# **Priority 1: Embedding inclusion, wellbeing and mutual support at the heart of the department, and equipping our leaders of tomorrow**

The Department of Psychiatry is proud to be among the top departments in the University of Oxford for staff satisfaction (Appendix 1: Figure 17), but we are not complacent. Our aim is to capitalise on this success and strive to become sector leaders in creating a positive, inclusive working culture for all staff without compromising our world-leading research output. Our close relationship with other Neurosciences departments and MSD more broadly will create pathways to share good practise and support other departments to diversify their leadership and develop inclusive cultures

**Main drivers:**

* Become sector leaders in creating a positive working culture by building on citizenship and developing future leaders
* Support inclusive working culture at the group and department level

**Main areas of focus:**

• Continue to develop our governance structures which embed EDI and have People and Culture as a high-profile activity

• Support staff from recruitment, induction and throughout their time in post

• Workload and work/life balance

| Activity | Rationale | Action | Responsible (**Overall)** and timescales (High/Medium/ Low priority) | Outputs/success measures |
| --- | --- | --- | --- | --- |
| **Create an ‘emerging leaders’ pathway going from starting to gain independence to becoming an established, confident PI and group.** | **Utilising PI peer network, create a ‘transition’ package for emerging PIs.**Despite an increase in successful female promotions during the past review period (Appendix Table 38 & 39) showing 17 regrades and 8 promotions to AP (4 male regrade and 2 male APs) there is still a dominance of males in senior roles (Appendix Figures 28 –32).Psychiatry has seen immense value from developing a flourishing peer-peer support network for current PIs. A specific outcome from this is the recognition that newly promoted PIs are less sure about their independence from their original line manager. We now plan to utilise our PI peer support network to support the female PIs of tomorrow as they work towards group leader status. | **1.1** Identify **e**merging PIs in two ways - ‘Potential PIs’ will be identified by collecting information about those submitting their first grants, and ‘new PIs’ will be identified by collecting information about recent success in fellowship/substantial grant applications and those who have recently been promoted to AP. Maintain awareness of gender ratios in identification process.**1.2** Pair new PIs with a more senior PI to offer PDRs (not the original line manager) for a three- year period, after which they join the general peer-to-peer PDR structure**1.3** Ensure new pathway is co-created by new female PIs to identify the factors they need most help with. **1.4** Results shared with MSD EDI community to promote good practice. | **HAF**, PIs, **AHoD PCC,** AHoD R**Medium priority -** Launch in 2025 | At least 50% of emerging PIs to be female.Positive impact reported from department-led focus group and feedback session after first year/ cohort to assess scheme development.   2 roles in citizenship and senior positions held by members of Emerging leaders pathway, reflecting increased visibility in Department  1 member of leaders pathway achieves full professorship title.20% overall increase applications for promotionAchieve a 20% total increase in roles above grade 8 for females.  |
| **Demystify RoD for mid-career researchers** The RoD exercise is the process by which most researchers gain professorial title and enter our academic leadership.Whilst we have increased the number and proportion of women achieving this title since 2018 from 3 (25% of Titular Professors, TP) to 6 (32% of TPs) with direct support for senior staff from the HoD, AHoDs and more. Further action is required earlier in the pipeline to equip mid-career staff (amongst our most diverse staff groups) with clear pathway to title with support for long term career and output planning. These peer-based actions are designed to support our leaders of tomorrow to develop towards and succeed in order to improve our academic gender balance. | **1.5** Develop a ‘RoD Crash Course’ workshop session, including vital information, how to build a 5 year plan, and including the experience of staff who have been through process. If the course is successful based on success measures this learning will be shared with other departments**1.6** Have as diverse an internal panel as possible for gender and race inclusivity | **HAF**, PIs, **AHoD PCC****Medium priority** - Ahead of next round in October 2024 | 70% attendance at workshop and collection of constructive feedback following workshop90% of those who attend workshop report that the process of applying for RoD is clear.  |
| **Pilot short-term career coaching for newly appointed PIs** According to peer supported discussions in the departmental PI lunch, one of the barriers for women at post-doctoral level and in the early stage of an independent academic career is a more complex transition than their male counterparts. Formal coaching can help to manage thisPilot department coaching scheme has focused on a range of topics affecting staff and this experience will be used to develop PI specific sessions.  | **1.7** Design PI specific coaching scheme with support from departmental expertise. Offer coaching to all new PIs as part of the ‘emerging PI’ pathway**1.8** Offer opportunity for PIs to be trained in effective coaching skills. **1.9** Identify coaches from University coaching network where necessary to supplement internal support.**1.10** Conduct monitoring questionnaires before and after coaching to measure impact | **HAF**, PIs, **AHoD PCC****Medium priority** Launch in 2025 | Collect impact data at completing of coaching sessions and after 1 yearIf impact is clearly identified (>70% report positive outcomes) increase the offer coaching to potential PI group.  |
| **Offer training to newly appointed academic PIs and line managers on people and project management** RS and PSS Women managers felt less confident in financial and project management in the 2023 SES, for example only 64% of academic women compared to 88% of men felt confident in applying HR policies on staff management and advisement (PPS-F = 56% vs 67% PSS-M). This is also reflected in financial project management (66% AF, 88% AM).  | **1.11** Develop bitesize sessions on priority areas as informed by SES. Include a schedule of one training session per term on a rotating basis**1.12** Work with PI peer network and line managers to identify further subjects**1.13** Use feedback to identify future sessions and update the PI handbook**1.14** Open up training to external PIs and managers to share good practice | **HAF,** PIs, **AHoD PCC****Medium priority**Launch in 2025 | Measured feedback across sessions is on average 70% positive20% point improvement in SES data by 2027  |
