



**Department Application**  
Bronze and Silver Award



## **ATHENA SWAN BRONZE DEPARTMENT AWARDS**

Recognise that in addition to institution-wide policies, the department is working to promote gender equality and to identify and address challenges particular to the department and discipline.

## **ATHENA SWAN SILVER DEPARTMENT AWARDS**

In addition to the future planning required for Bronze department recognition, Silver department awards recognise that the department has taken action in response to previously identified challenges and can demonstrate the impact of the actions implemented.

Note: Not all institutions use the term 'department'. There are many equivalent academic groupings with different names, sizes and compositions. The definition of a 'department' can be found in the Athena SWAN awards handbook.

## **COMPLETING THE FORM**

**DO NOT ATTEMPT TO COMPLETE THIS APPLICATION FORM WITHOUT READING THE ATHENA SWAN AWARDS HANDBOOK.**

This form should be used for applications for Bronze and Silver department awards.

You should complete each section of the application applicable to the award level you are applying for.

Additional areas for Silver applications are highlighted throughout the form: 5.2, 5.4, 5.5(iv)

If you need to insert a landscape page in your application, please copy and paste the template page at the end of the document, as per the instructions on that page. Please do not insert any section breaks as to do so will disrupt the page numbers.

## **WORD COUNT**

The overall word limit for applications are shown in the following table.

There are no specific word limits for the individual sections and you may distribute words over each of the sections as appropriate. At the end of every section, please state how many words you have used in that section.

We have provided the following recommendations as a guide.

Department application	Silver	NDM
<b>Word limit</b>	<b>13,000</b>	<b>12,997</b>
<i>Recommended word count</i>		
1. Letter of endorsement	500	496
2. Description of the department	500	331
3. Self-assessment process	1,000	945
4. Picture of the department	2,000	2,396
5. Supporting and advancing women's careers	6,500	7,887
6. Case studies	1,000	942
7. Further information	500	0
+ 1000 Words for Large Departments	1000	

**An additional 1000 words have been granted as NDM is a large department. Word count has been used as shown in the table above.**

<b>Name of institution</b>	University of Oxford
<b>Department</b>	Nuffield Department of Clinical Medicine
<b>Focus of department</b>	STEMM
<b>Date of application</b>	30 <sup>th</sup> November 2017
<b>Award Level</b>	Silver
<b>Institution Athena SWAN award</b>	Date: November 2013 Level: bronze
<b>Contact for application</b> Must be based in the department	Prof Christopher Conlon / Mr Darren Nash
<b>Email</b>	darren.nash@ndm.ox.ac.uk
<b>Telephone</b>	01865 287986
<b>Departmental website</b>	<a href="http://www.ndm.ox.ac.uk">www.ndm.ox.ac.uk</a>

<b>Glossary/Abbreviations</b>	
<b>AS</b>	Athena Swan
<b>AP</b>	Associate Professor
<b>A&amp;R</b>	Academic and Research staff
<b>AHOD</b>	Associate Head of Department
<b>ASC</b>	Athena SWAN Coordinator
<b>ASSA</b>	Athena SWAN Self-Assessment
<b>BDI</b>	Big Data Insistute
<b>DGS</b>	Director of Graduate Studies
<b>ExpMed</b>	Experimental Medicine Units
<b>GMC</b>	General Medical Council
<b>Grade 7</b>	Postdoctoral Researcher
<b>Grade 8</b>	Senior Postdoctoral Researcher/Fellow
<b>Grade 9</b>	Senior Research Fellow
<b>Grade 10</b>	Senior Fellow/University Research Lecturer
<b>Grade E64</b>	Clinical Training
<b>Grade E82</b>	Clinical Consultant
<b>HEFCE</b>	Higher Education Funding Council England
<b>HERA</b>	Higher Education Role Analysis
<b>HOD</b>	Head of Department
<b>KIT</b>	Keeping In Touch
<b>MRF</b>	Medical Research Fund (Oxford Medical Sciences Division)
<b>MSD</b>	Medical Sciences Division
<b>NDM</b>	Nuffield Department of Clinical Medicine
<b>NDMS</b>	NDM Strategic Office
<b>OLI</b>	Oxford Learning Institute
<b>ORCRB</b>	Old Road Campus Research Building Units (Jenner, Ludwig, SGC)
<b>OTN</b>	Oxford Tropical Network
<b>OUCAGS</b>	Oxford University Clinical Academic Graduate School
<b>OWN</b>	Oxford Women's Network
<b>OxFEST</b>	Oxford Female Engineering, Science and Technology
<b>OxRSS</b>	Oxford Research Staff Society
<b>PDR</b>	Personal Development Review
<b>PI</b>	Principal Investigator
<b>P&amp;S</b>	Professional & Support staff
<b>ROD</b>	Recognition of Distinction (Professorial titles)
<b>SGC</b>	Structural Genomics Consortium
<b>SMC</b>	Strategic Management Committee
<b>Statutory Chair/ Established Chair</b>	University of Oxford Academic
<b>STEMM</b>	Science, Technology, Engineering, Mathematics and Medicine
<b>TDI</b>	Target Discovery Institute
<b>Titular Professor</b>	Full and Associate Professors (non-established)
<b>TropMed</b>	Tropical Medicine Units (Oxford and international)
<b>TUPE</b>	Transfer of Undertakings (Protected Employment)
<b>URL</b>	University Research Lectureship
<b>WTCHG</b>	Wellcome Trust Centre for Human Genetics

## 1. LETTER OF ENDORSEMENT FROM THE HEAD OF DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

An accompanying letter of endorsement from the head of department should be included. If the head of department is soon to be succeeded, or has recently taken up the post, applicants should include an additional short statement from the incoming head.

Note: Please insert the endorsement letter **immediately after** this cover page.

**Section 1 word count: 496**

Ms Ruth Gilligan  
Athena SWAN Manager Equality Challenge Unit  
First Floor, Westminster Tower  
3 Albert Embankment  
London SE1 7SP

30 November 2017

Dear Ms Gilligan,

I am delighted to present the Silver renewal application for NDM. We are a large and multidisciplinary department, and continue to review ourselves at unit level with a consolidated application and action plan. We are committed to being a destination of choice for all staff, recognising the essential contribution of women and supporting them at all career stages to enable our overall strategic priority of advancing basic science, addressing fundamental biological problems, contributing to patient care and remaining internationally excellent and competitive.

Departmental staff on ASSA groups and beyond were encouraged by the recognition of the ECU that 11 of the 50 best practice suggestions were adopted from this Department's existing Silver Action Plan. These actions led to an additional 9 females in clinical training grades, the pipeline to senior clinical posts. Positively, the number of female non-clinical staff being awarded Professorship status has risen from 7 to 23, this is twice the growth rate compared to male staff. A very high percentage of staff and students continue to say they would recommend the NDM as a place to work or study, 92% and 94% respectively.

My personal commitment since taking up the post of Interim Head of Department two years ago has been to act as facilitator and advocate for addressing the most persistent problems in gaining gender balance in senior posts. Given low turnover this will take time to achieve, but we are making progress. For example, I have taken on a larger number of individual performance and development reviews for staff approaching a senior level, historically a Head of Department would only have reviewed Director level posts. It was a significant step to ensure that, for the first time, the Department has a female Deputy Head, Professor Helen McShane, who is also a member of Council in the University. In addition Professor Yvonne Jones has deputised as one of the most senior directors of our largest single institute whilst the post holder has been on sabbatical. One of the highest accolades in the UK was been paid to Professor Jones when she was elected to a Fellowship of the Royal Society. These role models can only help with our drive for gender balance.

We cannot ignore resource constraints and calibration of actions against risk, some of these are explored within the body of this application. This does not mean, however, that we are not committed to change. We must remain diligent in the depth and breadth of our rolling assessments and actions, we must make the best use of a finite resource for the best impact, ensuring we appropriately measure and mark success, and we must remain innovative and open to ideas from elsewhere in supporting all staff. It is clear that this is a long-term campaign of action and I am confident that you will see our heartfelt commitment to it. I can confirm that this application is an honest, accurate and true representation of the Department.

Yours sincerely,



Professor Christopher P. Conlon  
Interim Head of Department  
Nuffield Department of Medicine

## 2. DESCRIPTION OF THE DEPARTMENT

Recommended word count: Bronze: 500 words | Silver: 500 words

Please provide a brief description of the department including any relevant contextual information. Present data on the total number of academic staff, professional and support staff and students by gender.

The Nuffield Department of Medicine (NDM) is a large, multi-disciplinary department in the Medical Sciences Division, which combines high-quality basic biological science with clinical applications. The Department is administratively structured around five clusters, supported by a central administrative team (NDM Strategic). Figure 1 shows the NDM in the University setting, and Figure 2 shows the breakdown of units within the administrative clusters, each unit having its own scientific mission and academic lead. Steering is provided through a Senior Management Committee (SMC) chaired by HoD, Professor Christopher Conlon, and supported by a Deputy, Professor Helen McShane, and an Associate Head, Mr Darren Nash.

Since our application of 2014 the Department has a new unit shared with another Department, the Big Data Institute. The Department employs approximately 1,300 scientific and support staff across a range of disciplines and geographical locations worldwide. NDM researchers contribute to the teaching of 450 medical students within the Clinical School, and directly supervise around 200 postgraduate research students.

NDM has an annual turnover of £112M, of which over 93% is public and charitable external funding. Turnover is driven by short term grants predominantly applied for in open completion, most projects lasting three to five years. Some Centres have core funding for posts with quinquennial reviews for continued funding. As such, most research staff are externally funded on short- to medium-term grants, often held in connection with individual fellowships. The collaborative nature of research fosters an open, self-managing environment, with significant freedom at unit, group and individual level.

The NDM comprises several buildings and sites; the majority of these allow continuous open access, enabling flexible working schedules. Many PIs work across or have groups based in multiple units. Allied to UK based research in tropical medicine and global health, the Department operates major research programmes overseas, with sub-units in Thailand, Laos, Vietnam and Kenya supporting activities across sites in South East Asia and Sub-Saharan Africa. NDM operate extensive epidemiological and clinical trials networks throughout China, India and South America.



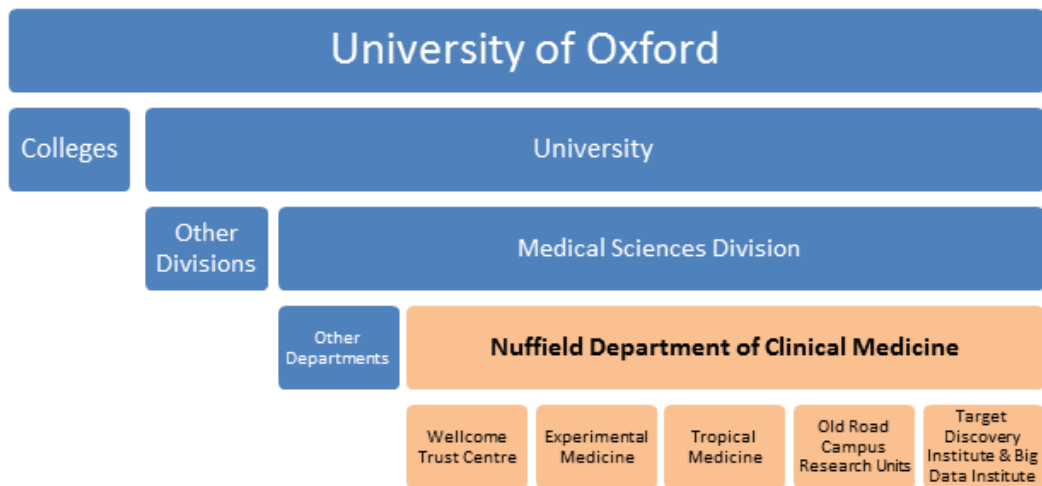


Figure 1 - NDM and its constituent units within the university structure

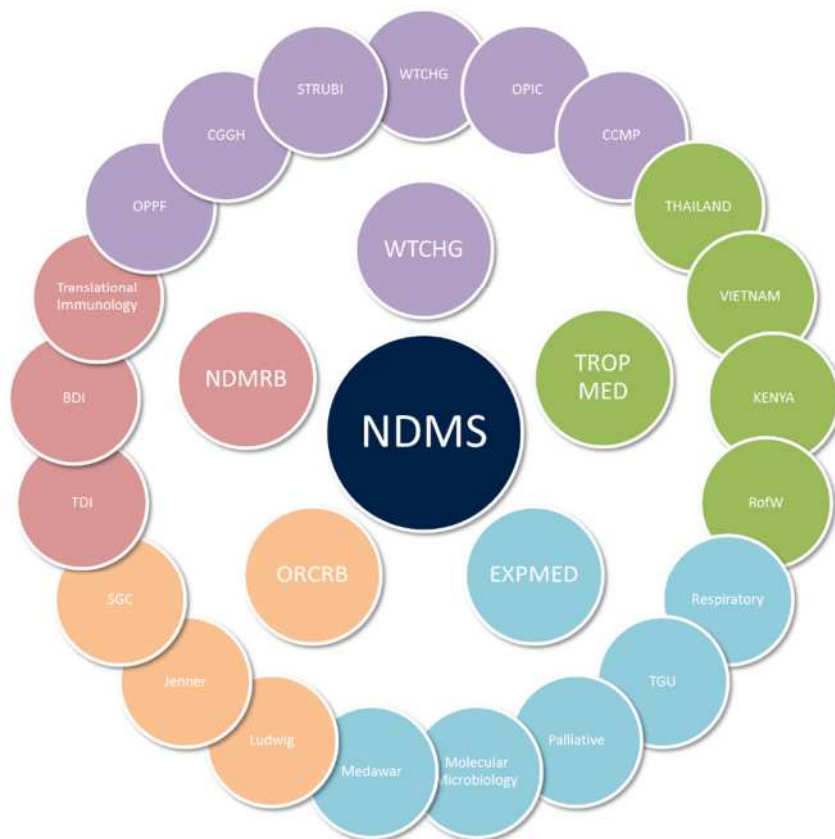


Figure 2 - Schematic showing NDM and its constituent units

Section 2 word count: 331

### 3. THE SELF-ASSESSMENT PROCESS


Recommended word count: Bronze: 1000 words | Silver: 1000 words

Describe the self-assessment process. This should include:

- (i) a description of the self-assessment team

Expanded AS criteria in 2015 led to a review of ASSA team composition to ensure all five ASSA teams had representation from a wide range of groups, including; students, early- and mid-career scientists, PIs and Group Heads, P&S staff. External representatives are invited to attend as a critical friend providing a differing viewpoint. As turnover occurs new ASSA members are either nominated by their unit heads or volunteers are sought, ensuring a breadth of experiences are available to the teams. Increased engagement in the AS process resulted in the expansion of team members from 48 (28F:20M) in 2014 to 65 (47F:18M) in 2017. Four of the five chairpersons are female. BMs and HR Officers participate in meetings to provide guidance and advice on discussions on University and Departmental policies and procedures. The ASC or HHR attend meetings to provide consistency between ASSA teams.

Members represent the multiple geographic locations and buildings that NDM occupy, bringing experience of dual-career households, childcare and caring responsibilities, flexible working, nurseries (including the University Nurseries), parental leave, working with the NHS, managing groups and grants, overseas living and bridging grants.

 <b>Old Road Campus Research Units (ORCRB)</b> <b>13 women and 6 men</b>			
Name	Sex	Job Title	Relevant work-life experience
Professor Chas Bountra	M	Chair, Professor of Translational Medicine, Chief Scientist, Head of SGC	Leads the research institute, providing direction and resources to group leaders to support their staff and students.
Gary Strickland	M	Business Manager	Deals with HR policy and procedure, providing advice and support. Has caring responsibilities.
Bella Sillman	F	Senior HR Officer	Deals with HR policy and procedure, providing advice and support. Has caring responsibilities, and an informal flexible working arrangement.
Felicity Todd	F	Outreach Coordinator and PA	PA to three busy Professors, single parent with flexible working hours to suit childcare needs.
Dr Rod Chalk	M	Head of Mass Spectrometry	Dual career family with children aged 12 and 8. Wife travels abroad. Previously worked flexible hours to meet childcare responsibilities.
Dr Ellie Williams	F	Postdoctoral Scientist	Experience of maternity leave. Public Engagement Officer for SGC
Dr Teresa Lambe	F	Postdoctoral Scientist	Long University service and works

			flexibly (reduced hours & flexible working patters) for improved work - life balance.
Stefanie Zentelis	F	DPhil Student	DPhil student representative.
Naomi Bull	F	DPhil Student (joint with APHA)	DPhil representative and can provide comparative information on Athena SWAN initiatives in APHA.
Jennifer McNulty	F	Personal Assistant	PA to a professor who has a high profile career while juggling home life (3 children at different schools).
Dr Zara Hannoun	F	Postdoctoral Scientist	Experience of working and living in various countries, which have provided her with a wide perspective to share.
Gem Brown	F	SGC Administrator	Experience in both departmental and central roles. Deals with paternity/maternity leave, flexible working requests and many sensitive HR-related decisions.
David Bartle	M	Ludwig Administrator	Responsible for administrative and operational management of Ludwig Institute, including finance & HR. Member or chair of 7 committees.
Dr Richard Owen	M	Clinical Research Fellow	Experience with, and insight into, the NHS and Clinical responsibilities.
Professor Liz Carpenter	F	Principal Investigator	Manages staff. Dual-career household; three children who are now teenagers; elderly parents, both needing care arrangements.
Dr Paulo Bettencourt	M	Postdoctoral Scientist	Relocated from Portugal, where he has 2 children. Provides a perspective of those living and working away from family.
Kira Chouliaras	F	DPhil student in Clinical Medicine	DPhil student representative, currently on Maternity Leave.
Dr Sarah De Val	F	Principal Investigator	Experience of maternity leave, has 2 children, and manages staff with; flexible hours, job shares, and phased returns from maternity leave.
Dr Claire Shingler	F	External Representative – Operations Manager, Oncology	An active visiting observer to exchange Athena SWAN related information between departments NDM and Oncology).



