

Patient, Carer and Family Reference Group

Supporting Integrated Improvement Plan
of Nottinghamshire Healthcare
NHS Foundation Trust
2025



Who is Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully, and that they are transparent in their decision making. We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen. This is a part of our statutory role under Regulation 44 of The NHS Bodies and Local Authorities Regulations 2012.¹

Why is it important for you to get involved?

It is important because you are the expert on the services you use, so you know what is done well and what could be improved. Your views enable us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say via:

0115 956 5313 | www.hwnn.co.uk

[LinkedIn:HWNN](#) | [Facebook:HWNNotts](#) | [Instagram:HealthwatchNotts](#)

Healthwatch Nottingham & Nottinghamshire, Unit 1, Byron Business Centre | Duke Street | Hucknall | Nottinghamshire | NG15 7HP

Who is Nottinghamshire Healthcare NHS Foundation Trust (NHCT)?

NHCT, hereafter referred to as '*the Trust*', is a major provider of integrated healthcare, delivering a wide range of services including mental health, intellectual disability, community, forensic and offender health. More details of the range of services delivered by the Trust can be found [here](#)². For the purpose of this report, the focus is within the context of mental health services.

Report signed off by:

Name	Position	Date
Sabrina Taylor	CEO	21 st November 2025

**We have used artificial intelligence (AI) to assist with some drafting and editing. All content has been reviewed and approved by the project team to ensure accuracy, relevance and alignment with organisational standards.*

¹ [The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#), UK 2012

² [About Us](#), Nottinghamshire Healthcare NHS Foundation [Accessed November 2025]

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Executive Summary

Healthwatch Nottingham and Nottinghamshire (HWNN) was commissioned by Nottinghamshire Healthcare NHS Foundation Trust (the Trust), to support the establishment of the Patient, Carer and Family Reference Group (PCFRG). The group forms part of the Trust's Integrated Improvement Plan (IIP), developed in response to recommendations from the Care Quality Commission (CQC). The CQC issued a Section 48 report³, to strengthen governance and embed patient and carer voices in service improvement. While discussions and observations in this report are mainly around mental health services, the work of PCFRG is aimed to instil patient and carer voice across the Trust's different services within the IIP programmes.

Between January and September 2025, HWNN supported eight PCFRG meetings, alongside additional planning discussions and Trust events. Initially acting as independent observers and later as neutral chairs, HWNN's role was to provide facilitation, feedback, and developmental support to help the group build confidence, structure, and cohesion.

Over the course of the project, the PCFRG evolved from an exploratory forum into a more structured and purposeful advisory body. The development of a draft Terms of Reference and standardised meeting agenda provided clarity on the group's purpose, membership, and accountability. Increasing engagement from senior members of the Trust staff further strengthened trust and visibility, signalling commitment to a positive collaboration.

While progress was significant, several challenges remain. These include improving communication between meetings, ensuring timely sharing of papers, strengthening administrative coordination, and maintaining clarity on the group's governance role and influence within the IIP. Sustained focus on these areas will be essential to embed the PCFRG as a credible and effective voice in the Trust's improvement work.

HWNN concludes that the group now has a strong foundation from which to grow. Its continued success will depend on maintaining trust, supporting a diverse and representative membership, and demonstrating that patient and carer feedback leads to a tangible change. Key priorities going forward include:

- Building and maintaining trust through open dialogue and visible follow-up on member contributions.
- Strengthening governance clarity and induction for new members.
- Monitoring the purpose, scope and function of the group, along with broadening representation and supporting member development.
- Demonstrating commitment by the Trust to a true partnership by ensuring consistent administrative and leadership support to enable active

³ [Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust](#), CQC March 2024

participation of group members across care pathways, capturing the impact of the PCFRG.

HWNN remains available to support the Trust in the next phase – including facilitating reflective sessions, supporting recruitment and training, and helping evaluate group effectiveness – to ensure the PCFRG becomes a lasting model of meaningful patient and carer partnership.

