



East Lancashire Hospitals
NHS Trust
A University Teaching Trust



England
North West

Medical Directorate
Professional Standards Team

Embedding Compassion and Fairness in NHS Investigations

A Quality Improvement Approach

Webinar- Deans Grand Rounds by Royal College of Psychiatry
Thursday 20th November 2025

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

Royal College of Psychiatry Webinar

Thursday 20th November 2025



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

NHSE NW Leadership Team
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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

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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?

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

“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)

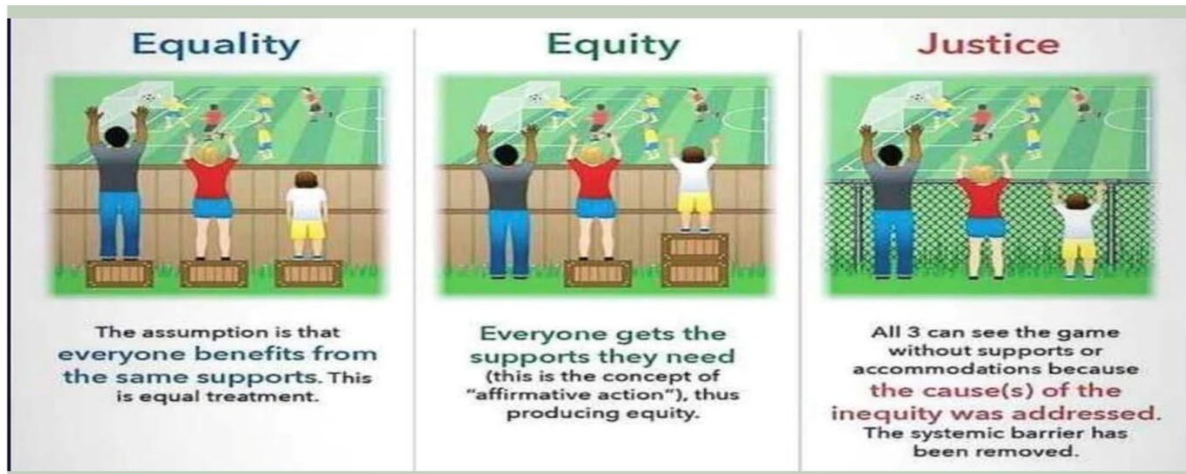
Equality refers to treating everyone the same and providing the same resources or opportunities, regardless of individual needs or circumstances.



Equity, on the other hand, recognizes that different individuals may require different resources or support to achieve similar outcomes, thus focusing on fairness and justice.



In essence, equity is a process aimed at achieving fairness, while equality is the outcome of that process



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



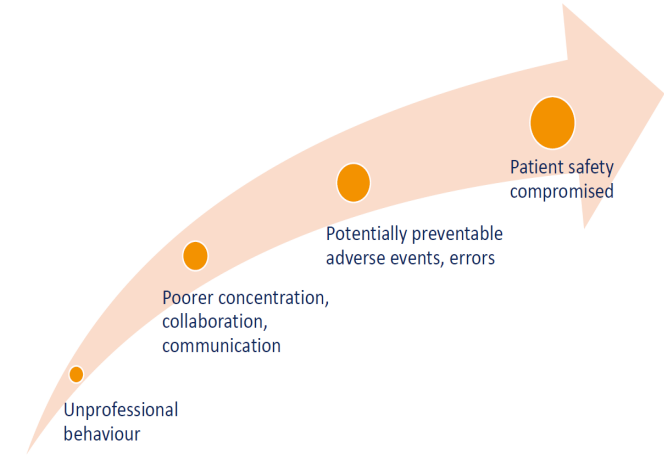
GMC- Good Medical Practice 2024 Embodies Compassionate and Inclusive Approaches in Professional Standards, Wider Governance and Leadership



