Maturity Matrix

To assist organisations, we have developed this Maturity Matrix

To tackle racism in the workplace organisations will need to achieve competencies and embed systems as recommended in the Royal College of Psychiatrists guidance. The Maturity Matrix will support you to prioritise actions and take steps systematically and incrementally to implement the 15 actions.

Organisations might wish to prioritise actions that relate to specific areas which they already know need to be addressed locally. For example, in England, those that relate to the areas and actions set out within their annual Workforce Race Equality Standard (WRES) or the Medical WRES Report (MWRES).

This document also includes an editable progress chart which allows you to measure the progress of your organisation against the 15 actions in the guidance.

How to use the Matrix

1 Assess where your organisation is currently on each action. You could use the data already available, or collect data, to inform the process. You may wish to consult staff in order to reach agreement.

2 Taking the results into consideration, decide where you want to focus your first efforts. Again, it is important to consult with staff to decide on the priorities.

3 Use the 'how to' section in the Tackling racism in the workplace guidance to help make an action plan which is implemented to address chosen actions and to measure the change over time using a range of feedback.

4 Assess progress using data and review every six months using the editable form on page 18.

15 ACTIONS

for mental health employer organisations to act on

Leadership and strategy

1 Make a clear organisational commitment to tackling all forms of discrimination - including intersectional discrimination - against minoritised ethnic staff.

2 Ensure all leaders have in-depth knowledge and understanding about racism, intersectional discrimination and its impact on minoritised ethnic staff, and have the skills, experience and integrity to implement mitigations.

Accountability

3 Appoint a senior board representative and member of the leadership team to have senior officer responsibility for delivery of the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff.

4 Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for data collection, analysis and stratified annual reporting to track progress.

5 Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for a co-produced Strategic Plan.

Addressing concerns

6 Ensure your staff support service offers effective, confidential and independent points of contact to support minoritised ethnic staff.

7 Have clear policies and procedures for staff to report any instances of bullying, harassment or concerns about discrimination around career progression, differential attainment and disciplinary action.

8 Emphasise and follow through on a zero-tolerance approach to racist behaviour from patients and their carers towards all healthcare staff.

Equity of opportunity

9 Take an evidence-based and objective approach to recruitment and promotion activities, including de-biasing the recruitment and promotion process, rather than relying on training to de-bias panels.

10 Provide mentoring (including reverse mentoring), coaching and sponsorship to all staff, including at least a proportionate number of minoritised ethnic staff.

Organisational culture

11 Create a culture that firstly, feels safe for all staff and encourages openness and honesty at all levels within the organisation about racism, intersectional discrimination and its impact, and secondly, is a welcoming and inclusive workplace environment for minoritised ethnic staff, so that they feel as supported, respected and valued as their non-minoritised peers.

12 Facilitate the development, growth and ongoing sustainability of an effective staff network for addressing the needs, views and concerns of minoritised ethnic staff.

Specific sections of the medical workforce

13 Increase organisational awareness that International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors are more likely to experience racism and gradism in the workplace.

14 For International Medical Graduates (IMGs), provide appropriate early pastoral, practical and professional induction and support and address disproportionate referrals for disciplinary action using appropriate local measures.

15 For Specialty and Specialist (SAS) doctors, who are more likely to be minoritised ethnic staff, implement the British Medical Association's (BMA) SAS Charter in full.

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ACT AGAINST RACISM

Leadership and strategy

1

Make a clear organisational commitment to tackling all forms of discrimination - including intersectional discrimination - against minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

There are pockets of good practice and role modelling by staff in the organisation around tackling racism in the workplace and allyship.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

There is an organisational strategy with clear action plans around tackling racism in the workplace and allyship. This is supported by the senior management team and the board.

Concerted efforts have been made to co-produce the strategy with minoritised ethnic staff. The minoritised ethnic staff network is included in this process. (See Organisational culture).

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The co-produced strategy and action plans for tackling racism in the workplace have adequate resource attached to them in order to be implemented.

A system has been designed, to examine all staff-related policies and procedures through the lens of the strategy and action plans in order to de-bias inadvertent structural inequities around racism, intersectional discrimination and its impacts. The minoritised ethnic staff network is included in this process (See Organisational culture).

All staff know the strategy and action plans and are encouraged by the leadership to hold the organisation accountable.

