

## **Embedding Compassion and Fairness in NHS Investigations**

### **A Quality Improvement Approach**

**Webinar- Deans Grand Rounds by Royal College of Psychiatry**  
**Thursday 20<sup>th</sup> November 2025**

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East Lancashire Hospitals NHS Trust





## L.O.T.U.S Compassionate Leadership Framework and Toolkit

### Royal College of Psychiatry Webinar

#### Thursday 20<sup>th</sup> November 2025

Dr Uma Krishnamoorthy, Deputy Medical Director, SIPS, NHSE NW

NHSE NW Leadership Team

Julie Ann Bowden, Head of Professional Standards , NHSE NW  
Dr Gareth Wallis, Tier 1 RO, Medical Director, NHSE NW  
Dr Michael Gregory, HLRO, Medical Director, NHSE NW



## Nurturing and Growing a More Compassionate and Inclusive Culture Through Embracing Intentional and Visible Anti-Racism Approaches

An East Lancashire Journey- Talk as part of Royal College of Psychiatry Webinar Date: 20.11.2025



**Aarushi: an ELHT QI project in collaboration with Care Quality Academy**  
Growing Compassion and Inclusion through Quality Improvement Methodologies

**Dr Uma Krishnamoorthy MBA. MRCOG. MBBS**

Associate Medical Director and Consultant Gynaecologist, East Lancashire Hospitals NHS Trust  
Deputy Medical Director, System Improvement and Professional Standards , NHS England, NW Region

**Executive Sponsor: Mr Martin Hodgson, Chief Executive Officer**

Team Aarushi: Dr Uma Krishnamoorthy, Emma Dawkins, Arif Patel (Triumvirate leads) Nazir Makda, Dominic Sebastian, Barry Williams, Harvey Chaplin, Chloe Beaumont, Jo Hargreaves, Nadia Youssouff, Shazia Aslam, Rachael Crowther, Rachel Thorpe.

Aarushi team at ELHT Driving Positive Culture Change



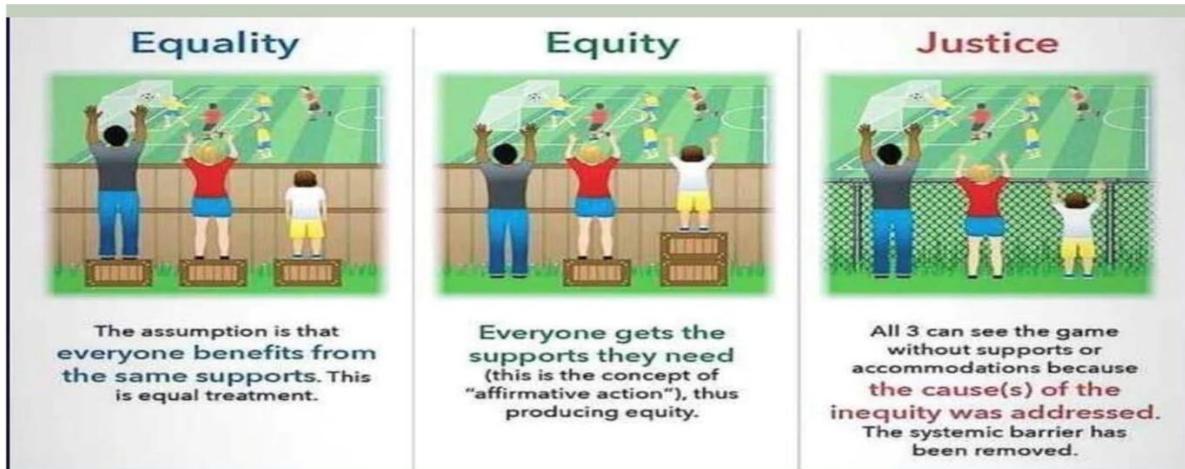
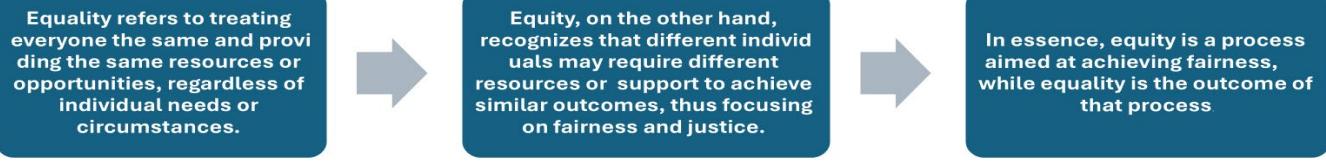
# What is Fairness?



# Compassion

Impartial and just treatment or behaviour without favouritism or discrimination

The quality of treating people equally or in a way that is right or reasonable.



“Compassion is a sensitivity to the distress of self and others with a commitment to do something about it”

Paul Gilbert and Alys King-Cole (2011)



# What is Fairness in Professional Standards? Intentional and Mindful compassion and Inclusion

through professionalism while ensuring proper governance and reducing inequities

Doing hard  
things in a  
Human way

Fair on the  
Person and Firm  
on the Process

What leaders pay attention to, talk about and model in their own behaviour tells those in the organization what it is they should value- *M West*



## Four elements of Compassion

- ***Attending:*** paying attention to people – ‘listening with fascination’
- ***Understanding:*** shared understanding of what they face
- ***Empathising:*** *Having a felt relation with people*
- ***Helping:*** taking intelligent (thoughtful and appropriate) action to help



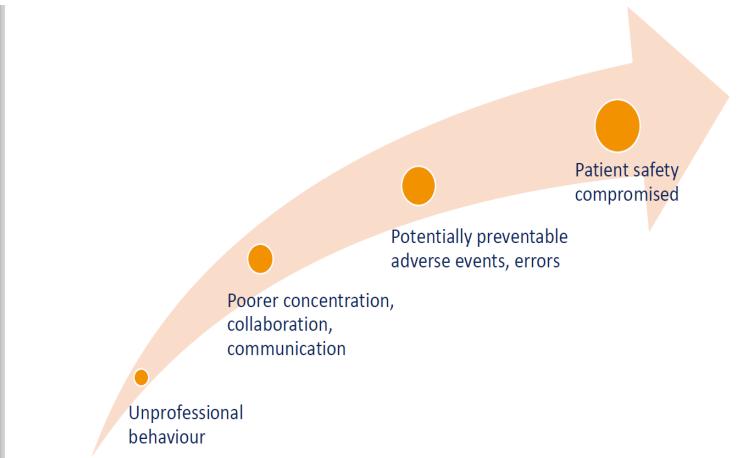
# GMC- Good Medical Practice 2024 Embodies Compassionate and Inclusive Approaches in Professional Standards, Wider Governance and Leadership



## Key themes

- **Creating respectful, fair and compassionate workplaces**
- **Promoting patient centred care**
- **Helping to tackle discrimination**
- **Championing fair and inclusive leadership**
- **Supporting continuity of care and safe delegation**