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**

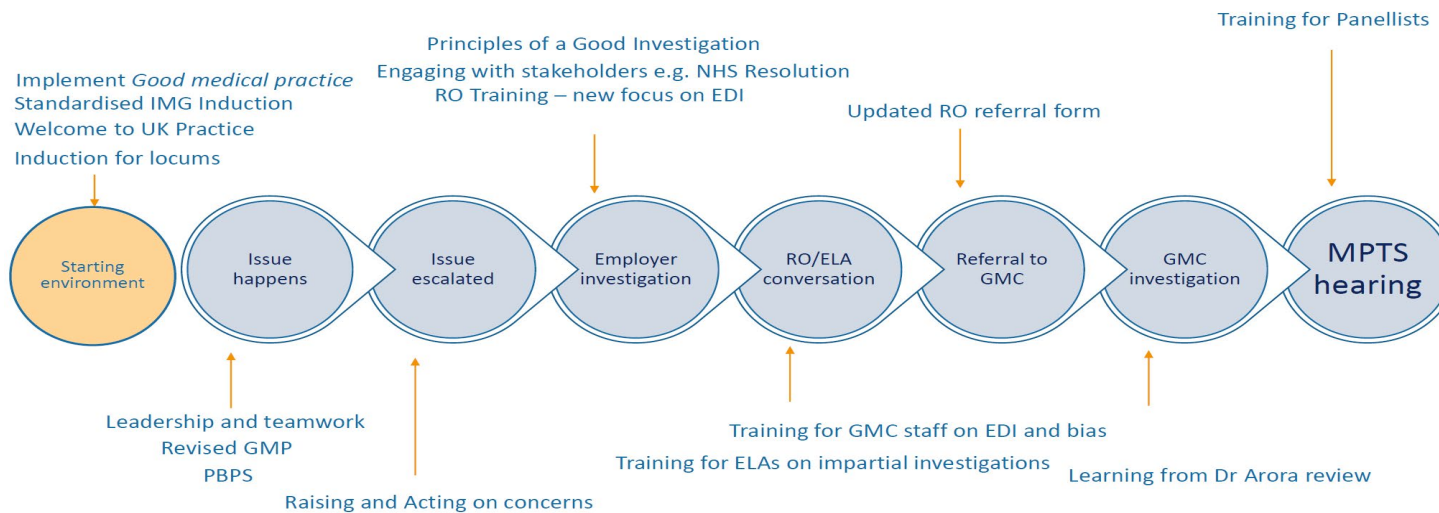
General Medical Council



Rosenstein and O'Daniel (2008)

General Medical Council

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



General Medical Council

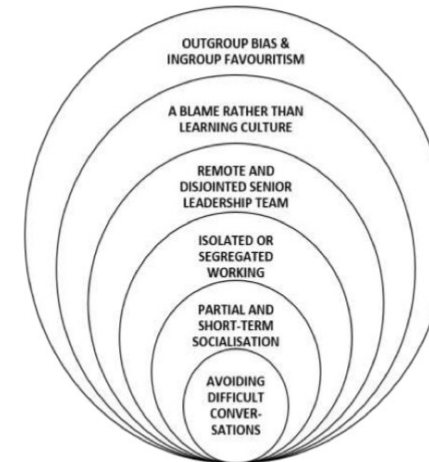


Figure 1: Risk factors

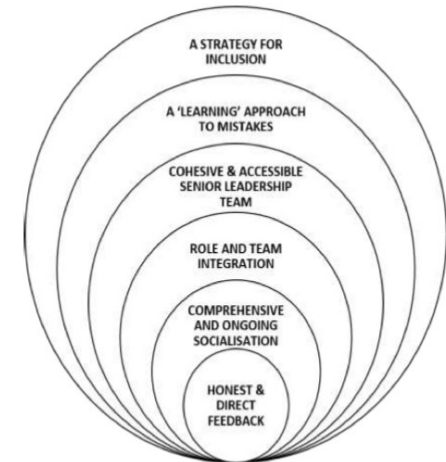
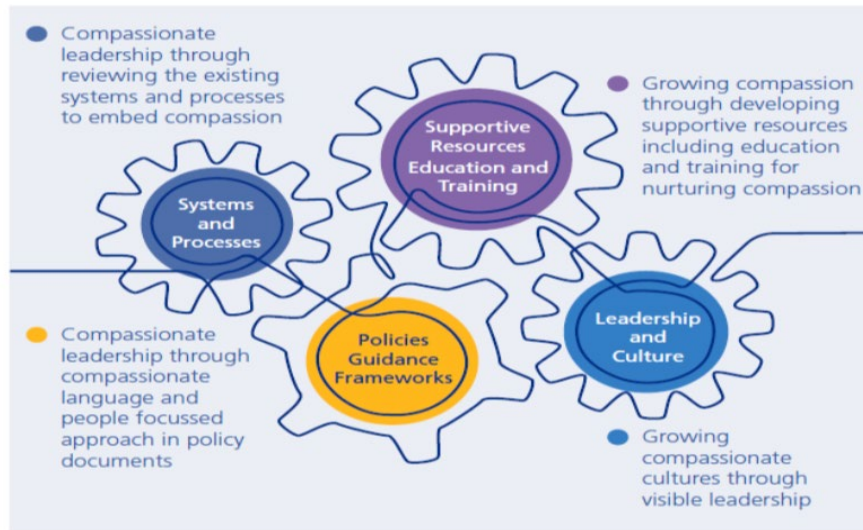


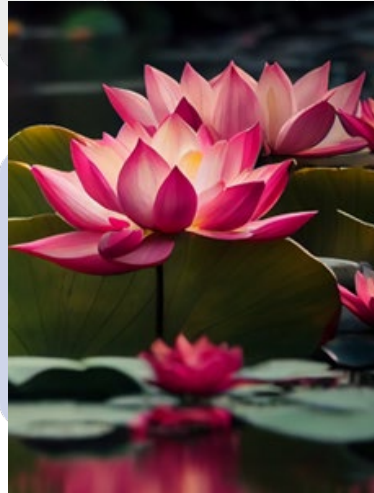
Figure 2: Protective/Neutralising factors