There is an effective communication campaign to share the strategy. The campaign uses a wide range of communication methods to ensure the strategy reaches all staff.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The co-produced strategy for tackling racism in the workplace is systematically reviewed.

An effective system is in place to continually review and update policies and procedures that affect staff, to ensure that they are de-biased in terms of inadvertent barriers and exclusions for minoritised ethnic staff.

The strategy and action plans have been co-produced with a large, representative sample of minoritised ethnic staff who have lived experience of racism including an effective representative staff network for minoritised ethnic staff.

This includes staff who are non-clinical, working in roles that are not desk-based or are working during unsocial hours e.g., estates and facilities staff.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The co-produced strategy for tackling racism in the workplace is being continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned and shared outside of the organisation. The organisation's leadership acts as ambassadors and influencers for change across the system.

Leadership and strategy

2

Ensure all leaders have in-depth knowledge and understanding about racism, intersectional discrimination and its impact on minoritised ethnic staff, and have the skills, experience and integrity to implement mitigations.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Training on unconscious bias, the impact of structural and institutional discrimination and racism is available in the organisation.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The board and senior management team has committed to learning about tackling racism in the workplace and allyship.

Processes are being put in place for Workforce and Organisational Development (or human resources/people teams), Freedom to Speak Up (FTSU) Guardians and the Communications department staff to develop knowledge and skills around tackling racism in the workplace and allyship, with this being key to facilitating other action points in this guidance.

Training on allyship (e.g the 7As of Authentic Allyship and 4Ds of being an active bystander) is available in the organisation.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The board and senior management team have embarked upon a regular programme of learning, reflecting and engaging in challenge together on tackling racism in the workplace and allyship; and support cascading of these programmes to all levels of the organisation.

Workforce and Organisational Development (or human resources /people teams), FTSU Guardians and the Communications department staff in particular have deep knowledge, skills, experience and integrity around tackling racism in the workplace and allyship.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation has developed a system to ensure that all middle managers are being regularly trained about the impact of structural and institutional discrimination and racism, intersectional discrimination and its impact on minoritised ethnic staff and, have the skills, experience and integrity to implement mitigations. This includes allyship and active bystander training.

The organisation has incorporated monitoring data about these processes for all leadership and managers and aligned the importance of this monitoring to vital business objectives e.g., retention and recruitment.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation is continually examining its metrics including feedback from people being trained and those who are impacted by the training (minoritised ethnic staff) about the effectiveness of the training. Changes to training content and plans are continually being made in response to learning from the feedback.

The organisation's leaders participate in buddying, mutual coaching and action learning sets with peers across the system at varying levels of maturity on this matrix.

The organisation is sharing its learning with others in the system through conferences and publishing methodology and results.

Accountability

3

Appoint a senior board representative and member of the leadership team to have senior officer responsibility for delivery of the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

There may be an Equality Diversity and Inclusion (EDI) lead who undertakes EDI initiatives for the organisation, but there is no formal reporting process around this, and they do not have senior management accountability.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

A board member and/or member of the Executive Leadership Team has nominal responsibility for EDI but there are no formal expectations of them. That is, no formal line management responsibility for the EDI lead or reporting expectations.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A board member and/or member of the Executive Leadership Team has named responsibility for EDI with a formal expectation that they have overarching responsibility for developing a strategic plan to tackle racism and discrimination. They have direct line management responsibility for the EDI lead. They have regular training around EDI and have good understanding of the issues. They are expected to report to the board.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Senior leaders, e.g., Chief Executive and/or Medical Director and senior board representative hold responsibility for the delivery of agreed actions around tackling racism in the workplace and discrimination. They have undertaken appropriate training and have good understanding and knowledge of the issues. They are responsible for a strategic plan which prioritises tackling racism and discrimination and this is a standing agenda item. There is annual reporting to the board of progress against aims of the strategic plan, which is available both internally and externally.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

Senior leaders, e.g., Chief Executive and/or Medical Director and senior board representative hold responsibility for the delivery of agreed actions around tackling racism and discrimination.

The Senior leaders are responsible for overseeing initiatives co-produced with staff that tackle racism and for ensuring there is a system in place for monitoring these through supervision and appraisal for all staff.

