

Patient and Race Equality Framework (PCREF)

Annual report 2025-26



Live your life



Our commitment to PCREF

In April 2025, we launched the Patient and Carer Race Equality Framework (PCREF) Taskforce at Priory.

PCREF is an NHS England initiative designed to improve mental health outcomes and experiences for people from ethnically diverse communities. At Priory, we care for and support 24,000 patients and residents each year. We recognise that people often access mental health services at some of the most vulnerable times in their lives, and it is essential that no individual experiences additional barriers, inequalities, or poorer outcomes because of their race or ethnic background.

Our vision is to ensure that patients and carers from ethnic minority backgrounds experience the same high-quality care, access, and outcomes as all other patients, supported by an anti-racist culture that actively promotes equity, inclusion and belonging.

This commitment to PCREF is a natural extension of our wider **Priory Plan goal**, established in 2021, to embed a culture of openness, inclusion, and trust where people feel they belong.

When we launched our PCREF Taskforce, we built on the organisational knowledge and learning developed through our wider inclusion and belonging work with colleagues across the organisation. Through this work, we recognised the importance of visible leadership, creating meaningful opportunities to listen, acting on feedback, using data proactively and embedding initiatives into everyday practice to create sustainable change.

These foundations have been instrumental in shaping our approach to PCREF. Guided by our Coproduction strategy, we are strengthening the way we listen to patients and carers, build trust, improve understanding, and ensure that people feel heard, valued and supported throughout their care.

This annual report shares what we have achieved over the past year and how we will continue to implement PCREF moving forward.

I am proud of the progress we have made during this first year. We have established the foundations and governance structures needed to support this work, delivered PCREF training across the organisation and are developing patient listening circles to help us better understand lived experiences and identify opportunities for improvement. We are also strengthening our approach to data collection and reporting, and reviewing our policies and practices to ensure they support our vision for PCREF.

This is an important and ongoing journey, and we remain committed to learning, listening and improving. I would like to thank our PCREF Taskforce, colleagues, patients and carers for their continued support and contribution to this vital work.

Yours sincerely

Rebekah Cresswell

Chief Executive Officer – Priory



Establishing the foundations

As Operational Lead for PCREF, I have seen first-hand the commitment from colleagues, patients and carers across Priory to ensure this work becomes part of how we deliver care every day.

Over the past year, our focus has been on building the practical foundations needed to support meaningful and sustainable change. This has included establishing our PCREF governance structures, developing PCREF training, improving our data collection and reporting processes and creating opportunities for patients and carers to share their experiences and shape our approach.

A key priority for us has been recognising the importance of listening with intent. Our Lived Experience team have developed patient listening circles and through these we will gain a deeper understanding of the experiences of people from ethnically diverse communities within our services. These conversations will help us identify where we are doing well, where improvements are needed and how we can work collaboratively to reduce inequalities in access, experience and outcomes.

Our multi-disciplinary PCREF taskforce brings together colleagues from across operations, our clinical teams, coproduction and central functions

so that inclusion, belonging and culturally informed care are embedded throughout our services. We know that creating lasting change requires continuous learning and accountability, and we are committed to maintaining momentum as this work develops.

While we recognise there is still much to do, I am encouraged by the willingness across the organisation to listen, learn and improve. I would like to thank everyone who has contributed to our PCREF journey so far, particularly our patients and carers who have shared their experiences so honestly and thoughtfully. Their voices will continue to guide and shape this important work moving forward.

Kind regards

Kevin Mafukidze

Hospital Director and PCREF operational lead





Our progress

Over the past year we have established the foundations and governance structures to implement PCREF and have made the following progress

→ **Leadership and governance** - We established a PCREF Taskforce which meets monthly to oversee PCREF governance and accountability, supported by executive sponsorship from our CEO and independent oversight from one of our Non-Executive Directors. Internally, PCREF is now a standard agenda item at site clinical governance meetings across our Healthcare division.

→ **Using data to drive change** - We have reviewed organisational and regional data specifically focused on Reducing Restrictive Interventions (RRIT), Rapid Tranquillisation and Seclusion by ethnicity. These datasets are now being refined into a biannual reporting format for Hospital Directors to guide local action.

→ **Workforce education** - We developed a specialist training module which was launched in March 2026. As of 24 April 2026, 78% of Healthcare colleagues (5,130 individuals) have already completed the course.