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



The L.O.T.U.S Five-Step Framework



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

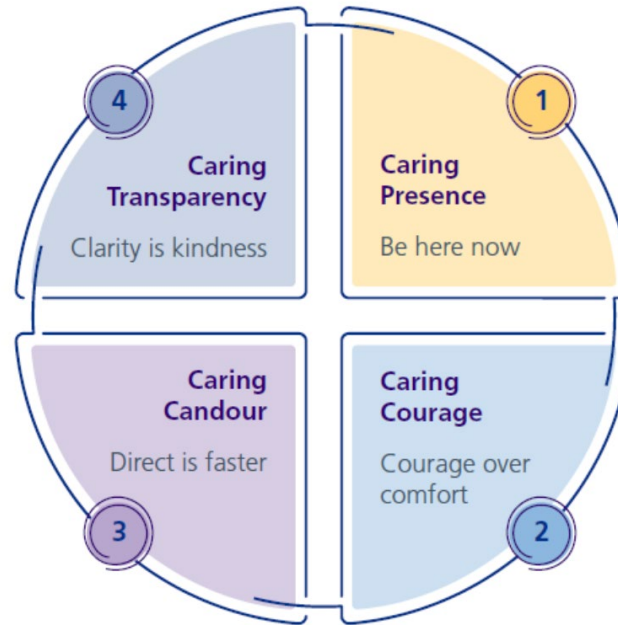


LOTUS

How to do Hard things in a Human way

[LOTUS Compassionate leadership framework and toolkit NHS England 11125-ML-NNHS 09.07.24.pdf](#)

Figure 4.4: Wise Compassion Flywheel



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?](#)

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 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 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

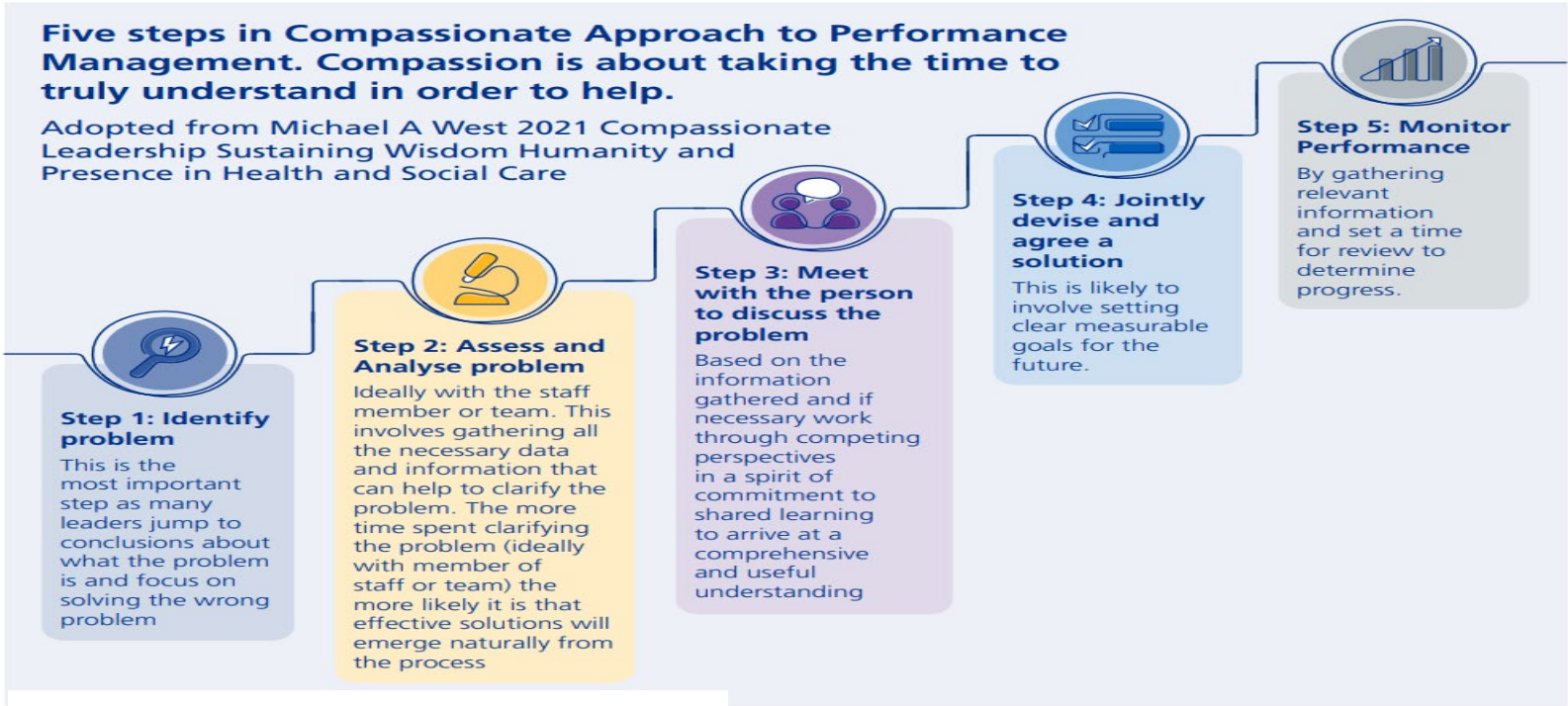
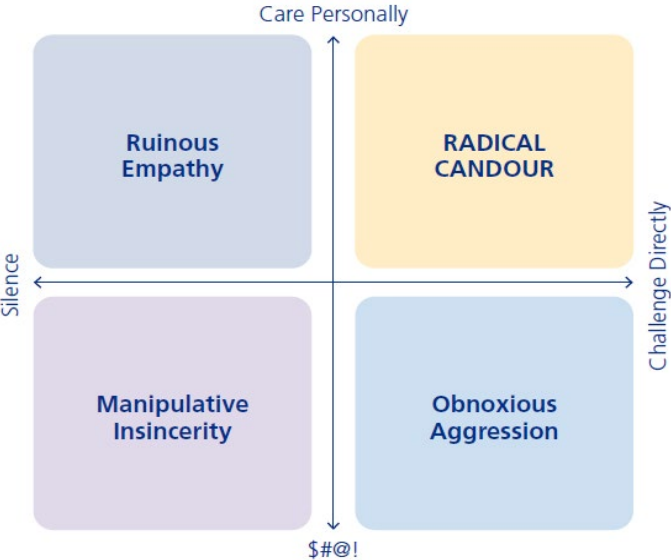


