

The Safe Hospital Programme: Healthcare Champions for People Seeking Sanctuary

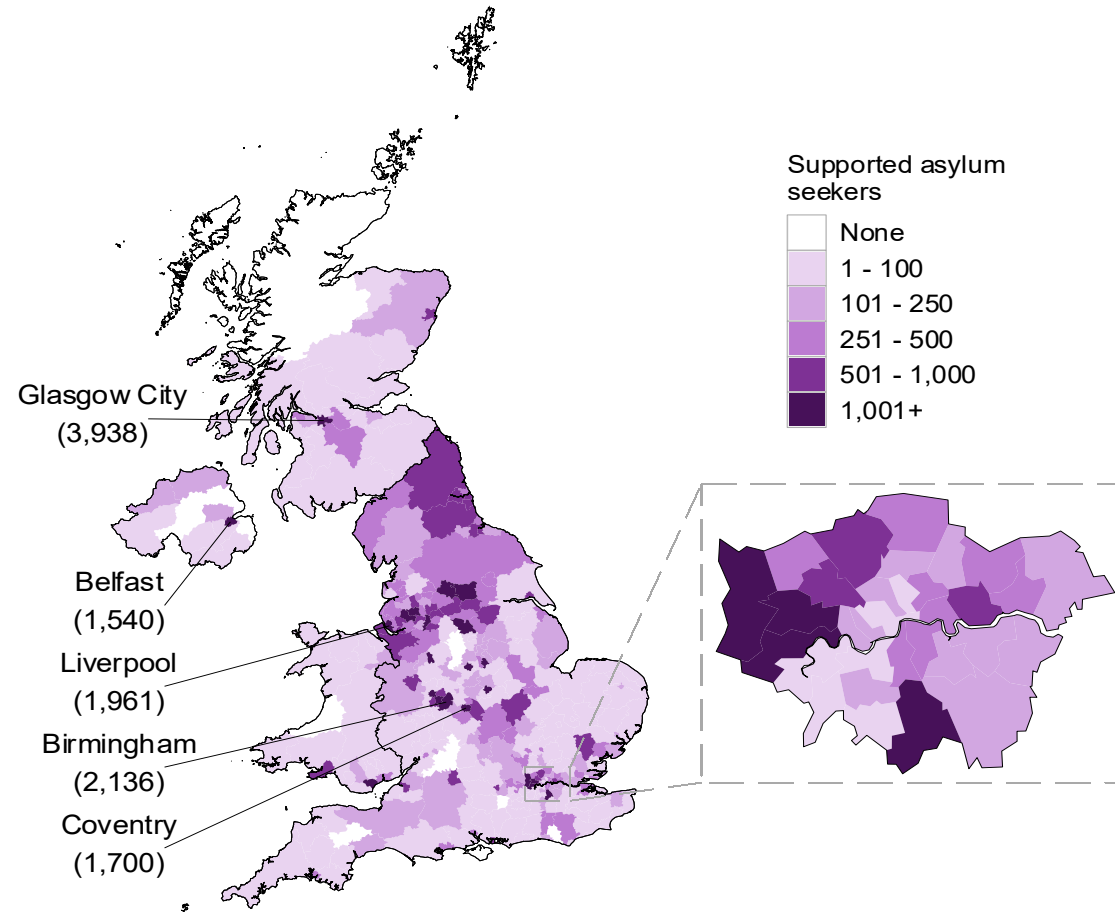
Picker Experience Network
Awards 2026



(Champions for Hospital Access, Nursing, Care and Equity)

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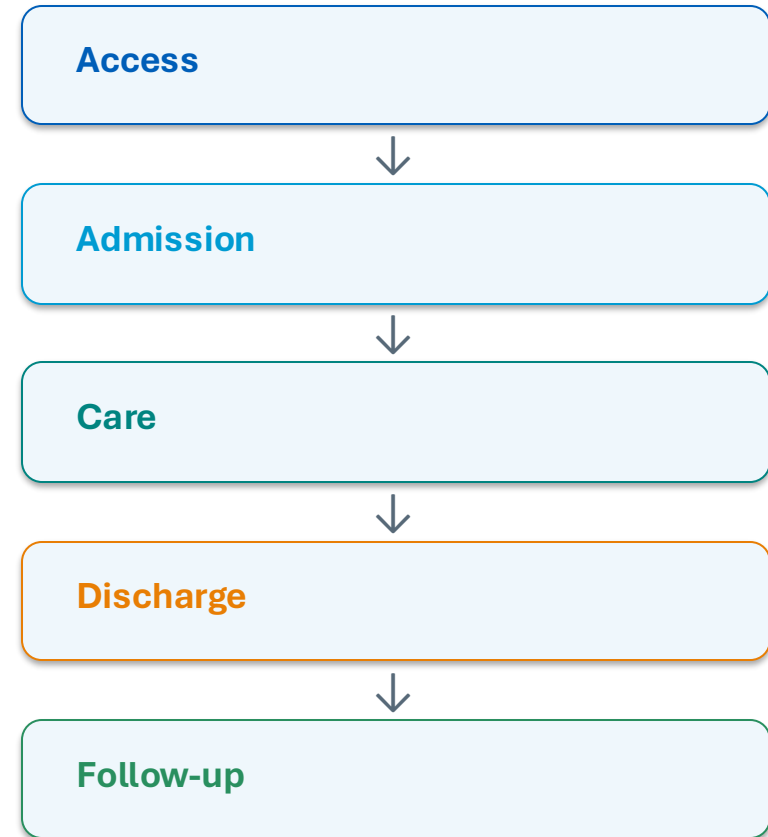
The scale of the challenge: people seeking sanctuary are part of every NHS system