→ **Listening to Lived Experience** - We are currently piloting Listening Circles at Priory Hospital Cheadle Royal. These sessions, co-designed with Lived Experience Partners and managed through our Logit patient platform, ensure that patient feedback will be recorded and acted upon systematically.

→ **Transparency and engagement** - We launched a dedicated PCREF webpage and logo to share our commitments externally.

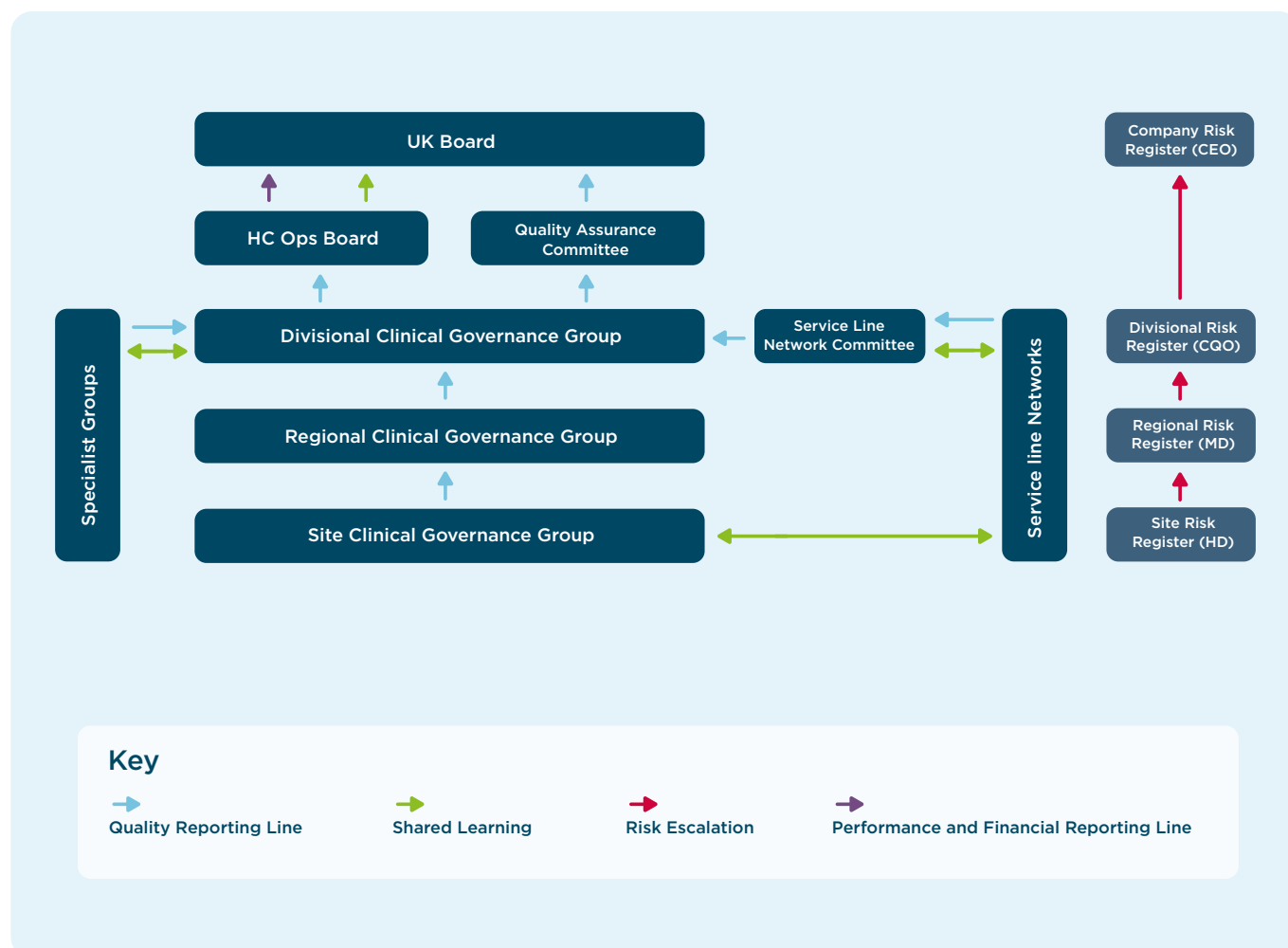




Clinical Governance

To ensure that we have effective oversight of all aspects of Clinical Governance within our Healthcare division we adhere to a single framework which sets out the interaction between our Operational, Clinical and Quality structures.

Our clinical governance supports PCREF delivery by providing oversight, accountability, quality improvement and assurance processes that help identify and address racial inequalities in our services.