Figure 5.3: Radical Candour framework by Kim Scott et al.⁴⁴



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

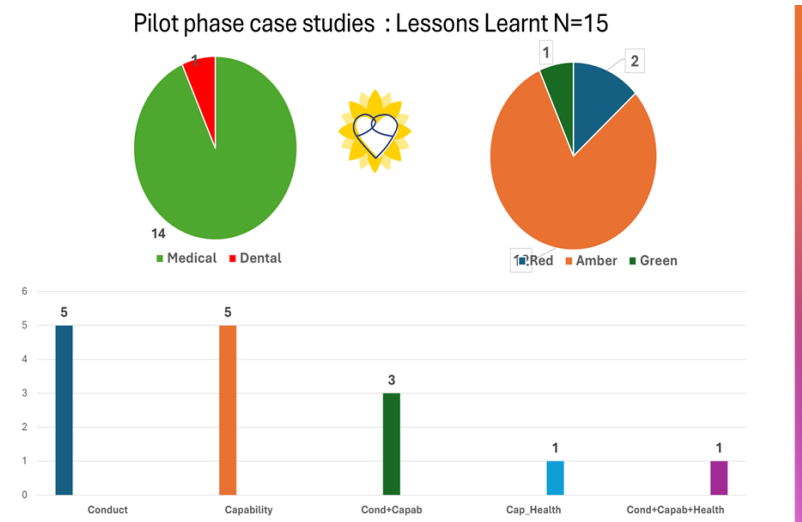
Discipline	Practitioner Name	Registration Number	Practice Details (If available/applicable)

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

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



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 NHR 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



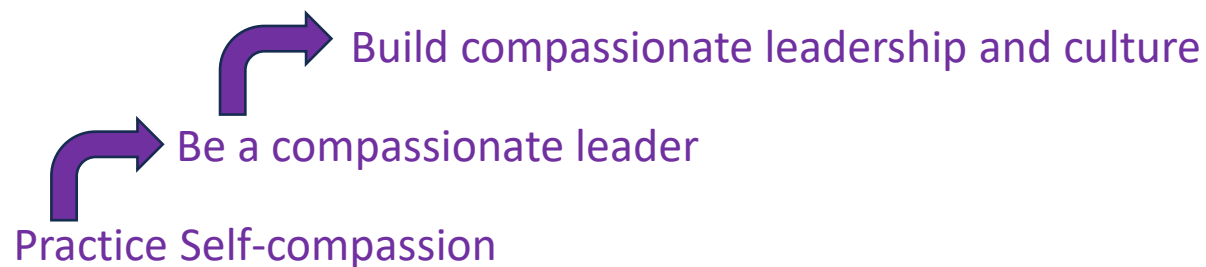
Call to Action from LOTUS

- 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



Aarushi- Sanskrit Language

Meaning- First Ray of the sun

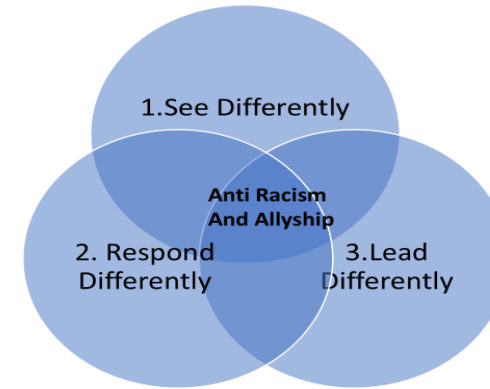
Our Purpose: We want ELHT to become an intentionally anti-racist organisation