| **Build departmental values of inclusivity and citizenship into leadership processes** | **Offer Inclusive Leadership Training to leaders**Academic leadership has traditionally emerged through attaining prominence in a research field, and not necessarily as a result of good practise and good management. In Psychiatry we believe a good leader must also be a good/inclusive manager. We will build in an expectation that inclusive leadership training (such as that provided by MSD) is a pre-requisite for departmental leadership roles. | **1.15** Department to require attendance and provide culture and inclusive leadership training. **1.16** After training PIs to share learning in peer forum | **HAF**, PIs, AHoD PCC**Medium priority**Launching in 2025 | 2 PIs receive inclusive leadership training per year from 2025 |
| **Introduce minimum expectation for citizenship in leadership and recruitment processes**As with many institutions Psychiatry have noted the over-reliance on female members of staff to drive culture change. Whilst the overall gender balance of the PCC WGs is representative of the Department, they are often led by women or other minoritised groups.To reward women taking a leading role in culture change, and require more even gendered support we plan to build leading citizenship as a pre-requisite for leadership pathways.We will include a requirement to demonstrate personal commitment to positive research culture or equality in all recruitments for group leader/PI. We will develop standard questions to interrogate this at interview as informed by our published Behaviours Framework. | **1.17** Adjust Department job description templates to reflect citizenship requirements.**1.18** Co-develop interview questions for use in all group leaders’ recruitment**1.19** Co-develop **i**nterview questions for all line manager recruitment | **HAF**, PIs, AHoD, HRM**Medium priority** Launching in 2025 | 30% number PCC WGs co-led by men; 100% applications to RoD include PCC WG leadership by 2027At least 50% of People and Culture WG leaders supported through promotion processes to associate or full professorInterview questions co-developed and disseminated to all academic recruitment panels by 2027 |
| **Support development of guides for research group culture** | **Share and harmonise research culture best practice across research groups**Focus groups highlighted that there is a large discrepancy across research groups in terms of research culture. In response to this, we launched a ‘lab handbook’ initiative. Lab handbooks are living documents that describe a group’s unique practices, culture and expectations. They are an established way to improve transparency and communication within groups, and encourage best practice. Research groups have begun to co-develop lab handbooks following department commitment with led writing sessions and circulation of example handbooks and we will continue to support this going forward. They will form one metric of a Psychiatry accreditation scheme for a ‘good culture award’, which is designed to encourage the adoption of best practice across groups | **1.20** Support all groups in the Department to develop a lab handbook, containing agreed codes of conduct and improving transparency of information about group culture**1.21** Share handbooks, good practice and guidance at PI peer to peer sessions, and beyond Psychiatry**1.22** Implement research group accreditation scheme. Through this scheme, research groups will be able to apply for a ‘good culture award’. To apply, groups will collect and submit key metrics about their group (including having a lab handbook, uptake of staff training days, attendance at key EDI and good culture training events). | HoD, **AHoD PCC**, Mental Wellbeing WG leads**Medium priority** continue lab handbook support and monitoring throughout 2024, with accreditation to launch in 2026 | All of PI-lead research group have shareable lab handbook by 2025  Pilot accreditation scheme feasibility and acceptability is measurably positive through quotes and possible surveys. Following successful pilot,  60% of PI-lead research groups win accreditation by 2029  70% of people rate favourable in group researcher voice question  |
| **Improve good working practices to support the mental wellbeing of members of staff and students, with a particular focus on work-life balance and excessive working hours** | The most recent SES suggests that the Department generally does a good job of looking after the wellbeing of staff and students, but there are still a number of examples of gendered differences in responses: **Students** report that their health and wellbeing are adequately supported at work - 67%F 83%M, and that they can meet the requirements of their work without regularly working excessive hours - 81%F 50%M (Appendix Figure 16).**Staff generally**: report that their health and wellbeing are adequately supported at work 77% (up from 70% (in 2021). However, there was still a small gender gap: 75%F vs 79%M **Staff with caring responsibility:** (who are more likely to be women) are less satisfied with workload (57% of carers are able to strike a good balance between work and home life compared to 71% of non-carers) | **1.23** Offer mental health first aid training to managers and supervisors including how to help in a crisis and how to support day to day wellbeing for females in affected groups**1.24** Hold a panel/workshop session on time management and discussing how we can achieve effective work-life balance. Suggested panel to include senior female leaders and those with caring responsibilities.**1.25** Strengthen relationships between Psychiatry and University support services for female wellbeing and thriving at Oxford, with support to host bespoke sessions at Psychiatry**1.26** Introduce a private reporting scheme when members of staff can let us know if they feel they work excessive hours allowing greater monitoring across groups**1.27** Include ‘leading by example: work-life balance’ section in PI handbook. | **Mental Wellbeing WG,** PIs, HAF**Medium priority** start in 2025, and repeat wellbeing events at least annually | Good uptake of mental health first aid training (>60% attendance every other year).Hold two annual wellbeing events targeting issues prioritised by PPC with 60% saying they found the session useful with attendance from females in affected staff groups.Using the pilot ‘excessive working’ reporting scheme (by 2026)  By 2028 full scheme to be functional with 3 positive feedback examples reported by female users.Increase student positive survey response to >70% for M+F in support at work and meeting requirements without excessive hours.70% of carers report a good balance between work and home life in line with data reported by non-carers in the SES |

