NHS RACE & HEALTH OBSERVATORY

Institute *for* Healthcare Improvement

The Anti-Racism Model for Improvement (MFI-AR) Framework

November 2025

Why equity-focused quality improvement needs an anti-racism lens

Quality improvement aims to make care safer, more effective, and more responsive to patients' needs. Yet it is often treated as a neutral method, even though it operates within systems shaped by exclusion and unequal power. This is evident in the persistent inequities experienced by Black, Asian and minoritised ethnic communities in how care is accessed, delivered, and assessed. These disparities reflect how racism is embedded in healthcare systems. When equity efforts fail to explicitly address racism, they risk reinforcing the very structures that produce unequal outcomes. To be effective, equity-focused improvement must interrogate how racism influences data, decision-making, and service design. Without this lens, improvement efforts may misdirect resources and conceal the drivers of inequity, leaving the communities most affected without meaningful change.

Introducing the Anti-Racism Model for Improvement (MFI-AR)

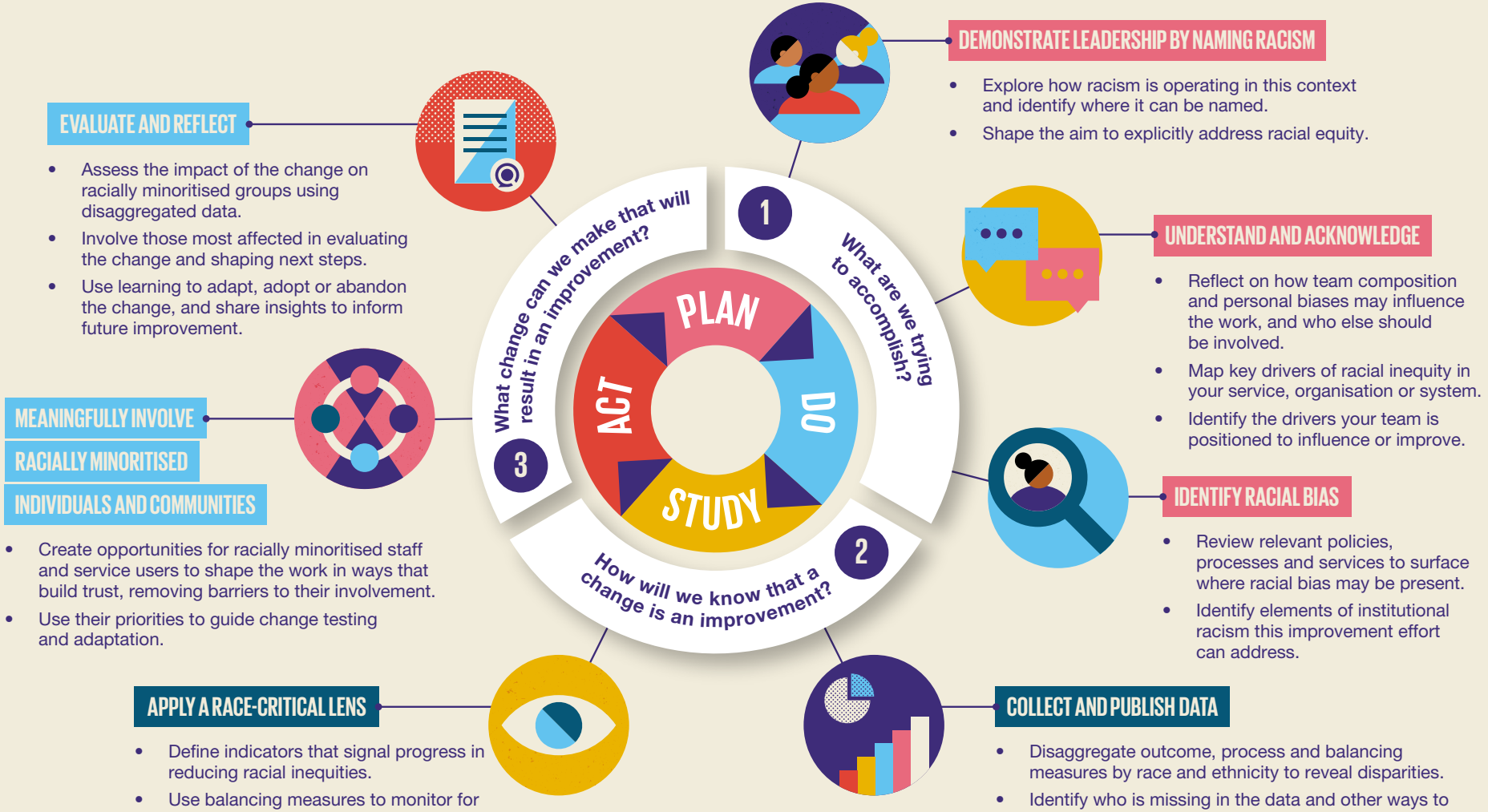
The Model for Improvement (MFI) by Associates in Process Improvement is a widely used framework in health and social care, helping teams set goals, measure progress, and test changes through Plan-Do-Study-Act (PDSA) cycles. Its clarity and adaptability support continuous learning in complex systems.