There is annual reporting to the board of progress against aims of the strategic plan, which is available both internally and externally.

4

Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for data collection, analysis and stratified annual reporting to track progress.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Data is either not routinely collected on race and ethnicity of staff, or if it is, this is not done purposefully with an aim to identify disparities with respect to career progression, pay, disciplinary action etc.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

Data is collected annually on race and ethnicity of staff and proportion in the organisation but not disaggregated and not analysed according to career progression, pay, disciplinary action etc.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

Data is collected on race and ethnicity of staff, that is disaggregated according to latest census recommendations. Data collected allows analysis of career progression; pay gaps; recruitment and retention; staff satisfaction; disciplinary action and referrals to professional regulatory bodies.

Analysed data is used to develop and implement a published action plan to address any disparities.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Analysed data on race and ethnicity is used to develop and implement an action plan to address disparities using a co-produced competency-based framework with clear metrics to measure improvement. This is published as part of the board report.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

Quality improvement or similar mechanisms are used to ensure that co-produced competencies are continually improving performance with respect to experience, career progression, pay, disciplinary processes etc of minoritised ethnic staff. This is published annually alongside metrics showing improvement.

Accountability

5

Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for a co-produced Strategic Plan.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

It may be stated by the organisation that racism is not tolerated or that it is an anti-racism organisation, but there is no strategic plan in place to tackle racism in the workplace.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

There may be policies in place aimed at managing racist incidents in the workplace, but these are focused on individual personally-mediated actions and are reactive. There is no strategic plan to address institutional/structural factors that may be perpetuating disadvantage for people from minoritised ethnic groups.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A senior officer oversees the development of a co-produced strategic plan aimed at delivering race equity across every area of the organisation.

This uses disaggregated data to analyse and identify any racial and ethnic disparities. This establishes a baseline. The board takes full responsibility and commits to improve any disparities.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

There is a strategic plan in place aimed at delivering race equity across every area of the organisation.

This uses appropriate data, which is disaggregated and analysed to identify any racial and ethnic disparities.

The board takes full responsibility for any disparities, for which they provide a plausible explanation. If these disparities cannot be explained, then the board undertakes reform with an agreed timeframe for reform.

The strategic plan outlines strategies with associated actions to ensure proportionate staff representation at all levels; equity in appointments; promotions; pay; career progression; staff experience; training; differential attainment; disciplinary action and referrals to the General Medical Council or other professional regulatory bodies.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

There is a strategic plan in place aimed at delivering race equity across every area of the organisation.

This uses appropriate data, which is disaggregated and analysed to identify any racial and ethnic disparities.

The board takes full responsibility for any disparities, for which they provide a plausible explanation. Disparities that cannot be explained are reformed using formal improvement techniques. Progress is monitored with formal metrics which are reported internally and externally, and the board is held accountable for this improvement. There is a continuous approach to improvement.

The strategic plan outlines strategies with associated actions to ensure proportionate staff representation at all levels; equity in appointments; promotions; pay; career progression; staff experience; training; differential attainment; disciplinary action and referrals to the General Medical Council or other professional regulatory bodies.

Addressing concerns

6

Ensure your staff support service offers effective, confidential and independent points of contact to support minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Most staff are unaware of the support services available to them in the organisation if they are subject to racist bullying from their colleagues or managers.

Signposting to support occurs in some cases. Support relies on the competence of their immediate managers.

Freedom To Speak Up (FTSU) Guardians are not involved in many cases.

There is a low awareness of the FTSU Guardian role and few incidents are raised or investigated.

Staff confidence that actions will be taken is low.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation has made some efforts to make staff aware of what actions will be taken and how they will be supported when racism/discrimination is reported.

The process is not consistently followed across services. The organisation has good policies to deal with personally-mediated racism. The organisation has poor understanding of structural factors that can lead to discrimination.

More staff are aware of the FTSU Guardian role in supporting them should they experience racism or discrimination.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has provided confidential and independent points of contact in most cases where racism and discrimination are reported.

The process is followed across all service lines and staff at all levels are familiar with the process. The process is not always effective in helping the individual feel supported. Staff may continue to lack confidence that the process is effective.

Data is collected on differential outcomes based on ethnicity in career progression and pay.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Confidential and independent points of contact are available in all cases, and the support is effective and timely.