Introduction

Healthwatch Nottingham & Nottinghamshire (HWNN) was commissioned by the Nottinghamshire Healthcare NHS Foundation Trust (the Trust) to support the development of a Patient, Carer and Family Reference Group (PCFRG). This was one of the key elements mandated by the Care Quality Commission to improve service design and delivery following the Trust's investigation by both NHS England and the CQC⁴:

"Following the recommendations from the Section 48 report, the CQC reports and the financial situation within the Trust an Integrated Improvement Plan [IIP] has been phased to ensure the Trust can deliver targeted, timely and sustainable improvements." ⁵

Consisting of five significant programmes of work, the Integrated Improvement Programme (IIP) covers:

1. Patient Safety and Quality Improvement
2. Pursuing Operational Excellence
3. Finance and Productivity
4. People and Culture
5. Leadership and Governance

This project was part of the *Patient Safety and Quality Improvement*, and is intended to assist in the recruitment, development and an ongoing (time-limited) support to the recently initiated *Patient and Carer Reference Group*⁶, which is being described by the Trust as follows:

"A Patient and Carer Reference Group is being set up and the Trust is working with Healthwatch Nottingham & Nottinghamshire to take the group forward and embed the patient voice in every part of the IIP Programmes.

The aim of this group is to give advice, ideas and insight on the Trust's plans, challenges and opportunities to improve the safety, quality and value for money of its services from a patient, carer and community perspective. It will also provide oversight with a check and challenge process on the progress of plans developed for the IIP to ensure they are based on what matters to patients and carers.

⁴ [Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust](#), CQC March 2024

⁵ [Nottinghamshire Healthcare NHS FT: Integrated Improvement Plan Update Briefing for Nottingham Health and Adult Social Care Scrutiny Committee](#), Nottinghamshire Healthcare NHS Foundation, September 2024

⁶ Early in the meeting series, the issue was raised by group members that the name did not seem to cover the wider family which also is affected by the care received, and thus henceforward the name was changed to the Patient, Carer & Family Reference Group (PCFRG).

This group will build on the feedback the Trust has received to carry out some rapid pathway redesign work with patients at the centre.

Two initial co-production sessions have been held with patients, carers and voluntary sector and community groups – their feedback is being used to shape how we take this and the wider plan forward.”⁷

⁷ [Nottinghamshire Healthcare NHS FT: Integrated Improvement Plan Update Briefing for Nottingham Health and Adult Social Care Scrutiny Committee](#), Nottinghamshire Healthcare NHS Foundation, September 2024

Methodology

HWNN was commissioned to provide structured support to the Trust during the establishment phase of the PCFRG. The primary purpose of this support was to help the Trust build an effective and sustainable framework for the group, ensuring that patient and carer voices were meaningfully embedded within the Trust's IIP.

Over the course of the project, HWNN supported a total of eight PCFRG meetings, from January to September 2025. At the outset, HWNN attended PCFRG meetings as independent observers. Typically, two or three members of HWNN staff were present at each session. The role of HWNN at this stage was to monitor the running of meetings, provide impartial observations and identify areas where the group's operation could be strengthened. Input was offered only where it was felt pertinent, maintaining HWNN's independence while supporting a constructive environment for discussions.

Following each meeting, HWNN staff held an internal debrief to reflect on key observations, assess progress and compile feedback with recommended actions for the Trust. These reflections were shared in writing, usually within the week following the meeting. This allowed for timely feedback to inform the planning of subsequent sessions and ensure lessons learned were incorporated into the group's development.

Between PCFRG meetings, HWNN maintained close contact with the Trust's designated staff responsible for organising and facilitating the group. These discussions focused on reviewing progress against previous actions, refining meeting structure and agenda content and highlighting emerging logistical or communication challenges.