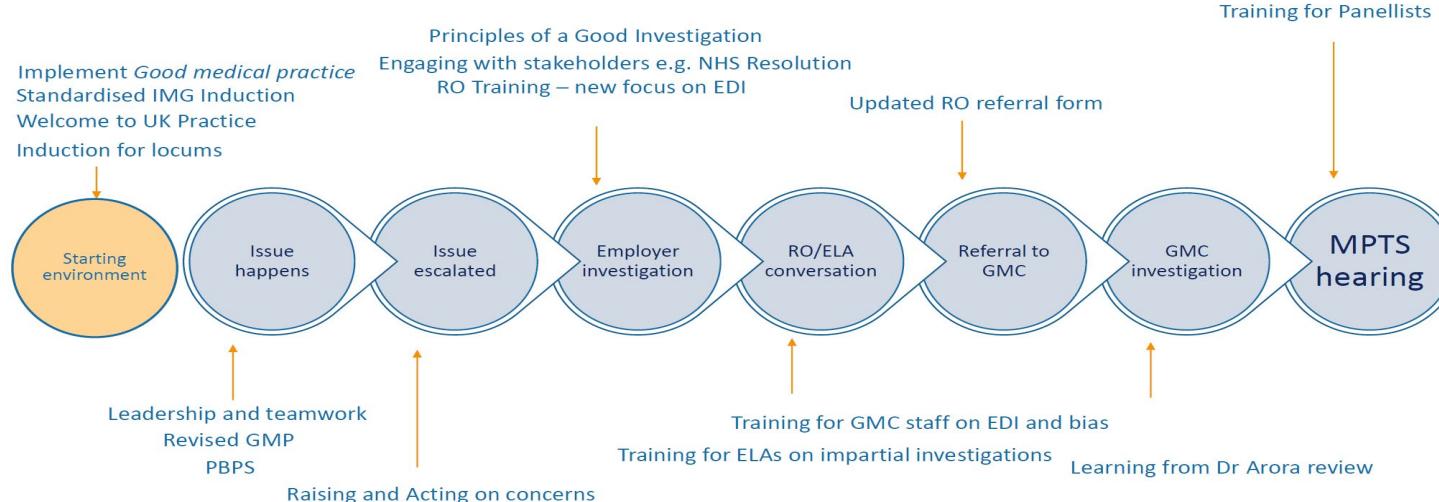
General Medical Council



Rosenstein and O'Daniel (2008)

General Medical Council

## A linear depiction of a non-linear process...



General Medical Council

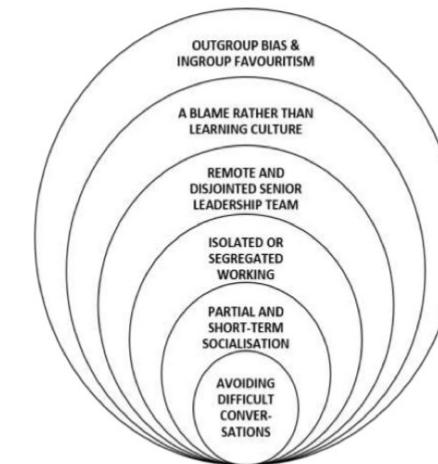


Figure 1: Risk factors

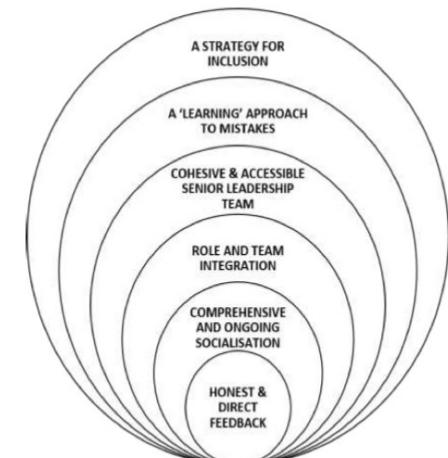
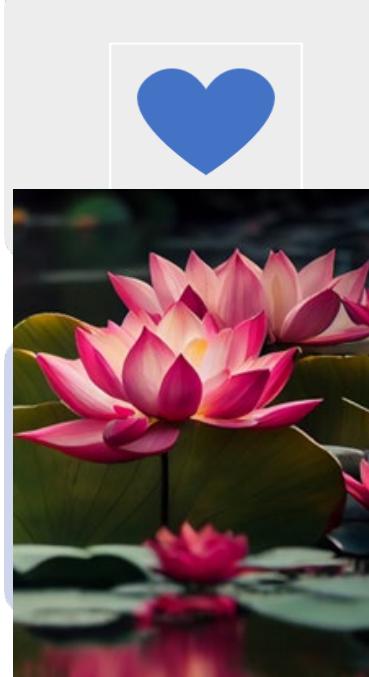
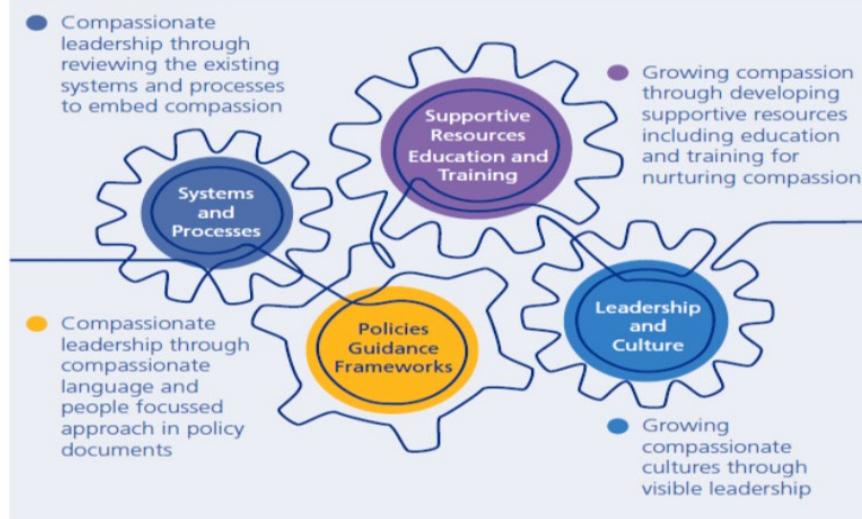


Figure 2: Protective/Neutralising factors

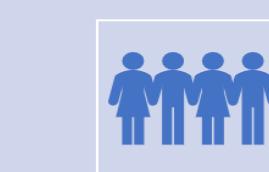
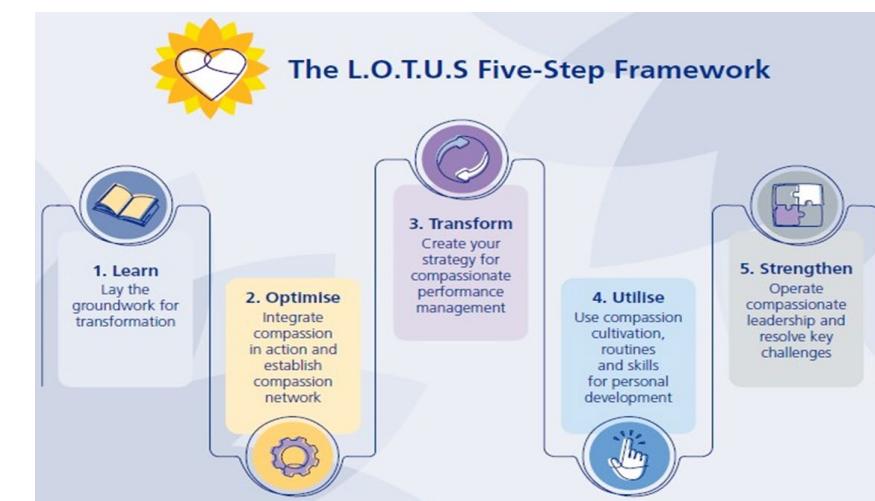
# Growing Compassion in professional standards: What did our Regional Leaders tell us at the stakeholder events and the subsequent focus groups ?