Regulatory context and assurance

Following the introduction of the Care Quality Commission's mandatory inspection framework in November 2025, PCREF has become a central part of our regulatory evaluations. Mental Health Act (MHA) monitoring reports from across our regions show that the regulator is now actively reviewing our PCREF implementation, offering external assurance that the framework is becoming effectively embedded in our services.

Strengthening our capability and confidence

A key focus of our PCREF activity has been investing in people by developing the knowledge, skills, and confidence required to support meaningful engagement with patients and carers, from diverse racial and ethnic backgrounds.

To strengthen our workforce capability, colleagues have participated in training covering facilitation and engagement skills, including effective discussion management, active listening, reflective questioning and approaches to handling sensitive conversations. This has enhanced colleague confidence in creating inclusive environments where individuals feel heard, respected and one in which they are empowered to share their experiences.

Training has also focused on trauma-informed practice, helping colleagues understand how trauma and lived experiences can influence communication, engagement and behaviour. Colleagues have developed greater awareness of psychological safety, the importance of recognising intersectionality and the need to respond appropriately to experiences of racism and discrimination.

In addition, safeguarding and ethical practice have been reinforced through learning on confidentiality,

consent and the management of disclosures. This ensures that engagement activities are conducted in a safe and legally compliant manner aligned with UK GDPR requirements and best practice principles.

Further development opportunities have included modules on body language and presence, confidence building, problem solving, time planning, reflection and action planning.

Coaching culture training has supported colleagues to strengthen emotional intelligence, active listening, diversity and inclusion awareness, unconscious bias awareness and psychologically safe approaches to engagement.

Through these activities, we are strengthening the skills of our colleagues so that we are better equipped to listen, learn and work collaboratively with patients and carers.



Lived experience partnership coproduction

Lived experience partnership working is central to our delivery of PCREF. The framework emphasises coproduction, ensuring that patients, carers and communities shape services, governance and improvement actions to address racial inequalities in access, experience and outcomes. Priory's established Lived Experience Partner (LEP) model directly aligns with this requirement, embedding participation and shared decision-making across all levels of the organisation.

The Priory LEP strategy enables this through structured involvement at local hospital and organisational levels. At hospital level, local LEPs contribute to PCREF listening circles, ensuring that feedback from racially diverse service users informs service design and culturally competent care improvements. At divisional level, LEPs are embedded within the PCREF taskforce, strengthening governance, accountability and strategic oversight in line with PCREF leadership and organisational competency domains.

This approach reflects Priory's broader strategic commitment outlined in the **Priory Plan 2026-30**, which positions lived experience partnership working as a core organisational capability and "golden thread" for cultural transformation. With an established cohort of LEPs supporting coproduction, Priory is shifting towards a more inclusive, anti-racist model of care where lived experience informs policy, practice and continuous improvement.

Overall, LEP involvement demonstrates measurable progress against PCREF actions by embedding authentic voices, enhancing trust and ensuring that equity-focused change is co-designed and sustained across the organisation.



Patient and carer feedback mechanism

Patient and carer feedback mechanisms, particularly PCREF listening circles, are a critical driver of quality improvement across Priory services.

These forums provide rich, real-time insight into the lived experience of care, ensuring that service user perspectives directly inform how quality is defined, measured and improved. In line with PCREF expectations, listening circles create safe, inclusive spaces where racially diverse patients and carers can share experiences that may otherwise be underrepresented, strengthening equity-focused service development.

This approach is closely aligned with the Priory Quality Improvement (QI) Strategy, which is preparing to launch its third QI programme aimed at upskilling colleagues across all services. This programme focuses on building knowledge, skills and confidence in QI methodologies, enabling teams to explore and implement improvements at both small and large scales. Feedback gathered through PCREF listening circles at ward and hospital level will directly inform local leadership of priority needs and actions, many of which can be translated into targeted QI projects.

At a broader level, listening circle feedback can be aggregated regionally or by service specialism to identify recurring themes and trends, supporting larger-scale improvement initiatives. Ultimately, all PCREF feedback contributes to organisation-wide learning, for example; shaping how Priory gathers feedback, designs surveys and colleagues' practice of collaboratively developing and reviewing care plans.

All focused quality improvement contributes to ensuring continuous, experience-led improvement in quality of care.



Our areas of focus

As we move into our second year, we will focus on several key areas:

→ **Embedding listening circles** – Taking the lessons learned from our pilot to launch listening circles across the entire division.