**Wellcome Trust Centre for Human Genetics**  
**11 women and 3 men**

<b>Name</b>	<b>Sex</b>	<b>Job Title</b>	<b>Relevant work-life experience</b>
<b>Associate Professor Jenny Taylor</b>	<b>F</b>	<b>Chair, Programme Director for BRC Genomic Medicine Theme</b>	Family responsibilities, managing staff with family responsibilities. Member of the University's Childcare Steering Group
Sue Wilson	F	Deputy Business Manager	Family responsibilities, has taken maternity leave, manages staff with flexible working, advises on HR policies/procedures. Sits on a number of Committees.
Peter Bond	M	Business Manager	Manages staff with flexible working arrangements, advising Centre staff on work-life policies/procedures and deals with HR.
Nina Gartside	F	HR Administrator	Family responsibilities, advising staff on HR policies/procedures. Formal flexible working.
Dr Katherine Bull	F	Clinical Lecturer	Clinical staff with family responsibilities.
Professor Yvonne Jones	F	Acting Centre Director; Joint Director of the Division of Structural Biology	Representative of Research Strategy Group and Management Committee giving a senior presence and engagement with the committee. Has caring responsibilities.
Dr Sam Knight	F	University Research Lecturer, PI for the NIHR Biomedical Research Centre	Family responsibilities and manages staff.
Professor Krina Zondervan	F	Professor of Reproductive and Genomic Epidemiology; Co-Director Endometriosis CaRe Centre	Family responsibilities, experience with University maternity leave scheme, manages staff with flexible working arrangements.
Dr Erika Kvikstad	F	Research Associate in Statistical Sequence Analysis	Postdoctoral representative with family responsibilities.
Dr Claudia Alen Amaro	F	Scientific Project Manager	Family responsibilities. Particular interest in mentoring support for staff in the Centre.
Professor Cecilia Lindgren	F	Professor of Genomic Endocrinology & Metabolism	Manages staff, has family responsibilities and experience with University maternity leave scheme
Dr Sevasti Zervou	M	Postdoctoral Research Scientist	Family responsibilities. Able to bring some insights from another Department.
Brian Mackenwells	M	Public Engagement Officer	Public Engagement Committee
Ms Isabel Schmidt	F	Administration Officer	Represents Support Staff, sits on the GMS DPhil Management Committee.



### Experimental Medicine 9 women and 2 men


Name	Sex	Job Title	Relevant work-life experience
<b>Professor Alison Simmons</b>	F	<b>Chair, Group Head, Consultant Gastroenterologist</b>	Managing staff with flexible working arrangements. Family responsibilities, clinical and academic staff management.
Dr Carolina Arancibia	F	Translational Medicine Lead	Family responsibilities, manages staff.
Jo Hovard	F	Business Manager	Experience dealing with all HR policies (e.g. family leave, flexible working, PDRs)
Dr Alessandra Geremia	F	WT Clinical Research Fellow, PI	Experience working part time, currently on term-time only; experience with maternity leave and was awarded a returning carer fund.
Dr Dona Foster	F	Project Manager	Family responsibilities (five children), carer for husband with chronic illness. Managing part-time and full-time staff.
Melissa Dobson	F	ORTU Operations Director	Managing staff with flexible working arrangements
James Chivenga	M	IBD Cohort and Database Manager	Family responsibilities (three children) and flexible working considerations.
Dr Daniele Corridoni	F	Postdoctoral Scientist	Family responsibilities (one child).
Dr Philippa Matthews	F	WT Senior Clinical Research Fellow	Family responsibilities (two young children), experience of split maternity leave between NHS and University, experience of working part time.
Dr Claire Hutchings	F	Research Assistant	Family responsibilities, maternity leave experience and flexible working arrangements.
Dr Narayan Ramamurthy	M	Postdoctoral Scientist	Family responsibilities



### NDM Research Building and NDM Big Data Institute 6 women and 3 men

Name	Sex	Job Title	Relevant work-life experience
<b>Professor Lucy Dorrell</b>	F	<b>Chair, Senior Clinical Research Fellow</b>	Parent of two children; experience of maternity leave; experience of managing staff taking maternity leave and those with flexible working arrangements.

Sarah Spruytenburg	F	Senior HR Officer	Deals with HR policy and procedure, providing advice and support.
Professor Sir Andrew McMichael	M	Professor Emeritus of Molecular Medicine	Experience managing a diverse workforce.
Leonora Dempsey	F	Business Manager	Experience dealing with all HR policies (eg. family leave, flexible working, PDRs). Currently on maternity leave.
Dr Simon Brackenridge	M	Postdoctoral Scientist	Father of two children (six and 12 years).
Daniel Ebner	M	TDI Operational Cell Screening Officer	Family responsibilities, with two young children.
Dr Angharad Fenton-May	F	Postdoctoral Scientist	Two young children, experience with university maternity leave, flexible working arrangement, experience with a university nursery.
Andrea Keepence-Keyte	F	Laboratory Manager	Responsible for all laboratories in the NDMRB, manages one person and sits on the health and Safety committee.
Zoe Wallace	F	Student	DPhil student representative.

 <b>Tropical Medicine and Global Health</b> <b>8 women and 4 men</b>			
Name	Sex	Job Title	Relevant work-life experience
Professor Trudie Lang	F	Chair, Group Head of Global Health Network	Line manages a large group (15) Works flexibly, two children. Sits on numerous high-level committees, nationally and internationally.
Edward Gibbs	M	Business Manager	Experience dealing with all HR policies. Two children. Flexible working arrangement. Sits on the Management, Governance and Operations Committees.
Bethany Valentine	F	Senior HR Officer	Deals with HR policy and procedure. Sits on the flexible working panel.
Associate Professor Yoel Lubell	M	Head of ETRG, MORU (Thailand)	Family responsibilities, two children. Managing staff taking maternity leave and facilitating flexible working schedule upon their return.
Evelyne Kestelyn	F	Head of CTU	Member of the Global Health Bioethics Network, PICA (Project for Informed Consent in Africa), Research Associate for the Ethox Centre.
Professor Jay Berkley	M	Senior Clinical Research Fellow (Kenya)	Caring responsibilities, works flexibly. Experience of working overseas.

Professor Lisa White	F	Professor of Modelling and Epidemiology, Head of Mathematical and Economic Modelling, MORU (Thailand)	Experience managing staff, including those with flexible working arrangements. Experience working overseas.
Dr Ruth Bird	F	Oxford - Head of Operations, WWARN	Two young children and experience with University maternity leave. Has a flexible working arrangement, and manages staff with flexible arrangements.
Mark McDermott	M	Deputy Business Manager	Family responsibilities and has a formal flexible working arrangement.
Aileen Sheehy	F	Communications Officer, WWARN	Experience balancing the demands of studying whilst working.
Dr Catrin Moore	F	Head of Operations for ERGO	Family responsibilities, three children. Manages staff with flexible working. Mentor and advisor for MSc students.
Dr Melissa Kapulu	F	Postdoctoral Scientist (Kenya)	Family responsibilities as a single parent, chairs Departmental Scientific Committee. Member of the eLife Early Career Advisory Group.

(ii) an account of the self-assessment process

Chaired by senior academics five ASSA teams, originally formed in 2010, report to the SMC, with strategic direction from the HoD. Chairs were selected on the basis of their ability to affect change in their unit. Group members were nominated by the Chair to ensure representation across career stage, staff category, gender, and personal circumstances.

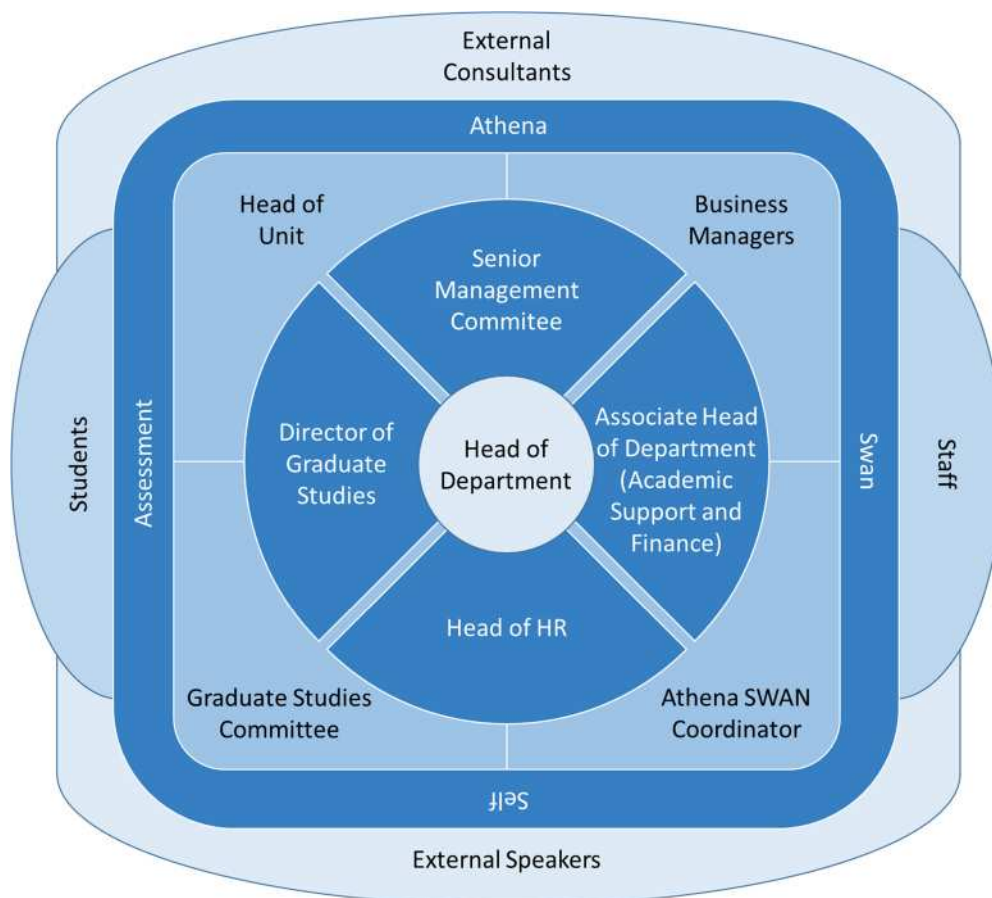
Where possible, ASSA teams meet three times a year. The Tropical Medicine ASSA team meet via Skype, Oxford Tropical Network meetings and periodic visits to the UK. In August 2015 face-to-face committee meetings were held with the Chairs of each ASSA team and associated BMs to share knowledge, provide consistency of approach and engage these individuals directly. To reduce workload, the ASC provides written updates on action plan progress, items for discussion and any data, as requested by the groups. Team outputs are collated by the ASC reported to the SMC, who agree new policies. The HoD and AHoD provide strategic direction and regularly brief the SMC and ASSA chairs. An example includes mobilisation of recruitment search committees for underrepresented grades. Changes to policy are championed by unit academic leads and BMs.

Actions are continuously progressed across the Department, usually with small groups from the ASSA teams. The NDMS team, including the ASC (a dedicated 40% FTE post) and HHR, liaise on a weekly basis to ensure the implementation of the action plan and centralised data gathering. ASSA members, specialists or advisors, are engaged as projects require.

The ASC works closely with AS teams in the wider MSD, particularly where our action plans merge with Divisional and Institutional ones. The ASC attends relevant internal and external meetings, update briefings (e.g. conferences, MSD HR Network, AS

Coordinators Network, and cross-departmental network meetings) ensuring best practice and ideas are communicated and implemented.

Some ASSA team members are representatives on departmental and unit-level management committees; this overlap ensures that AS principles feature across department and unit governance. The ASSA teams are charged with ensuring that the action plan is implemented, while the overall process is led by the HoD. The AS action plan and associated termly reporting is a standing agenda item for the SMC, which meets twice a term. Any relevant elements of the action plan are standing agenda items at the termly meetings of the Graduate Studies Committee, to ensure students are also prioritised.



**Figure 3. Schematic diagram representing the flow of feedback in the management and support structures within the NDM, which have all been included in the self-assessment process.**

Consultation is generally through committees, student open information sessions, working groups, annual surveys, and target-orientated interviews. We have adapted and developed initiatives on staff feedback. Surveys inform our understanding of key issues under review during that year (Table 1).



Year	Survey run by	Departmental Staff	Survey Response Rates		Response Rate by Gender				Response Rate by Staff Category			
			Number of respondents	Response rate	Female Respondants	Female Resp. Rate	Male Respondants	Male Resp. Rate	Ac. & Re. Respondents	Ac. & Re. Resp. Rate	Pr.&Su. Respondents	Pr.&Su. Resp. Rate
2012	NDM	1240	521	42%	333	50%	151	27%	234	29%	141	33%
2013	NDM	875	569	65%	330	69%	239	60%	393	68%	176	60%
2015	NDM	1032	650	63%	384	70%	267	56%	429	60%	221	69%
2016	Uni	1074	451	42%	248	44%	189	37%	239	33%	207	58%
2017	NDM	1143	560	49%	330	55%	230	42%	370	50%	190	46%

Table 1 - Survey response rates, by year

ASSA membership is listed by unit to enhance the accessibility of these individuals. We have a dedicated e-mail for staff and students to share their views and ideas. In January 2016, we launched the MOMENTUM campaign highlighting one key action area per month over an eight-month period to ensure we maintained focus on our goals. It also served to engage and update our staff and students on processes and progress.

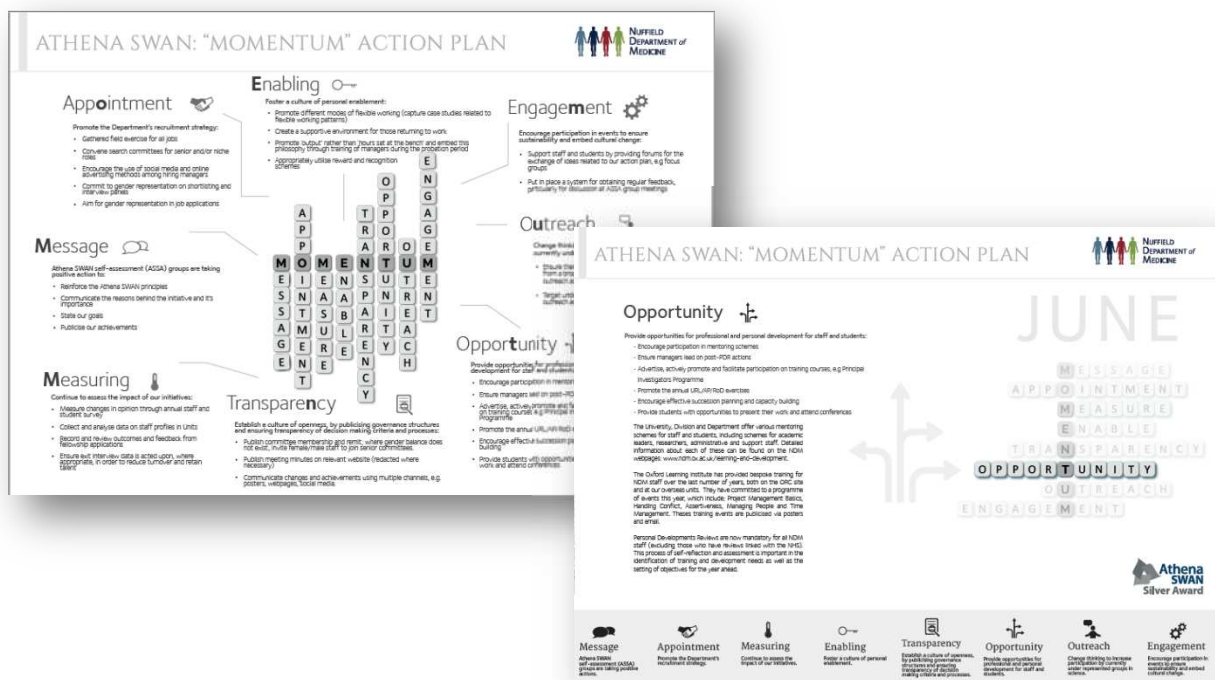


Figure 4 - Images from the 2016 MOMENTUM campaign; An overview of the campaign and an example of one month's focus.

This submission was coordinated by NDMS, under the guidance of the HoD and AHOd, with review and consultation from ASSA teams. Many continuing actions have been carried over from our previous action plans, with some of these now perpetually ongoing practices rather than time-delineated actions.

(iii) plans for the future of the self-assessment team

Consistency of practice across units was a theme of our existing action plan. Continued monitoring of progress suggests units have achieved uniformity in the application of policy and practice. Our new action plan focuses on bringing ASSA groups together into a consolidated group, as endorsed by ASSA Chairs, with representatives from all key

units (AP1.1). The centralised ASSA team will meet on a termly basis. We will retain the same strategic direction, governance and support structure. We will mobilise working groups comprised of personnel with appropriate skills and knowledge to drive specific projects, reporting to the ASSA team (AP1.3). This is already happening informally, but by providing a single body to report to we will enhance target-driven action and consistency of approach. This team merging will also ensure better gender representation (AP1.2).