Figure 2.4.1: Key themes from focus groups at RO networks - Spring 2022



**Vision is to enable and grow a compassionate culture that values collective leadership, inclusivity and professionalism , while ensuring proper governance and reducing inequities.**

An innovative modular framework to grow and unleash the power of compassion in organisations and systems collectively



A companion guide on how to cultivate compassion in the environments we lead in – part of a series of initiatives in NW



# LOTUS

How to do Hard things in a Human way

[LOTUS Compassionate leadership framework and toolkit NHS England 11125-ML-NNHS 09.07.24.pdf](https://www.nhs.uk/lotus-compassionate-leadership-framework-and-toolkit-nhs-england-11125-ml-nnhs-09-07-24.pdf)

## L.O.T.U.S. Step 1: Learn

About compassion to lay the groundwork for transformation

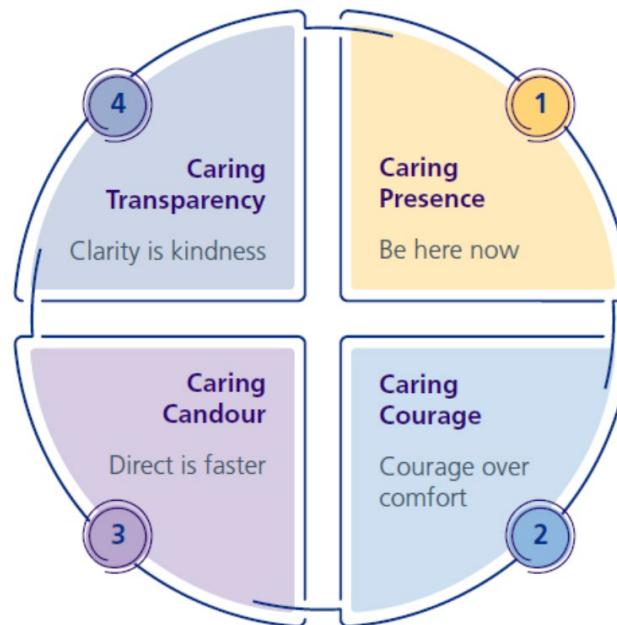
[1.1 What is the L.O.T.U.S. Framework to Grow Compassion?](#)

[1.2 What is compassion, and how does it differ from pity, sympathy, and empathy?](#)

[1.3 What are the four elements of compassionate leadership?](#)

[1.4 What are the four pillars of compassionate leadership?](#)

Figure 4.4: Wise Compassion Flywheel



## L.O.T.U.S. Step 3: Transform

Through strategies for compassionate performance management

[3.1 What are the five steps in a compassionate approach to performance management?](#)

[3.2 What are some key tips to support mental health while managing concerns?](#)

[3.3 How to incorporate a compassionate approach to initial triage and review of concerns?](#)

[3.4 How to practice compassionate identification of contributory factors for learning lessons?](#)

[5.1 How to avoid the empathy trap and lead with compassion?](#)

[5.2 How to avoid compassion fatigue, burnout and how to nurture self-compassion?](#)

[5.3 What is Radical Candour and how to practice this?](#)

[5.4 Why is inclusive leadership important for a compassionate approach?](#)

[5.5 How can you promote psychological safety in the workplace through compassion?](#)

## L.O.T.U.S. Step 2: Optimise

Integrating compassion in action, establish compassion network

[2.1 How is compassion at the core of NHS People Plan and Promise?](#)

[2.2 What is the impact of performance investigations on health and wellbeing of professionals?](#)

[2.3 What is the role of compassion in performance concerns?](#)

[2.4 What did our leaders say on growing compassion?](#)

[2.5 What does the co-created kindness and compassion promise look like?](#)

## L.O.T.U.S. Step 4: Utilise

Compassion cultivation routines/skills for personal development

[4.1 What is the Wise Compassion Matrix and how do leadership styles based on this look?](#)

[4.2 Self-assessment to understand one's own leadership style based on Compassion and Wisdom](#)

[4.3 How might you develop actionable routines for cultivating wise compassion?](#)

[4.4 How can you develop key skills of wise compassion based on Wise Compassion Flywheel?](#)

**Six organisations successfully piloting the LOTUS approaches and are nurturing and growing compassionate approaches in professional standards and medical governance through this framework and toolkit.**

1. NHSE Education and Training NW ([Roisin Haslett](#))
2. University of Liverpool Hospitals Group ([Eileen Marks](#))
3. NHS England NW SIPS team ([Gareth Wallis](#))
4. The Clatterbridge Cancer Centre ([Chloë May](#))
5. Lancashire and South Cumbria FT ([Gareth Thomas](#))
6. Greater Manchester Mental Health Trust ([Rob Turner](#))



## PGMDE NW-Deanery

**Series of LOTUS Workshops for all educator leaders**

**Review of ARCP process**

**New raising concerns policies**

**Peer allies support introduction**

**Introduction of Dean's Case management team** with weekly meetings with 5 Associate Deans ( GMC cases, performance concerns, conduct cases, training extensions)

**Introduction of Professional support and wellbeing service** (coaching, pastoral support, ND assessment, Consistent support to all trainee needs).

**Compassionate leadership training** offer to all trainees

# LOTUS Pilots

## LUHFT- Liverpool

**Updated the policies**- managing concerns policies, Grievance, Bullying and Harassment policy, Guidance for line managers on managing concerns -all incorporating LOTUS compassionate approaches

**Introduction of a standardized consistent documented triage and risk assessment process for all allegations**

**Updated templates for improved communication and documentation while managing concerns** including timely updates to practitioner

**Streamlined ROAG processes** and roles and responsibilities

**Sharing PPA letters** with practitioner routinely

**Lessons Learnt framework** as part of ROAG

## Clatterbridge Cancer Centre -CCC

**Rota Re-design** through collaborative compassionate approaches with resident doctors

**Education Supervisors training** to develop compassionate listening and helping skills when responding to a trainee's concerns, undergoing a **Stage 1 sickness review**.