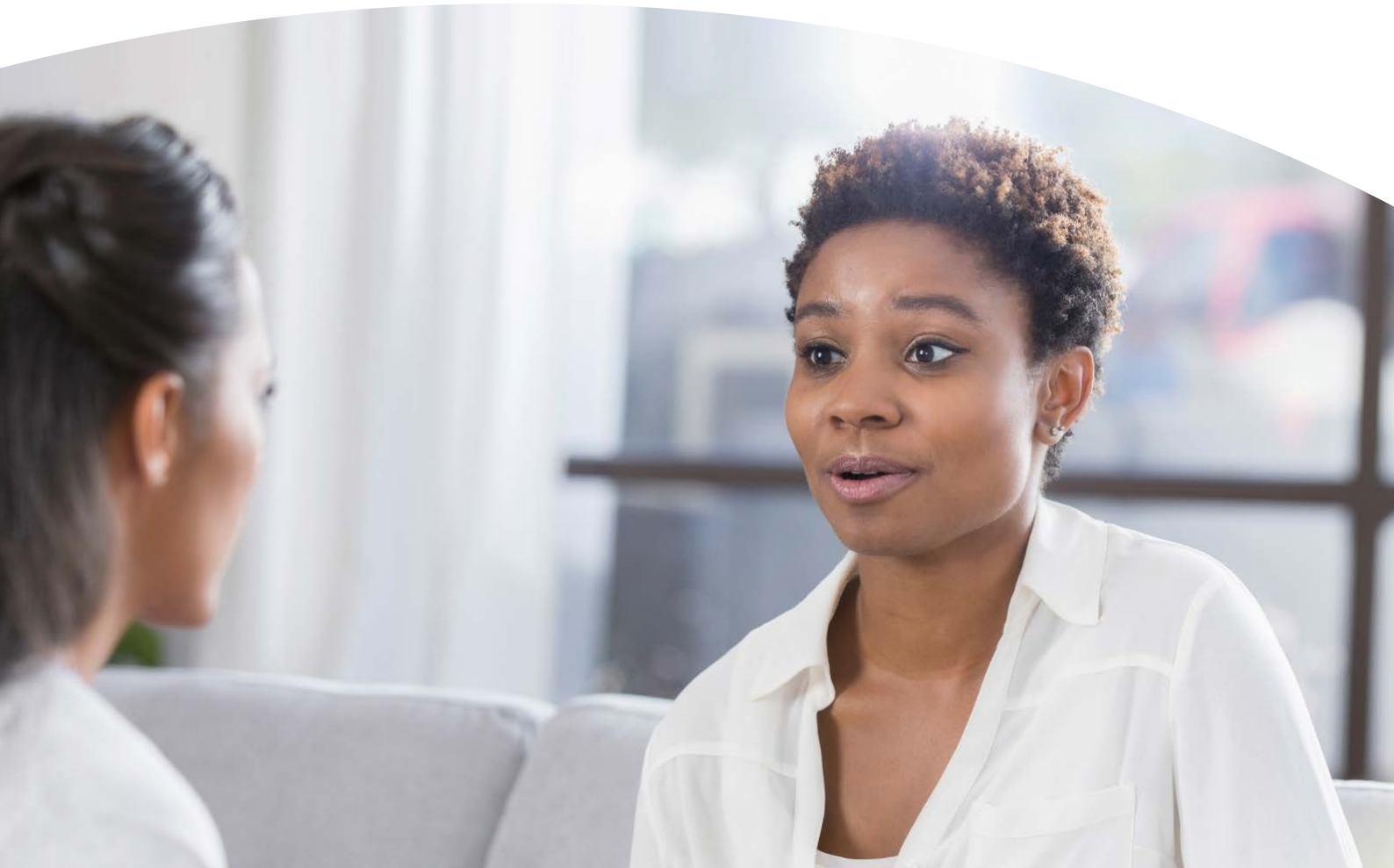
→ **Improving reporting further** – Developing a PCREF Dashboard with 12-month rolling data to better identify and analyse trends.

→ **Focus on carers** – Ensuring the framework is fully inclusive of the carer perspective.

→ **Integrating improvement** – Evaluating how PCREF objectives can be integrated with existing Quality Improvement (QI) projects to address identified care disparities.



We remain dedicated to ensuring that patients and carers from ethnic minority backgrounds experience the same high-quality care, access, and outcomes as all other patients, supported by an anti-racist culture that actively promotes equity, inclusion and belonging.





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