We will invite current ASSA chairs to join, and ask for volunteers from each unit. Selection will be based on ensuring a balance of perspectives and experiences across members, with representatives from different career stages across all staff groups. Annual membership review will assess workload burden, enable opportunities for new/promoted staff, and refresh perspective on our approach (AP1.4). Membership will be on a rotational basis, clearly outlined in the communications strategy (AP1.5). We will publish meeting minutes on the website, and continue to consult and engage with members of the department (AP2.1, AP2.2).

**Previous action points met:**

- 1.6.1 Continue to use articles in newsletters and on the web to keep staff updated on AS.
- 1.6.2 Continue to hold small localised focus groups to address specific and key issues.
- 1.6.3 Ensure feedback to ASC from ASSA being a standing agenda item on management committees.
- 1.5 Continue with an annual staff and student survey with targeted questions for areas under review during that period.

**New action points:**

- 1.1 Develop a centralised ASSA team with representatives from all key units across NDM.
- 1.2 We will take the opportunity to merge ASSA teams to ensure a better gender representation of members.
- 1.3 Establish a formalised structure of working groups for specific projects, to report into the ASSA team.
- 1.4 Review ASSA team membership annually to ensure that workload burden on current members is assessed, opportunities for new/promoted staff are created, and to get a fresh perspective on our approach.
- 1.5 Review and update the Departmental AS Communications Strategy to reflect the changes to the ASSA team structure and process.
- 2.1 Continue to engage members of the Department with the AS process through consultation, seeking feedback and responding accordingly.
- 2.2 Keep members of the Department informed of progress, through a variety of mediums.

**Section 3 word count: 945**

#### 4. A PICTURE OF THE DEPARTMENT

Recommended word count: Bronze: 2000 words | Silver: 2000 words

##### 4.1. Student data

If courses in the categories below do not exist, please enter n/a.

- (i) Numbers of men and women on access or foundation courses

n/a

- (ii) Numbers of undergraduate students by gender

Full- and part-time by programme. Provide data on course applications, offers, and acceptance rates, and degree attainment by gender.

n/a

- (iii) Numbers of men and women on postgraduate taught degrees

Full- and part-time. Provide data on course application, offers and acceptance rates and degree completion rates by gender.

In October 2015 a one-year MSc in International Health & Tropical Medicine started. Initial intake was disproportionately female for no discernible reason but 2016/2017 data and an investigation into next year's intake shows gender balanced cohorts. Applications to this course are comparable to national statistics (58%:42%M<sup>1</sup>).

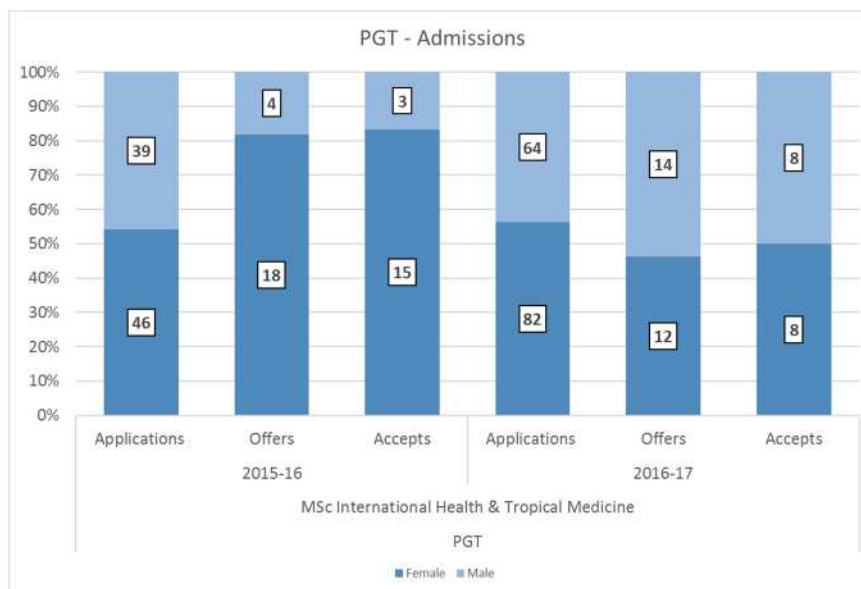


Figure 5 - Application, offer and acceptance rates by gender, for the MSc in International Health & Tropical Medicine

<sup>1</sup> ECU Equality in higher education: students statistical report 2016, p163

	Female	Male	Grand Total	Female	Male
<b>MSc - International Health &amp; Tropical Medicine</b>	<b>23</b>	<b>11</b>	<b>34</b>	<b>68%</b>	<b>32%</b>
2015/16	15	3	18	83%	17%
2016/17	8	8	16	50%	50%
2017/18	8	10	18	44%	56%
<b>Grand Total</b>	<b>23</b>	<b>11</b>	<b>34</b>	<b>68%</b>	<b>32%</b>

Table 2 - Student numbers, by year, on the MSc in International Health & Tropical Medicine including draft figures for 2017/18

Parity monitoring will continue as part of the action plan (AP28.1). Selection panel members receive mandatory recruitment and unconscious bias training, all panels are gender balanced. Both actions should lead to a balanced intake.

There are no part-time students on the MSc due to the structure of placements. Flexibility for health or family reason is provided, e.g. one female student suspended her final term for family reasons and has since completed.

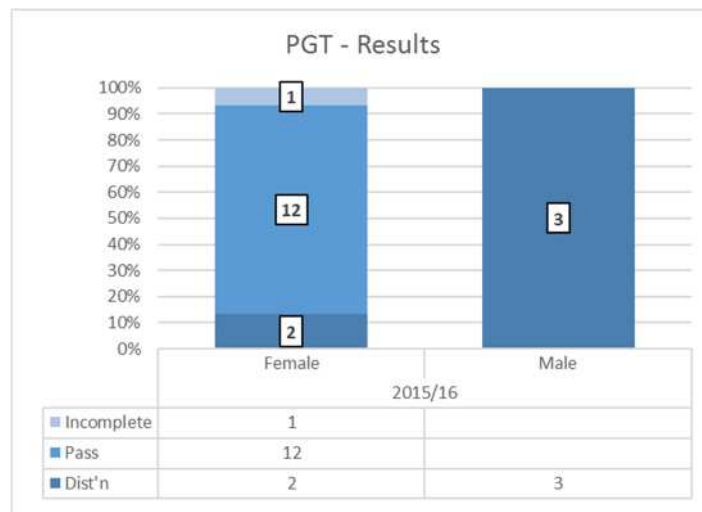


Figure 6 - PGT course outcomes

All men on the MSc received distinctions; exams are blinded and double marked to ensure no gender bias, which we will continue to monitor (AP28.1).

(iv) Numbers of men and women on postgraduate research degrees

Full- and part-time. Provide data on course application, offers, acceptance and degree completion rates

DPhil intake is primarily through open competition; the remainder are recruited competitively through Doctoral Training Centres (DTCs) within MSD, which offer DPhils across several departments. 2014/2015 DTC intake shows a skew towards female

students. However, 2015/2016 and 2016/2017 have relative gender balance. NDM does not consider a need to take specific action, apart for monitoring (Figure 7, Table 3).

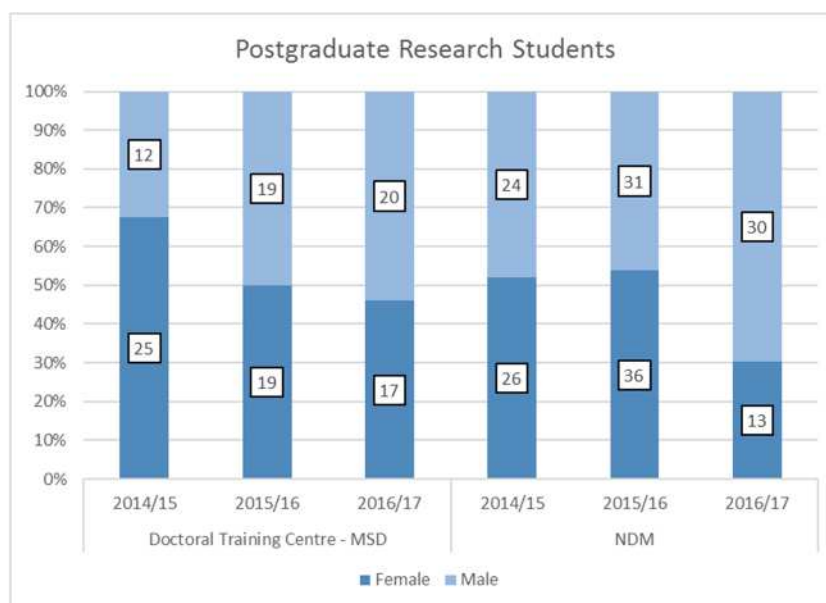


Figure 7 - PGR gender profile by cohort

	Female	Male	Grand Total	Female	Male
<b>Doctoral Training Centre - MSD</b>	<b>61</b>	<b>51</b>	<b>112</b>	<b>54%</b>	<b>46%</b>
2014/15	25	12	37	68%	32%
2015/16	19	19	38	50%	50%
2016/17	17	20	37	46%	54%
<b>NDM</b>	<b>75</b>	<b>85</b>	<b>160</b>	<b>47%</b>	<b>53%</b>
2014/15	26	24	50	52%	48%
2015/16	36	31	67	54%	46%
2016/17	13	30	43	30%	70%
<b>Grand Total</b>	<b>136</b>	<b>136</b>	<b>272</b>	<b>50%</b>	<b>50%</b>

Table 3 - PGR gender profile by cohort

Applications are consistent across the past three years, and comparable with the national picture (58%F:43%M<sup>2</sup>), however application to offer ratio in 2016/2017 reduced for women. On review of panel composition and training we were unable to identify an internal cause. The Department has investigated the number of shortlisted applications (24F:19M) and applicant quality, and determined that places were offered to the best students (AP31.1).

<sup>2</sup> ECU Equality in higher education: students statistical report 2016, p163

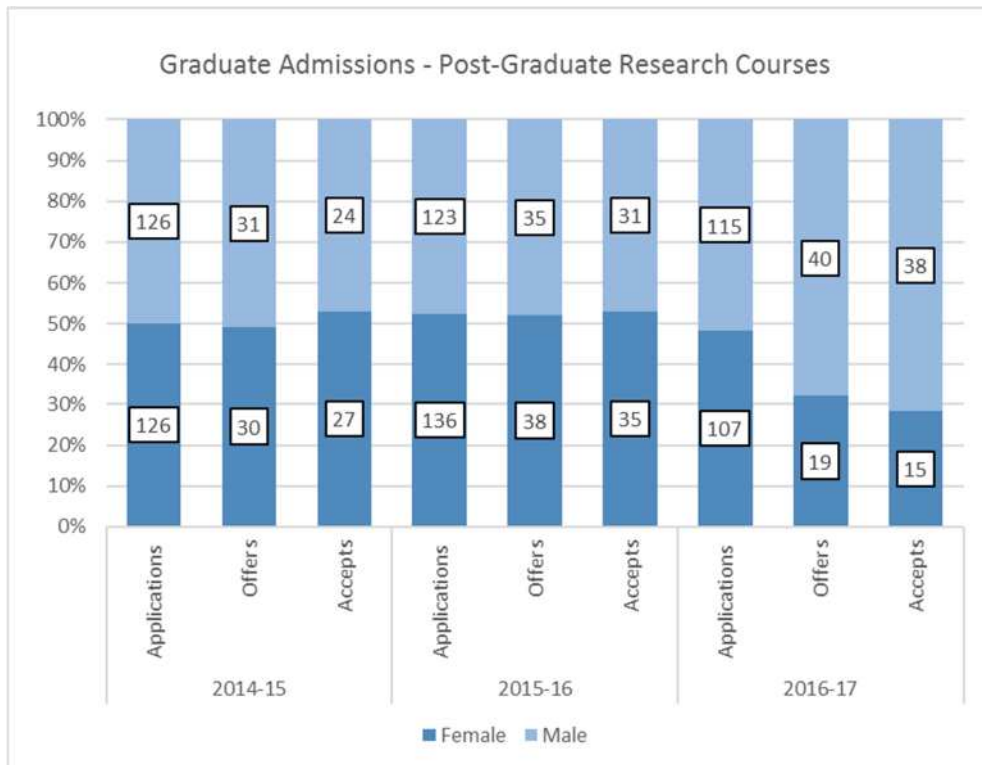
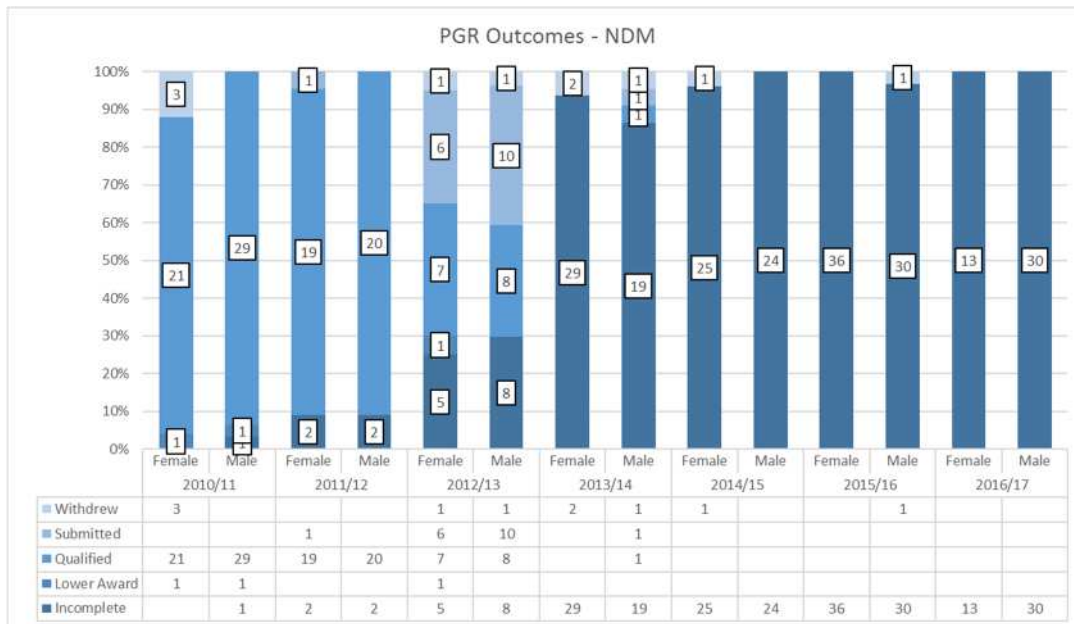


Figure 8 - PGR admissions by year

In 2018/2019, the Department will offer part-time DPhil's, allowing up to eight years to complete, as we identified this as a potential barrier for students (AP29.1, AP29.2). We have already offered a part-time place to a current student returning from maternity leave.

We have provided seven years of DPhil completion data, given our full-time DPhil takes four years to complete. No particular gender imbalance is discernible in completion rates, withdrawals are rare. One female student withdrew in 2014/2015 for personal reasons; every possible mitigating support was provided. In 2015/2016, a male student withdrew to pursue a DPhil in his home country. We continue to monitor withdrawals to ensure there are no gender-related issues affecting degree completion (AP30.1).



**Figure 9 - PGR outcomes by cohort**

(v) Progression pipeline between undergraduate and postgraduate student levels

Identify and comment on any issues in the pipeline between undergraduate and postgraduate degrees.

We have no undergraduate courses. We reviewed the data from MSD (Table 4), and national figures (56%F:44%M<sup>3</sup>), the undergraduate numbers are balanced. Conversion to postgraduate courses has maintained balance (AP31.1), apart from our most recent intake, described above.

We host information sessions targeting undergraduates on relevant courses, advertised through the colleges and at lectures. Our GSM attends the “Find a PhD” open day at Oxford Town Hall. We also encourage the MSc students to apply for our DPhil.

Medical Science Division - UG Numbers	2014		2015		2016		3 Year Average	
Female	867	52%	885	54%	902	54%	884.7	54%
Male	789	48%	748	46%	769	46%	768.7	46%
<b>Grand Total</b>	<b>1656</b>		<b>1633</b>		<b>1671</b>		<b>1653.3</b>	

**Table 4 - UG student numbers in Medical Sciences Division**

<sup>3</sup> ECU Equality in higher education: students statistical report 2016, p159

**Previous action points met:**

- 2.1 Monitor student withdrawals and reasons for these.
- 2.3 Ensure 100% compliance with gender balance on selection committees
- 2.3 Ensure 100% compliance with compulsory gender equality and selection training for panellists.