# **Priority 2: Inclusivity – Making Psychiatry an attractive and welcoming place where everyone has a voice**

Psychiatry have made huge strides to improve our culture, including monthly HoD briefings, the roving HoD scheme (where the HoD visits research groups as part of their regular team meetings), themed culture months, improved communications, and an extremely active PCC and its WGs. We’ve focussed on gender inclusion and creating structures that embed culture, equality and inclusion into our day-to-day business and our governance structures. As a result we have seen improvements in the most recent SES on a sense of belonging (84% I would recommend the department as a great place to work), inclusion (88% I feel integrated into my team, 87% I feel able to be myself at work), communication (86% saying communication in the department is open and effective) leadership (84% my department is committed to promoting EDI, 80% senior leaders make the effort to listen and to communicate) belief in action (66% believing action will be taken in response to SES results) having a voice (63% say they have a voice on issues within the department).

In the 2023 SES, we were first among 16 MSD departments for staff satisfactions across 7 of 18 themes, and top 4 of 6 more, representing a significant improvement since 2021 through sustained culture activities at the heart of departmental decision making, and visible senior role modelling.

However, we can always do more and we have taken the opportunity to examine broader EDI and intersectional areas of differential experience in our staff and student body, identifying areas where we can build on this excellent practise to improve the involvement of staff and students in EDI activity, and to improve the sense of inclusion and belonging for all staff groups.