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

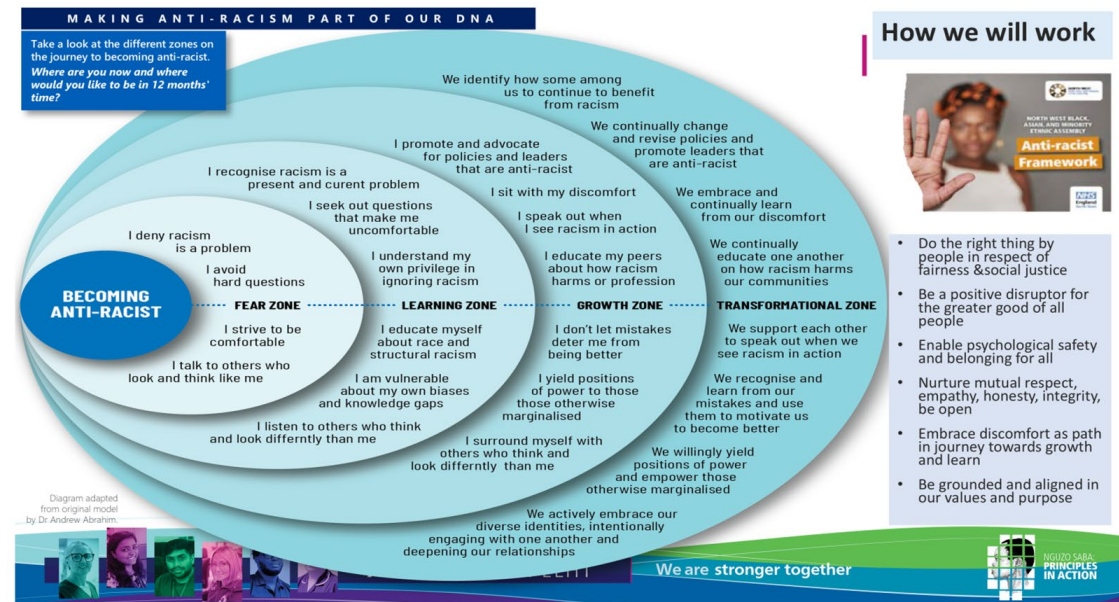


Aarushi Project: 4 Key themed outcomes envisioned



e Culture Change

BRAP & KINGS FUND



Aim Statement

Positively Influencing Leadership and Culture: To become an organization that is demonstrably visible in its intentional and proactive commitment to Anti-Racism. Improving intentional active and visible leadership commitment to anti-racism for positive culture change.

Increase Visibility of Trust leadership commitment to becoming an active, intentional and visible antiracist organisation by 20% by end of 2024

Intentional AR Statement, Charter, Strategy, policies
Visible signs of commitment all sites including websites

Evaluate Commitment demonstrated by Board to anti racism on Board papers review, environmental mapping and leader interviews/questionnaire surveys, Board development session to raise awareness

Evaluate staff perception on Trust commitment ,visibility, barriers, resource needs etc through questionnaire survey, focus groups, work with Health Alliance partners

Empathy interviews with MW leaders and managers and BAME staff questionnaire surveys. Scope extended to medics-Feb 24 CEO approved

Implement the Best Practice evidence based NHSE recommended Inclusive Recruitment Toolkit .

Enable, sponsorship/support for eligible BAME candidates. For application/interview and talent progression

Implement WRES dashboard first starting with power BI figures on representation at different bandings in maternity , and then scale up to Trust wide level across Divisions to build accountability and assurance framework

Comparative evaluation of NHS Staff Survey on key questions related to this metric

Evaluate ethnic breakdown of Friends and Family test-FFT to evaluate scope for improvement accordingly

Empathy interviews with patient and family/friends

Evaluate patient/public perception on Trust commitment ,visibility, barriers, resource needs etc, focus groups &work with Health Alliance partners

Reducing inequities within recruitment: Enhancing Equitable staff recruitment and progression
Improving Trust compliance with WRES standards

Increase BAME representation among Midwives across band 6 and above and especially band 7 by at least 4% by end of 2024. Implement, an early EDI dashboard for robust governance through developing an accountability and assurance framework in maternity firstly and then scale up Trust wide

Reducing Inequities within Staff lived experience: Enhance Equitable Staff Well being and belonging to enable them to be their best version

Increase staff wellbeing and belonging by end of 2024 through a 2% reduction in staff experiencing bullying and harassment based on ethnicity from patient/public, manager, Colleagues in NHS staff survey.