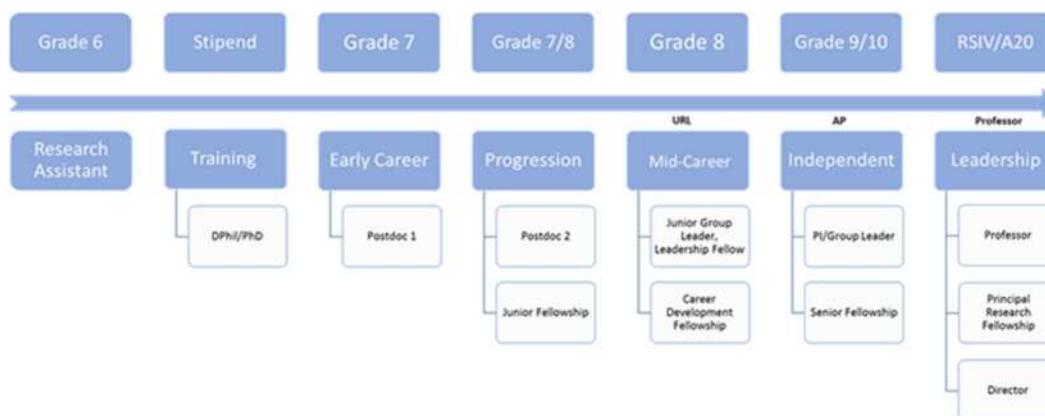
**New action points:**

- 28.1 Monitor the MSc in International Health & Tropical Medicine for gender parity, ensuring that practices are in place to facilitate this.
- 28.1 Monitor attainment in MSc to ensure any differences identified are not attributed to gender bias
- 29.1 Offer part-time study option on the DPhil from 2018/19.
- 29.2 Monitor uptake of the DPhil as a part time course to assess its success.
- 30.1 Monitor DPhil withdrawals to ensure there are no gender-related issues affecting degree completion. Ensure appropriate response action is taken to retain students where possible.
- 31.1 Monitor intake data for the DPhil to ensure our practices remain free from bias.

**4.2. Academic and research staff data**

- (i) Academic staff by grade, contract function and gender: research-only, teaching and research or teaching-only

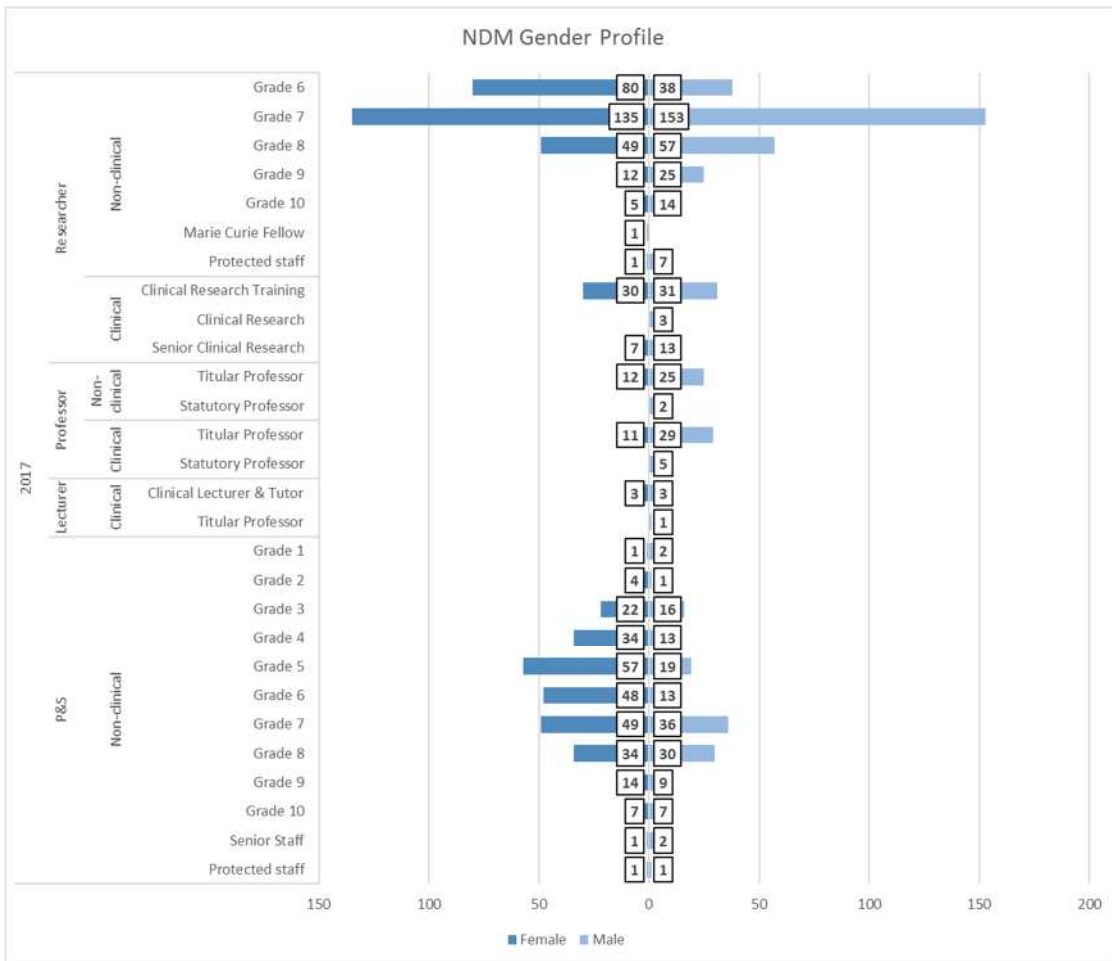
Look at the career pipeline and comment on and explain any differences between men and women. Identify any gender issues in the pipeline at particular grades/job type/academic contract type.



**Figure 10 - Diagrammatic representation of non-clinical A&R career pathways within the Department**

Of 752 A&R staff, 46% are female, with disproportionately higher male representation at senior academic grades.





**Figure 11 - NDM gender profile, 2017**

The profile for early career non-clinical A&R staff (grade 6 and 7, Table 5) is 53%F:47%M, though we have noted that at 7 there has been a decrease from 54%F to 47%F since 2014. Analysis of recruitment at this grade is outlined later in the application.

Numbers of Staff in Post by Grade (Non-Clinical)	2015		2016		2017	
	Female	Male	Female	Male	Female	Male
<b>Researcher</b>	<b>305</b>	<b>281</b>	<b>299</b>	<b>287</b>	<b>283</b>	<b>294</b>
Grade 6	85	39	79	37	80	38
Grade 7	148	131	145	139	135	153
Grade 8	48	59	53	62	49	57
Grade 9	12	29	12	29	12	25
Grade 10	9	17	8	15	5	14
Marie Curie Researchers	1	1				
Marie Curie Fellow	2	3	2	1	1	
Protected staff		2		4	1	7
<b>Professor</b>	<b>7</b>	<b>16</b>	<b>8</b>	<b>24</b>	<b>12</b>	<b>27</b>
Titular Professor	7	14	8	22	12	25
Statutory Professor		2		2		2
<b>Grand Total</b>	<b>312</b>	<b>297</b>	<b>307</b>	<b>311</b>	<b>295</b>	<b>321</b>
<b>Researcher</b>	<b>52%</b>	<b>48%</b>	<b>51%</b>	<b>49%</b>	<b>49%</b>	<b>51%</b>
Grade 6	69%	31%	68%	32%	68%	32%
Grade 7	53%	47%	51%	49%	47%	53%
Grade 8	45%	55%	46%	54%	46%	54%
Grade 9	29%	71%	29%	71%	32%	68%
Grade 10	35%	65%	35%	65%	26%	74%
Marie Curie Researchers	50%	50%				
Marie Curie Fellow	40%	60%	67%	33%	100%	0%
Protected staff	0%	100%	0%	100%	13%	88%
<b>Professor</b>	<b>30%</b>	<b>70%</b>	<b>25%</b>	<b>75%</b>	<b>31%</b>	<b>69%</b>
Titular Professor	33%	67%	27%	73%	32%	68%
Statutory Professor	0%	100%	0%	100%	0%	100%
<b>Grand Total</b>	<b>51%</b>	<b>49%</b>	<b>50%</b>	<b>50%</b>	<b>48%</b>	<b>52%</b>

Table 5 - Non-clinical A&R staff gender profile by year

Overall, our 2017 data shows that more women have part-time roles (72%F:29%M, Table 6). At the point of recruitment we offer the option of part-time working where possible and promote flexible working practices. We have low number of variable hours staff, who generally complete work related to specific clinical trials (Table 7).

Numbers of Staff in Post by Grade (Non-Clinical)	2015				2016				2017			
	Full Time		Part Time		Full Time		Part Time		Full Time		Part Time	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<b>Researcher</b>	<b>261</b>	<b>266</b>	<b>40</b>	<b>11</b>	<b>260</b>	<b>274</b>	<b>36</b>	<b>9</b>	<b>243</b>	<b>281</b>	<b>37</b>	<b>10</b>
Grade 6	67	36	16	1	70	34	9	1	69	37	9	
Grade 7	131	125	15	4	128	134	14	3	119	148	15	4
Grade 8	41	57	7	2	42	60	11	2	39	54	10	3
Grade 9	10	27	2	2	11	28	1	1	11	22	1	2
Grade 10	9	15		2	8	13		2	4	13	1	1
Marie Curie Researchers	1	1										
Marie Curie Fellow	2	3			1	1	1				1	
Protected staff		2				4			1	7		
<b>Professor</b>	<b>6</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>18</b>	<b>1</b>	<b>6</b>	<b>9</b>	<b>21</b>	<b>3</b>	<b>6</b>
Titular Professor	6	12	1	2	7	17	1	5	9	20	3	5
Statutory Professor		1		1		1		1		1		1
<b>Grand Total</b>	<b>267</b>	<b>279</b>	<b>41</b>	<b>14</b>	<b>267</b>	<b>292</b>	<b>37</b>	<b>15</b>	<b>252</b>	<b>302</b>	<b>40</b>	<b>16</b>
<b>Researcher</b>	<b>50%</b>	<b>50%</b>	<b>78%</b>	<b>22%</b>	<b>49%</b>	<b>51%</b>	<b>80%</b>	<b>20%</b>	<b>46%</b>	<b>54%</b>	<b>79%</b>	<b>21%</b>
Grade 6	65%	35%	94%	6%	67%	33%	90%	10%	65%	35%	100%	0%
Grade 7	51%	49%	79%	21%	49%	51%	82%	18%	45%	55%	79%	21%
Grade 8	42%	58%	78%	22%	41%	59%	85%	15%	42%	58%	77%	23%
Grade 9	27%	73%	50%	50%	28%	72%	50%	50%	33%	67%	33%	67%
Grade 10	38%	63%	0%	100%	38%	62%	0%	100%	24%	76%	50%	50%
Marie Curie Researchers	50%	50%	-	-	-	-	-	-	-	-	-	-
Marie Curie Fellow	40%	60%	-	-	50%	50%	100%	0%	-	-	100%	0%
Protected staff	0%	100%	-	-	0%	100%	-	-	13%	88%	-	-
<b>Professor</b>	<b>32%</b>	<b>68%</b>	<b>25%</b>	<b>75%</b>	<b>28%</b>	<b>72%</b>	<b>14%</b>	<b>86%</b>	<b>30%</b>	<b>70%</b>	<b>33%</b>	<b>67%</b>
Titular Professor	33%	67%	33%	67%	29%	71%	17%	83%	31%	69%	38%	63%
Statutory Professor	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%	0%	100%
<b>Grand Total</b>	<b>49%</b>	<b>51%</b>	<b>75%</b>	<b>25%</b>	<b>48%</b>	<b>52%</b>	<b>71%</b>	<b>29%</b>	<b>45%</b>	<b>55%</b>	<b>71%</b>	<b>29%</b>

Table 6 - Non-clinical A&R staff gender profile by year and working pattern

Numbers of Staff in Post by Grade (Non-Clinical)	2015		2016		2017	
	Variable Hours		Variable Hours		Variable Hours	
	Female	Male	Female	Male	Female	Male
<b>Researcher</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
Grade 6	2	2		2	2	1
Grade 7	2	2	3	2	1	1
Grade 9						1
<b>Grand Total</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
<b>Researcher</b>	<b>50%</b>	<b>50%</b>	<b>43%</b>	<b>57%</b>	<b>50%</b>	<b>50%</b>
Grade 6	50%	50%	0%	100%	67%	33%
Grade 7	50%	50%	60%	40%	50%	50%
Grade 9	-	-	-	-	0%	100%
<b>Grand Total</b>	<b>50%</b>	<b>50%</b>	<b>43%</b>	<b>57%</b>	<b>50%</b>	<b>50%</b>

Table 7 - Non-clinical A&R staff on variable hours contracts

We had previously recognised mid-career and senior staff gender imbalance as a concern. At grade 8, there were 48%F:52%M in 2014, which has changed marginally to 46%F:54%M, due in part to the founding of a new institute - the Big Data Institute (BDI) (Figure 12). Its scientific focus is bioinformatics and statistical research, a STEM area recognised as male dominated. The initial groups were transferred from within the University, and externally through TUPE arrangements, therefore the Department was unable to implement its recruitment policies in the first instance. The Unit has an imbalance of staff of 35%F:65%M. As it grows we will follow our standard recruitment process, with focus on maximising female representation (AP18.1). Without the

inclusion of the BDI, the overall profile at this grade would have remained balanced at 48%F:52%M. As part of our previous action plan, we had targeted Tropical Medicine in terms of addressing grade imbalance (Figure 13). Impact of our actions shows an improvement in the Unit, going from 46%F:54%M in 2014 to 62%F:38%M in 2017.

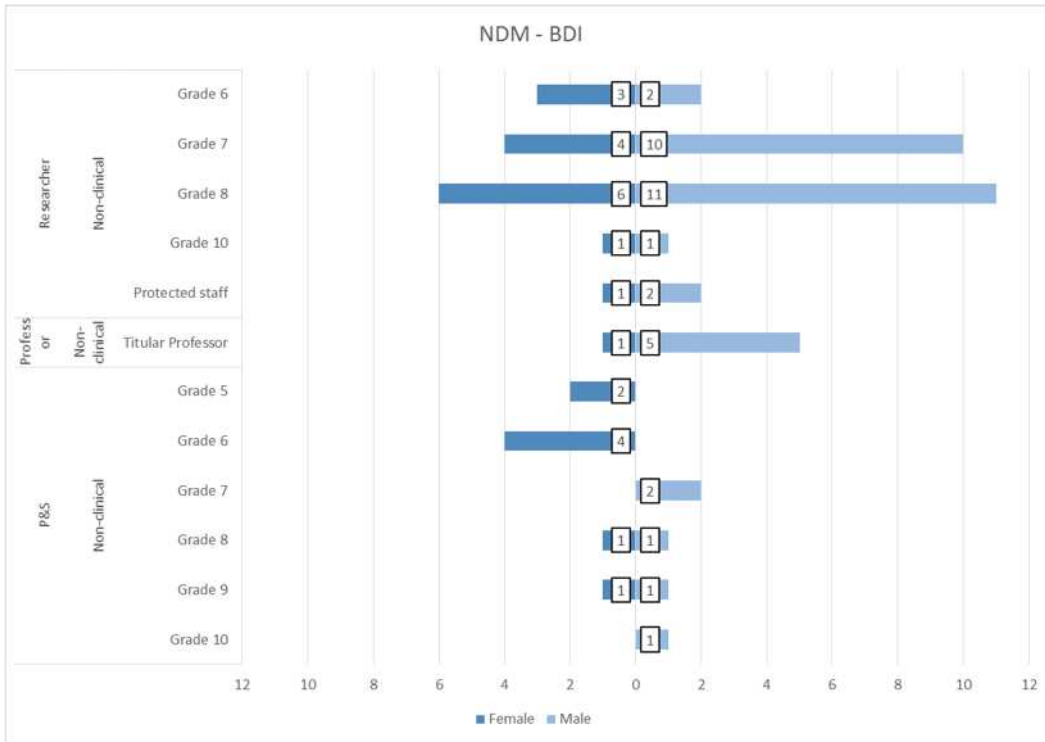


Figure 12 - BDI staff profile 2017

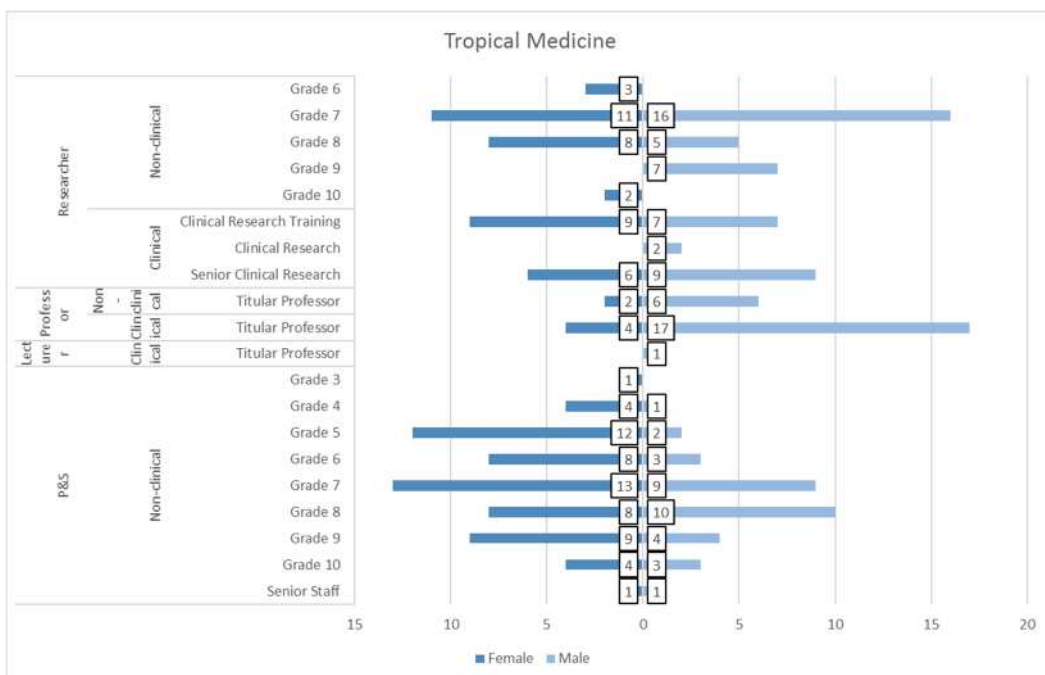


Figure 13 - Tropical Medicine staff profile 2017

Gender disparity at grades 9 and 10 continues to cause concern (12F:25M and 5F:14M respectively). We have moved from a policy of gender representation on interview panels (2012) to gender balance (2014), this is actively monitored by the HR teams. Where not achieved, NDM requires justification from the Chair and there must be gender representation before interviewing proceeds. We have focused on attracting women to apply for positions by engaging an external consultant to advise on strategy (impact discussed in 5.1.i). Since 2014, there have only been four recruitment exercises at G9; two men and two women appointed. We have only had one G10 post, one man appointed. In some instances, we have not been able to replace those who have left as the funding for these posts reached its conclusion. With low turnover it will take a number of years to determine impact.