**Main drivers:**

* Maintain our leading position within MSD
* Improve the sense of inclusion and belonging for students, BME and LGBT+ staff

**Main areas of focus**:

* Improve the involvement of students in departmental life
* Increase the number of staff and students involved in EDI/PCC
* Specific actions for groups who rate inclusion lower – students, BME and LGBT+ staff

| Activity | Rationale | Action | Responsible **(overall)** and timescales (High/ Medium/ Low Priority) | Outputs/success measures |
| --- | --- | --- | --- | --- |
| **Improve the involvement of all students in the Department**  | **Improving student consultation and voice**The 2023 student survey had a low response level (36% completed the survey) and previous student barometers had similarly low response levels around 10-12%. Ensuring students have effective feedback mechanisms to make themselves heard in the Department is key to them feeling included in the life of the department. | **2.1** Encourage greater survey response rates through consultation and engagement activities with students, and supplement with student focus groups if needed. **2.2** Hold a regular Town Hall meeting with the Psychiatry SMT and students only to hear what they have to say, focused on Department life. | **DGS**, Career Development WGs, HoD**High priority** – start actions in 2024 and repeat annually | Increase student survey response rates to at least 50%, with similar rates for male and female students (max 5% gender variance)Hold a Town Hall meeting with students each year from 2025 |
| **Improve feelings of student integration in the Department** | **Involving students at the heart of departmental activity**In 2023 students showed low rates of feeling integrated in Psychiatry at 48%F and 42%M compared to research staff integration at 71%F and 72%M.47%F and 75%M felt they had the opportunity to contribute their views before changes are made that affect them (compared to. 60% of all staff).In addition, only 38% female students compared with 58% male students felt that management and decision-making processes were clear and transparent in the department | **2.3** Increase representation of students on People and Culture WGs and other decision making committees by including sign up opportunities at all major student events (including induction) and increasing communication about the role of these groups.**2.4** Use ‘good conference guidelines’ by inviting students and early career researchers to ask first questions in all departmental talks and to be offered the opportunity to meet with speakers in a dedicated session. **2.5** Ensure students are able to meet and engage with HoD – eg invited and included as key members of ‘roving HoD scheme where they visit each lab as well as Town Hall meeting described above **(see: Action 2.2)****2.6** Organise and run a student themed month as part of People and Culture activities, including a focus on themes raised as part of the consultation process**2.7** Improve featuring of students in Department communications - e.g. student section in the HoD briefing and News Digest, and yearly Away Day. |  | Increase positive student inclusion ratings to 70% (similar to staff) without marked gender differencesCapture data on involvement of students in People and Culture WGs, and other key committees, with at least 1 student in each group  |
| **Increase the number and proportion of departmental staff sitting on People and Culture WGs** | **Involve more staff and students in departmental decision making**The PCC includes the chairs of each WG as well as defined positions of responsibility (including HR, research advocates, and more). To ensure balanced representation it is important that we reach groups who may not be represented, for different reasons. There are 18 F and 3 M on the current oversight committee but no male working group co-leads.Though departmental staff score highly in the recent SES on voice (I can have a voice in my department ~60% all gender/role groups, +12% above the average from the division), learning from colleagues in NDS (another department in MSD) they improved voice, access to leadership and transparency by involving more staff in their governance. | **2.8** Give the opportunity to all staff and students to join a People and Culture WG through email invitation and department advertising.**2.9** Increase awareness of the importance of good citizenship for researcher voice and also for promotion (see: **Action 1.4)**, merit awards and prizes through the provision of a yearly information drive (which may include posters, panel sessions and workshops e.g. for researchers thinking of applying for title changes).**2.10** Increase incentive structure, through inclusion of culture activities on all job descriptions and in PDR and CDR development. Hear through an anonymous survey what the barriers are to participation and consider these for action in P&C.(See: **Actions 1.14 to 1.17** for inclusion of People and Culture activity in leadership positions). | AHoD P&C, HoD, **HAF****Medium priority** – plan and launch awareness campaign from 2025, and ensure repeat yearly to capture new staff.  | 30% of People and Culture WG (co)-leads are male, reflecting the distribution of the Department.  |
| **Improve feeling of inclusion of disabled staff in Department**  | **Involve disabled staff in the development of the department, including estate planning activities and meet their accessibility needs**In the 2023 SES, of all demographic groups disabled women reported the lowest level of integration in the department (50% F, compared with 80% disabled M, and 64% of all staff). Similarly, in feeling able to contribute to decision making female disabled staff were 20% below the departmental average at 40%.We have an opportunity in the development of a new campus for Neurosciences departments to bring disabled staff to the centre of this space planning, in addition to rolling our Workplace Adjustment Plans as we can see from data when disabled staff adjustments are met their differential experience in the workplace decreases significantly. | **2.11** Involve University accessibility advisor and Department disability representatives in our new building and site project design to ensure the estate we are planning is accessible to them. Continue to involve advisors for our existing Estate**2.12** Embed reasonable adjustment conversations in manager and HR induction processes**2.13** Promote workplace adjustment plans. Identify dedicated budget for funded equipment to meet staff needs.**2.14** Deliver training for PIs, line managers and supervisors on reasonable adjustments in peer to peer lunch sessions – including a focus on neurodiversity. **2.15** Continue to incorporate accessibility in Departmental events and roll out advice to individual groups to cover all meetings and events | **Disability representative, HAF,** AHoD P&C, HR team, PIs**Medium priority -** plan and launch for 2025 | Engagement of University Staff disability group and disability WG in planning by 2024Disability workplace adjustment plans in place by 2026In SES, increase in disabled staff reporting their adjustments have been accommodated ‘*all the time’* from 25% to 45% by 2025, and then 65% by 2029.0% of disabled staff reporting their adjustments are not met (from 11%)Increase in F disabled staff feeling integrated in the department to 50% by 2025, and 60% by 2029 |
| **Improve feeling of inclusion of LGBT+ staff in Department** | **Create an environment where LGBT+ staff feel included and seen**Our trans and non-binary staff are 12% less likely to report being able to be themselves at work, and 43% less likely than cis staff to feel included in social and networking activities.Similarly, our bisexual, gay and lesbian staff are 20% less likely to feel included in departmental activities and have 12% lower inclusion satisfaction. According to SES data, female staff are almost 3 times more likely to be Lesbian, Gay or Bisexual. | **2.16** Support and facilitate events across departments, including MSD LGBT+ staff network**2.17** Signposting university level support, – advocate training, and advertise the LGBT+ staff network at induction**2.18** Use the newsletter to share support available for larger communities within the university, including LGBT+ events**2.19** Facilitate an annual themed month to increase awareness, training, knowledge and promote inclusion including a Pride lecture.  | **LGBT+ representative** and PCC **Medium** **priority** – continued awareness of LGBT+ History month and issues, start 2026 onwards for helping with MSD events. | Host one MSD LGBT staff network event in DepartmentIncreased positive scores from 2023 SES results across staff (with specific review into LGBT+ staff) in relation to questions ‘I can have a voice on issues within my research group’ **and ‘**I can have a voice on issues within my department’ |
| **Improve feeling of inclusion of racially minoritised staff in Department** | **Create an environment where BME staff feel able to be their whole selves in work**Female BME women feel less able to be themselves/engage with Department (F 76% - compared to 88% of Dept. staff overall, representing an intersectional outlier).Focus groups and surveys conducted in 2022 centred on workplace culture and experiences as racialised minorities, identified that some staff felt there was an “inner circle” within the department that made them feel less welcome, that there was “discomfort talking about race”, and that they didn’t feel other staff “understand our cultures”. There were reports of staff being reluctant to speak up to PIs about exclusionary behaviour, with this most impacting staff with multiple intersecting minoritised identities. In general, women reported lower agreement that the department successfully created a respectful working environment and felt less comfortable raising concerns with their PI.  | **2.20** Celebrate the contributions of racially minoritised staff in the department during Black History Month and Race Equality Month. **2.21** Establish welfare officers who specialise in race-related discrimination supporting a safe space for reporting.**2.22** Replace and update Department imagery online and in buildings with more inclusive photos and artwork**2.23 I**nclude race inclusion, cultural sensitivity and for other integration in leadership training activities (see: **Priority 1**) including lab and PI handbooks**2.24** Establish peer support for BME staff/students, with the format guided by BME staff/students. This may include a peer support group, a specific BME welfare officer, a BME online community, or an alternative form of peer support. | **Race equality WG**, aHoD PCC, HoD**Medium priority** – Improve imagery by 2024, establish peer support by 2025 and conduct a inclusive training review on yearly basis from 2024 | Increased positive scores (>80%) from 2023 SES results in female BME staff for inclusion at department to eliminate differences between this intersectional group and department average. |