Additional planning meetings were also held before and during the running of PCFRG sessions to ensure alignment and continuity. Attendance at early PCFRG meetings varied considerably among both the Trust executives and group participants, affecting continuity and cohesion. This led to HWNN raising concerns with the Trust staff team about the group's repeated feedback on certain aspects of these meetings. In response, it was agreed that HWNN would take a more active role in remaining meetings, and take on the role of a neutral chair in the last three meetings of the group. This arrangement aimed to stabilise the group's operation, model effective facilitation and build confidence among members that the process was inclusive and responsive to group feedback.

During this phase, HWNN supported the group's discussion and review of key governance documents, including the draft Terms of Reference and a proposed meeting agenda template. These documents were developed by the Trust and presented to the PCFRG for consideration. HWNN's role was to facilitate constructive discussion, ensure that members' feedback was heard, and help the group focus on decision-making rather than administrative elements during formal meetings. That is not to say that there weren't administrative challenges

but HWNN wanted to support the group to focus on the substantive part of the group's work.

In addition to the formal PCFRG meetings, HWNN also attended related Trust events and informal social sessions linked to the group's work. These provided valuable context for understanding the wider engagement environment and further opportunities to build relationships between staff and group members.

By working closely together in repeated cycles of planning, doing, and improving, HWNN helped the group grow and develop while still staying independent. This supportive partnership made sure that both the Trust's staff and the group members were better equipped to carry on the work effectively after HWNN's formal involvement ended.

Observations

When HWNN first became involved in supporting the PCFRG, the group was in its formative stage – HWNN was present at the very first meeting. The Trust had expressed a commitment to embedding patient and carer voices into its IIP, but the mechanisms for doing so were still developing. There was recognition amongst Trust staff that the group's success would depend on clear structure, transparency and ongoing support for both staff and group members to enable meaningful partnership.

At the outset, meetings of the PCFRG were largely exploratory, with group members still developing (and sometimes questioning) a shared understanding of the group's purpose, its role within the IIP, and how feedback from members would influence operational and strategic decision-making. Early discussions often focused on defining the group's scope, agreeing principles of working and clarifying how Trust staff and group members could work collaboratively while maintaining appropriate boundaries.

HWNN's early observation was that while enthusiasm among members and Trust representatives was high, the group required stronger administrative and structural support to function effectively. This included clarity on membership, meeting management, access to information and the mechanisms by which the group's insights would be captured and acted upon, along with commitment of Trust executive staff attending every meeting. HWNN provided regular feedback to the Trust after each meeting, including agreed actions, to improve the group's operation and support its evolution towards a well-functioning advisory body, although the group is still developing.

In total, HWNN observed 13 individual group members who attended one or more meeting/s at different times, mainly in person, with few joining the meeting online. Every meeting had the option for members joining via Microsoft Teams, facilitated by the Trust. However, regular attendees of group members averaged around 7 to 8 per meeting.

Progress and Development of the Group:

Over the course of HWNN's involvement, the PCFRG demonstrated noticeable growth in its role and function, and more confident in how it worked and made decisions. Meetings gradually became more purpose-driven, with members increasingly engaging in substantive discussions rather than procedural or organisational matters.

The development and introduction of a draft Terms of Reference marked a significant milestone. Drawing from background work provided by the Trust, the group collectively developed the draft document to define its purpose, membership expectations, roles and accountability within the Trust's wider governance structure. HWNN supported this process by facilitating discussion between members and Trust staff, ensuring that all perspectives were considered and that the resulting document reflected both organisational

context and the lived experiences of patients and carers. This inclusive approach strengthened ownership among members and enhanced clarity around the group's role and function.

The formation of a standardised agenda template also brought consistency to meetings. This supported more efficient time management, enabling members to focus on key items such as feedback on IIP themes, review of Trust updates and discussion on issues relating to patient experience.

The Trust's engagement improved over time, with senior staff attending meetings to share updates on specific programmes of work. This helped establish the group's standing and visibility, and reassured members that their input was being received at an appropriate level. However, there remained variation in the level of preparation for these sessions, and some meetings could have benefitted from earlier sharing of papers or clearer guidance on the specific input being sought from members.