There has been an increase in women in clinical research posts (increase of 10), including eight women in clinical training posts; the pipeline to senior clinical grades. Training of staff involved in recruitment and selection, including the introduction of mandatory courses in probation and for panel chairs, alongside a broader awareness of the impact of unconscious bias, has resulted in more considered recruitment decisions.

Numbers of Staff in Post by Grade (Clinical)	2015		2016		2017	
	Female	Male	Female	Male	Female	Male
<b>Researcher</b>	<b>29</b>	<b>49</b>	<b>33</b>	<b>43</b>	<b>37</b>	<b>47</b>
Clinical Research Training	22	31	26	28	30	31
Clinical Research		3		3		3
Senior Clinical Research	7	15	7	12	7	13
<b>Professor</b>	<b>9</b>	<b>35</b>	<b>10</b>	<b>35</b>	<b>11</b>	<b>34</b>
Titular Professor	9	29	10	29	11	29
Statutory Professor		6		6		5
<b>Lecturer</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>4</b>
Clinical Lecturer & Tutor	3	3	2	5	3	3
Titular Professor		2		2		1
<b>Grand Total</b>	<b>41</b>	<b>89</b>	<b>45</b>	<b>85</b>	<b>51</b>	<b>85</b>
<b>Researcher</b>	<b>37%</b>	<b>63%</b>	<b>43%</b>	<b>57%</b>	<b>44%</b>	<b>56%</b>
Clinical Research Training	42%	58%	48%	52%	49%	51%
Clinical Research	0%	100%	0%	100%	0%	100%
Senior Clinical Research	32%	68%	37%	63%	35%	65%
<b>Professor</b>	<b>20%</b>	<b>80%</b>	<b>22%</b>	<b>78%</b>	<b>24%</b>	<b>76%</b>
Titular Professor	24%	76%	26%	74%	28%	73%
Statutory Professor	0%	100%	0%	100%	0%	100%
<b>Lecturer</b>	<b>38%</b>	<b>63%</b>	<b>22%</b>	<b>78%</b>	<b>43%</b>	<b>57%</b>
Clinical Lecturer & Tutor	50%	50%	29%	71%	50%	50%
Associate Professor	0%	100%	0%	100%	0%	100%
<b>Grand Total</b>	<b>32%</b>	<b>68%</b>	<b>35%</b>	<b>65%</b>	<b>38%</b>	<b>63%</b>

Table 8 - Clinical A&R staff gender profile by year

There are a greater number of women holding part-time positions across the three years. This is a positive flexible working option and we have not been able to identify any impediment to progression as a consequence of this work pattern.

Numbers of Staff in Post by Grade (Clinical)	2015				2016				2017			
	Full Time		Part Time		Full Time		Part Time		Full Time		Part Time	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
<b>Researcher</b>	<b>20</b>	<b>45</b>	<b>9</b>	<b>4</b>	<b>22</b>	<b>38</b>	<b>11</b>	<b>5</b>	<b>22</b>	<b>42</b>	<b>14</b>	<b>5</b>
Clinical Research Training	17	28	5	3	19	27	7	1	20	30	9	1
Clinical Research		3				3				3		
Senior Clinical Research	3	14	4	1	3	8	4	4	2	9	5	4
<b>Professor</b>	<b>9</b>	<b>33</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>31</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>30</b>	<b>1</b>	<b>4</b>
Titular Professor	9	27		2	10	26		3	10	26	1	3
Statutory Professor		6				5		1		4		1
<b>Lecturer</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>7</b>			<b>3</b>	<b>4</b>		
Clinical Lecturer & Tutor	1	3	2		2	5			3	3		
Titular Professor		2				2				1		
<b>Grand Total</b>	<b>30</b>	<b>83</b>	<b>11</b>	<b>6</b>	<b>34</b>	<b>76</b>	<b>11</b>	<b>9</b>	<b>35</b>	<b>76</b>	<b>15</b>	<b>9</b>
<b>Researcher</b>	<b>31%</b>	<b>69%</b>	<b>69%</b>	<b>31%</b>	<b>37%</b>	<b>63%</b>	<b>69%</b>	<b>31%</b>	<b>34%</b>	<b>66%</b>	<b>74%</b>	<b>26%</b>
Clinical Research Training	38%	62%	63%	38%	41%	59%	88%	13%	40%	60%	90%	10%
Clinical Research	0%	100%	-	-	0%	100%	-	-	0%	100%	-	-
Senior Clinical Research	18%	82%	80%	20%	27%	73%	50%	50%	18%	82%	56%	44%
<b>Professor</b>	<b>21%</b>	<b>79%</b>	<b>0%</b>	<b>100%</b>	<b>24%</b>	<b>76%</b>	<b>0%</b>	<b>100%</b>	<b>25%</b>	<b>75%</b>	<b>20%</b>	<b>80%</b>
Titular Professor	25%	75%	0%	100%	28%	72%	0%	100%	28%	72%	25%	75%
Statutory Professor	0%	100%	-	-	0%	100%	0%	100%	0%	100%	0%	100%
<b>Lecturer</b>	<b>17%</b>	<b>83%</b>	<b>100%</b>	<b>0%</b>	<b>22%</b>	<b>78%</b>	<b>-</b>	<b>-</b>	<b>43%</b>	<b>57%</b>	<b>-</b>	<b>-</b>
Clinical Lecturer & Tutor	25%	75%	100%	0%	29%	71%	-	-	50%	50%	-	-
Associate Professor	0%	100%	-	-	0%	100%	-	-	0%	100%	-	-
<b>Grand Total</b>	<b>27%</b>	<b>73%</b>	<b>65%</b>	<b>35%</b>	<b>31%</b>	<b>69%</b>	<b>55%</b>	<b>45%</b>	<b>32%</b>	<b>68%</b>	<b>63%</b>	<b>38%</b>

Table 9 - Clinical A&R staff gender profile by year and working pattern

Action plan impact is evidenced through the increase of female non-clinical titular professors, between 2015 and 2017 from seven to twelve (Table 10). Academic leads were instrumental in identifying eligible female staff each year and supporting their application, which is reviewed by a small internal panel.

Prior to the introduction of the University's annual RoD exercise, the percentage of female professors was consistently around 16%; this has risen to 27% in 2017 (equalling the national average of 26% for clinical medicine<sup>4</sup>). The impact of our efforts to reduce barriers for women is demonstrated by our number of female professors increasing 329% since 2012 (7 to 23), versus a 163% increase in men (38 to 62). In the next review period we have set what we consider to be an achievable action to increase proportional representation of women with a professorial title (currently 7%F: 15%M) (AP20.1).

There was no recruitment to statutory clinical professorships, which continue to be male dominated.

Year	Clinical			Non-clinical			All Professors			% Professors	
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male
2012	3	25	28	4	13	17	7	38	45	16%	84%
2013	3	19	22	4	11	15	7	30	37	19%	81%
2014	8	31	39	5	15	20	13	46	59	22%	78%
2015	9	37	46	7	16	23	16	53	69	23%	77%
2016	10	37	47	8	24	32	18	61	79	23%	77%
2017	11	35	46	12	27	39	23	62	85	27%	73%
<b>% Increase since 2012</b>	<b>367%</b>	<b>140%</b>	<b>164%</b>	<b>300%</b>	<b>208%</b>	<b>229%</b>	<b>329%</b>	<b>163%</b>	<b>189%</b>		

Table 10 - Profile of staff with a professorial title

<sup>4</sup> ECU Staff Data 2016, 4.15a

## SILVER APPLICATIONS ONLY

Where relevant, comment on the transition of technical staff to academic roles.

Where possible, Research Assistants (grade 6) are supported to obtain their PhD and then progress to a postdoctoral position (grade 7). More women have been supported through this transition than men, which demonstrates success of initiatives to support career progression, particularly for women (Table 11, Figure 14).

Year	Number of Females	Number of Males	Female percentage	Male percentage	Total
2013	3	3	50%	50%	6
2014	5	3	63%	37%	8
2015	7	4	64%	36%	11
2016	3	3	50%	50%	6
2017	4	1	80%	20%	5

Table 11 - Percentage of men and women who have transferred from Grade 6 to Grade 7

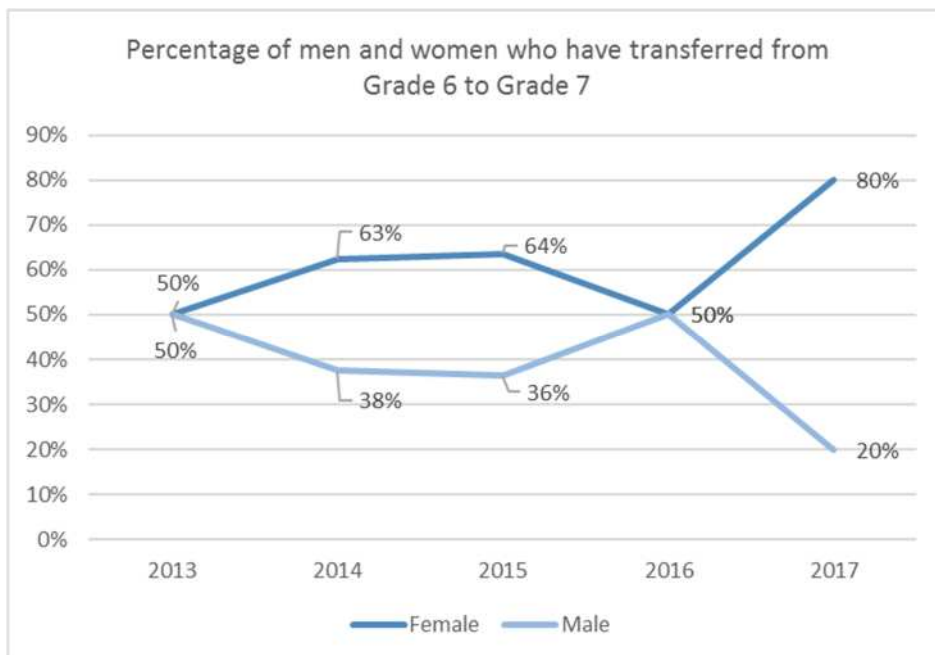


Figure 14 - Percentage of men and women who have transferred from Grade 6 to Grade 7

It is unusual for technical staff to transition to academic roles, as these staff groups tend to follow different career pathways. However, in 2014, a female technician (Grade 5) was supported in this transition and was regraded to Research Assistant (Grade 6).

**Previous action points met:**

- 1.3 Monitor gender balance across staff grades.
- 3.6 Monitor representation of female employees within more senior roles, who are currently under represented in these groups.
- 4.4 Investigate the barriers for appointment to senior clinical posts overseas

**New action points:**

- 18.1 Ensure action is taken to facilitate a greater gender balance within the BDI as natural turnover occurs or as it expands.
- 20.1 Increase the proportional representation of women with a professorial title to 15%, as per men.

(ii) Academic and research staff by grade on fixed-term, open-ended/permanent and zero-hour contracts by gender

Comment on the proportions of men and women on these contracts. Comment on what is being done to ensure continuity of employment and to address any other issues, including redeployment schemes.

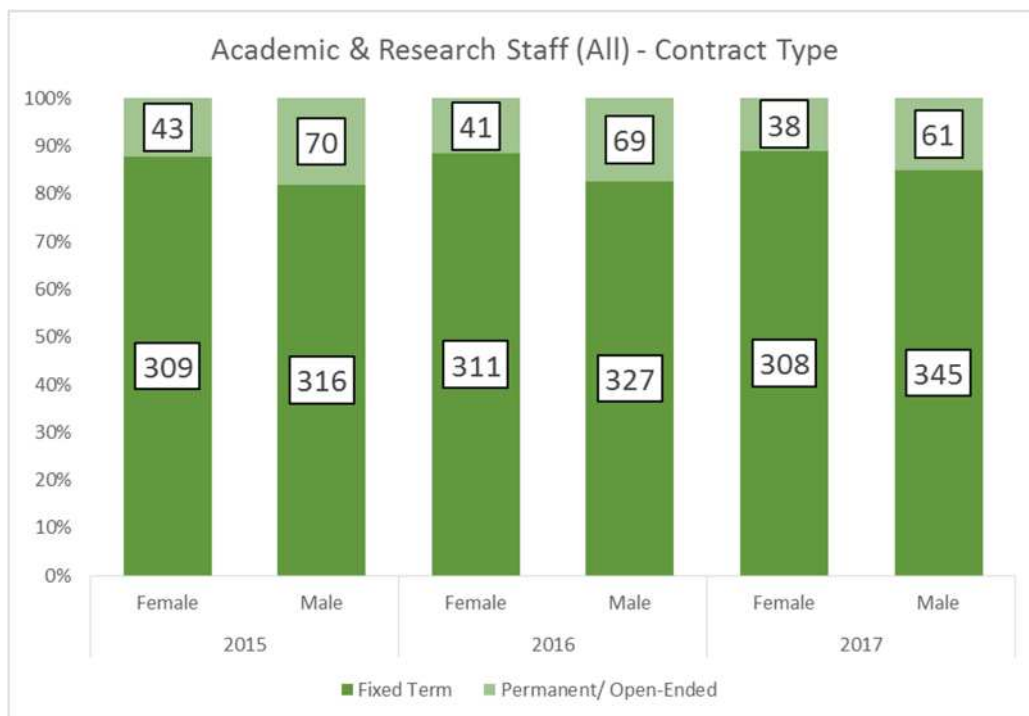


Figure 15 – A&R staff contract type by year

The majority of our staff hold fixed-term contracts given the short-term nature of our project based funding (Figure 15).

University procedures for end of fixed-term contracts are followed and we support our staff with a redeployment scheme. Since implementing quarterly contract reviews in 2013, we have reviewed all staff with more than seven years continuous service. This ensures we are satisfied that we continue to have a clear objective justification for anyone with successive fixed-term contracts of over four years. In 2012, the percentage of women and men on open-ended contracts was 5% and 12% respectively,



which has since increased to 11% and 15%. Periodic Union review ensures there is no form of direct or indirect discrimination (AP7.1). The process is applied consistently to both men and women (Figure 16).

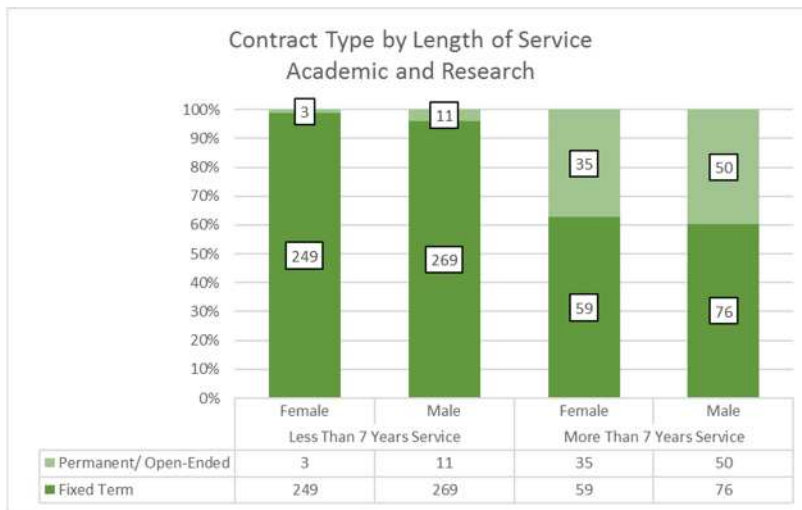


Figure 16 – A&R contract type by length of service

Of staff with less than seven years' service on open-ended contracts; one man was appointed to a statutory professorship; two men are Directors of overseas programmes, where it was a condition of external programmatic funding; one man was appointed the Deputy HoD for Clinical Affairs and is now HoD; three men were TUPE transfers (employment rights are legally protected); six (2F:4M) were attraction and recruitment of high profile senior researchers, and one women for retention.

