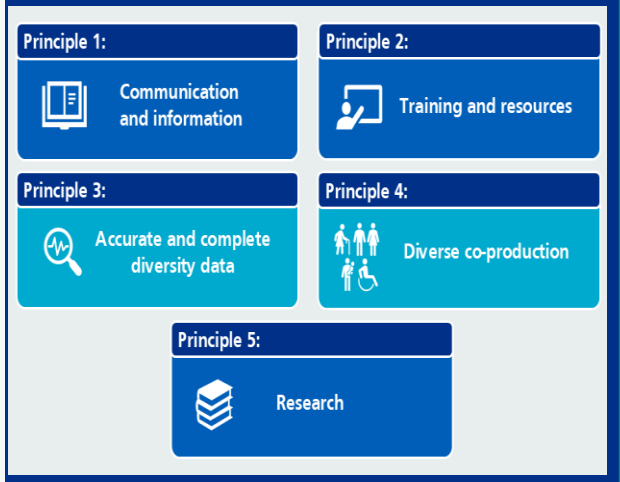
Patient safety healthcare inequalities reduction framework

Hester Wain (she/her), #CallMe "Hes" or "Hester"

Head of Patient Safety Policy, NHSE hester.wain@nhs.net

NHS England



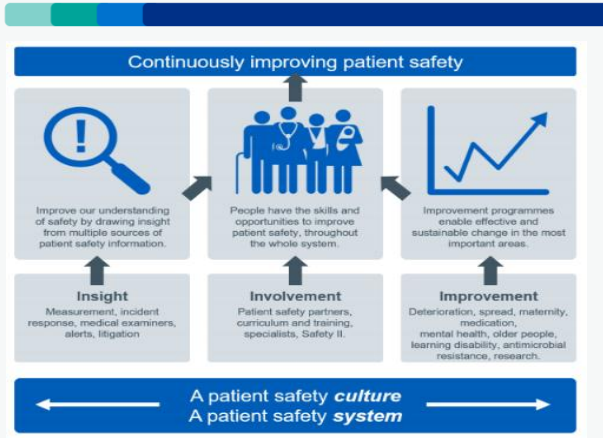
Empower, engage, inspire
Ally
NHS England LGBTQIA+ staff network

MENOPAUSE NETWORK

Mental Health First Aider®
MHFA England

Global Majority Ally

Our patient safety commitment



"We are committed to identifying whether and how current patient safety culture and mechanisms contribute to health inequalities, including by engaging with patient, staff and other stakeholder groups."