Strengths and Achievements:

1. Establishment of a Foundational Framework

The development of the draft Terms of Reference and agenda structure represented an important achievement. These tools now provide a foundation for sustainable operation of the PCFRG beyond the initial support period, subject to continuous commitment by the Trust.

2. Emergence of a Cohesive Group Identity

Over time, members began to demonstrate a stronger sense of shared ownership and collective purpose. There was visible progress in group dynamics, with increased confidence in raising issues, questioning the Trust's representatives and shaping discussions.

3. Improved Engagement and Responsiveness from The Trust

The Trust's commitment to engaging with the group, including involvement from senior leadership, was a positive factor. Where feedback was acted upon, members reported greater confidence that their input was being valued and taken seriously.

4. Neutral Facilitation and Independence

The introduction of HWNN as an independent chair during later meetings helped to stabilise discussions, improve meeting flow, and reduce concerns about impartiality. This role reinforced the perception of fairness and encouraged open dialogue among members and staff. In the later meetings, the Trust emphasised the importance of the group taking ownership of the chairing role once HWNN's involvement ends. This encouragement from the Trust, supported by HWNN, led the group to agree on appointing a chair from within their own membership, supporting leadership development and fostering a sense of collective responsibility.

Areas for Improvement:

Despite progress, several recurring challenges were noted:

1. Communication and Coordination

Consistent communication between meetings remained an issue. The absence of a shared online platform (e.g. a Teams channel) made it difficult for members to sustain discussions, share documents, or prepare collectively. This gap impacted continuity and slowed down progress on some actions. This also meant that there was no authorised platform for HWNN and group members to collectively communicate outside the formal meetings.

2. Timely Provision of Information

Several meetings were constrained by the late arrival or absence of supporting documents, such as programmes of work from the IIP. This hindered agenda planning and prevented the group from providing targeted feedback aligned with Trust priorities.

3. Administrative Capacity

The group's success relied heavily on administrative support, and at times this was stretched. Improved coordination of meeting logistics, distribution lists, and document circulation would strengthen engagement and reduce confusion. There was also an issue on the Trust group email which resulted in some members not receiving correspondences when sent. The Trust had introduced some measures to mitigate against this such as a 'received' button for members to press to acknowledge receipt.

4. Clarity of Roles and Expectations

Some ambiguity remained regarding the respective responsibilities of Trust staff and patient/carer representatives. For example, whether the group was advisory, consultative or decision-making in nature was not always clearly articulated. A question was raised at one point by the group if the Trust believed this to be a 'co-production' space/group? Trust staff clarified that this was not a co-production group but rather an advisory or scrutiny group with oversight to check and challenge the Trust. Explicit role definitions and a communication plan would help manage expectations and sustain engagement.

5. Embedding the Group within the Trust's Governance Framework

While the PCFRG was acknowledged as part of the wider Patient Safety and Quality Improvement programme, the mechanisms for feeding back into the Trust's governance processes are still evolving. A clearer pathway is needed to ensure the group's insights inform decision-making at the appropriate levels, with a demonstrable feedback loop.

Conclusion

Across the support period, HWNN observed a steady development in both the structure and function of the PCFRG. From its inception, the group brought together individuals, some with deeply personal experiences of services provided by the Trust – often marked by frustration, a loss of trust, and feeling let down by the Trust in the past, alongside a strong desire for change. While this presented initial challenges, the group’s lived experiences brought authenticity and helped create the conditions for the Trust to hear difficult but necessary truths. Through consistent facilitation, clearer structure and improved communication, the PCFRG matured into a forum capable of engaging constructively with the Trust on issues that matter to patients and carers. Group members are committed to working with the Trust but need to see that their input results in improving care. While admittedly showing evidence of improved services as a result of feedback is not a quick process, group members want to see and expect that their feedback has been heard and responded to and there is evidence of implementation.