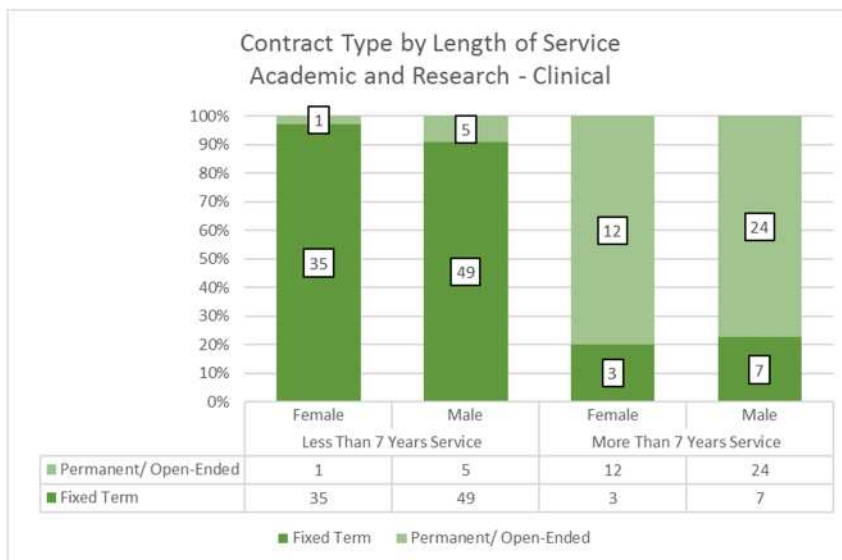
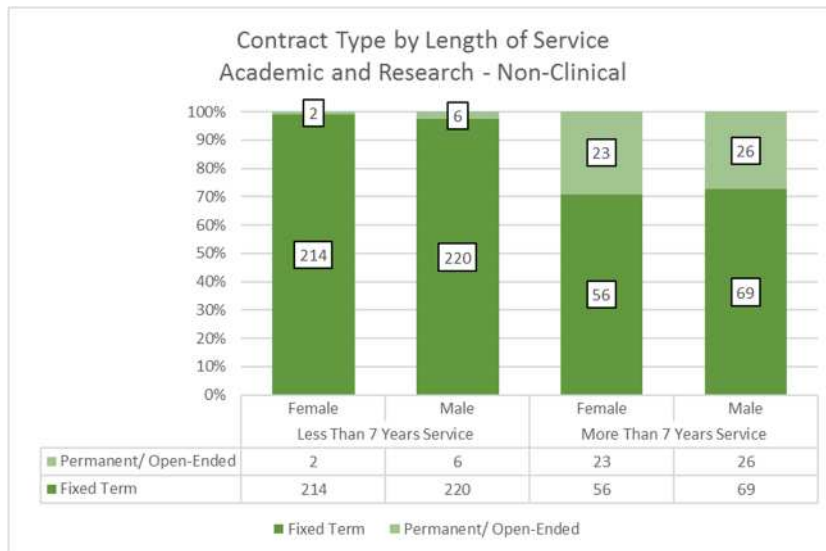
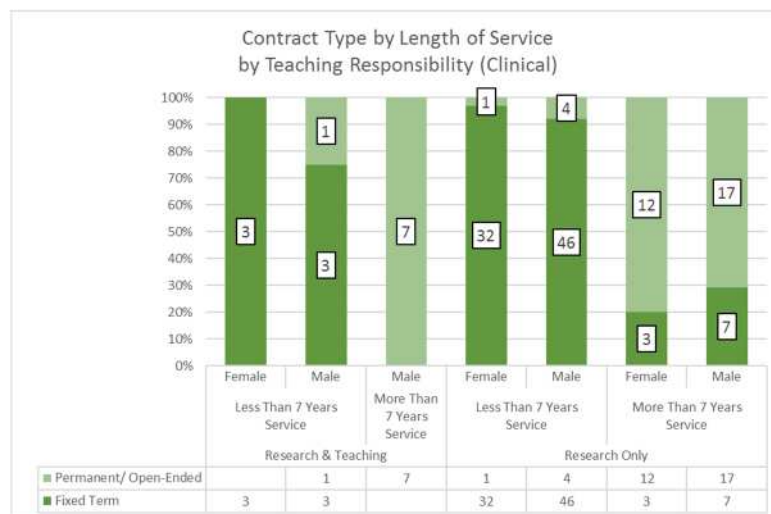


Figure 17 - Clinical contract type by length of service



**Figure 18 - Non-clinical contract type by length of service**

The proportionally larger number of permanent contracts issued to clinical (Figure 17) compare to non-clinical staff (Figure 18) is due to their holding of established University posts, which are recruited on permanent contracts, e.g. Clinical Tutor. The seven research-only clinical staff with more than seven years' service are based in Tropical Medicine's overseas units where funding is awarded based on quinquennial reviews.



**Figure 19 - Clinical staff contract type by responsibility**

Formal teaching responsibilities usually results in a permanent contract as positions are established within the University structure (Figure 19). The three women and three men on fixed-term contracts are ACLs who are on four-year training programmes. The intention is they return to the NHS after completion.

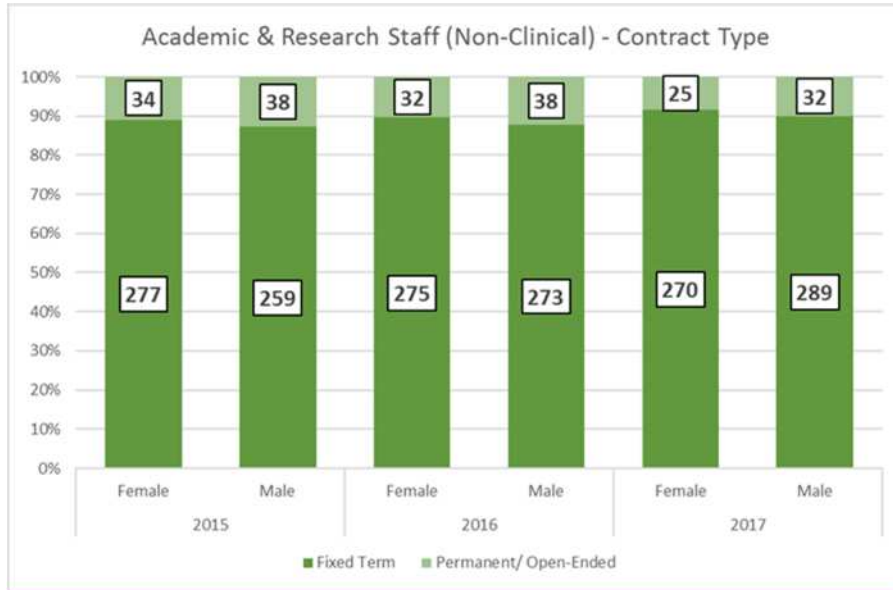


Figure 20 - Non-clinical staff by contract type

Academic & Research Staff (Non-Clinical) - Contract Type	2015				2016				2017			
	Fixed Term		Permanent/Open-Ended		Fixed Term		Permanent/Open-Ended		Fixed Term		Permanent/Open-Ended	
<b>Grade 6</b>	<b>120</b>	<b>97%</b>	<b>4</b>	<b>3%</b>	<b>113</b>	<b>97%</b>	<b>3</b>	<b>3%</b>	<b>116</b>	<b>98%</b>	<b>2</b>	<b>2%</b>
Female	81	95%	4	5%	76	96%	3	4%	78	98%	2	3%
Male	39	100%	0	0%	37	100%	0	0%	38	100%	0	0%
<b>Grade 7</b>	<b>262</b>	<b>94%</b>	<b>17</b>	<b>6%</b>	<b>268</b>	<b>94%</b>	<b>16</b>	<b>6%</b>	<b>276</b>	<b>96%</b>	<b>12</b>	<b>4%</b>
Female	138	93%	10	7%	136	94%	9	6%	128	95%	7	5%
Male	124	95%	7	5%	132	95%	7	5%	148	97%	5	3%
<b>Grade 8</b>	<b>86</b>	<b>80%</b>	<b>21</b>	<b>20%</b>	<b>93</b>	<b>81%</b>	<b>22</b>	<b>19%</b>	<b>95</b>	<b>90%</b>	<b>11</b>	<b>10%</b>
Female	39	81%	9	19%	43	81%	10	19%	42	86%	7	14%
Male	47	80%	12	20%	50	81%	12	19%	53	93%	4	7%
<b>Grade 9</b>	<b>35</b>	<b>85%</b>	<b>6</b>	<b>15%</b>	<b>35</b>	<b>85%</b>	<b>6</b>	<b>15%</b>	<b>33</b>	<b>89%</b>	<b>4</b>	<b>11%</b>
Female	10	83%	2	17%	10	83%	2	17%	12	100%	0	0%
Male	25	86%	4	14%	25	86%	4	14%	21	84%	4	16%
<b>Grade 10</b>	<b>17</b>	<b>65%</b>	<b>9</b>	<b>35%</b>	<b>17</b>	<b>74%</b>	<b>6</b>	<b>26%</b>	<b>14</b>	<b>74%</b>	<b>5</b>	<b>26%</b>
Female	5	56%	4	44%	5	63%	3	38%	3	60%	2	40%
Male	12	71%	5	29%	12	80%	3	20%	11	79%	3	21%
<b>Statutory Professor</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>100%</b>
Male	0	0%	2	100%	0	0%	2	100%	0	0%	2	100%
<b>Titular Professor</b>	<b>8</b>	<b>40%</b>	<b>12</b>	<b>60%</b>	<b>16</b>	<b>53%</b>	<b>14</b>	<b>47%</b>	<b>20</b>	<b>54%</b>	<b>17</b>	<b>46%</b>
Female	1	17%	5	83%	3	38%	5	63%	5	42%	7	58%
Male	7	50%	7	50%	13	59%	9	41%	15	60%	10	40%
<b>Marie Curie Researchers</b>	<b>2</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>
Female	1	100%	0	0%	-	0%	-	0%	-	0%	-	0%
Male	1	100%	0	0%	-	0%	-	0%	-	0%	-	0%
<b>Marie Curie Fellow</b>	<b>5</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>3</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>100%</b>	<b>0</b>	<b>0%</b>
Female	2	100%	0	0%	2	100%	0	0%	1	100%	0	0%
Male	3	100%	0	0%	1	100%	0	0%	-	-	-	-
<b>Protected staff</b>	<b>1</b>	<b>50%</b>	<b>1</b>	<b>50%</b>	<b>3</b>	<b>75%</b>	<b>1</b>	<b>25%</b>	<b>4</b>	<b>50%</b>	<b>4</b>	<b>50%</b>
Female	-	-	-	-	-	-	-	-	1	100%	0	0%
Male	1	50%	1	50%	3	75%	1	25%	3	43%	4	57%
<b>Grand Total</b>	<b>536</b>	<b>88%</b>	<b>72</b>	<b>12%</b>	<b>548</b>	<b>89%</b>	<b>70</b>	<b>11%</b>	<b>559</b>	<b>91%</b>	<b>57</b>	<b>9%</b>

Table 12 - Non-clinical contract type by grade and working pattern

For almost all non-clinical research grades, the ratio of women on open-ended compared to fixed-term contracts is marginally more favourable than for men, the main exception being G9, where the four men are supported by long-term programmatic funding (Table 12).

For clinical grades, there is no concern in the gender balance of contract type used. Notably, for titular professors the ratio of women on open-ended contracts is better than for men (91F:77M) (Table 13).

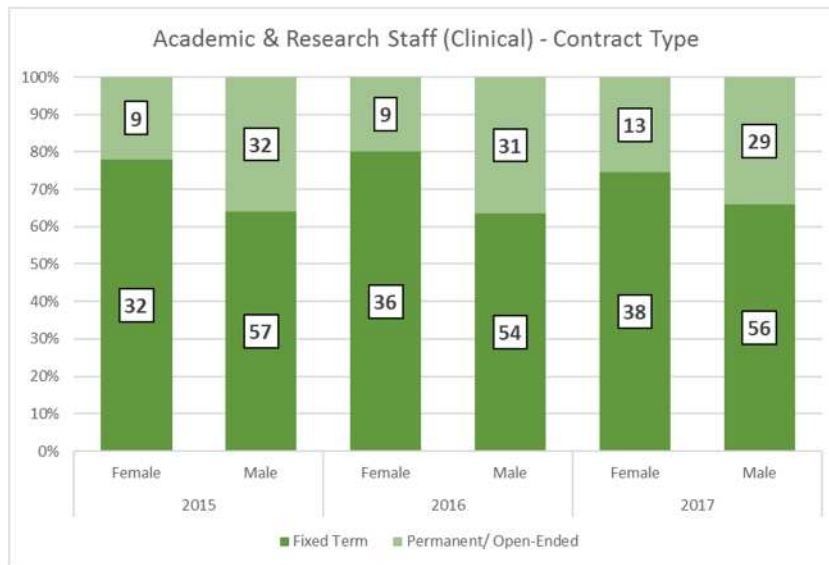


Figure 21 - Clinical staff by contract type

Academic & Research Staff (Clinical) - Contract Type	2015		2016		2017	
	Fixed Term	Permanent/Open-Ended	Fixed Term	Permanent/Open-Ended	Fixed Term	Permanent/Open-Ended
<b>Statutory Professor</b>	<b>1</b> 17%	<b>5</b> 83%	<b>1</b> 17%	<b>5</b> 83%	<b>0</b> 0%	<b>5</b> 100%
Male	1 17%	5 83%	1 17%	5 83%	0 0%	5 100%
<b>Titular Professor</b>	<b>8</b> 20%	<b>32</b> 80%	<b>10</b> 24%	<b>31</b> 76%	<b>8</b> 20%	<b>33</b> 80%
Female	2 22%	7 78%	3 30%	7 70%	1 9%	10 91%
Male	6 19%	25 81%	7 23%	24 77%	7 23%	23 77%
<b>Clinical Lecturer &amp; Tutor</b>	<b>6</b> 100%	<b>0</b> 0%	<b>7</b> 100%	<b>0</b> 0%	<b>6</b> 100%	<b>0</b> 0%
Female	3 100%	0 0%	2 100%	0 0%	3 100%	0 0%
Male	3 100%	0 0%	5 100%	0 0%	3 100%	0 0%
<b>Senior Clinical Research</b>	<b>20</b> 91%	<b>2</b> 9%	<b>17</b> 89%	<b>2</b> 11%	<b>17</b> 85%	<b>3</b> 15%
Female	6 86%	1 14%	6 86%	1 14%	5 71%	2 29%
Male	14 93%	1 7%	11 92%	1 8%	12 92%	1 8%
<b>Clinical Research</b>	<b>2</b> 67%	<b>1</b> 33%	<b>2</b> 67%	<b>1</b> 33%	<b>3</b> 100%	<b>0</b> 0%
Male	2 67%	1 33%	2 67%	1 33%	3 100%	0 0%
<b>Clinical Research Training</b>	<b>52</b> 98%	<b>1</b> 2%	<b>53</b> 98%	<b>1</b> 2%	<b>60</b> 98%	<b>1</b> 2%
Female	21 95%	1 5%	25 96%	1 4%	29 97%	1 3%
Male	31 100%	0 0%	28 100%	0 0%	31 100%	0 0%
<b>Grand Total</b>	<b>89</b> 68%	<b>41</b> 32%	<b>90</b> 69%	<b>40</b> 31%	<b>94</b> 69%	<b>42</b> 31%

Table 13 - Clinical staff contract type by grade and working hours

We are unable to meet the sector average for staff on open-ended contracts<sup>5</sup> given our reliance on time-limited external funding, irrespective of gender, noting that staff surveys have not highlighted contract type as a specific concern. Our closest internal comparator, the Radcliffe Department of Medicine, has a similar contract profile<sup>6</sup>. Female research staff on open-ended contracts has increased from 6 in 2012 to 38 in 2017 (Figure 21).

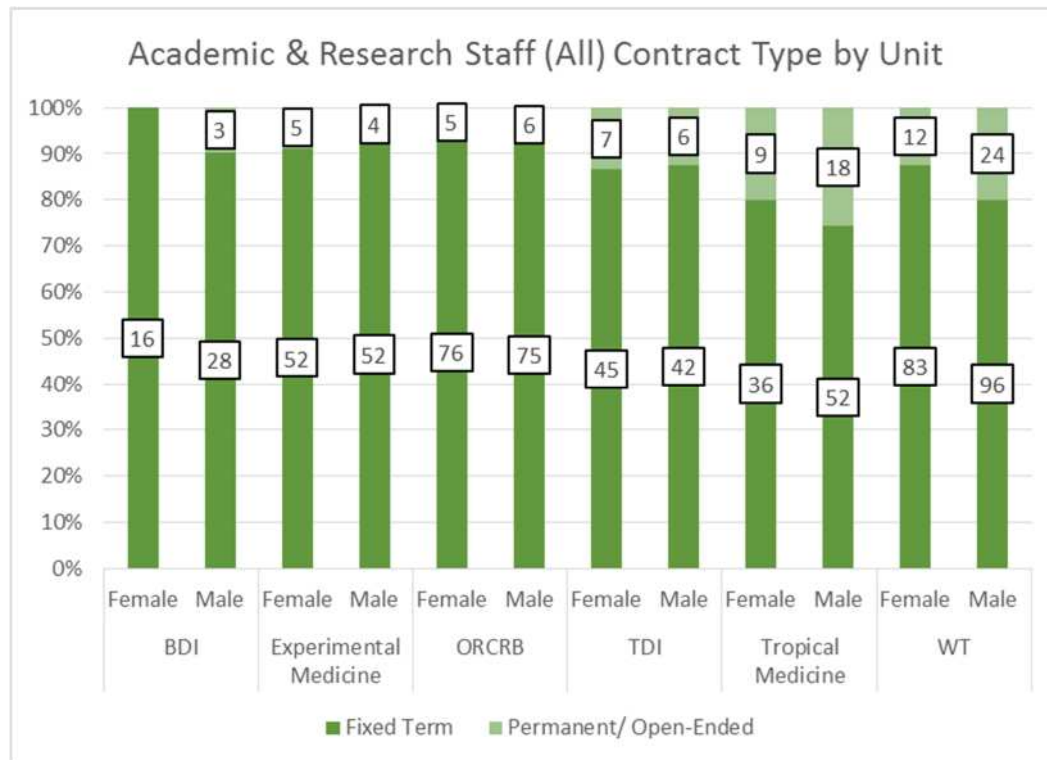


Figure 22 – Contract type by gender and unit

As a new unit, the BDI has no history of long-term funding leading to fewer open-ended contracts (Figure 22). Tropical Medicine is higher than the norm given its exceptionally long-term track record of funding from the Wellcome Trust.