Reducing inequities within patient experience: Enhance Equitable Patient outcomes and Patient/Public experience of being cared for by a Compassionate and Inclusive Anti-Racist organization

Increase median scores of patient/public perception of ELHT being an intentional anti-racist organisation by 10% positive shift towards commitment by end of 2024
Enhance patient experience and positive FFT feedback equitably by ethnicity by 10% by end of 2024

Become an intentional, active and visible, Anti-racist organisation by the end of 2024



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
Metric 1: BME representation in the workforce by pay band					
BAME representation in the workforce overall	19%	21%	22%	26%	★
Metric 2: likelihood of appointment from shortlisting					
Disparity ratio, likelihood of White staff being appointed compared to BAME people	2.03	1.85	2.26	1.91	1.63
Metric 3: likelihood of entering formal disciplinary					
Disparity ratio, likelihood of BAME staff entering formal disciplinary process	1.10	0.80	1.15	1.14	▲
Metric 4: likelihood of undertaking non-mandatory training					
Disparity ratio, likelihood of BAME staff accessing non-mandatory training	1.62	2.39	1.84	1.00	▲
Metric 9: BME representation on the board					
BAME	21.1%	28.8%	33.3%	23.53%	▼
White	78.9%	72.2%	66.7%	76.47%	

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 team at ELHT Driving Positive Culture Change

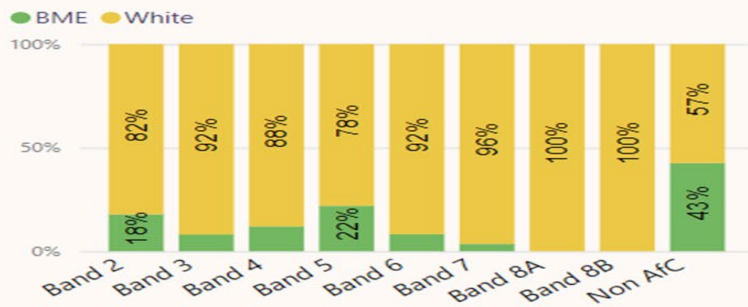
Aarushi Project: Key themed outcome 2

Enhancing Equity in Recruitment/ Progression

A University Teaching Trust

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

Ethnicity by Pay Band



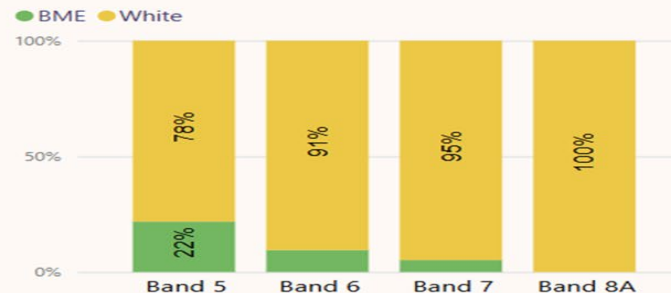
BAME MW at Band 7 Increased from 0 to 2 midwives
Percentage increase of total is from 4% to 5% of total Band 7
Band 6 BAME MW also increased from 8% to 9%
Increase in BAME MW's overall from 9.4% to 11.7%

Data Source: Power BI via Chloe Beaumont

Aarushi team at ELHT Driving Positive Culture Change

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.

Ethnicity by Pay Band



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
Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months				
BME	24.0%	23%	24%	▼
White	21.0%	23%	24%	
Metric 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months				
BME	21.0%	23%	24%	▼
White	18.0%	19%	20%	
Metric 7: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion				
BME	50.0%	50%	52%	▲
White	64.1%	66%	65%	
Metric 8: Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months				
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

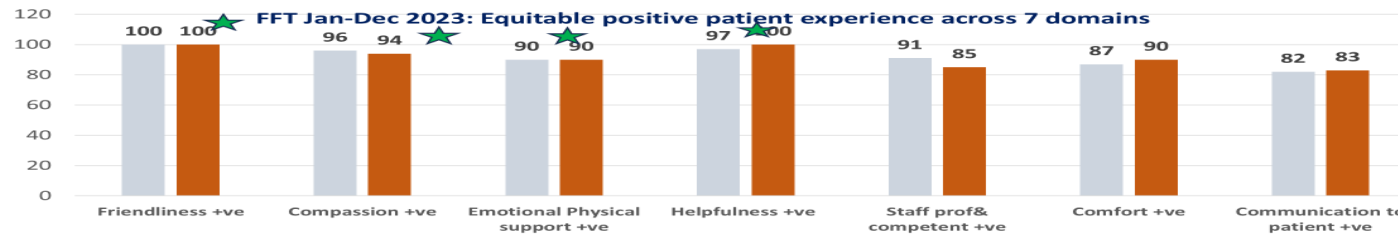
AR & Allyship Training suite of resources developed and launched first phase for managers / leaders

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

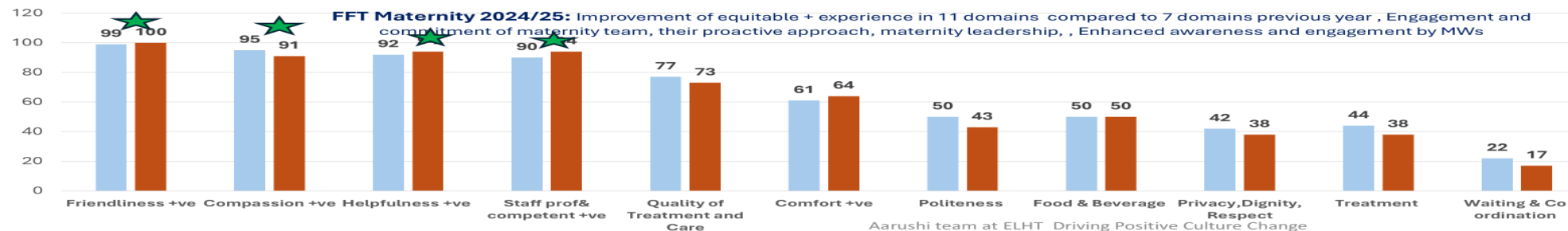


Evaluation of FFT outcomes by ethnicity to reduce inequities

Focused work with midwifery team and empathy interviews

Birth without bias training launched by Hannah King

Cultural competency training MW



Aarushi team at ELHT Driving Positive Culture Change

Aarushi Project: Key themed outcome 1

Positively Inflencing 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)