Broadly, four key themes emerged over the course of HWNN’s involvement, each shaping the group’s trajectory and defining the work still to be done:

- 1. Rebuilding Trust through Shared Experience**

Many members joined the group carrying difficult or negative experiences of mental health services – both as patients and carers. Early meetings revealed a need for space to acknowledge and process this history before moving forward with a collaborative approach to the work. The act of listening, validating those experiences, and allowing open discussion proved vital in building trust between members and the Trust. Over time, as members felt their voices were heard, discussions shifted from individual frustrations toward collective problem-solving.

- 2. Clarifying the Group’s Position within the Trust’s Governance**

Initially, there was confusion about how the PCFRG connected to the wider structure of the Trust and its regulatory context, particularly in relation to the CQC’s Section 48 recommendations. Members sought reassurance that their efforts would lead to tangible impact and not remain isolated from decision-making. Clarifying the group’s role as an advisory and assurance mechanism, (which was covered in the Groups Terms of Reference) and its relationship to the IIP, was essential to fostering confidence and engagement. This understanding improved over time, but ongoing reinforcement of that link will remain important to sustain motivation and legitimacy.

- 3. Monitoring the Group’s Function and Scope**

The group required time and support to understand its purpose and the extent of its influence. Early meetings were marked by uncertainty about whether the PCFRG’s role was consultative, operational or strategic. Through the development of a clear Terms of Reference and standard

agenda structure, the group gained a shared understanding of how it contributes to shaping, reviewing and providing feedback on the Trust's improvement work. Establishing a consistent meeting format helped focus discussions and allowed the group to balance reflection on lived experience with constructive input into the planned improvement programmes.

4. Demonstrating the Trust's Commitment to PC&F Partnership

Trust follow-through was a defining factor in building the legitimacy and standing of the PCFRG. The Trust demonstrated intent and openness to collaboration, and where feedback was implemented, this resulted in more focused and productive meetings. Members looked for practical signs that their voice was valued, such as timely responses, updates on actions taken and improved meeting coordination. Visible senior leadership participation and openness to independent facilitation from HWNN were strong indicators of this commitment. However, sustained investment in communication, preparation, and feedback mechanisms will be crucial to demonstrate continued accountability and embed confidence in the long term.

Overall, HWNN concludes that the PCFRG has progressed from a tentative and uncertain beginning to a more coherent and purposeful group, which is in alignment with Tuckman's Stages of Group Development⁸. The group now provides the Trust with a viable framework for involving patients, carers, and families in improvement work in a structured and transparent way. While building a framework through which patients, carers, and families can meaningfully share their views is an important step, it is not itself evidence that such views have resulted in improved care. This will take time and sustained commitment by the Trust as they begin to evidence the implementation of any proposed changes put forward by the group.

The group's next phase should focus on consolidation, by strengthening the practical and cultural foundations already in place so that members feel empowered, informed and connected to the Trust's decision-making processes. With continued commitment from senior leaders and administrative support, the PCFRG can become a lasting example of meaningful patient and carer partnership in mental health governance and improvement.

That being the case, note must be taken that power lies with the Trust, not with the group, and sharing that power will require not just commitment and investment in the long term, but a recognition of the value of true partnership with patients and their significant others. In other words, the Group is only going to be as effective as the Trust enables it to be.

⁸ [Tuckman's Stages of Group Development](#), West Chester University [accessed November 2025]

Recommendations

To ensure the PCFRG continues to develop as a credible, effective, and sustainable forum for patient, carer and family input, HWNN recommends:

1. Building and Maintaining Trust

- Provide ongoing, structured opportunities for members to share experiences and reflect on past challenges in a safe environment, particularly as new members join.
- Recognise and validate lived experiences, including negative interactions with the Trust's services, to strengthen cohesion and learning.
- Ensure timely feedback to members on how their contributions have influenced decisions or improvement work, reinforcing the value of seeking group members' views.
- Ensure there is a strong and consistent message from the Trust that explains WHY members of the group should be involved to help with their motivation and foster a shared sense of 'making a difference'.