Research facilitators proactively support applications for external funding, and the Department and Division provide bridging funds for research staff between external awards if there is a significant chance of renewal or new award. Between August 2014 and July 2017 NDM provided £1.9m in staff bridging between projects.

Where staff cannot be moved between projects, they are supported with redeployment. For those who agree to redeployment, we monitor successes via our Quarterly HR Data Return form.

	Year		
	2014	2015	2016
Numbers of Males Redeployed	3	4	1
Numbers of Females Redeployed	1	5	2
<b>Total</b>	<b>4</b>	<b>9</b>	<b>3</b>

Table 14 - Numbers of staff who have been redeployed, by year

<sup>5</sup> ECU Staff Data 2016, 4.4a – Clinical Medicine 50%F:57%M

<sup>6</sup> Divisional Athena SWAN coordinator 19%F:20%M

Our 2017 survey showed that staff agree the Department does everything possible to support individuals through; redeployment (73%F:75%M), helping staff identify funding opportunities (73%F:77%M) and providing advice and support (73%F:77%M).

We want to ease anxieties over the ending of fixed-term contracts further by developing resources to ensure this process is transparent and widely communicated, complementing existing information (AP6.1).

**Previous action points met:**

- 1.1 Monitor staff redeployment via our Quarterly HR Data Return form.
- 5.6 Periodic review by NDMS of objective justifications for staff over a defined number of years employment on fixed term contracts.

**New action points:**

- 7.1 Periodic Union review to ensure that there is no form of direct or indirect discrimination with the establishment of fixed term or open-ended/permanent contracts.
- 6.1 Establish a working group to
  - a) develop a resource to provide information on fixed-term contracts and redeployment.
  - b) establish what content should be included.
  - c) decide how to best publicise the resource.
  - d) ensure any recommendations are acted upon appropriately.

(iii) Academic leavers by grade and gender and full/part-time status

Comment on the reasons academic staff leave the department, any differences by gender and the mechanisms for collecting this data.

Turnover (All Academic & Research)	2015			2016			2017			3 Year Average		
	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %
<b>Clinical</b>	17	119	14%	19	128	15%	12	131	9%	16.0	126.0	13%
Female	9	42	21%	6	41	15%	4	47	9%	6.3	43.3	15%
Male	8	77	10%	13	87	15%	8	84	10%	9.7	82.7	12%
<b>Non-clinical</b>	78	582	13%	106	592	18%	104	597	17%	96.0	590.3	16%
Female	45	312	14%	57	299	19%	54	292	18%	52.0	301.0	17%
Male	33	270	12%	49	293	17%	50	305	16%	44.0	289.3	15%
<b>Grand Total</b>	95	701	14%	125	720	17%	116	728	16%	112.0	716.3	16%
Female	54	354	15%	63	340	19%	58	339	17%	58.3	344.3	17%
Male	41	347	12%	62	380	16%	58	389	15%	53.7	372.0	14%

Table 15 – A&R turnover

Two clinical statutory professors left in 2016 (both male); one was the HoD, who stepped down from his post but remains in the Department, replaced on an interim basis by his deputy. This created an opportunity to appoint a new Deputy HoD, and a senior female researcher was selected. The second leaver held a statutory post owned by the Department of Psychiatry so NDM cannot re-recruit to this position.

The two grades with highest turnover are Clinical Lecturer & Tutor and Clinical Research Training (Table 16). These posts are mainly fixed-term for a period of training; postholders then take fellowships or return to the NHS. Those that remain with a local NHS Trust frequently return to NDM as consultant-level clinical researchers with

honorary contracts. In 2016/2017, 10 staff left this grade as part of career progression; 7 returned to the NHS (3F:4M); one woman moved abroad to continue her career, one man became a student, and one went to UCL. We have no gender-related concerns about clinical staff turnover. NDM outperforms other Oxford University STEM departments for retention of female clinical research staff (Table 17) and equals the sector<sup>7</sup>.

Turnover (Clinical)	2015			2016			2017			3 Year Average		
	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %
<b>Clinical</b>	<b>17</b>	<b>119</b>	<b>14%</b>	<b>19</b>	<b>128</b>	<b>15%</b>	<b>12</b>	<b>131</b>	<b>9%</b>	<b>16.0</b>	<b>126.0</b>	<b>13%</b>
<b>Statutory Professor</b>		<b>5</b>	<b>0%</b>	<b>2</b>	<b>5</b>	<b>40%</b>		<b>4</b>	<b>0%</b>	<b>2.0</b>	<b>4.7</b>	<b>43%</b>
Male		5	0%	2	5	40%		4	0%	2.0	4.7	43%
<b>Titular Professor</b>		<b>38</b>	<b>0%</b>	<b>1</b>	<b>41</b>	<b>2%</b>	<b>1</b>	<b>43</b>	<b>2%</b>	<b>1.0</b>	<b>40.7</b>	<b>2%</b>
Female		8	0%		9	0%		10	0%		9.0	0%
Male		30	0%	1	32	3%	1	33	3%	1.0	31.7	3%
<b>Clinical Lecturer &amp; Tutor</b>	<b>2</b>	<b>7</b>	<b>29%</b>		<b>5</b>	<b>0%</b>	<b>1</b>	<b>7</b>	<b>14%</b>	<b>1.5</b>	<b>6.3</b>	<b>24%</b>
Female	2	4	50%		2	0%		2	0%	2.0	2.7	74%
Male		3	0%		3	0%	1	5	20%	1.0	3.7	27%
<b>Senior Clinical Research</b>	<b>2</b>	<b>21</b>	<b>10%</b>	<b>3</b>	<b>21</b>	<b>14%</b>	<b>1</b>	<b>19</b>	<b>5%</b>	<b>2.0</b>	<b>20.3</b>	<b>10%</b>
Female		5	0%		6	0%		7	0%		6.0	0%
Male	2	16	13%	3	15	20%	1	12	8%	2.0	14.3	14%
<b>Clinical Research</b>		<b>2</b>	<b>0%</b>		<b>3</b>	<b>0%</b>		<b>3</b>	<b>0%</b>		<b>2.7</b>	<b>0%</b>
Male		2	0%		3	0%		3	0%		2.7	0%
<b>Clinical Research Training</b>	<b>13</b>	<b>46</b>	<b>28%</b>	<b>13</b>	<b>53</b>	<b>25%</b>	<b>9</b>	<b>55</b>	<b>16%</b>	<b>11.7</b>	<b>51.3</b>	<b>23%</b>
Female	7	25	28%	6	24	25%	4	28	14%	5.7	25.7	22%
Male	6	21	29%	7	29	24%	5	27	19%	6.0	25.7	23%
<b>Clinical</b>	<b>17</b>	<b>119</b>	<b>14%</b>	<b>19</b>	<b>128</b>	<b>15%</b>	<b>12</b>	<b>131</b>	<b>9%</b>	<b>16.0</b>	<b>126.0</b>	<b>13%</b>
Female	9	42	21%	6	41	15%	4	47	9%	6.3	43.3	15%
Male	8	77	10%	13	87	15%	8	84	10%	9.7	82.7	12%

Table 16 – A&R clinical turnover by grade

Turnover (Oxford University STEM Departments - All A&R)	2015			2016			2017			3 Year Average		
	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %
<b>Clinical</b>	<b>88</b>	<b>515</b>	<b>17%</b>	<b>107</b>	<b>554</b>	<b>19%</b>	<b>90</b>	<b>556</b>	<b>16%</b>	<b>95.0</b>	<b>541.7</b>	<b>18%</b>
Female	32	167	19%	45	188	24%	34	186	18%	37.0	180.3	21%
Male	56	348	16%	62	366	17%	56	370	15%	58.0	361.3	16%
<b>Non-clinical</b>	<b>807</b>	<b>4357</b>	<b>19%</b>	<b>883</b>	<b>4428</b>	<b>20%</b>	<b>956</b>	<b>4524</b>	<b>21%</b>	<b>882.0</b>	<b>4436.3</b>	<b>20%</b>
Female	361	1863	19%	373	1835	20%	404	1888	21%	379.3	1862.0	20%
Male	446	2494	18%	510	2593	20%	552	2636	21%	502.7	2574.3	20%
<b>Grand Total</b>	<b>895</b>	<b>4872</b>	<b>18%</b>	<b>990</b>	<b>4982</b>	<b>20%</b>	<b>1046</b>	<b>5080</b>	<b>21%</b>	<b>977.0</b>	<b>4978.0</b>	<b>20%</b>
Female	393	2030	19%	418	2023	21%	438	2074	21%	416.3	2042.3	20%
Male	502	2842	18%	572	2959	19%	608	3006	20%	560.7	2935.7	19%

Table 17 - Turnover benchmark figures for Oxford University STEM departments

Significant turnover for non-clinical research staff occurs at G7 (Table 18); these are mainly fixed-term roles, and postholders move on with career progression. Across the three years, leaving rates have been equal for women and men (18%). Proportionally more women leave for personal or family reasons (17%F:6%M) but evidence from our exit interviews suggests these are circumstances beyond our control, such as a returning to their home country.

<sup>7</sup> ECU Staff Data 2016, 4.22a – Clinical Medicine 17%F:14%M

Turnover (Non-Clinical)	2015			2016			2017			3 Year Average		
	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %
<b>Non-clinical</b>	<b>78</b>	<b>582</b>	<b>13%</b>	<b>106</b>	<b>592</b>	<b>18%</b>	<b>104</b>	<b>597</b>	<b>17%</b>	<b>96.0</b>	<b>590.3</b>	<b>16%</b>
<b>Statutory Professor</b>	<b>1</b>	<b>3</b>	<b>33%</b>	<b>2</b>	<b>0%</b>	<b>1</b>	<b>2</b>	<b>50%</b>	<b>1.0</b>	<b>2.3</b>	<b>43%</b>	
Female		1	0%		0%			0%		1.0	0%	
Male	1	2	50%		0%	1	2	50%	1.0	2.0	50%	
<b>Titular Professor</b>	<b>2</b>	<b>19</b>	<b>11%</b>	<b>1</b>	<b>21</b>	<b>5%</b>	<b>2</b>	<b>31</b>	<b>6%</b>	<b>1.7</b>	<b>23.7</b>	<b>7%</b>
Female		6	0%		7	0%		8	0%		7.0	0%
Male	2	13	15%	1	14	7%	2	23	9%	1.7	16.7	10%
<b>Grade 10</b>	<b>1</b>	<b>25</b>	<b>4%</b>	<b>1</b>	<b>25</b>	<b>4%</b>	<b>2</b>	<b>21</b>	<b>10%</b>	<b>1.3</b>	<b>23.7</b>	<b>5%</b>
Female	1	8	13%		8	0%	1	7	14%	1.0	7.7	13%
Male		17	0%	1	17	6%	1	14	7%	1.0	16.0	6%
<b>Grade 9</b>	<b>3</b>	<b>43</b>	<b>7%</b>	<b>1</b>	<b>40</b>	<b>3%</b>	<b>7</b>	<b>41</b>	<b>17%</b>	<b>3.7</b>	<b>41.3</b>	<b>9%</b>
Female	2	16	13%		11	0%	2	13	15%	2.0	13.3	15%
Male	1	27	4%	1	29	3%	5	28	18%	2.3	28.0	8%
<b>Grade 8</b>	<b>3</b>	<b>101</b>	<b>3%</b>	<b>14</b>	<b>108</b>	<b>13%</b>	<b>16</b>	<b>102</b>	<b>16%</b>	<b>11.0</b>	<b>103.7</b>	<b>11%</b>
Female	2	48	4%	6	50	12%	9	46	20%	5.7	48.0	12%
Male	1	53	2%	8	58	14%	7	56	13%	5.3	55.7	10%
<b>Grade 7</b>	<b>42</b>	<b>264</b>	<b>16%</b>	<b>54</b>	<b>270</b>	<b>20%</b>	<b>49</b>	<b>281</b>	<b>17%</b>	<b>48.3</b>	<b>271.7</b>	<b>18%</b>
Female	22	143	15%	25	142	18%	28	140	20%	25.0	141.7	18%
Male	20	121	17%	29	128	23%	21	141	15%	23.3	130.0	18%
<b>Grade 6</b>	<b>26</b>	<b>116</b>	<b>22%</b>	<b>33</b>	<b>117</b>	<b>28%</b>	<b>27</b>	<b>112</b>	<b>24%</b>	<b>28.7</b>	<b>115.0</b>	<b>25%</b>
Female	18	85	21%	25	78	32%	14	76	18%	19.0	79.7	24%
Male	8	31	26%	8	39	21%	13	36	36%	9.7	35.3	27%
<b>Marie Curie Fellow</b>		<b>6</b>	<b>0%</b>	<b>1</b>	<b>5</b>	<b>20%</b>	<b>3</b>	<b>0%</b>	<b>1.0</b>	<b>4.7</b>	<b>21%</b>	
Female		3	0%	1	2	50%	2	0%	1.0	2.3	43%	
Male		3	0%		3	0%	1	0%		2.3	0%	
<b>Marie Curie Researchers</b>		<b>2</b>	<b>0%</b>	<b>1</b>	<b>2</b>	<b>50%</b>		<b>0%</b>	<b>1.0</b>	<b>2.0</b>	<b>50%</b>	
Female		1	0%		1	0%		0%		1.0	0%	
Male		1	0%	1	1	100%		0%	1.0	1.0	100%	
<b>Protected staff</b>		<b>3</b>	<b>0%</b>		<b>2</b>	<b>0%</b>		<b>4</b>	<b>0%</b>		<b>3.0</b>	<b>0%</b>
Female		1	0%		0%	0%		0%		1.0	0%	
Male		2	0%		2	0%		4	0%		2.7	0%
<b>Non-clinical</b>	<b>78</b>	<b>582</b>	<b>13%</b>	<b>106</b>	<b>592</b>	<b>18%</b>	<b>104</b>	<b>597</b>	<b>17%</b>	<b>96.0</b>	<b>590.3</b>	<b>16%</b>
Female	45	312	14%	57	299	19%	54	292	18%	52.0	301.0	17%
Male	33	270	12%	49	293	17%	50	305	16%	44.0	289.3	15%

Table 18 – A&R non-clinical turnover by grade

Grade 8 and 9 posts have been identified as the key transition points for women. Grade 8 turnover has increased for both genders over the past three years, from an average of 3% to 18%, mainly for career reasons; (1F:1M, in 2015, 8F:10M, in 2017). Evidence from exit interviews suggest this is an impact of NDM's development and training; encouraging staff to seek career development. Our aim is to provide opportunities for progression in the Department, we recognise that it is in their interest and sometimes a stipulation of external funding that they gain experience in different research institutions. Given the turnover over the three years is roughly equal for both men and women (12%F: 10%M) there is no specific gender issue. At grade 9, three of the four female leavers progressed to higher-level positions (other university Departments and another University). Two of these women received bridge funding, mentoring and tailored support in their grant applications.



Turnover (All Academic & Research)	2015			2016			2017			3 Year Average		
	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %	Leavers	SIP	Turnover %
<b>Full Time</b>	<b>79</b>	<b>627</b>	<b>13%</b>	<b>115</b>	<b>649</b>	<b>18%</b>	<b>102</b>	<b>648</b>	<b>16%</b>	<b>98.7</b>	<b>641.3</b>	<b>15%</b>
Female	42	298	14%	58	292	20%	48	288	17%	49.3	292.7	17%
Male	37	329	11%	57	357	16%	54	360	15%	49.3	348.7	14%
<b>Part Time</b>	<b>12</b>	<b>74</b>	<b>16%</b>	<b>5</b>	<b>63</b>	<b>8%</b>	<b>11</b>	<b>74</b>	<b>15%</b>	<b>9.3</b>	<b>70.3</b>	<b>13%</b>
Female	9	56	16%	2	44	5%	8	49	16%	6.3	49.7	13%
Male	3	18	17%	3	19	16%	3	25	12%	3.0	20.7	14%
<b>Variable Hours</b>	<b>4</b>		<b>0%</b>	<b>5</b>	<b>8</b>	<b>63%</b>	<b>3</b>	<b>6</b>	<b>50%</b>	<b>4.0</b>	<b>7.0</b>	<b>57%</b>
Female	3		0%	3	4	75%	2	2	100%	2.7	3.0	90%
Male	1		0%	2	4	50%	1	4	25%	1.3	4.0	33%
<b>Grand Total</b>	<b>95</b>	<b>701</b>	<b>14%</b>	<b>125</b>	<b>720</b>	<b>17%</b>	<b>116</b>	<b>728</b>	<b>16%</b>	<b>112.0</b>	<b>716.3</b>	<b>16%</b>
Female	54	354	15%	63	340	19%	58	339	17%	58.3	344.3	17%
Male	41	347	12%	62	380	16%	58	389	15%	53.7	372.0	14%

**Table 19 – A&R turnover by working pattern**

The Department is in line with the national average of 17%F to 14%M<sup>8</sup> in terms of total A&R staff turnover. There are no discernible differences in turnover related to working pattern.