While the Model for Improvement provides a clear framework for driving change, it has limitations in addressing ethnic inequities. Its technical focus can overlook the structural and historical drivers of unequal outcomes, including racism and power imbalances. Aggregated data may mask subgroup disparities, and without explicit prompts to prioritise equity, improvement efforts can unintentionally reinforce existing gaps.

To address this, the NHS Race and Health Observatory (RHO) and Institute for Healthcare Improvement applied RHO's **seven anti-racism principles** to maternal and neonatal quality improvement through the **RHO Learning and Action Network**, working with eight integrated care systems across England. This work informed the Anti-Racism Model for Improvement (MFI-AR), which embeds equity into each stage of the process. MFI-AR supports teams to centre racial equity and examine structural harm in quality improvement activities, working in partnership with those most affected. This guidance outlines how to apply it in practice using targeted and reflective prompts and improvement tools.

The Anti-Racism Model for Improvement (MFI-AR) Framework

MFI-AR supports organisations and teams to centre racial equity, examine structural harm, and co-create quality improvement activities with those most affected.



1 WHAT ARE WE TRYING TO ACCOMPLISH?

Improvement aims that are specific and measurable help align stakeholders, establish boundaries, and create accountability. To embed equity meaningfully into the Model for Improvement, aim statements must clearly identify "for whom" the work is intended – naming the racial or ethnic groups most disadvantaged and committing to reducing unjust gaps. This involves acknowledging how racism has shaped access, resources, and trust, and designing interventions that address those legacies. Equity-focused improvement begins with naming racism, examining bias in care pathways and decision-making, and involving those with lived experience. Without this lens, improvement efforts risk reinforcing inequities and misdirecting resources away from the communities most affected.

Guiding improvement prompts:

Demonstrate leadership by naming racism

- Explore how racism is operating in this context and identify where it can be named.
- Shape the aim to explicitly address racial equity.

Understand and acknowledge racism

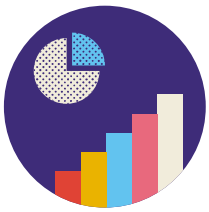
- Reflect on how team composition and personal biases may influence the work. Consider who else should be involved.
- Map the drivers of racial inequity in your service, organisation or system.
- Identify which drivers your team is positioned to influence through improvement.

Identify racial bias

- Review relevant policies, processes and services to surface where racial bias may be present.
- Pinpoint elements of institutional racism this improvement effort can address.

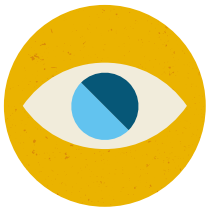
2 HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

Measurement is a critical component of the Model for Improvement, helping teams assess whether change is occurring and for whom. Equity-focused improvement requires disaggregating data by race and ethnicity to expose disparities that aggregated results may conceal, and to identify the structural drivers behind them. Applying a race-critical lens ensures indicators are meaningful, progress is visible to affected communities, and unintended harms are monitored. Without this approach, improvement efforts risk reinforcing inequities even when overall aims are met.