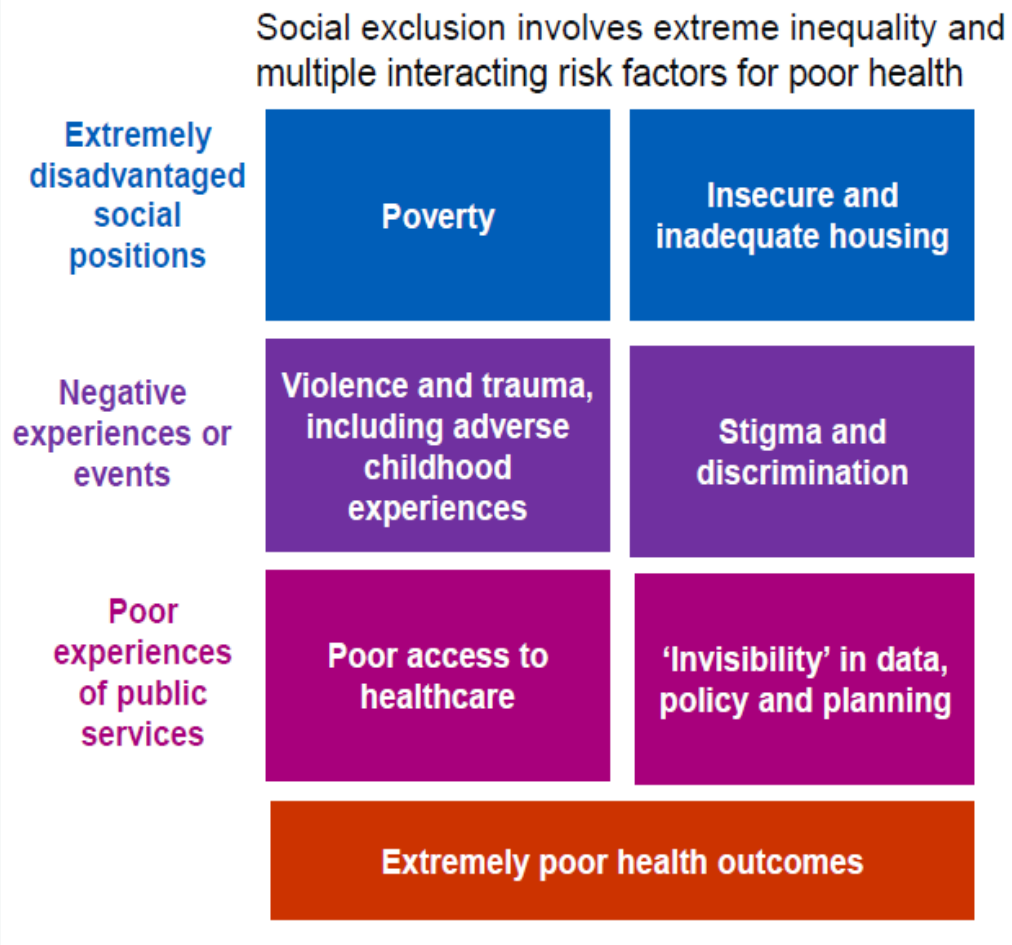
Marginalised groups

Protected characteristics

1. Age
2. Disability
3. Gender Reassignment
4. Marriage & Civil Partnership
5. Pregnancy and Maternity
6. Race and ethnicity
7. Religion and belief
8. Sex
9. Sexual orientation

Inclusion health groups

People experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery, looked-after children and young people; carers of patients; people or families on a low income; people with poor literacy (language skills) or health literacy; people living in remote locations, rural, coastal and island locations; refugees, asylum seekers; *Armed Forces personnel, veterans and their families, and other socially excluded groups.



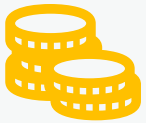
*Armed Forces Bill (2021)

Why healthcare inequalities matter

Health outcomes - inequalities lead to worse outcomes for marginalised groups

Fairness and justice - everyone should have an equitable opportunity to be healthy

Trust in the system - inequity erodes trust in healthcare staff, providers and institutions



Economic impact - health disparities are costly, which leads to pressure on care systems

Public health - when parts of the population are left behind, it affects the whole of society

Black women were **3.7x** more likely to die than white women (**34 women** per 100,000 giving birth)

Asian women were **1.8x** more likely to die than white women (**16 women** per 100,000 giving birth)

Trans and non-binary

30% of trans and non-binary respondents did not access any NHS or private support during their pregnancy or pregnancies.

54% of trans and non-binary respondents who freebirthed* would have found it helpful to have a midwife to support them during labour and giving birth

80% of trans and non-binary respondents who freebirthed were not confident to access maternity services if they needed to.

This was particularly stark for Black children who were 10 times more likely to be referred to CAMHS via social services (rather than through the GP) relative to White British children.

Nearly 1 in 5 (19%) of people told us they require a communication support professional, such as a BSL interpreter, lipspeaker or notetaker to be to be present during an appointment. 67% of sign language users and 62% of people needing another type of communication support professional have been denied this at some point.

- Still Ignored the fight for Accessible Healthcare (2025)
- MBRRACE-UK - Saving Lives, Improving Mothers' Care (2022)
- Trans and Non-Binary Experiences of Maternity Service, LGBT Foundation (2022)
- Ethnic Inequalities in Healthcare: A Rapid Evidence Review - NHS Race and Health Observatory (2022)

Patient safety healthcare inequalities

Health inequalities are preventable, unfair and unjust differences in healthcare status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill-health occurs.

Healthcare inequalities include unequal access, experiences and outcomes within health and care systems. When these inequalities cause or increase the risk of harm to patients in healthcare, they are considered patient safety healthcare inequalities.

5 principles to reduce patient safety healthcare inequalities

Principle 1:

Communication and information

Principle 2:

Training and resources

Principle 3:

Accurate and complete diversity data

Principle 4:

Diverse co-production

Principle 5:

Research

NHS England » Patient safety healthcare inequalities reduction framework

The most important aspect of this framework is the experiences that informed it, stories of suffering and loss that were bravely shared so we could learn and improve patient safety. These personal stories are available online.