**Implementation of Leadership and Personal Effectiveness Programmes adapting LOTUS** to support Consultants supervising resident doctors in training

**Extended, and enhanced resident doctor induction**

**Compassionate leadership PDP for all Educator appraisals**



Figure 3.1: Five Steps in Compassionate Approach to Performance Management

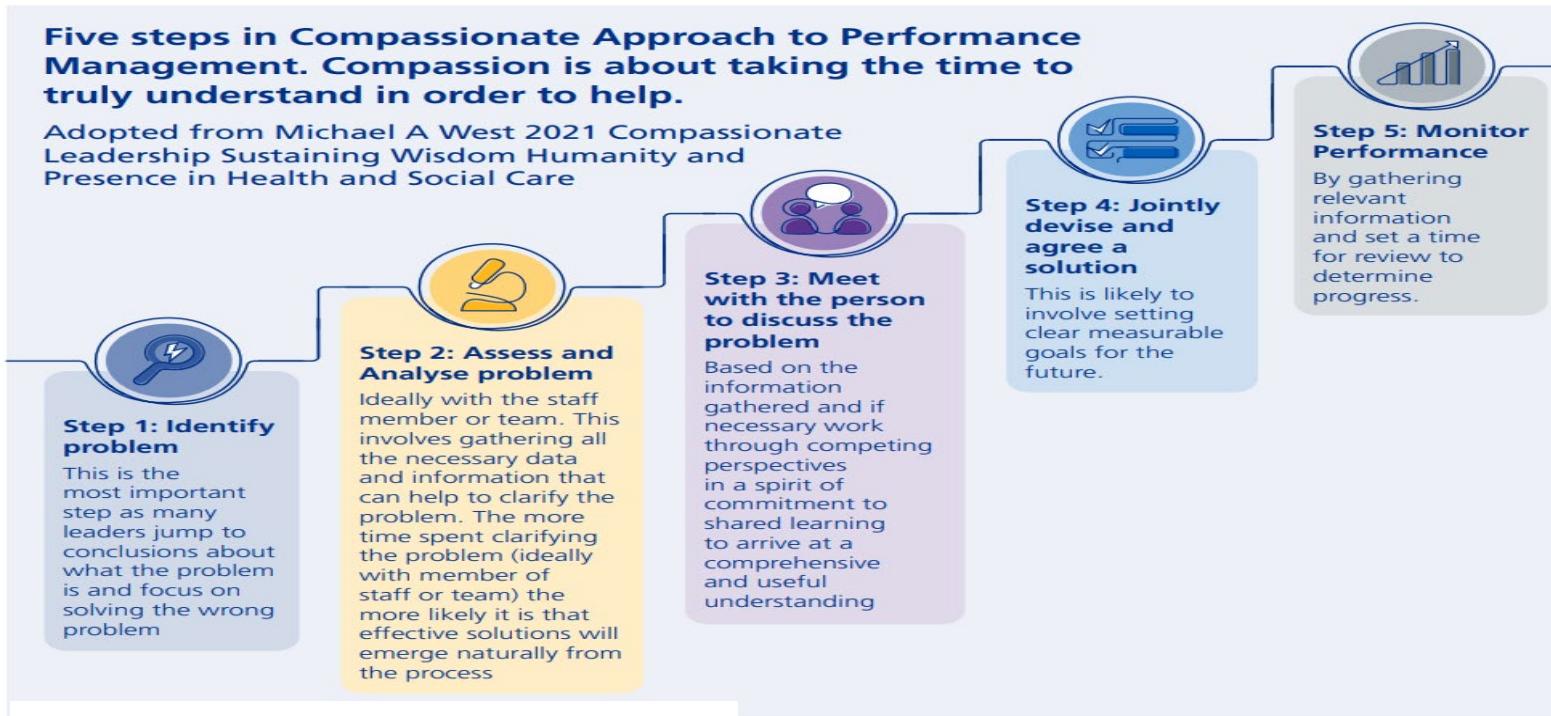
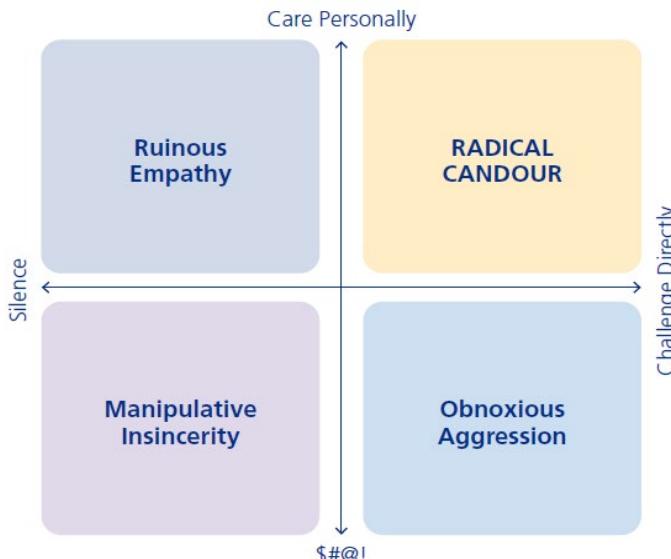


Figure 5.3: Radical Candour framework by Kim Scott et al.<sup>44</sup>



**LOTUS**  
How to do Hard things in a Human way

Initial triage and review template for risk stratification used by NHSE SIPS team when performance concerns are raised

Clinical Review

Discipline	Practitioner Name	Registration Number	Practice Details (If available/applicable)

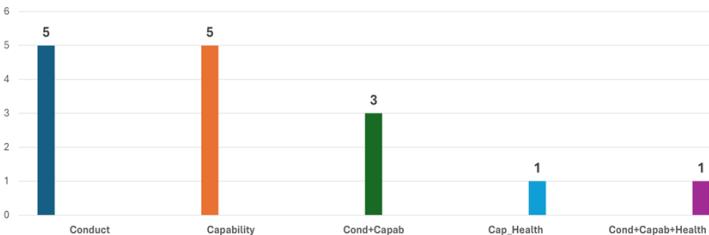
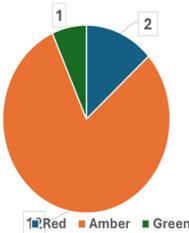
To be completed by the professional advisor as appointed by NHS England Northwest:

<b>Form</b>			
<b>Name of Reviewer</b>			
<b>Date of Review</b>	XX/XX/XXXX		
<b>Declaration for Conflict of Interest</b>	Yes/No e.g. I declare that I know of no conflict(s) of interest regarding this practitioner or matters arising regarding the concerns raised.		
<b>Summary of Concern(s)</b>	Please give a brief overview of the case background and the concerns raised.		
<b>Documents Reviewed</b>	1. 2. 3.		
<b>Safeguarding Concern(s)</b>	Yes/No (If yes, please give further details on any identified concerns)		
<b>Are there any potential health concerns regarding this practitioner?</b>	Yes/No (If yes, please give further details on any identified concerns)		
<b>Risk Rating (with score)</b>	Green	Amber	Red
		x =	
<b>Rationale</b>	e.g. Potential breach of GMC, GMP and dishonesty		
<b>Case Recommendation</b>	e.g. Ask PAG to consider interviewing the practitioner and undertake a record review of....		
<b>Any Additional Recommendations</b>	e.g. Ask for the performers reflections and include for PAG.		

A key principle of compassion is acknowledging that behaviour is much more likely to be due to the situation people are in rather than to personality.