# **Priority 3: Advancing careers by delivering effective support for all, and targeting career development activity that meet the needs of specific staff groups**

Whilst our 2023 SES results show an improvement compared to 2021 (77% take time to reflect on, and plan for career development compared to 66%, 73% believe they have the opportunity to develop and grow here compared to 65%), there are differences between gender and staff group with, for example, female PSS staff ranking both lower at 56% and 62% respectively. Additionally, less than 15% of staff spend more than 10 days on career development, with 33% of M PSS staff spending no time. We will launch an annual CDR scheme, and encourage all staff to take time for career development. We will also target activity at staff groups who rate career development lower than the average, clinical academics, PSS staff and students.

**Main drivers:**

* Low overall take up of the 10 days available for career development activity
* CDR and career development activity to be available to all staff
* Significant differences between staff groups and gender in survey results

**Main areas of focus:**

* Launch annual CDR scheme for all staff
* Encourage all staff to spend time on career development activity and monitor annually
* Targeted support for clinical academics, PSS staff and students

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| **Activity** | **Rationale** | **Action** | Responsible **(overall)** and timescales (High/Medium/ Low priority) | **Outputs/success measures** |
| **Enable and empower all staff in Psychiatry to access career development support** | **Delivering CDRs across all Psychiatry staff**We have high uptake of PDRs (Research Staff 84% (F88% M73%), PSS Staff 85% (F93% M57%) with 75% of individuals within the department finding these useful. However, PSS male staff find the current PDR system less useful (decreasing by 28% from 2021 and 9% below the departmental average).It is also hoped that a more career-focused CDR option will support PSS Male staff, who find the current PDR system is less useful (-28% compared to 2021 SES results and -9% under the departmental average).A CDR is an annual career-focused conversation (in contrast to the current Psychiatry PDR, which is more job/role-focused) which allows and empowers individuals to approach possible ‘reviewers’ for such a conversation. | **3.1** Launch a updated PDR with incorporated CDR conversation, following the success of the research staff CDR pilot. All staff will be encouraged to have a CDR conversation, normally with their line manager, but is possible with a non-line manager (if requested). **3.2** Monitor annually through the online form how many line manager and non-line manager CDR reviewers and reviewees take part, specifically looking at male vs female and PSS vs academic for both.**3.3** Introduce incentives for being a non line-manager CDR reviewer – advertising how it would contribute favourably to RoD/awards for excellence applications, and group accreditation schemes in the future. Limit the number of people each non line-manager reviews.**3.4** Investigate possibility of recruiting external CDR reviewers for PSS roles, particularly for specific/unusual roles where someone outside the department might be a better reviewer, and roles held by men to provide more sensitive career discussions (noting the relative limitations of development opportunities in the department for some specific PSS roles. | **HAF**, HR, AHoDs, career development WGs**Medium priority** - rollout of CDR in 2024, and then increase uptake of people over time | CDR scheme launched for research and PSS staff by June 202470% of staff undertaking a CDR by 2029Maintain minimum 75% usefulness rating in 2025 and 2027 (equalising differences in the intersection of gender and job role) |
| **Encourage uptake of career development/ training days** | **Extend 10 days career development expectation to all staff, and support access to opportunity and funding**The University’s agreed Researcher Concordat states that research staff should be supported to take 10 days of career development activity per year. In 2023 15% or less of all staff types (academic and PSS, male or female) take more than 10 days of time on career development, with male PSS staff most likely to take 0 days at 33%,At the same time 62% of our female PSS staff are taking fewer than 2 days for development, and reporting the lowest rates of satisfaction at an average of 10% lower than the departmental average across this themeIt is important that our research staff are taking advantage of career development activity, and our PSS similarly have access to high quality training and development activities, particularly our PSS women. | **3.5** Launch ‘10 days’ campaign for all staff, including PSS, to raise awareness of the research concordat and encourage staff to increase uptake of training (eg via panel discussion, posters, article in newsletter, themed months, summary documents of training opportunities, inclusion in lab handbooks). Gather feedback from staff who have taken personal training days and/or used the Staff Development Fund, SDF (see: **Action 3.9)** and disseminate by way of encouragement. Ensure that advertising of campaign also targets line managers, who should also be invested in a member of staff’s career and them establishing connections.**3.6** Improve data collection by asking staff to report the number of career development/training days on updated PDR form, and encourage use of the free-text boxes to list details of such training.**3.7** Encourage use of TeamSeer function for requesting/ recording training on there with details. Run regular reports from both PDR and TeamSeer forms to see how many days are being requested.**3.8** Support more research staff returning from periods of parental leave to access CD support via the Returning Carers fund**3.9** Promotion of Psychiatry Staff Development Fund for PSS development (and its broad scope) - as well as setting up a ring-fence specific dedicated budget for PSS.*See:* ***Action 1.20*** *for uptake of career development days as part of group accreditation*  | **HAF**, HR Team, Career Development WGs**High** **priority** - Start in 2024, with reports on days taken and shared on annual basis**Medium priority** Launch on TeamSeer 2025 | Campaign launched by 2025PDR updated to include CDR career conversations by June 202480% of academic staff take 5 or more development days per year by 2029  40% of PSS staff take 5 or more development days per year by 2029 Have at least 2 PSS applications to the Staff Development Fund each year from 2025. |
| **Improve the support (and satisfaction of clinical academics** | **Provide support and motivation to maintain and increase female clinical academics in the department**Support for clinical academics during the last reporting period has waned due to lack of representation and information collected within the department. As a result and due to the nature of the dual role of clinical staff and lack of time to promote new initiatives it has been difficult to collect resources summarising female clinician need and outcomes.At a national level, the Academy of Medical Sciences reported that one of the key steps to transforming and developing NHS-academic partnerships was to provide dedicated research time for staff (January 2020). Clinical women reported less (-24% in recent SES) satisfaction with the opportunities to develop and grow here in comparison to their male counterparts. Examples given included exclusion from publication and funding opportunities due to reduced presence in the department. By exploring ways to reduce clinical workload and increase presence in the department we hope to support our current and future female clinical academics. | **3.10** Invite applications for a clinical representative to PCC. Recruitment of clinical academics to other working groups to increase voices across the committee.**3.11** Increase engagement of EDI lead at medical school, Angela Minassian on how to support medical students with an interest in academic psychiatry**3.12** Provide peer support and networking for clinical staff, in collaboration with other neuroscience departments (for example Women in Clinical Neurosciences Network, WICN at Nuffield Department of Clinical Neurosciences) and central University**3.13** Take steps to address blended working days where time is split between Oxford University Health Trust (OUH) and department. Initial phase will be to develop a pilot scheme to eliminate blended days where OUH work is scheduled ahead of department research. Collect feedback and assess feasibility with OUH of expansion. | **Clinical representative, HoD,** HAF, Director of Medical Studies**Medium priority** Recruitment of a clinical representative in 2024 to develop the following actions will be key for this objective. | 15 women across junior to consultant level clinicians undertaking paid academic work within the department.A clinical representative will be recruited to the PCC in 2024.2 clinical staff (in addition to HoD and clinical lead) to be present in department working groups by 2026. Host WICN event in Psychiatry in collaboration with NDCN.Collect data from pilot members on blended days.Reduce the number of OUHT morning blended days by 20% for clinical female staff recruited to pilot scheme. Collect feedback from both OUHT and clinical academics. |
| **Improve the support and satisfaction of PSS staff** | **Provide role specific high quality career development and skills training opportunities for PSS< particularly women**10% or less of PSS staff take more than 10 days of time spent in career development. C. 27% female and c. 31% male PSS staff take 0 days of career development.In this year’s SES, there is a 20% point-difference between academic and PSS staff – with F PSS staff responding less positively to ‘I can take time to plan and reflect on my career development’ by an average of 10% in comparison to their male colleagues, with a 17% difference in answering the question ‘I have the opportunity to develop and grow here’ which is a high driver of staff engagement. | **3.14** Promote new Neuroscience staff Excel development course organised for new and current PSS, for learning and networking across departments involving a focus on neuroscience (cross medical sciences division).**3.15** Establish initial alliance with other Neuroscience departments for eg shadowing, peer mentoring, short term secondments and other development activity. Collaborate with central University initiatives like Professional Services Together and Continuous Improvement hubs, to increase sharing and promotion of University and external development resources. Encourage networking by joining University Communities of Practice. Capture resource sharing by eg posting on website, document storage, emails or dedicated mailing lists.**3.16** Support at least one member of PSS staff to attend the highly rated career development programme *‘*Local Continuous Improvement Practitioner’ initiative**3.17** Host a themed month on PSS career development, gathering attendance numbers and feedback comments.**3.18** Host training sessions joint with NIHR Oxford Health BRC for training and capacity building eg around EDI, PPIEP or other areas PSS staff would benefit from.  | PPS Career Development Working group, HoD, **HAF,** Director of Medical Studies**Medium priority** start PSS themed month in 2024, with view to hold a themed month at least every two years. Begin targeted promotion of Excel course and SDF in 2025/26  | Requested reports of attendees to Excel Neuroscience sessions include at least 50% PSS staff from Psychiatry across the 3 x sessions each year. For at least one e-mail per year to come from Neuroscience mailing list and Psychiatry PSS careers mailing list to describe opportunities open to PSS staff. One PSS peer mentoring or short-term secondment per year, every year.  Review and update PSS portion of Psychiatry website and guidance each yearIncrease in female PSS reporting they have the opportunity to develop and grow here’ to >65% (currently 52%)Increase the number of PSS staff taking professional development (eg  at least 50% of PSS staff taking 5-10 days)    Hold 2 training courses/events annually jointly with the NIHR Oxford Health BRC over the next 5 years.   |

# **Priority 4: Bullying and Harassment – prevention and early intervention**

Our actions since 2018 have concentrated on raising awareness around support available, providing bystander training, and holding focus groups to consult with BME and LGBT+ staff. We were disappointed that the number of people experiencing and witnessing unacceptable behaviour increased between 2021 and 2023. Our future actions under this theme are to continue PI/line management peer learning and reflection, equip PI’s and line managers to recognise and combat unacceptable behaviour, and to embed a good research culture using our Values and Behaviours Framework as a starting point. We wish to encourage people to report unacceptable behaviour and to feel that their report has been taken seriously and dealt with appropriately. Finally, we wish to establish a mediation service in the department, and for all instances of unacceptable behaviour to go through mediation.