With special thanks to:

- **Oliver McGowan's family**
- **Ayeesha**
- **Seni Lewis' family**
- **James**
- **Deaf parent**
- **Sean**
- **Fizzah Ali**
- **Jaspreet Kaur**
- **Angela Thomas**
- **Kye Gbangbola**

Benefits

To patients and families:

1. Fewer people harmed, especially those from marginalised communities
2. Fewer complaints, as culturally sensitive communication improves
3. People feel more able to raise concerns with staff
4. People feel safer and listened to within healthcare, with less discrimination, so are more likely to seek help earlier
5. People are involved in the co-production and delivery of improvements, so that these are tailored to needs of the people who require them

To staff:

1. Increased confidence and understanding of patient safety healthcare inequalities reduction via access to free, online training
2. Increased confidence and understanding of how to access translation and interpretation services 24/7
3. Accurate collection of diversity data, leading to better understanding of where and how to target resources
4. Increased staff diversity leading to more improvement and innovation

The impact of co-design

- Khudeja and Priscilla, our patient safety partners (PSPs) , have been part of the Patient safety healthcare inequalities reduction group from the start
- They have directly contributed to patient stories and case studies that enable the inclusion of patient safety stories of people from diverse ethnicities
- They have ensured that we accurately reflect the breadth of diversity of communities that access and support our NHS within this framework
- Priscilla has presented on the promotion of inequalities reduction and inclusion of patient safety partners to the initial development work on “Worry and Concern” that has morphed into Martha’s Rule
- Khudeja has presented the Patient safety healthcare inequalities reduction plan at NHS Confed 2024
- Khudeja and Priscilla have both been involved in discussions on Interpretation and Translation Services with the Healthcare Inequalities Improvement Programme
- Khudeja and Priscilla have produced a podcast on PSP involvement in inequalities reduction https://on.soundcloud.com/1CDUa62DbWpY4t79A with over 1,700 hits!
- Khudeja has further supported and added amendments to the final shaping of the framework, ensuring the use of plain English

What you can do to reduce inequalities

Inclusion

- ✓ Provide resources in multiple languages and formats
- ✓ Promote translation and interpretation services

Insight

- ✓ Collect data to understand patient diversity
- ✓ Record patient diversity data for incidents in LFPSE
- ✓ Review local population to identify marginalised groups
- ✓ Review NHS staff survey data in relation to WDES and WRES - Model Health System

Involvement

- ✓ Identify 2 or more patient safety partners (PSPs)
- ✓ Talk to community groups, patient safety partners, marginalised groups, equality, diversity and inclusion lead(s), and staff diversity networks
- ✓ Tell stories from service user, patients and families from local communities
- ✓ Enable diverse staff teams, as this has a positive impact on patient care, and enhances our ability to improve and innovate, and results in better productivity and staff engagement (Kline 2018)

Improvement

- ✓ Target the inequalities gaps in your service
- ✓ Train staff in unconscious bias, patient safety syllabus and healthcare inequalities
- ✓ Promote the benefits of accurate collection and use of diversity data

Handbook – Top tips for Reducing Patient safety healthcare inequalities

Paramedics…. drafting please help us to complete

Top tip	Principles 1 Language 2 Training 3 Data 4 People 5 Research	Inter-dependencies
Establish feedback systems for patients, communities and staff to identify issues and provide ongoing input into the improvement and co-design of translation and interpreting services.	1 Language 4 People	Review complaints, incidents, PSIRF plans, LfDs and patient survey data Discuss with PSPs
Use the electronic patient record patient demographics in relation to protected characteristics to update any relevant LRMS	3 Data 4 People	Audit completion of the demographics section of LRMS
Enhance diversity and involvement, by working with community groups and enabling co-design of improvements with PSPs	3 Data 4 People	Understand local population diversity Recruit from local communities
Enable skills development for patient safety healthcare inequalities reduction	2 Training 4 People	Signpost staff and PSPs to free online Patient safety training and Health Inequalities training

NHS England

HQIP
Healthcare Quality Improvement Partnership

Thank you

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

NHS
The Royal Wolverhampton NHS Trust

NHS
North Bristol NHS Trust

Mid and South Essex Integrated Care System

NHS
Resolution

NCEPOD

NICE National Institute for Health and Care Excellence

Care Quality Commission

Health Innovation Network

LOCAL CARE DIRECT

NHS
Hampshire and Isle of Wight

NHS England — NHS England – North West

North West London Integrated Care System
Working together for better health and care

NHS
University Hospitals Bristol and Weston NHS Foundation Trust

NHS England — NHS England – London