Errors can be viewed from a person-centred approach or a system approach. Majority of near misses or adverse events are due to system factors

Pilot phase case studies : Lessons Learnt N=15



An automated process of collating the lessons learnt through a digital tool has been developed since the pilot and currently being tested with quarterly reports

# Examples of Lessons Learnt-NHSE NW Pilot

**Enhanced support needs of Locum GPs working exclusively OOH** as they are isolated and vulnerable and need additional 1:1 line manager and HR support with policy updates

**Good practice in clinical audit** should include **consistent approach** by all auditors including **feedback process** ( 3 auditors produced three different reports for the same episode of care)

**SOP for suspension payment** helps to standardise, prevents over/under payment with consistency (developed by NHSE NW and rolled out Nationally)

**Chaperone policy applies to chest auscultations** as considered intimate examination by MDOs and a safeguard for practitioners as much as to patients

**NHS Resolution Health security plan** is a valuable resource for supporting **practitioners** returning to work after prolonged periods of sickness absence

**Behavioural assessment offered by NHSR** is a supportive tool offering insights into motivations behind behaviours that help individuals to tailor their next steps for growth/PDP ( Professional Boundaries management training)

**Post suspension health and well-being check ins and pastoral support** are as important as pre suspension as stress and health risks are high if not higher

**Doctors who have been out of the country for prolonged periods** are likely to need additional and sometimes longer periods of support beyond the usual RTP schemes

**Police notification of questioning a doctor does not automatically imply guilt** Eg: ED doctor called in as witness following head injury trauma patient's death and applauded by trust team



# Call to Action from LOTUS

- Be part of the growing compassion initiative and spread the ripple
- Commit to intentional and mindful compassion and inclusion
- Explore how LOTUS can be embedded in your organisation in PS.

*Be kind.  
Everyone you meet is fighting a  
hard battle.*

Ian Maclaren

- Build compassionate leadership and culture
- Be a compassionate leader
- Practice Self-compassion

# Aarushi- Sanskrit Language

## Meaning- First Ray of the sun

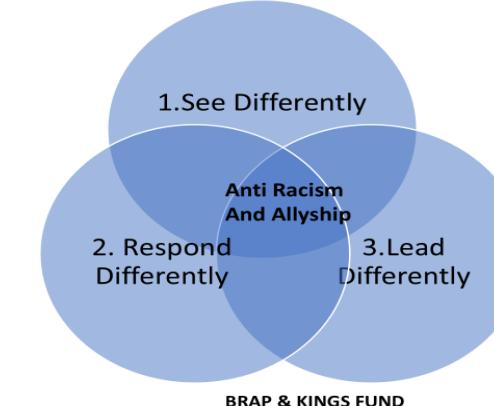
### Our Purpose: We want ELHT to become an intentionally anti-racist organisation

#### We see Anti-Racism as

- Compassionate and inclusive behaviours in action
- Commitment to zero-tolerance to racism in everything we do
- Positively Influencing local communities besides patients and staff

To achieve this, we need to embody allyship and provide spaces for our colleagues to begin their own journey of development.

"The beauty of anti-racism is that you don't have to pretend to be free of racism to be an anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And that's the only way forward."  
- Ijeoma Oluo



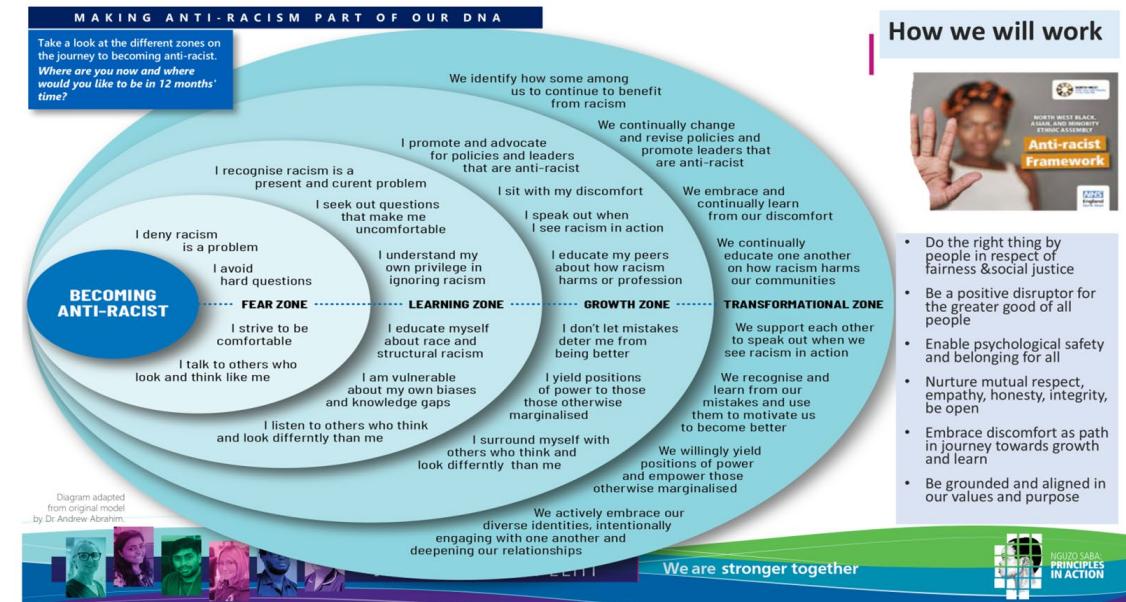
Positively Influencing leadership and Culture  
Enhancing Visibility of Intentional Commitment

