHSFT (Manisha Panesar)
5	New policies and practices are assessed for their equalities impact on protected characteristics, especially ethnicity/race, and mitigating actions are clearly identified as aligned under the Public Sector Equality Duty (Equality Act 2010). Further, the Trust and mental health providers should demonstrate regular reviews of these policies and practices, with an equalities angle forming part of this.	Action is carried out during each EIA review.	Equality and Diversity Officer (Abigail Holder) Senior Information Compliance Officer (Martin Foran)
6	Trusts and mental health providers are to document treatment preferences through the use of Advance Choice Documents, and routinely review them with patients and carers from racialised and ethnically and culturally diverse communities.	The advanced care planning section in CITO should be used and should be reviewed and considered in line with care planning. There is also a replica of this section on the DIALOG assessment form so it is considered as part of the assessment and review process. There is an advanced care planning pathway that will support clinicians when to consider relevant parts however this is not currently live and will form part of later releases.	Head of EPR (Gemma Pickering)
7	Trusts and mental health providers evidence that feedback from culturally appropriate advocacy services have been actioned appropriately, and that any reasons for not actioning feedback are recorded.	Work that has started with advocacy services looking into the referral rates, awareness of different types of advocacy services available, supporting staff knowledge with when to refer and any current challenges faced such as the current waiting times. North East and North Cumbria People First have advised that there is a national pilot looking at culturally appropriate advocacy for which an update is due. They will share this update with TEWV and any appropriate support.	Associate Director of Mental Health Legislation (Rachel Ann Down) Mental Health Legislation Practitioner (Bethany Corbett) North East and North Cumbria: People First

		The MHL department work closely with one of the main advocacy providers, 'We Are People First'. Work being lead by Mental Health Legislation Practitioner. Pilot work has been agreed which is starting in December 2024. This entails sessions taking place on two wards at Roseberry Park for both service users and staff, raising awareness of the different types of advocacy services, when to refer, what the services provide etc. These sessions will be led by advocates and co-facilitated by an expert by experience. The main advocacy providers (Cloverleaf & People First) are both invited to the Multi-Agency MHL Operational Groups which take place quarterly, there is one for each Care Group. This also provides a forum for feedback to be discussed and actioned. Some individual ward/team based work being undertaken at place. The complaints policy also references where all complainants can obtain support, including the Advocacy Services the Trust uses.	(Kellie Woodley)
8	Trusts and mental health providers evidence that feedback and involvement from racialised carers have been actioned appropriately in line with the principles of The Triangle of Care, or where Trusts have embedded their local principles in supporting carers.	We currently do not collect demographics from Carers, but Patient & carer experience leads have confirmed that this will be included with the survey refresh from August 2025.	Patient and Carer Experience Team Manager (Karen Coleman)