Collect and publish data

- Disaggregate outcome, process and balancing measures by race and ethnicity to reveal disparities.
- Identify who is missing from the data and explore alternative ways to understand their experiences.
- Combine quantitative and qualitative insights to reflect the realities of racially minoritised staff and service users.



Apply a race-critical lens

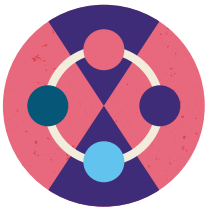
- Define indicators that signal progress in reducing racial inequities.
- Use balancing measures to monitor for unintended consequences that may deepen disparities.

3 WHAT CHANGE CAN WE MAKE THAT WILL RESULT IN AN IMPROVEMENT?

The third question in the Model for Improvement focuses on identifying and testing change ideas. While evidence and best practice are important, equity-focused improvement requires co-creating solutions with those most affected by inequities. Creating space for racially minoritised staff and service users to shape the work helps build trust, shift power, and ground change in community priorities.

To move from understanding context to initiating change, teams must identify specific drivers of inequity they are positioned to influence. This means narrowing the focus to what is most impactful and within their locus of control and starting with small-scale tests that allow for deep learning before scaling up. Testing should be guided by the priorities of those most affected, and reflect not only on whether a change worked, but whether it reduced inequities.

Evaluating impact using disaggregated data, involving communities in shaping next steps, and removing barriers to participation all help strengthen accountability. This ensures improvement efforts remain responsive, adaptive, and capable of transforming systems—not just refining them.



Meaningfully involve racially minoritised individuals and communities

- Create opportunities for racially minoritised staff and service users to shape the work in ways that build trust.
- Use their priorities to guide change testing and adaptation.
- Strengthen accountability by removing barriers to their involvement in planning, implementation and evaluation.

Evaluate and reflect

- Assess the impact of the change on racially minoritised groups using disaggregated data.
- Involve those most affected in evaluating the change and shaping next steps.
- Use learning to adapt, adopt or abandon the change, and share insights to inform future improvement.

Applying the MFI-AR: case studies from the RHO Maternal and Neonatal Learning Action Network

Reducing racial disparities in postpartum haemorrhage

Lancashire Teaching Hospital aimed to reduce post-partum haemorrhage (PPH) among Black and ethnic minority women and birthing people, where rates were more than double those of white counterparts. A three-stage data review, including service user interviews and staff focus groups, informed targeted interventions: early antenatal education, multilingual videos, interpreter access, AI translation tools, and culturally tailored dietary advice. Staff training used diverse skin tone manikins, and blood loss measurement shifted to weighing protocols.

The initiative led to a sustained 3% reduction in PPH, from 12% to 9% for Black and ethnic minority women and birthing people, compared to 5% for white individuals. It also increased awareness of anti-racism in clinical care, and system-wide changes including an ethnicity-focused data dashboard. It highlights the impact of embedding equity into clinical practice and service design.

Enhancing perinatal mental health access for Black women

East London Foundation Trust (ELFT) aimed to address ethnic disparities in perinatal mental health access, particularly for Black African and Black Caribbean women. These groups are underrepresented in community services and overrepresented in inpatient care. ELFT aimed to increase access to perinatal services by 10% by March 2025 using anti-racist, culturally responsive strategies.

Efforts focused on Newham, guided by local data and deprivation metrics. Collaboration with family hubs enabled a holistic, community-based approach. Workshops with GPs and VCSE partners supported cross-sector learning, while lived experience shaped the work through service user placements and tailored support. Governance was strengthened via service user involvement in the Perinatal Mental Health Equity Board. The improvement activities laid foundations for sustainable, equity-focused care, highlighting the importance of lived experience, strong networks, and leadership in driving lasting change.

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