Staff have confidence that actions will be taken to support them.

The organisation reviews its processes for career progression and access to training to ensure that there is no bias.

Data on the process is collected and reviewed at senior level with gaps identified.

The FTSU Guardian role is effective and plays an active role in enabling people to come forward when there are concerns.

The organisation recognises that tackling the structural nature of discrimination is a workforce wellbeing and retention issue.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation manages all reported instances of racism and discrimination effectively.

The organisation recognises the structural factors that lead to discriminatory experiences and is continually monitoring the data on disciplinary action, career progression and differential attainment. Data is made available to staff in the organisation as well as external agencies including regulators.

Staff are aware of and feel confident about the independent and confidential support on offer, actively seeking it out when necessary.

The organisation is continually learning from the data and developing systems to improve staff wellbeing and experience.

Addressing concerns

7

Have clear policies and procedures for staff to report any instances of bullying, harassment or concerns about discrimination around career progression, differential attainment and disciplinary action.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

The organisation has little awareness of what proportion of minoritised ethnic staff are put through disciplinary proceedings or experience racism.

Some policies exist, but these are not embedded in the culture and practice of the organisation, and do not benefit staff.

Concerns of racism or discrimination raised by staff are usually dealt with informally and rarely investigated properly.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation has appropriate policies and procedures to deal with complaints of racism/discrimination, but these are not consistently applied across all services and teams.

There is acknowledgement of differential attainment, disparities in career progression and pay and the proportion of minoritised ethnic staff being put through disciplinary procedures.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has policies and procedures that are implemented across different services to deal with racism, discrimination and differential progression and experience at work.

The organisation collects data, analyses it, and is able to recognise disparity by ethnicity when it occurs.

Prompt and effective action is taken when there are complaints, to investigate and address any concerns identified.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation publishes an anonymised report of all such complaints and their outcomes every 12 months.

There is a robust system in place to investigate concerns raised by minoritised staff and appropriate disciplinary and reformative action is taken against any member of staff found guilty of racist bullying or harassment.

There is scrutiny of the processes by champions who are independent of the service and outside the direct line management structures of each service.

Feedback from people who have made complaints is used to improve the process.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation regularly reviews all their policies and procedures to identify areas that can lead to differential, access to experience and outcomes for staff of all ethnic groups.

This includes career progression, staff entering disciplinary processes and differential attainment, including pay gaps by ethnicity.

The organisation learns from the data and works collaboratively with staff using their feedback to develop robust mechanisms to improve outcomes for all staff.

Addressing concerns

8

Emphasise and follow through on a zero-tolerance approach to racist behaviour from patients and their carers towards all healthcare staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

The organisation may have a zero-tolerance policy but teams and staff are not aware of it. Incidents of racism from patients are reported occasionally.

There is no support for staff who are subject to racist behaviour from patients or carers.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation has a clear policy on zero-tolerance to racism and some managers and staff are aware of it.

Support for staff who are affected is not consistently provided.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

There is a clear process for reporting any incidents of racial abuse from patients or their carers.

The organisation has a zero-tolerance approach, and this is visible in clinical areas.

Support is provided to all staff who have been subjected to racism. Staff are enabled to report any incidents promptly.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation uses data to inform approaches to reduce incidents of racist behaviour.

Staff are consulted in developing systems to protect them from racial abuse and harassment. Human Resources (HR) and Occupational Health (OH) support are offered as standard. All staff are aware of the support available and their right to report to the police.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation uses data on the incidents and how effectively each incident is managed, to develop and implement a longer-term strategy.

Staff feel that incidents of racism from patients will not be tolerated, and effective action will be taken. The data is used to improve reporting systems. There are ongoing efforts to prevent such instances where possible.

Equity of opportunity

9

Take an evidence-based and objective approach to recruitment and promotion activities, including de-biasing the recruitment and promotion process, rather than relying on training to de-bias panels.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Recruitment and promotion is delegated to HR, who may or may not have a good understanding of Equality Diversity and Inclusion (EDI) issues. HR might have produced guidance/report around recruitment but have done this unilaterally and are likely to have been under-resourced.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

HR have main responsibility for race equity and recruitment in the organisation.

There is an emphasis on EDI training and unconscious bias training of individuals involved in the recruitment and promotion of others.