[Policy paper](#)
[National partnership agreement on meeting the health and wellbeing needs for people seeking asylum in England 2025-2028 \(accessible\)](#)
[Published 30 July 2026](#)

The problem was not one barrier it was a system of barriers

- ❖ Language difficulties and limited understanding of healthcare entitlements
- ❖ Fear linked to immigration processes, housing insecurity and destitution
- ❖ Unsafe or fragmented admission, discharge and continuity of care
- ❖ Risk of delayed access, poorer experience and avoidable readmission



“See the person. Not the barriers.”

Champion voice / exhibition materials



**Safe Hospitals
Programme**



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Policy and professional context: equity is not optional

The Safe Hospital Programme translates legal, NHS and professional duties into everyday practice



INTERNATIONAL

[1951 Refugee Convention + 1967 Protocol](#)

Protection, non-discrimination and internationally recognised standards for refugees.

UK / NHS

(1) [Equality Act 2010](#) (2) [NHS Constitution](#) (3) [Health & Care Act 2022](#)

Equality of opportunity; access based on clinical need; duties to reduce inequalities in access and outcomes.

NHS ENGLAND

(1) [Core20PLUS5](#) (2) [Patient Safety Healthcare Inequalities Reduction Framework](#) (3) [Working definition of trauma informed practice](#)

Vulnerable migrants are an inclusion-health population; reducing inequalities spans access, experience, outcomes and safety.

PROFESSIONAL CODES

(1) [NMC](#) (2) [GMC](#) (3) [HCPC](#) (4) [GPhC](#)

Prioritise people; treat patients fairly; challenge discrimination; communicate accessibly; deliver person-centred care.

Safe Hospital Champions make these duties actionable: recognise barriers → advocate → communicate → coordinate → discharge safely.

New thinking: build capability around the patient not another standalone training course

A champion model designed to change practice, pathways and culture

1 Equip

Two-day specialist training: rights

- ❖ Asylum systems
- ❖ Access to primary care
- ❖ Access to secondary care
- ❖ Supporting destitute patients
- ❖ Healthcare professionals as advocates

2 Activate

- ❖ Champions apply learning in real cases,
- ❖ advocate, challenge misconceptions
- ❖ and connect services

3 Embed

- ❖ Co-develop a Trust-wide protocol,
- ❖ cascade learning and build
- ❖ a community of practice

“Different organisations. A shared humanity. A fairer, kinder healthcare experience for all.”

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Leadership: one shared purpose, three complementary strengths

LJMU

Education-research-
evaluation

Doctors

Migrant health - rights -
advocacy

UHLG

Clinical leadership - reach -
implementation

Identify barriers

Evidence + frontline
insight

Recruit champions

23 nurses / 14
allies

Train + evaluate

Surveys, reflection,
focus groups

Co-design protocol

Lived-experience
feedback

Dissemination

- ❖ Launch
- ❖ RCN Congress
- ❖ next phase



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Involvement & inclusion: lived experience shaped the solution

Inclusion was built through champions, community expertise and feedback from people seeking sanctuary