Enhancing Equity in Recruitment/ Progression

**OUR VISION**  
Positively transform ELHT into an Intentional, Visible and Proactive Anti-Racist organisation

Enabling Equitable staff experience

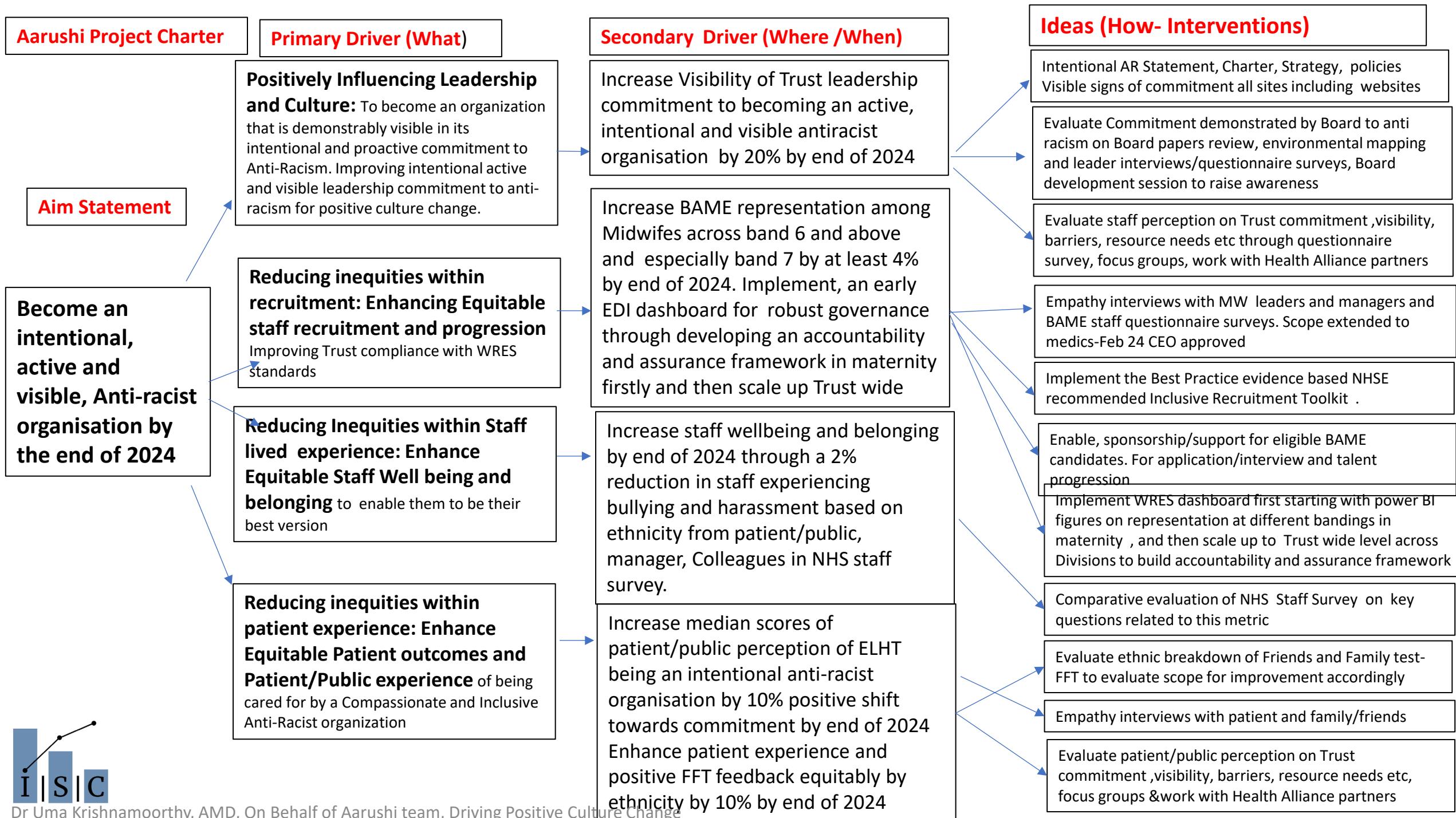
Enhancing Equity in patient experience/ outcomes



#### How we will work



- Do the right thing by people in respect of fairness & social justice
- Be a positive disruptor for the greater good of all people
- Enable psychological safety and belonging for all
- Nurture mutual respect, empathy, honesty, integrity, be open
- Embrace discomfort as path in journey towards growth and learn
- Be grounded and aligned in our values and purpose



# Aarushi Project: Key themed outcome 2

## Enhancing Equity in Recruitment/ Progression

ELHT WRES Data – Indicator 2 improved from 2.26 to 1.91 to 1.63 to date

METRIC NUMBER AND DESCRIPTION	2021	2022	2023	2024 (Colours are Risk Key)	2025 To date
<b>Metric 1: BME representation in the workforce by pay band</b>					
BAME representation in the workforce overall	19%	21%	22%	26%	28%
<b>Metric 2: likelihood of appointment from shortlisting</b>					
Disparity ratio, likelihood of White staff being appointed compared to BAME people	2.03	1.85	2.26	1.91	1.63
<b>Metric 3: likelihood of entering formal disciplinary</b>					
Disparity ratio, likelihood of BAME staff entering formal disciplinary process	1.10	0.80	1.15	1.14	▲
<b>Metric 4: likelihood of undertaking non-mandatory training</b>					
Disparity ratio, likelihood of BAME staff accessing non-mandatory training	1.62	2.39	1.84	1.00	▲
<b>Metric 9: BME representation on the board</b>					
BAME	21.1%	28.8%	33.3%	23.53%	▼
White	78.9%	72.2%	66.7%	76.47%	

Aarushi team at ELHT Driving Positive Culture Change

Interventions
Inclusive recruitment toolkit developed and launched with training
AR Training package developed and launched first phase
Train the Trainers
AR and Allyship Awareness raising campaigns
Empathy Interviews Staff and Co created Antiracism and Allyship Behavioural framework
Ongoing leadership influence –meeting with CEO, MD, DN, FC Div Dr MW&N, MW leaders
EDI metrics disaggregated by Divisions with WRES metrics and shared

## Aarushi Project: Key themed outcome 2

### Enhancing Equity in Recruitment/ Progression

A University Teaching Trust

#### Midwifery, Obstetrics & Gynaecology Staffing Data 2023/24 and 2024/25 with improvement demonstrated



**BAME MW at Band 7 Increased from 0 to 2 midwives**  
**Percentage increase of total is from 4% to 5% of total Band 7**  
**Band 6 BAME MW also increased from 8% to 9%**  
**Increase in BAME MW's overall from 9.4% to 11.7%**

**2025: History made at ELHT Maternity services**  
**Two band 7 midwives of BAME ethnicity appointed through competitive selection and interview process, at ELHT for the very first time.**



**Appreciation:** You value and leverage these people's differences. You seek out and are curious to learn more about their unique experiences and perspectives.

**Acceptance:** You recognise and acknowledge your similarities and differences. When you choose and like to be around them you focus on the things you have in common.

**Tolerance:** You're slightly uncomfortable with these people's differences. You think they should be treated respectfully, but you'd rather not interact with them.

**Avoidance:** You feel very uncomfortable around people with these differences. You try to avoid them and do not want to work with them.

**Repulsion:** You strongly believe that these people are different in ways that are not normal, and they do not belong in your workplace.

# Aarushi Project: Key themed outcome 3

## Enabling Equitable staff experience

	2021	2022	2023 (Colours are Risk Key)	Progress from Last year
<b>Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months</b>				
BME	24.0%	23%	24%	▼
White	21.0%	23%	24%	
<b>Metric 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</b>				
BME	21.0%	23%	24%	▼
White	18.0%	19%	20%	
<b>Metric 7: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion</b>				
BME	50.0%	50%	52%	▲
White	64.1%	66%	65%	
<b>Metric 8: Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months</b>				
BME	14.0%	14%	15%	
White	5.0%	6%	7%	★

### Interventions:

Empathy interviews

Co-created AR and Allyship behavioural expectations as part of behavioural framework

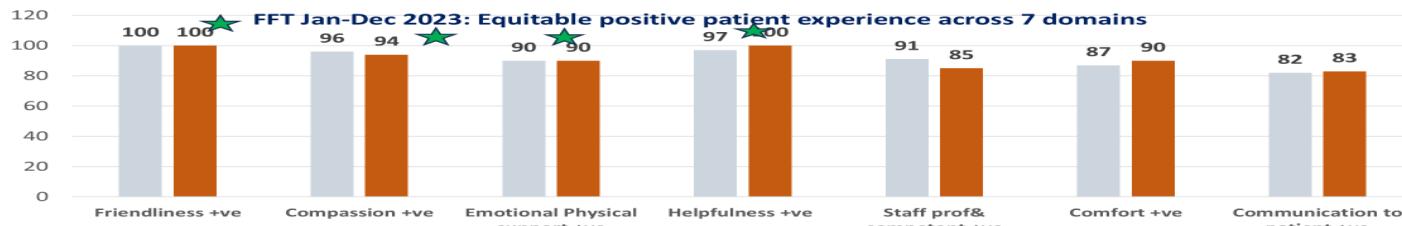
AR &Allyship Training suite of resources developed and launched first phase for managers /leaders