There may be an EDI lead involved in the recruitment process.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A senior leader on the board has overarching responsibility for ensuring equity in recruitment, promotion and career progression in the organisation. This is a key issue for the board as it has been recognised as a workforce priority that affects recruitment and retention.

The organisation is developing a systematic approach to de-biasing the entire recruitment and promotion process as per Roger Kline's "No More Tickboxes". This involves removing bias from processes by understanding how bias and stereotypes affect decision making and how to mitigate this.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

This is a priority for the board and is led by the Chief Executive and Chair of the board.

There is a fair process to recruitment and promotion which follows the lines of Roger Kline's "No More Tickboxes"

A "public health approach" is taken, from the advertising of jobs to the on-boarding of staff and subsequent appraisals.

Disaggregated data is used to identify, assess and understand any disparities across recruitment and promotion. There are action plans in place to address any disparities.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

This is a priority for the board and is led by the Chief Executive and Chair of the board.

There is a fair process to recruitment and promotion which follows the lines of Roger Kline's "No More Tickboxes"

A "public health approach" is taken from the advertising of jobs to the on-boarding of staff and subsequent appraisals. Disaggregated data is used to identify, assess and understand any disparities across recruitment and promotion. There are ongoing actions in the strategic plan aimed at continually monitoring and addressing any disparities in recruitment, promotion and career progression. The organisation is proud to publish their data on recruitment and promotion and can link this to improvements in retention.

Equity of opportunity

10

Provide mentoring (including reverse mentoring), coaching and sponsorship to all staff, including at least a proportionate number of minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Mentoring may occur, but this is informal; organised by individuals between themselves and not supported by the organisation.
There is a "Tap on the shoulder" approach to offering stretch opportunities, which is very dependent upon individual relationships.
The organisation may not be aware mentoring is taking place.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation supports employees to take up mentoring.
Mentoring and coaching is advertised to individuals in the organisation, but not in a systematic way.
Stretch opportunities are offered/advertised, but not in a systematic way.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

Mentoring and coaching is offered to all relevant staff, as standard.
The organisation uses an "opt-out" approach. This will likely be time-limited and may require a waiting list.
Stretch opportunities are listed, advertised and offered to all staff who have reached the appropriate grade. This should be determined by a panel, using an evidence-based approach taking into account those most likely to be disadvantaged, and thus have greatest need, e.g. International Medical Graduates (IMGs).

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Mentoring and coaching is offered to all staff. A mentoring scheme exists that is linked to stretch opportunities, e.g. acting up, secondments, involvement in projects.
This should be monitored formally, in particular, for the proportion of minoritised ethnic staff taking up the scheme.
Senior leaders with high level decision-making responsibility actively sponsor and champion programmes that support minoritised ethnic doctors, thus demonstrating the importance of these individuals to the service.
Progress on the staff mentoring scheme should be reported to the board annually, including numbers taking up the scheme; the proportion of minoritised ethnic staff taking up the scheme; feedback from participants (mentors and mentees); the numbers of stretch opportunities generated and evidence of change in career progression (as the scheme matures).

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

A mentoring scheme that includes reverse mentoring with senior staff is in place. All staff are aware of it, and it is a standard part of staff development.
The organisation also supports and organises mentoring with external mentors in relevant senior positions.
Senior leaders actively sponsor and champion programmes that support minoritised ethnic doctors.
Progress on the staff mentoring scheme should be reported to the board and linked to business support and outcomes.
The information should be used to develop and improve services and drive innovation in workforce recruitment and retention.

Organisational culture

11

Create a culture that firstly, feels safe for all staff and encourages openness and honesty at all levels within the organisation about racism, intersectional discrimination and its impact, and secondly, is a welcoming and inclusive workplace environment for minoritised ethnic staff, so that they feel as supported, respected and valued as their non-minoritised peers.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Ad hoc conversations take place around racism and intersectional discrimination through occasional small-scale events, intranet news items or blogs.

The Learning and Development Department or Medical Education Department circulate ad hoc links to events around tackling racism from outside of the organisation.

Schwartz Rounds or similar safe exploratory spaces are available in the organisation, although not necessarily being used to explore issues around racism yet.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

Organisational communication/images/resource packs such as recruitment packs and events, acknowledge the actual diversity and aspired inclusion; as well as representation of minoritised ethnic staff at all levels of the organisation within its workforce.