23

Nurses recruited

14

specialties
represented

18

completed training

Ongoing

community + lived-
experience input

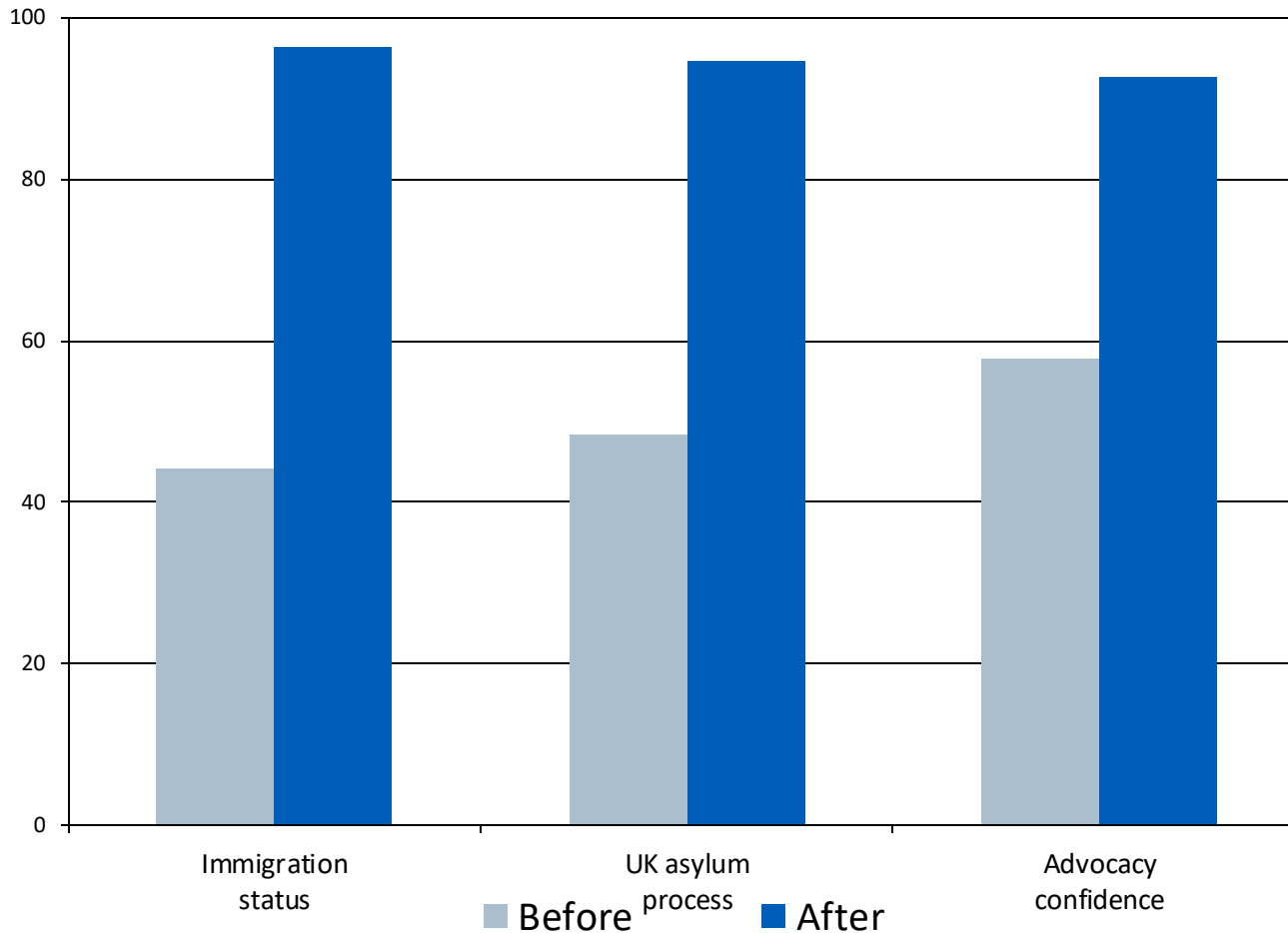
- ❖ Many champions brought lived experience of migration alongside clinical expertise.
- ❖ Staff shaped the programme through applications, surveys, reflective workbooks, focus groups and interviews.
- ❖ Community and advocacy organisations contributed evidence and case studies.
- ❖ At the 10 Oct 2025 launch, people seeking sanctuary reviewed the draft protocol and helped strengthen its cultural responsiveness and practicality.



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Outcomes: measurable gains then evidence of changed practice



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+52.2 pts

Knowledge of immigration status and [NHS entitlements](#)

+46.2 pts

Understanding of UK asylum process

+35.0 pts

Advocacy confidence

Follow-up: stronger advocacy

- ❖ Better MDT collaboration
- ❖ Safer discharge
- ❖ More use of community referral pathways

Patient experience: translating knowledge into moments that matter



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“Safe – Heard – Respected - Included - Cared for - Human.”

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Sustainability & transferability: designed to outlive the project

Train-the-Trainer

internal capability

UHLG-wide protocol

consistent practice

Resource Hub

practical + online tools

Education

pre-registration learning

Community of practice

refresher + peer support

NHS sharing good practice

interest from other trusts



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“The core principles also apply to homelessness, trafficking, low health literacy and socio-economic disadvantage.”

Transferable learning identified by the project

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Why this is Equity in Experience



New Thinking

Champion model links learning to pathways and organisational change



Leadership

Three-sector partnership with clear shared purpose and distributed ownership



Outcomes

Large measured gains plus reported changes in clinical practice



Inclusion

Migration lived experience, community expertise and sanctuary-seeker feedback



Sustainability & Spread

Train-the-Trainer, protocol, education, [Resource Hub](#)



Equity becomes real when every patient can be safe, heard, respected, included and cared for.

The Safe Hospital Programme: Healthcare Champions for People Seeking Sanctuary - Equity in Experience

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For further information about the CHANCE Programme (Champions for Hospital Access, Nursing, Care and Equity), or if you would like to learn more about our work, please contact us at chance@ljmu.ac.uk

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[Core20PLUS5 infographic](#)

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