2. Strengthening Governance Clarity

- Clearly articulate the PCFRG's role within the Trust's governance framework, linking explicitly to the Section 48 recommendations and the Integrated Improvement Programme (IIP). The PCFRG Terms of Reference speaks to this in part but not fully in its last draft form.
- Maintain transparency around reporting lines, decision-making processes, and how the group's input is escalated or integrated into service planning and delivery. There needs to be a clear synergy between the work of PCFRG and other Groups such as the Integrated Improvement Portfolio Board and the Evidence and Assurance Group, all of which are part of the IIP.
- Provide a brief induction or reference materials for new members outlining the group's purpose, remit, and interfaces with other Trust programmes.

3. Monitor the Purpose, Scope and Function of the group

- Regularly review and refine the Terms of Reference and agenda structure to reflect evolving group needs, skillset and interest.
- Broaden membership to cover all Trust programmes and ensure representation is reflective of Trust service users and the local community.

- Strengthen the layered engagement: a core group focuses on detailed review whilst wider consultations gather input from a broader patient and carer network.
- Provide development opportunities to support the group's advisory roles, including chairing meetings, agenda-setting, presenting feedback, selecting objectives, and scrutinising and interpreting performance data.

4. Demonstrating Trust Commitment to co-design with patients, carers and families, actively seeking to be held to account

- Ensure consistent administrative support, timely circulation of meeting packs, and clear communication channels. If and when current Trust Headquarters (Duncan McMillan House) change, ensure accessible hybrid facilities are maintained.
- Maintain senior leadership presence or delegated representatives to demonstrate commitment and report back on commitments.
- Provide transparent and timely updates on progress against agreed actions, with clear follow-up after meetings.
- Establish clear mechanisms to demonstrate the impact of PCFRG input, including progress updates and visible links to improvement plans.
- Enable active participation in other groups supporting the IIP and facilitate group members to visit and speak to patients in different relevant workstreams, such as offender health or community services, for instance.
- Regularly evaluate group effectiveness, allowing confidential feedback on governance, support, and responsiveness.

Appendix: Feedback for HWNN from PCFRG

At the conclusion of HWNN's involvement in the PCFRG, feedback was gathered from both group members and Trust staff during the final meeting attended by HWNN on 5th September 2025. The purpose was to understand which aspects of HWNN's support were most valued and to identify areas for future improvement. The feedback provides useful insight into the perceived impact of HWNN's contribution and offers suggestions for sustaining the group's progress. In total, five responses were received – three from group members and two from Trust staff.

1. Feedback from Group Members

What was appreciated

Group members valued Healthwatch's independent role and the effort to ensure that all voices were heard within the group. They recognised HWNN's contribution to keeping discussions balanced and inclusive.

- *"Healthwatch have tried to give everyone in the room a say..."*
- *"We need the independence of Healthwatch contributing and bringing a broader perspective."*
- *"Glad you've been part of this group. Good to have chair not part of the Trust."*

What could go better

Group members suggested improving the agenda planning giving them more time to explore specific topics in depth, and have a clear understanding of their role. They want more members in the group and continuing Healthwatch's involvement as the group develops.

- *"More information about what we are needed to give to enable change."*
- *"More time given to deep dive / area of interest."*

2. Feedback from Trust Staff

What was appreciated

Staff valued HWNN's partnership approach and its impact on establishing the PCFRG. They acknowledged the support in creating an inclusive and constructive forum.

- *“Really helped get these meetings established, giving helpful reflections, moving things and most importantly providing independence and mediation when needed.”*
- *“Healthwatch have been an excellent partner, providing leadership and expertise on how to set up a genuine, meaningful service-user led forum.”*

What could go better

The need to strengthen diversity and representation within the group was identified.

- *“Bring some different demographic voices to the group. Connect the trust to key local groups representing different sections of the community.”*



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