	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%

Aarushi team at ELHT Driving Positive Culture Change

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Visibility of intentional commitment to Anti-Racism.

Organisational environmental mapping audit for visibility of commitment to Anti Racism

Rosal Blackburn	Burnley General	Accrington Victoria	Clitheroe 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

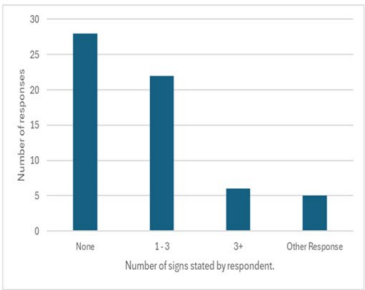
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Aarushi Project: Key themed outcome 1, continued

Positively Inflencing leadership and Culture: Enhancing Visibility of Intentional Commitment

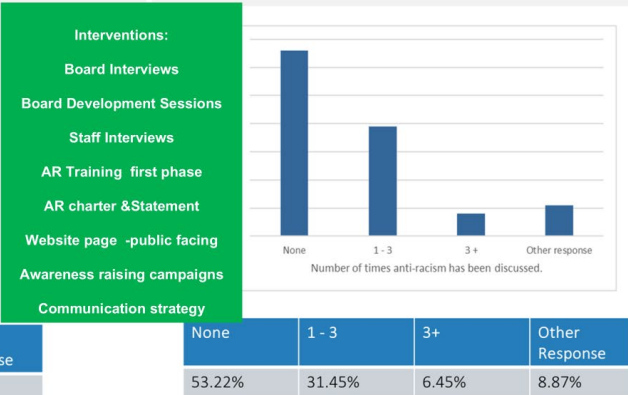
Cultural visibility of intentional commitment.

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?



Organisational Survey -Baseline data

Aarushi team at ELHT Driving Positive Culture Change



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 valued 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, has compassionately set anti-racism as a key priority. This is for the entire organisation and provides a clear direction.

Being anti-racist isn't just about saying "I'm not racist," wherever it exists. That's why we published our [anti-racism charter](#) and the Aarushi Project, a quality improvement initiative that's 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 rates, and mental health problems. The evidence is clear, and as a team, we must stand together 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 on our own biases and how they might be affecting our work. It's about listening, learning, and validating 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

We are stronger together at ELHT. Because that's who we are.

Teams brief 5.3.24
Launch of charter

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

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



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

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. Advocate for racial justice and equity and improved equitable health provision
9. Support the BAME staff network in their positive culture change quality improvement initiative
10. Re-launching the reverse mentoring programme

Trust Chair Shazad Sarwar, setting the tone for all forms of discrimination. I joined Shazad, Uma and our lead for briefing for colleagues, where we are our understanding and, importantly, take input and

conversations and share the varied services and settings will we really totality and how this differs

that everyone has a positive and celebrates people individually

serious processes such as itures of their own, often drawn from race but also gender, sexuality, age... the list goes on and on, but the eriences can be wildly inconsistent ie worst cases.

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.

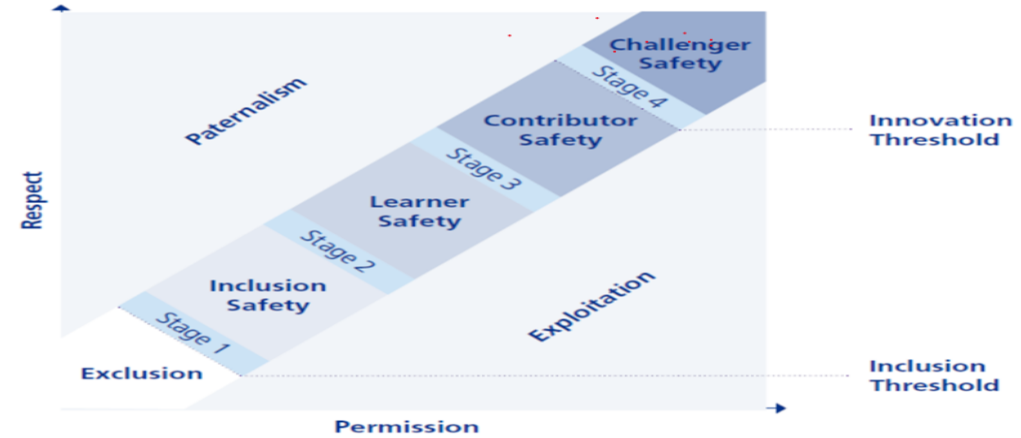
Enhance visible leadership commitment: Review staff appraisal at ≥ 8 to include action on AR and Allyship in PDP. AR/Allyship training to be embedded