The organisation has a calendar of important dates such as key events for independence days of various ex-colonies and Windrush Day, as well as key religious celebrations.

Events around cultural and ethnic diversity and structural and institutional racism are facilitated by experienced internal or external facilitators who can create curious and safe spaces.

Leaders in the organisation are role modelling openness, curiosity and humility. (See no 1 Leadership and strategy).

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has a co-produced strategy for creating an environment that feels safe and welcoming for minoritised ethnic staff.

It has a regular programme of events, reaching and engaging all parts of the workforce, that creates and maintains psychological safety and curiosity to explore the issues around institutional and structural racism. The events are working at multiple levels – from across the organisation, to smaller, more team or service-based levels.

The events feel safe and are facilitated by experienced internal or external individuals who can hold the space to encourage genuine exploration of difficult feelings.

The organisation is using feedback to continually improve the psychological safety and effectiveness of these events.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation is delivering and monitoring the effectiveness of its co-produced strategy to create a safe and welcoming environment for minoritised ethnic staff.

The organisation is using regular events where racism and its impact is being safely and curiously talked about across diverse staff groups. This is used as a way of feeding into all aspects of its strategy as part of its co-production.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The co-produced strategy for creating a safe and welcoming environment for minoritised ethnic staff is being continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned, shared and reciprocated outside of the organisation.

The organisation's leadership acts as ambassadors and influencers for change across the system.

Organisational culture

12

Facilitate the development, growth and ongoing sustainability of an effective staff network for addressing the needs, views and concerns of minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

A staff network for minoritised ethnic staff may exist; it regularly engages a small proportion of the relevant staff population.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

A staff network for minoritised ethnic staff is in place and has a chair; it regularly engages about 1-3% of the relevant staff population, meets regularly, and is formally reporting through organisational governance structures.

The network chair is part of a regional or national network chairs' group that provides mutual learning and support.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A staff network for minoritised ethnic staff is in place and has a chair who has a job description and has dedicated resource, support and time to fulfil their duties; it is engaging 7-10% of the relevant staff population.

Particular attention is being paid to actively include staff who are not desk based (don't access the internet and emails) and routinely work unsocial hours; to ensure that staff are given protected time; to attend meetings.

The network is formally reporting through organisational governance structures and is a significant stakeholder in the co-production of organisational strategy on tackling racism. (See no 1 in leadership and strategy).

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

There is a well-established minoritised ethnic staff network. It engages a representative range and significant proportion of the relevant population. The chair has dedicated time and resource to conduct their duties and has cross-organisational level of influence stemming from regular meetings with the Chief Executive and Executive Leadership team.

The network formally feeds into and supports continual improvement of the strategic vision and operational processes of the organisation. It affects change around tackling racism in the workplace.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The staff network for minoritised ethnic staff is being continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned and shared outside of the organisation.

The organisation's leadership acts as ambassadors and influencers for change across the system.

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ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Specific sections of the medical workforce

13

Increase organisational awareness that International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors are more likely to experience racism and gradism in the workplace.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Some IMGs and SAS doctors' line managers have an awareness of the biases that these cohorts may experience and are supporting them through their own initiative.

Mandatory data is collected through the national NHS Staff Survey and reported through the WRES and MWRES.

The organisation has data on the number of SAS doctors it employs, including as long-term agency.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation's leadership (including the senior responsible officer), medical staffing personnel and the key staff in the communications department have an in depth understanding about the racism, gradism and intersectional challenges that IMGs and SAS doctors experience.

IMGs and SAS doctors' journeys are being celebrated in the organisation's news stories/blogs, on the intranet, etc.

The organisation is developing a system to collect data about the number of IMGs (across all grades), that it employs, including those working as long-term agency staff.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

Deep understanding about the racism, gradism and intersectional challenges that IMGs and SAS doctors experience is part of the annual appraisal process for the organisation leadership (especially the senior responsible officer), medical staffing personnel and medical line managers.

The organisation has a senior leader - who is accountable for and who has the appropriate authority over - the collection, monitoring and reporting of data on the number of IMGs (including agency staff and all grades) in the organisation. This person reports to the Medical Director and the board.