AR and Allyship Awareness raising campaigns

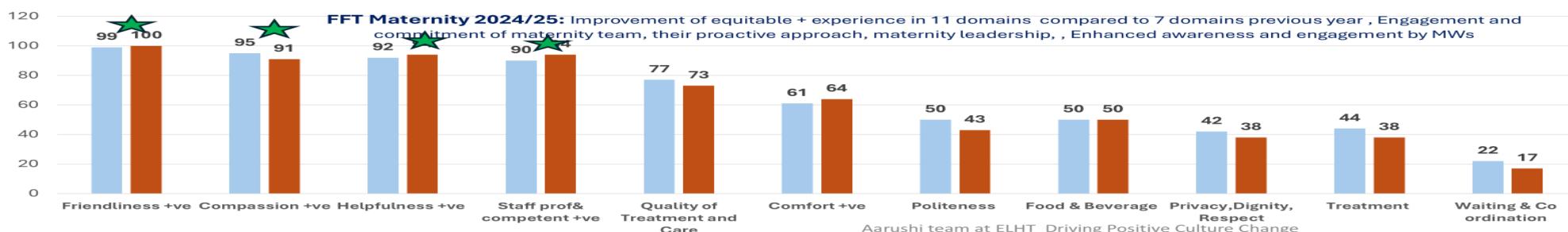
Cultural competency training

# Aarushi Project: Key themed outcome 4

## Enhancing Equity in patient experience/ outcomes: improved from 7 to 11 domains



Evaluation of FFT outcomes by ethnicity to reduce inequities  
Focussed work with midwifery team and empathy interviews  
Birth without bias training launched by Hannah King  
Cultural competency training MW



# Aarushi Project: Key themed outcome 1

## Positively Influencing leadership and Culture: Enhancing Visibility of Intentional Commitment

### Visibility of intentional commitment.



How committed were we being a Visible, intentional, and Active anti-racist organisation until Sep 2023?

Breakdown of responses by Ethnicity profile (PERCENTAGE BY COLUMN)

	Organisational Survey -Baseline data Black, Asian & Minority Ethnic (BAME)	White Caucasian - Non BAME	BAME/White/Other Mixed Ethnicity
Very committed	5.00%	30.56%	60.00%
Somewhat committed	40.00%	44.44%	20.00%
Neither committed nor uncommitted	10.00%	11.11%	0.00%
Somewhat uncommitted	10.00%	8.33%	0.00%
Very uncommitted	35.00%	5.56%	20.00%

### Visibility of intentional commitment to Anti-Racism.

Organisational environmental mapping audit for visibility of commitment to Anti Racism

Royal Blackburn	Burnley General	Accrington Victoria	Clydehouse Community	Pendle Community
0	0	0	0	0

Board papers over months preceding Aarushi have been reviewed for evidence of demonstrable commitment to Anti Racism at Board level. Will be compared with demonstrable evidence of this since Aarushi was launched with planning phase commencing end of 2023

Aarushi team at ELHT Driving Positive Culture Change

## Guest Blog



ELHT. Because Change is what we do

Hello everyone, I am Uma Krishnamoorthy, a Gynaecology Consultant and Associate Medical Director at ELHT. I'm also the co-chair of the BAME Staff Network and Chair of the Women's Network.

At ELHT, we are on a mission to create a truly inclusive, anti-racist environment, where everyone feels safe and respected. This is not just about policy changes or one-time initiatives—it's about a fundamental shift in how we approach racism and discrimination within our Trust—and beyond.

In this blog, I'll share the steps we're taking as an organisation, the importance of becoming actively anti-racist, and the role each of us plays in driving this change. From our Aarushi Project to the upcoming ELHT Get Together and the Going for Gold: Anti-Racism and Allyship Summit, we are committed to making anti-racism a core part of who we are.

We're taking a stand.

We're saying no to racism in all its forms.

As a Trust, we are embracing anti-racism and making who we are. Our chief executive, Martin Hodgson, and compassionately set anti-racism as a key priority. This for the entire organisation and provides a clear direction.

Being anti-racist isn't just about saying "I'm not racist." It's about actively challenging racism and supporting the Aarushi Project, a quality improvement initiative that head-on and drive meaningful change. This project is becoming an anti-racist organisation, which started by Why is this important? Racism harms people—physically

It can lead to increased health issues, higher mortality and our communities. The evidence is clear, and as a team to fight against these injustices.

So, what does it mean to be anti-racist? It's about taking action, including within ourselves. We need to reflect inclusive? Am I being compassionate? It's about living support, and validate those who experience racism.

At ELHT, we have a zero-tolerance approach to racism, discrimination or subtle microaggressions, we must honour the experiences of those affected by it and we are stronger together at ELHT. Because that's who we are.

### ANTI-RACIST STATEMENT

We can no longer simply be NOT RACIST  
We will Actively, Visibly, and Intentionally  
be Anti-Racist

### CEO Blog

Friday, September 20, 2024 2:48 PM  
Subject: CEO Blog- Our vital signs are good and ELHT's heart is beating strong



ELHT. Because Change is what we do

I want to start today with a huge thank you, as always, to the guest blogger from last week – a brilliant colleague Uma Krishnamoorthy.

I'm not sure how she found the time to write such an honest and brave – not to mention thought provoking – update if I am honest, as I know Uma has a formidable work schedule as a gynaecology consultant and associate medical director at ELHT, as well as being co-chair and chair of two staff networks too.

But I am so grateful that she did and if you didn't read it you can find it [here](#).

Uma's guest blog marked the end of an intense week at the Trust, where we focused squarely and purposefully on raising awareness about our ongoing aim to

### Anti-Racist Charter Pledges

1. Zero tolerance to Racism and all forms of discrimination, bullying and harassment
2. We will include Anti-Racism subject as part of regular Board agenda
3. Executive Sponsor at CEO/Chair and Board level
4. Capture ethnicity data and enable Trust wide transparent reporting through an EDI Dashboard
5. Take action to equitably support ethnic minority recruitment and career and talent progression
6. Encourage and support white allies aspiring to commit to intentional anti-racism
7. Effective implementation of BAME assembly anti-racism framework
8. Anti-racism training, guidance and improved equitable health outcomes
9. Support the BAME staff network in their positive culture change quality improvement initiative
10. Re-launching the reverse mentoring programme

At ELHT, we have a zero-tolerance approach to racism, discrimination or subtle microaggressions, we must honour the experiences of those affected by it and we are stronger together at ELHT. Because that's who we are.