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

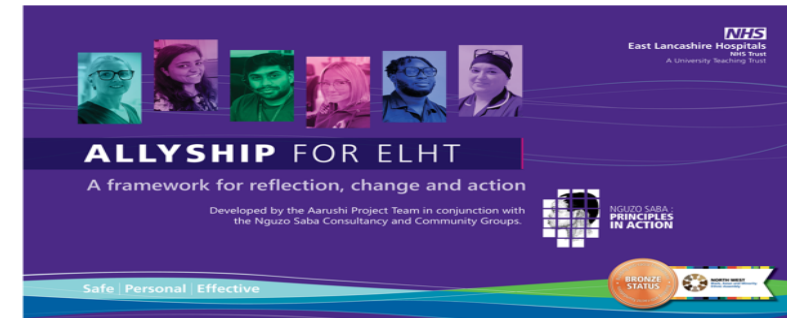
Enhance equity in how concerns regarding racism allegations are managed: In response to safe space conversations, implement the LOTUS compassionate approaches in next phase and adapt the resource for consistency, transparency and fairness in triage of concerns raised especially in racism allegations

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

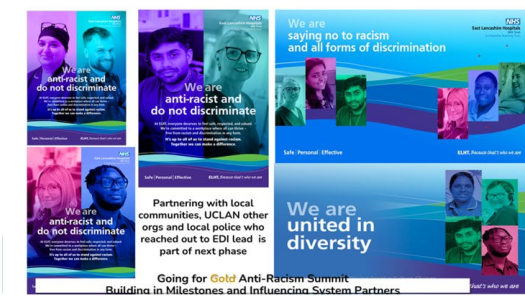
Ongoing work being progressed by Aarushi with Board support



The four stages of psychological safety by Timothy R Clarke

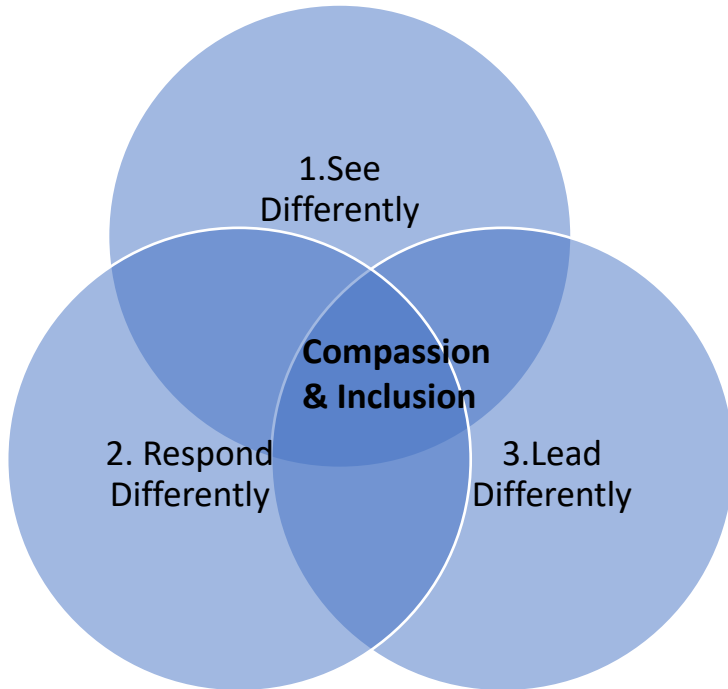


- We are stronger together**
- Dr Uma Krishnamoorthy & Emma Dawkins on behalf of Team Aarushi presented and discussed at forums
 - Family Care team meeting 16.04.2024
 - Health Inequalities Committee 16.04.2024
 - Joint Local Regulating Committee on 2.5.2024
 - Joint Clinical Leadership Forum 5.8.2024
 - Divisional Management Board (DMB)-SAS: Jun 2024
 - Board development session: July 2024
 - Allyship train the trainer steering group: 11.7.2024
 - Divisional Management Board - CSC: Sep 2024
 - Divisional Management Board - FCD: Sep 2024
 - Going for Gold Anti-Racism Summit: Sep 2024
 - Divisional Management Board: DCS: Oct 2024
 - NHS Employers National Conference, Co-hosted session with GMC chair: 11th Nov 2024
 - GMC outreach leadership development day: 19th Nov 2024
 - Public Health Conference: 14th May 2025
 - NHS England East of England Region RD Network 17th June 2025
 - NHS East of England EDI lead and Chief People Officer Meeting Aarushi Lead 28.8.2025
 - Bespoke session for ELHT Therapies team: 17th October 2025
 - Norfolk and Norwich University Hospitals Culture Series talk on Aarushi: 21st October 2025
 - Royal College of Psychiatry Webinar: 20th Nov 2025



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



Thank
You

Dr Uma Krishnamoorthy

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