**Main drivers:**

* Incidents of B&H have increased from 7% (5%F, 10%M) in 2021 to 9% in 2023 (9%F, 8%M). Though this is lower than MSD (11%) and the University as whole (13%), we have a zero tolerance approach
* Incidents of B&H for BME staff 21%, female BME staff 24%, disabled staff 15%
* 18% of female clinical researchers and academics have experienced B&H in the last 2 years, compared with 8% of male clinical researchers, and 7% of non-clinical research/academic staff
* Those witnessing B&H have increased from 10% (10%F,12%M) in 2021 to 15% (17%F, 6%M) in 2023 (BME staff 24%)
* Only 20% (100%F) of individuals reporting H&B were satisfied with the way their report was handled
* AR 73% and PSS 79% women are less likely to trust that reports will be taken seriously (M: 92%)
* Rates of confidence that B&H would be taken seriously lowest for disabled staff 65%

**Main areas of focu**s:

* Raise awareness and improve support, particularly for female clinical and BME staff, and disabled staff
* Investigate and establish mediation
* Training for staff, managers, harassment advisors and welfare officers
* Embed Values and Behaviours Framework
* Encourage more people to report incidences

| Activity | Rationale | Action | Responsible **(overall)** and timescales (High/ Medium /Low Priority) | Outputs/success measures |
| --- | --- | --- | --- | --- |
| **Equip PIs and line managers to understand and recognise combat unacceptable behaviour** | **Continuing PI peer learning and reflection on healthy research culture practices and their importance**2022/3 focus group findings noted that leadership and PIs play a vital role in setting culture. Due to the way some teams are set up, PIs have significant power over more junior researchers. Most of the examples of staff being treated poorly related to PIs or more senior members of staff, but the power dynamic made it more difficult to challenge.Women (73%AR, 79%PSS) are less likely to believe the department will take complaints seriously than men (92% for both AR and PSS) | **4.1.** Continue to hold monthly PI peer to peer sessions at least 9 times per year, to include a focus on B&H and good research culture e.g. the effects of microbehaviours and language in the workplace and the role of microbehaviours and language in group dynamics**4.2.** Complete PI handbook as a living document containing examples of good practice for leading a research group, based on discussion from PI peer learning sessions. Share with all PIs and potential or new PIs. Update as needed on a yearly basis**4.3** Collect examples of patronising behaviour and microaggressions as well as affirmatory behaviour anonymously through a survey open to all in the department and use examples in PI peer meetings for reflection and discussion.**4.4** Provide bite-size training on mediation skills for managers | **AHoD, P&C****Medium priority** Start in 2024, with handbook living document shared in 2025.  | Increase average yearly PI attendance to all PIs to attend 70% of PI meetings by 2029 (pro-rata)Increase average yearly male PI attendance to reflect comparable engagement to female PIs by 2029 Increase in women believing complaints will be taken seriously to >90%  |
| **Providing further H&B related training in the department** | **Communicate support and train our staff in bystander intervention.**We have a zero tolerance approach to B&H but incidents of B&H have increased in the department from 7% (5%F, 10%M) in 2021 to 9% in 2023(9%F, 8%M). Incidents of B&H are higher for BME staff 21%, female BME staff 24%, disabled staff 15% and female clinical researchers (18%).The 3 most common bullying behaviours reported by those experiencing and witnessing B&H were patronising behaviour (47%), microaggressions (47%), and hostility (41%). Those witnessing B&H have increased from 10% (10%F,12%M) in 2021 to 15% (17%F, 6%M) in 2023 (BME staff 24%)The University’s Preventing Bullying and Harassment Working Group found that there was a need for training for all staff and students, especially line managers | **4.5** Provide training to HR staff and line managers on how best to support someone who reports B&H to them. Repeat this on a 2 yearly cycle**4.6** Equip staff to recognise and challenge unacceptable behaviour by providing department wide bystander training every 2 years | PCC, **HAF,** HRM**Medium priority** ongoing 2024-2026 | Increase in satisfaction with the way reports are handled from 20% to 70% with no gender differences |
|  | **Roll out a mediation support service in Psychiatry**18% of female clinical researchers and academics have experienced B&H in the last 2 years, compared with 8% of male clinical researchers, and 7% of non-clinical research/academic staff. This could be due to working in a clinical, rather than an academic environment, so any action would need to involve Oxford health NHS Trust*Mediation as a powerful tool to tackle bullying and harassment**Paper by NHS:* [*https://www.acas.org.uk/early-resolution-in-east-lancs-hospitals-NHS-trust*](https://www.acas.org.uk/early-resolution-in-east-lancs-hospitals-NHS-trust) | **4.7** To investigate joining MSD inter-departmental mediation service currently being piloted in 3 departments**4.8** Provide bitesize training on mediation skills for managers**4.9** Work with OH NHS Trust to reduce incidences of bullying experienced by female clinical staff | **HAF,** HoD**High priority** begin in 2024 | To see reduced incidence of B&H in the SES from 9% in 2023 to no more than 5% and eliminate differences between rates across staff categories/gender. |
| **Facilitate access to support for staff experiencing unacceptable behaviour** | **Encourage and support staff to report and seek support for instances of unacceptable behaviour**Although the percentage of people who have experienced or witnessed B&H has increased, there have been no formal complaints, and few discussions with Harassment Advisors, HA. We wish to encourage people to report this behaviour so we know more about it and can target our actions.Only 20% (100%F) of individuals reporting H&B were satisfied with the way their report was handled The top 3 reasons given by people for not reporting experiencing B&H were they didn’t feel it was serious enough (67%), concerns about being labelled a troublemaker (56%), and nothing would happen (44%).AR 73% and PSS 79% women are less likely to trust that reports will be taken seriously (M: 92%)Rates of confidence that B&H would be taken seriously was lowest for disabled staff at 65%We want more people (particularly women, BME and disabled staff) to have confidence that their report will be taken seriously. The University recently rolled out an anonymous report and support tool as part of their anti-harassment strategy, it is vital that staff have access to anonymous and named routes for support. | **4.10** Advertise the University online tool for reporting bullying and harassment via weekly bulletin, briefings and posters and encourage staff to use it. Act on feedback from central University**4.11** Ensure at least 3 Psychiatry HAs are signed up to the report and support tool**4.12** Host a B&H themed month each year to include panel discussion with bullying and harassment officers, weekly information round ups and relevant activities (e.g. focus groups, talks)**4.13** HAs to meet more frequently (6 times a year) and pass feedback to PC on anonymous points of relevance e.g. which could affect PI session topics or department policies**4.14** Engage with the central University’s Equality and Diversity Unit to provide guidance and training for harassment and welfare officers to help them support staff who have experienced unacceptable behaviour. Consider welfare officers for specific groups, e.g. disabled staff, in addition to BME welfare officer | PCC/**HAF**/HRM**High priority -** Start in 2024 and ongoing | To see reduced incidence of B&H in the SES from 9% in 2023 to no more than 5%, and eliminate differences in all staff categories.See an increase in people feeling able to report incidences, and confident if they do, it will be taken seriously in the staff survey |
| **Use internal information to develop personalised actions in the department** | **Use internal data to build specific anti-harassment strategy**Often poor behaviour is not recognised by individuals until it is brought to their attention, and they have the time to reflect and adjust. There may be patterns of behaviour and department specific activity that we can use to inform specific targeted action.Following publication of the Department’s Framework for recognising values and behaviours in 2022 and since then number of staff reporting that the “department sets clear expectations of behaviour” has risen from 74% in 2021, to 83% in 2023, with the largest increase in FAR (71% to 83%) and M PSS (62% to 92%).We plan to further embed the Department’s Values and Behaviour Framework within the culture of the department. By using the data gathering and other consultation, including utilising the PI peer network to include examples of poor behaviours in the framework, to make it a more effective tool to challenge behaviour | **4.15** Monitor outcomes and identify patterns of behaviour from exit interviews and anonymous reporting with our department in house tool. Use this information for topics for PI or line manager meetings or updates to behaviour and values frameworks and handbooks**4.16** Raise any concerns with HoD for informal intervention**4.17** Complete consultation process to add examples of poor/ineffective behaviours to the framework **4.18** Advertise the framework more widely via departmental posters and incorporation in department imagery**4.19** Include the framework as part of our recruitment (adverts, interviews and job descriptions), online induction and PDR processes**4.20** Recognise and reward good behaviour through PDRs and awards for excellence and good citizenship. | **HAF,** HRM, PCC CM**High priority** launching in 2024 and ongoing | The number believing that the department sets clear expectations of behaviour to increase to 90% by 2029, with no differences in gender or role group |