This senior leader is working with NHS Staff Survey systems to ensure that Staff Survey data is collected and is granular enough to demonstrate the experience of IMGs across all MWRES indicators.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Disaggregated data from the NHS Staff Survey about the different minoritised ethnicities and intersectional characteristics, e.g., gender, grade, country of primary qualification is routinely being collected and monitored with disparities reported to the board which has accountability for them to be acted upon.

This data contributes to the wider organisation's awareness of increased challenges faced by IMGs and SAS doctors.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

Organisational awareness about IMGs and SAS doctors' specific needs is continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned and shared, including outside of the organisation.

The organisation's leadership acts as ambassadors and influencers for change across the system.

Specific sections of the medical workforce

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For International Medical Graduates (IMGs), provide appropriate early pastoral, practical and professional induction and support and address disproportionate referrals for disciplinary action using appropriate local measures.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Some line managers are providing additional support to IMG staff who are new to the UK, in keeping with their additional acclimatisation needs.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation's Workforce and EDI teams have signed up to the NHS Employers Welcoming and Valuing International Medical Graduates Guide.

The senior responsible officer, postgraduate medical education department and all medical line managers are aware of its recommendations and are using it in a non-systematic way to support new IMG staff.

The organisation is routinely signposting IMGs who are new to the UK, to the NHS E-learning portals "Supplementary resources to support induction to professional medical practice in the UK".

The postgraduate medical education department has made a commitment to address differential attainment amongst its IMGs.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has co-produced an implementation plan for embedding the NHS Employers Welcoming and Valuing International Medical Graduates Guide and has a monitoring data set in place which is reported monthly to the board.

The postgraduate medical education department has developed a co-produced plan to address differential attainment amongst IMGs in the organisation.

The senior responsible officer has developed a co-produced plan to address disproportionate IMG referrals for disciplinary action.

The organisation has appointed an IMG lead or tutor, who has adequate job-planned sessions and administrative support, in order to provide expertise and oversight into development and implementation of the above three plans.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation's workforce team is delivering on its NHS Employers Welcoming and Valuing International Medical Graduates Guide Implementation plan and is getting feedback from new IMGs to facilitate continual improvement.

The organisation is delivering the plan for addressing differential attainment amongst IMGs and reporting on progress with demonstrable year on year improvement.

The organisation is delivering the plan to address disproportionate referrals for disciplinary action with demonstrable year on year improvement.

The organisation views its IMGs as an asset to be celebrated and to learn from, demonstrable through equitable representation in resources, communications, events and awards.

The organisation is assessing and addressing capability deficits in operationalising this work.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation is sharing best practice with others in the system about a) implementation of the NHS Employers Welcoming and Valuing International Medical Graduates Guide, b) addressing the attainment gaps for IMGs, c) addressing disproportionate IMG referrals for disciplinary action and d) celebrating and learning from IMGs.

This may be through published articles, case studies, conferences, peer support and /or leadership action learning sets.

Specific sections of the medical workforce

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For Specialty and Specialist (SAS) doctors, who are more likely to be minoritised ethnic staff, implement the British Medical Association's (BMA) SAS Charter in full.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Some line managers of SAS doctors are ensuring that SAS doctors have a job plan with adequate and proportionate Supporting professional activities (SPAs), access to educational and career development opportunities.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation has signed up to the BMA's SAS Charter and assessed its current level of maturity using this evaluation kit.

The organisation has appointed an SAS Lead or Tutor with adequate job-planned sessions and administrative support to be able to provide expertise and oversight to deliver the SAS Charter.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has co-produced an implementation plan using this checklist for delivering on the SAS Charter, with the SAS Lead or Tutor providing expertise and oversight.

There is a mechanism in place for collecting, monitoring and improving data to support the delivery of the SAS Charter using this monitoring tool.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation is delivering its SAS Charter implementation and is demonstrating year on year improvement using the monitoring tool.

The organisation views its SAS doctors as an asset to be celebrated and to learn from, demonstrable through equitable representation in resources, communications, events and awards.

The organisation is assessing and addressing capability deficits in operationalising this work.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation is sharing best practice with others in the system about implementation of the SAS Charter and celebrating and learning from SAS doctors.

This may be through published articles, case studies, conferences, peer support and /or leadership action learning sets.