**Dedicated Aarushi Special  
Teams brief as a panel with CEO  
and Chair 10.9.24**

**Teams brief periodically  
includes Anti Racism 2025**

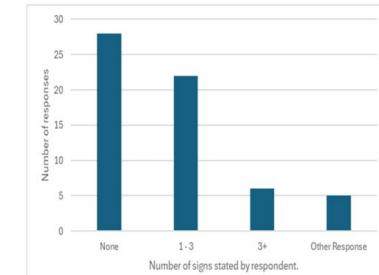
Aarushi team at ELHT Driving Positive Culture Change

# Aarushi Project: Key themed outcome 1, continued

## Positively Influencing leadership and Culture: Enhancing Visibility of Intentional Commitment

### Cultural visibility of intentional commitment.

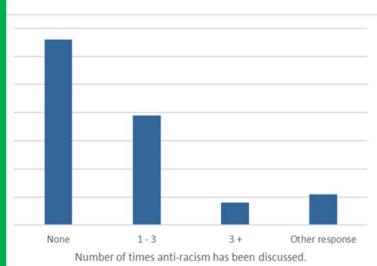
How many visible signs, symbols, statements, pledge/charter, posters, billboards, photos, paintings, website page, media and/or other such visual displays showing our commitment as an Anti-Racist organisation, did you see in our hospital while working here or visiting as patient/public until September 2023?



Value focus on anti-racism by managers, leaders, staff.

How many times have you heard leaders/managers/staff at all levels talk about our commitment to becoming an anti-racist organisation until September 2023? What did they say and how?

Interventions:
Board Interviews
Board Development Sessions
Staff Interviews
AR Training first phase
AR charter & Statement
Website page -public facing
Awareness raising campaigns
Communication strategy



Organisational Survey -Baseline data

Anti Racist Framework  
NW BAME Assembly, NHS England

### The 5 anti-racist principles - Reflection questions



Strategic priority in Trust Strategy Visibly	Board Interviews, Board Development sessions	AR framework and Allyship training	Health Inequalities committee	EDI dashboards for Trust and Divisional level
Communications strategy	Empathy interviews with midwives and staff	Board Development sessions, Train the trainers and AR & Allyship training framework and resources	Inclusive recruitment toolkit training/launch	Assurance framework – EDI Dashboard launched, Ongoing QI metrics
AR charter, position statement, website page, pledge page online	Listening events, Surveys Trust wide	Compassionate conversations and Leadership development	Psychological safety workshops, Inclusion scale introduced	Annual Review and Summit Panel with experts

Our ongoing reflective journey: What work is happening locally? What are the opportunities to work as a system on this topic? Is there appetite to build on the anti-racist framework outside of the NHS? What can we work on collectively, as system leaders?

Aarushi team, Driving Positive Culture Change

**Enhance equity in recruitment:** Inclusive recruitment toolkit implemented to be scaled to all managers Trust wide to embed as norm. Reduce Ethnicity pay gap.

**Enhance visible leadership commitment:** Review staff appraisal at >/=8 to include action on AR and Allyship in PDP. AR/Allyship training to be embedded

**Enhance equity in talent progression:** EDI/WRES metrics disaggregated by Divisions by Aarushi needs to be owned by Divisions with quarterly reporting

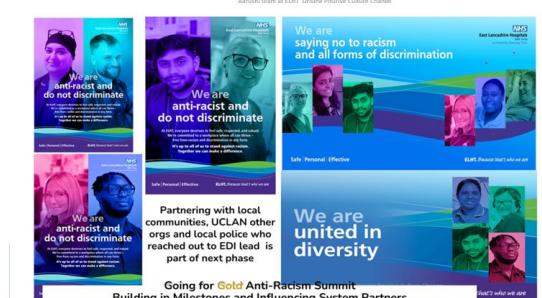
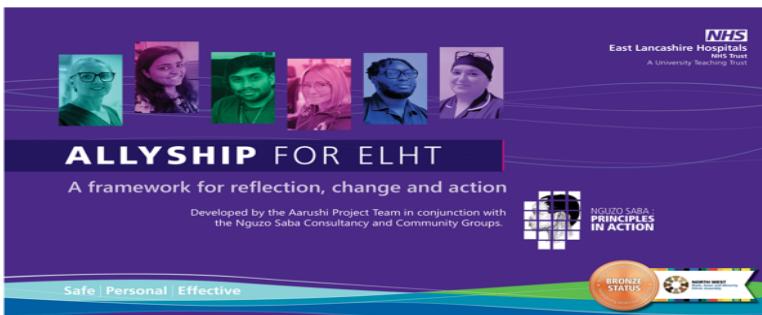
**Enhance equity in how concerns regarding racism allegations are managed:** In response to safe space conversations, implement the LOTUS compassionate approaches in next phase and adapt the resource for consistency, transparency and fairness in triage of concerns raised especially in racism allegations

**Enhance equity in patient experience:** FFT comparative evaluation by ethnicity model from Maternity to be scaled to all Divisions with quarterly reporting

## Ongoing work being progressed by Aarushi with Board support

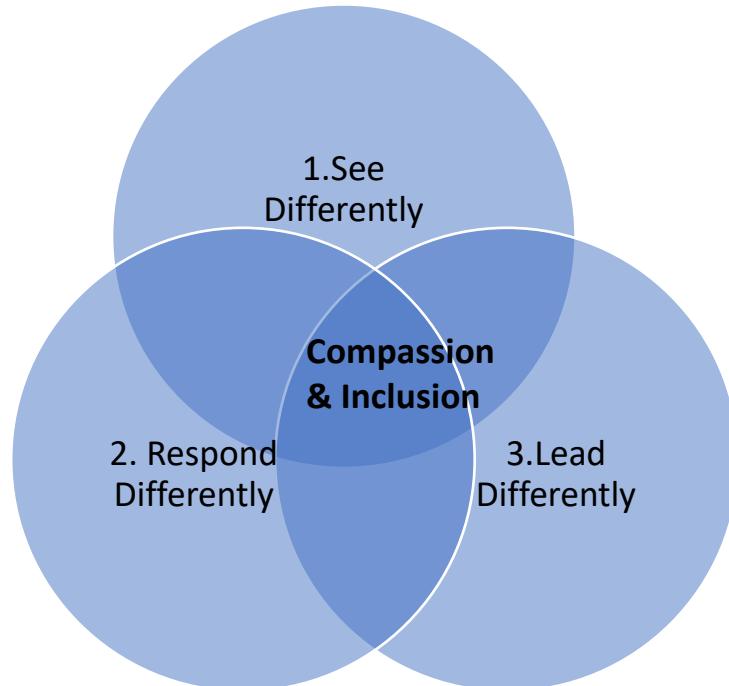


The four stages of psychological safety by Timothy R Clarke



# Call to Action from Aarushi

- Anti-Racism is a positive movement of compassionate and inclusive behaviours in action
- Practice both intentionally and mindfully
- Get curious about your organisational data eg: WRES and wear the fairness lens



NHS Providers Conference – Liverpool ACC 12.11.24  
GMC Modelling the Way – Intentionally Embedding Inclusive Teams



Thank You

Dr Uma Krishnamoorthy