# **Priority 5: Tackling systemic gender inequality head-on**

The Department of Psychiatry has seen an increase in female staff members in senior roles during the last reporting period, including the recruitment of two female statuary chairs and the promotion of four female APs. Despite progress there are still a number of key objectives addressing gender inequalities needed to foster an inclusive and supportive environment for women's career progression and success. We were able to highlight strengths within the Department community related to flexible working whereby 90% of the female staff reported that the department had enabled flexible working. However, we would like to do more to support formally arranged alternative working schedules to increase support for part time members of staff.

Issues arising from evidence outside of the main SES data were discussed during the self-assessment process. This highlighted key concepts effecting gender equality both within the Department and in the wider University. Focus groups and data gathered by the wider academic community have led to four remaining areas of need as described in this Priority 5.

**Main drivers:**

* To tackle the Gender Pay Gap (GPG) in Psychiatry
* Provide more job security for staff by supporting staff transfer to open ended contracts
* Improve the experience of career pathways for part time staff and members of staff with caring responsibilities.
* Increase visibility of departmental women visible senior positions of responsibility in high level media

**Main areas of Focus:**

* Review GPG across role groups in the department and take steps to address differences.
* Actively supporting staff transfer to Open Ended (OE) contracts
* Address biases in career progression for PT staff and members of staff with caring responsibilities with bespoke support
* Help women develop and access media skills at all levels of their career

| **Activity** | **Rationale** | **Action** | **Responsible (overall) and timescales (High/ Medium/ Low Priority)** | **Outputs/success measures** |
| --- | --- | --- | --- | --- |
| **Tackle the Gender Pay Gap (GPG) in Psychiatry** | **Review the Gender Pay Gap (GPG)**In 2023 the mean pay gap for staff in the Department is 27.3%, which is a reduction since 2022 where it was 33% and is the lowest it has been since 2018. Median pay gap however has been rising to 22.2% in 2023. For the Division this is 20.3% Mean, and 11.1%. Data shows us that the largest gaps in Psychiatry are in the academic group, and this is due to the distribution of female and male staff across different academic role types, and the fact that there are only 2 female clinical academics (who tend to have higher pay), and the rest of our female academics are in pre-clinical roles, or more junior in general. In addition, the spread of staff across the research grades point to a higher than average proportion of female staff in grade 6, and a high proportion of women in lower graded PSS roles, particularly grade 5 which is 100% female. | **5.1** Work with MSD to review the GPG for the Department, looking specifically about the impact of the GPG in different staff groups, using modelling to identify actions that could impact the pay gap**5.2** Conduct an equal pay audit to generate a department benchmark dataset for comparison.**5.3** Publish review and identify actions across the following areas:* Recruitment action, particularly senior academic recruitment
* Bonus review and supplementary pay for clinicians
* Supporting advancement
* Gendered job segregation

**5.4** Integrate identified GPG actions into Athena Swan Future Action Plan by 2025 | **HAF, HoD**, aHoD, HR team **High Priority**: Annual review to be implemented in 2024.  | Parity of pay within grades between males and females, within comparable roles (eg PSS vs academic, senior vs more recent professors) Annual review of GPGComplete review of all staff eligibility of conversion to OE contracts by Summer 2024 |
| **Improve experience of part-time workers and carer-givers, who are majority female** | **Ensure PT staff have access to career development and decision making**–44% lower in the PT females.Increasing awareness of the part-time career pathway is necessary to changes perceptions and decrease unconscious biases towards staff. An informal part-time discussion group was hosted in the department, where staff members were able to discuss working patterns with peers, as well as representatives from HR. It was noted that access to PT roles was not limited however, balancing the reduced hours was a key issue across job role types (PSS, researcher and clinicians) | **5.5** Continue to raise part-time working as a factor for consideration by RoD committees e.g. in HoD letter and in procedure**5.6** Make career development sessions more accessible for PT workers eg through recording, hosting times between 10-3, approving TOIL i.e. coming on a different day if development sessions require it – and making these options more explicit to staff **5.7** Record career development days on online TeamSeer leave system, for tracking by annual SAT review. Staff to made aware of new recording method using established department communications (eg monthly HoD meeting and weekly newsletters) (See: **Action 3.7**)**5.8** Include PT working in PI handbook and specific training/other needs**5.9** Accreditation scheme for groups to include at least 40% of group members recording 80% of career development days, recorded through TeamSeer system (and no discrepancy between FT and PT)**5.10** More formal evaluation of PT working to identify specific challenges using a focus group to explore implicit and explicit biases and their impact on use of PT careers.**5.11** Increase good practice for staff time management skills via training and coaching allocations (see similar: **Action 1.22**) | **AHoD PCC**, HR team, **Family friendly and PT WG****High priority**Increased uptake of training days with incremental increases during reporting period. (SES 2025 and 2027)  | Two PT researchers achieve RoD by 202980% of academic staff take 5 or more development days per year by 2029 with 60% of female PT staff taking 5 or more days. 40% of PSS staff take 5 or more development days per year by 2029. 20% of PT female PSS staff to take 1-2 days by 2025 with next stage target to be set in following SAT.  |
| **Support caregivers access to career development and wellbeing**Researchers were found to be more likely to not have work life balance, and more likely to work excessive hours. Staff with caring responsibility, who are more likely to be women, are less satisfied with workload. In 2023, only 53% of staff with caring responsibilities felt they could meet work requirements without working excessive hours (Appendix Figure 23) and this is reduced further in people with young children (40%) and elderly or dependent adults (30%). In the 2023 SES females with caring responsibilities felt 16% less likely to be supported in career development, both in taking on responsibility and considering potential options compared to other females in the department. It is therefore important to address perceptions within this group, raising awareness of support available.Parental leave survey outstanding from 2018 actions (PAP, 5.1). A new survey is necessary to assess current carers.  | **5.12** Provide clear **‘r**eturn to work’ information and checklist to signpost grant opportunities for staff working PT and with caring responsibilities, to be shared and used during parental leave meetings. **5.13** Increase awareness of how to reflect on career pathways in CV**5.14** Signpost opportunities and support to both new and current caregivers in the department especially accessible funds (eg returning carers fund, SDF) and how to approach standard funding applications. **5.15** Repeat parental leave survey to capture recent and specific department views on current career development support and possible improvements**5.16** Strengthen relationships between Psychiatry and central University Wellbeing Services, with support to host bespoke sessions at Psychiatry | AHoD, **RM**, HR team, **Family friendly and PT WG****High priority**Parental leave survey for staff on leave during 2022 – 2024 period. Update resources and raise awareness for funding opportunities | Issue an updated return to work information and checklist with grant opportunity list (with returning carers fund highlighted)Parental leave survey complete for current 2022 – 2024. 2025 – 2028 follow up parental leave survey to assess changes Host carers targeted wellbeing event at the department and share invite across relevant departments in MSD. |
| **Provide more job security for research staff by providing more stable contracts** | **Move more staff from fixed term contracts**Proportionally women in research and PSS roles are more likely than their male colleagues to be on fixed term contracts – whilst in PSS and researcher this may be a symptom of there being so few men compared with women, but there is a difference between gender groups where in 2022, only 17% of females were on permanent/OE contracts compared to 36% of men. Though the department invited applications from staff who have been in post longer than four to apply for an OE contract, the take up has been low, thus we are planning on taking an active approach here by systematically reviewing staff who have been on successive fixed term contracts, starting with 10 years and moving them on to open ended contracts to provide more job security | **5.17** Launch and communicate departmental open-ended application review. Review staff contracts starting with 10 years, and working backwards over the coming 5 years**5.18** Host PI discussion on key skills required to manage OE application questions and difficult conversations**5.19** Establish a panel to meet termly to review and issue appropriate OE contracts.**5.20** Invite annual neutral observer to attend termly review meetings to ensure best practice, and conduct annual analyses on issue/rejected OE applications to mitigate unintentional bias against certain minority groups (gender, race, etc.) | OE Panel – **HoD, HAF**, PI representation, HR, AHoDs **High priority**Committee meetings planned for 2024 with regular activity throughout the five-year period to achieve full contract conversion. | Complete review of all staff eligibility of conversion to OE contracts by Summer 2024 No members of staff on FTCs who have continuously been on FTCs for past 10 years - i.e. all converted to e.g. OE contracts by 2027, if not before.  |
| **Increase visibility of departmental women visible senior positions of responsibility e.g. high level media** | **Improve opportunities for women media representation**Media coverage ratio is currently 47:53 female : male for departmental national/international media coverage in year 2023, but women in the Department are still unrepresented on the central University’s Find an Expert (zero women out of eight) pages, with a lack of racial/ethnic diversity, Women are also underrepresented on other lists of experts that lead to communications opportunities and media coverage, e.g. Science Media Centre.This objective has been developed from the 2018 PAP (Actions 6.12, 6.13) whereby positive activities have been completed but the action was rated Amber indicating more support was needed. New actions reflect targeted groups with focus on senior women in the Department and increased engagement from men at junior levels. | **5.21** List senior women and increase the diversity of researchers on the University’s ‘Find an Expert’ pages as well as ensuring women and other under-represented groups are better represented as experts elsewhere, such as the Science Media Centre mailing list **5.22** Conduct a fresh round of media training targeted at women and under-represented groups which would also address some of the barriers to women putting themselves forward for media (e.g. such as fears of online abuse and threats, which can disproportionately affect women and deter them from media and public engagement activities)**5.23** Encourage researchers to undertake university communications training and capacity building courses when available.**5.24** Increase male contributions to outreach and engagement programmes | **CM****Medium priority**Annual reviews of ratio balance in communications to begin in 2024 with ratio improvements to follow in 202  | Have ‘ask for expert’ for Department represent current gender balance in Psychiatry (70:30) Annual review of University and divisional communications opportunities with a view to increasing opportunities year-on-year (e.g. web features, social media content production)   Annual review of University and external profile presences across key websites (e.g. central University Find an Expert pages) to ensure increased representation of women and other under-represented groups    |