In 2013 an online exit questionnaire was used for feedback from leavers (30% completion rate) and then expanded to face-to-face exit interviews in autumn 2014 to increase take up. BMs have access to the detailed leavers' data for their units to allow them to identify specific targets to retain talent. Bi-annual leavers' reports are circulated to units showing trends across NDM. This remains an action plan (AP8.1). Leavers' data shows no gender differences in departmental experience (Figure 23).

	% Agree with statement	
	Female	Male
Information about training and development is available to staff	93%	92%
Expected standards of work are well communicated	92%	91%
Resources needed to fulfil their role is available	91%	95%
Would consider working for NDM again	97%	90%

**Figure 23 - Exit interview responses**

**Previous action points met:**

- 1.2 Identify trends and take action to reduce turnover where possible.
- 1.2 Continue to capture career trajectory information of leavers.
- 1.2 Increase in the number of successful researcher profiles 'post' Oxford employment on website.

**New action points:**

- 8.1 Bi-annual leavers reports will continue to be circulated to Business Managers.
- Action to be taken to reduce turnover where feasible.

**Section 4 word count: 2396**

<sup>8</sup> ECU Staff Data 2016, 4.22a – Clinical Medicine

## 5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

Recommended word count: Bronze: 6000 words | Silver: 6500 words

### 5.1. Key career transition points: academic staff

#### (i) Recruitment

Break down data by gender and grade for applications to academic posts including shortlisted candidates, offer and acceptance rates. Comment on how the department's recruitment processes ensure that women (and men where there is an underrepresentation in numbers) are encouraged to apply.

Candidate traffic-driving initiatives, launched in 2015/2016, promoting diversification had poor results. Pilots using Researchgate, LinkedIn and Facebook were extensive, the cost to conversion rate of female applicants and appointments was poor compared to unpaid routes. Executive searches using social media were equally poor. Facebook users viewing our adverts was 4,696 and 859 'liked', shared or commented on the post. 674 clicked through to the NDM jobs pages, so it was good promotion of the job pages.

What has been successful are tweets and weekly email circulars to 1,997 candidates who registered to receive job information via our website. Additionally, actual promotion of our jobs pages, including adding a 'share' button for social media is having impact. Combined with work done in promoting our jobs page, including adding social media sharing buttons, is having impact. We brief hiring managers on modern recruitment techniques; these together mean they are sharing roles with their networks bringing more traffic than the paid advertising. We continue to trial various approaches to attract a diverse candidate pool and recently exhibited at the NatureJobs career expo in London.



Figure 24 - Pictures taken at the Nature Jobs Career Expo Exhibition (2017)

Positive working culture is promoted through our 'Destination of Choice' campaign via carefully placed ads in major journals. AS descriptors are included in all job descriptions,

and availability of part-time working arrangements is included in adverts, which continue to use the following statement for senior posts:

“Applications are particularly welcome from women and black and ethnic minority candidates, who are under-represented in Academic posts in Oxford”

Equality and Diversity training is compulsory for all staff with managerial responsibility and new starters since Bronze status; 561 staff have undertaken this since 2014. Recruitment panels are gender-balanced (AP21.2), with at least one-third of selection panel members being female for electoral boards for established professorships. Panel chairs must complete the University Recruitment & Selection course, which includes equality and diversity training (AP21.1). All staff receive mandatory Unconscious bias training which is monitored for compliance.

Vacancies over the past three years provide a picture of our recruitment needs (Figure 25).

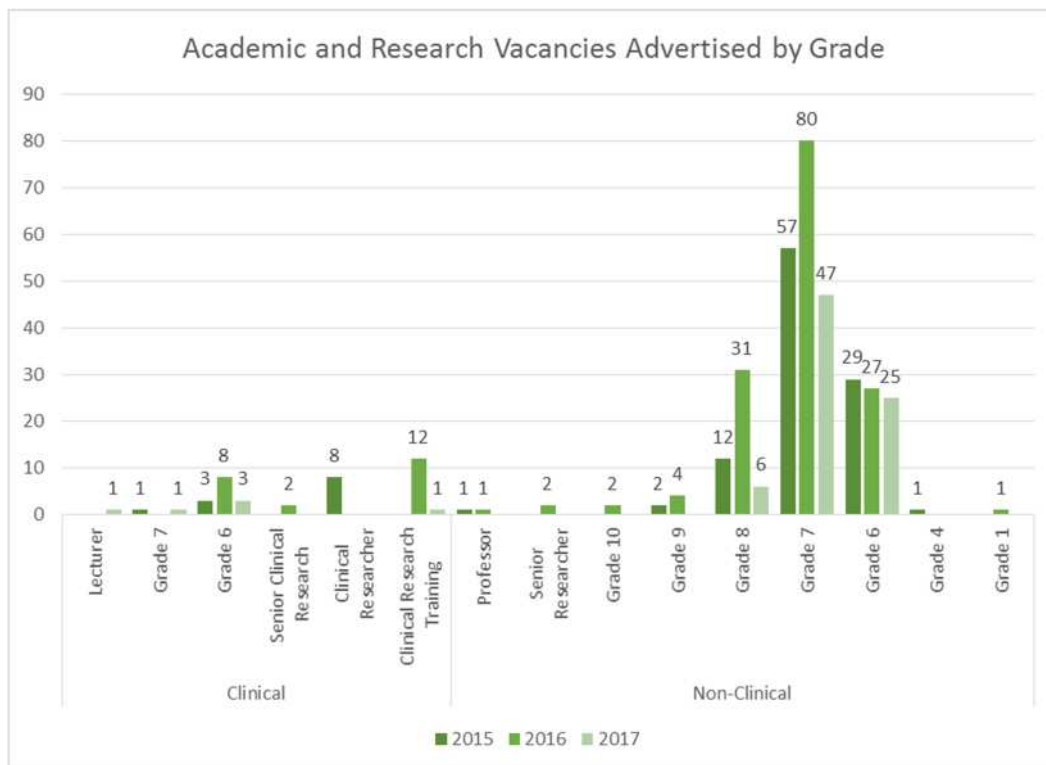


Figure 25 - Number of vacancies advertised by year and grade

For A&R in the period, female applications were marginally less than men, with the exception of 2017 (938F:881M) (Figure 26). Efforts to increase female applications are ongoing (AP22.2), the shortlisted to appointed ratio is balanced between genders. There is no evidence to suggest impediments for women applying for roles, and it is clear that our processes are having an impact in terms of shortlisting and offers made.

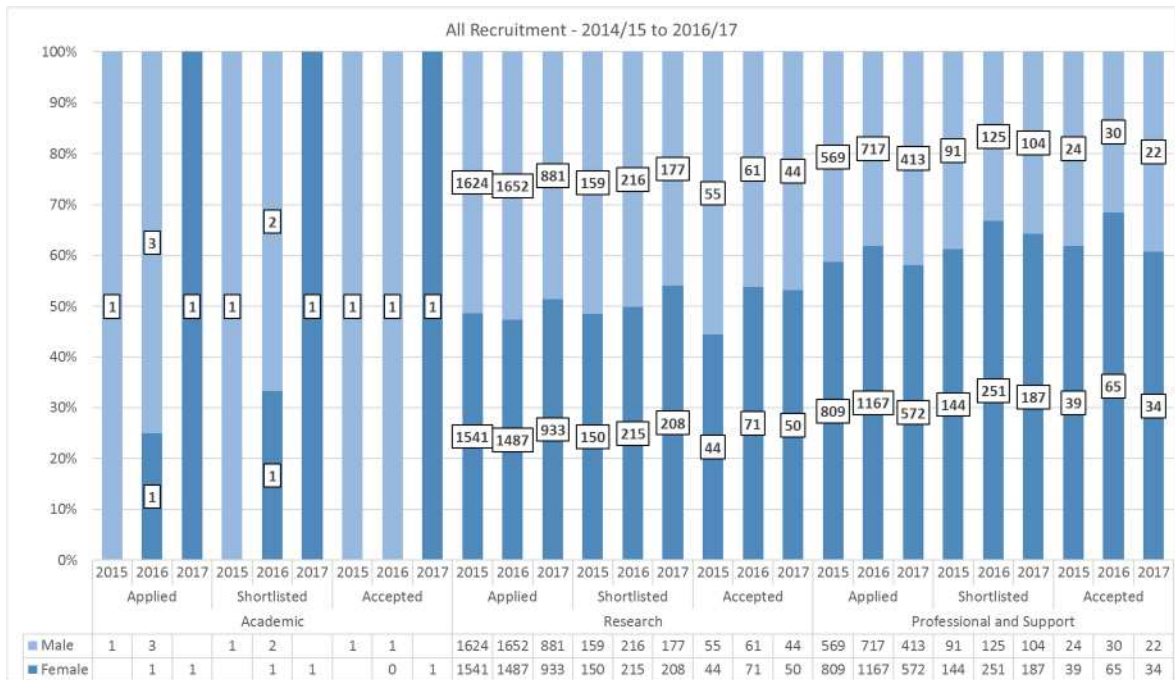


Figure 26 - Recruitment by staff type

For non-clinical roles, there were fewer applications from women than men to grade 8, however the ratio of applied to shortlisted (23%F:24%M), and shortlisted to appointed (28%F:25%M) is equal (Figure 27).

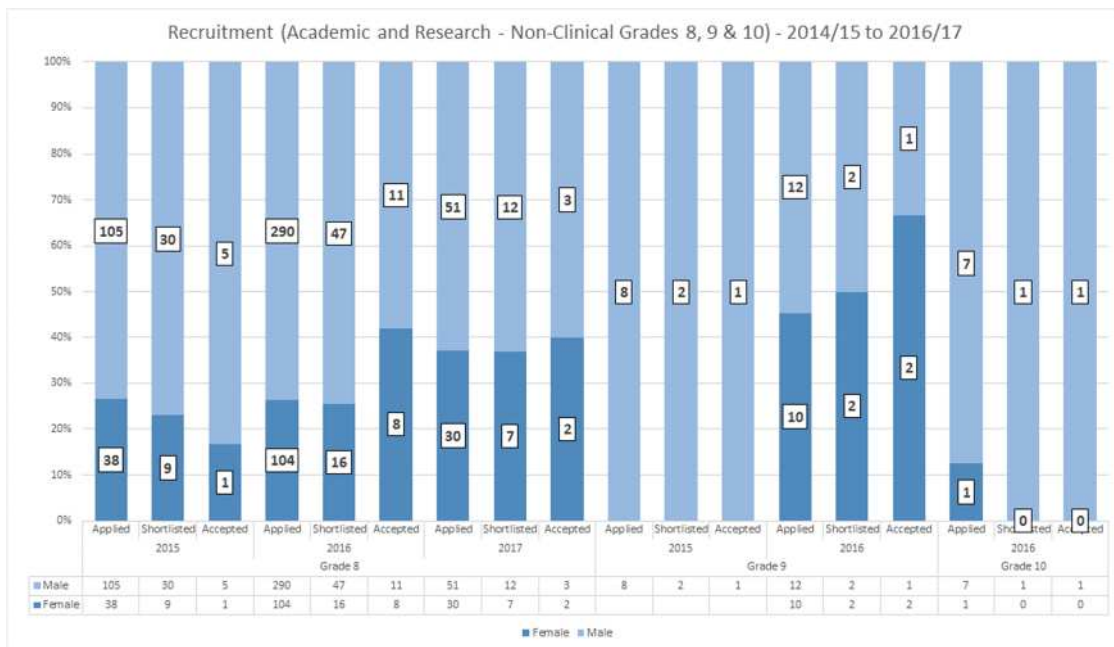


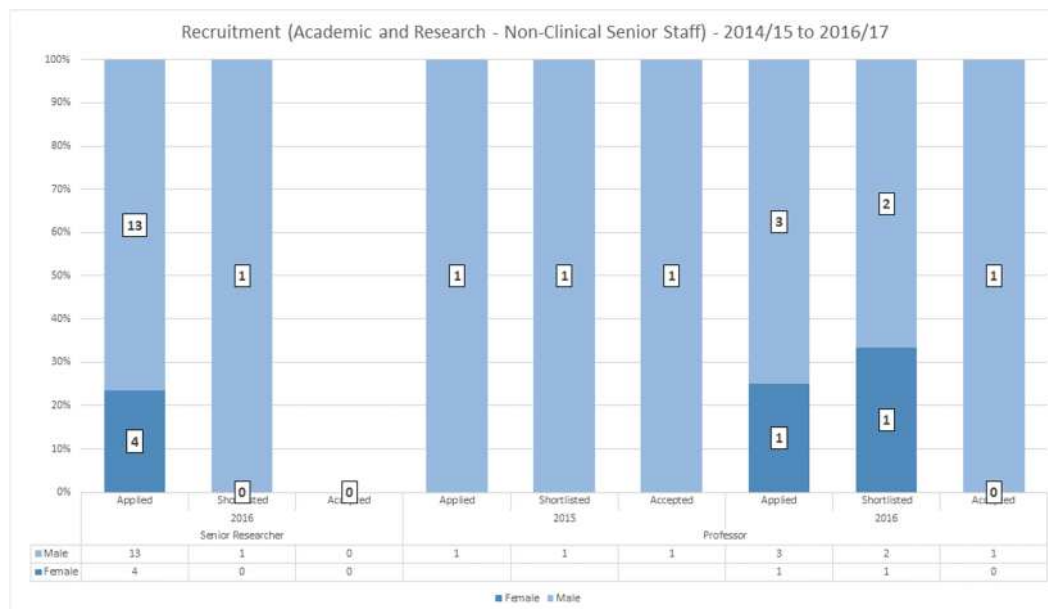
Figure 27 - Recruitment at non-clinical grades 8, 9 & 10

The biggest change has been at Grade 9, a key transition point for women; in 2016 the number of applications from women were broadly similar to men (10F:12M), with two women and one man appointed compared to zero applications from women in 2015.

There was one post advertised at Grade 10 in 2016, to which a man was appointed, and no recruitment at that grade in 2015 or 2017. With only one vacancy in three years, this is still a particular area for monitoring and review (AP22.1).

2016/1017 data does not show 'direct appointments' made to RSIV/Associate Professor. We appointed three women (two part-time) and two men. Academic staff used search committees to identify these individuals, who could drive forward our scientific aims. Appointments were approved by the University's Senior Appointments Panel (SAP). Generally we do not allow for the direct appointment of external candidates but given the high profile of these candidates, there was a clear business case for doing so.

In 2015, a male was appointed to the only non-clinical professorial established chair advertised (Figure 28). Importantly, the University now has a process to pause recruitment for statutory professors at shortlisting stage if female candidates have not been identified (AP20.1).



**Figure 28 - Recruitment at non-clinical senior grades**

Clinical grades 6 and 7 tend to be nurse positions. For 7, we did not receive any applications from men, and although not unusual for the subject area we will consult to widen the applications pool (AP23.1) (Figure 29).

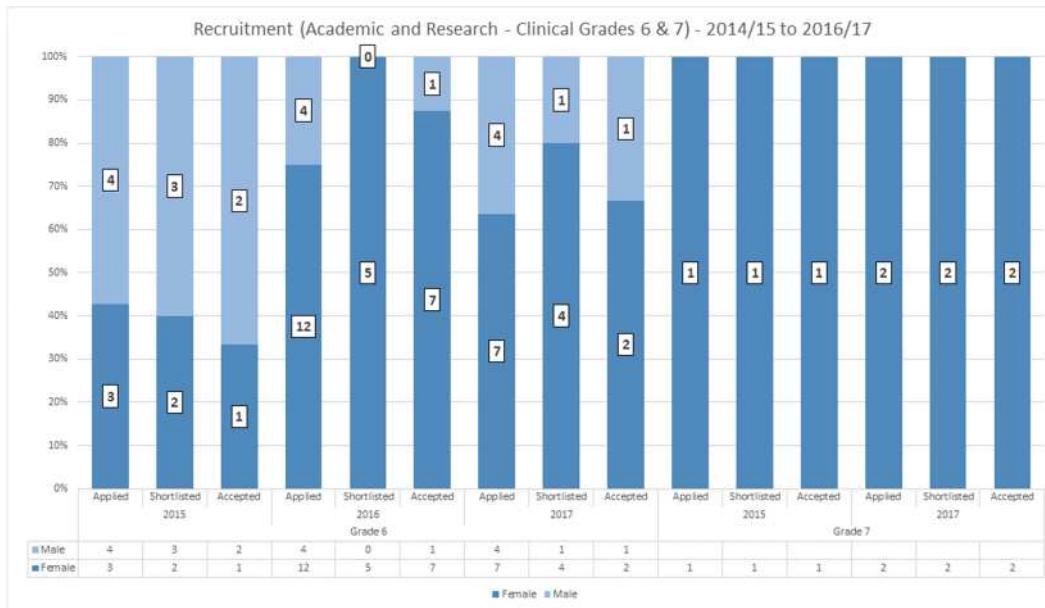


Figure 29 - Recruitment at clinical grades 6 & 7

Senior clinical research (consultant) grade is concerning - two vacancies both filled by men, with no female applicants (Figure 30). On review both roles were based overseas, a previously recognised barrier. Interviews were conducted with overseas staff during 2017 to determine causes, and a meeting with the COO's to review and develop action is planned (AP19.1).

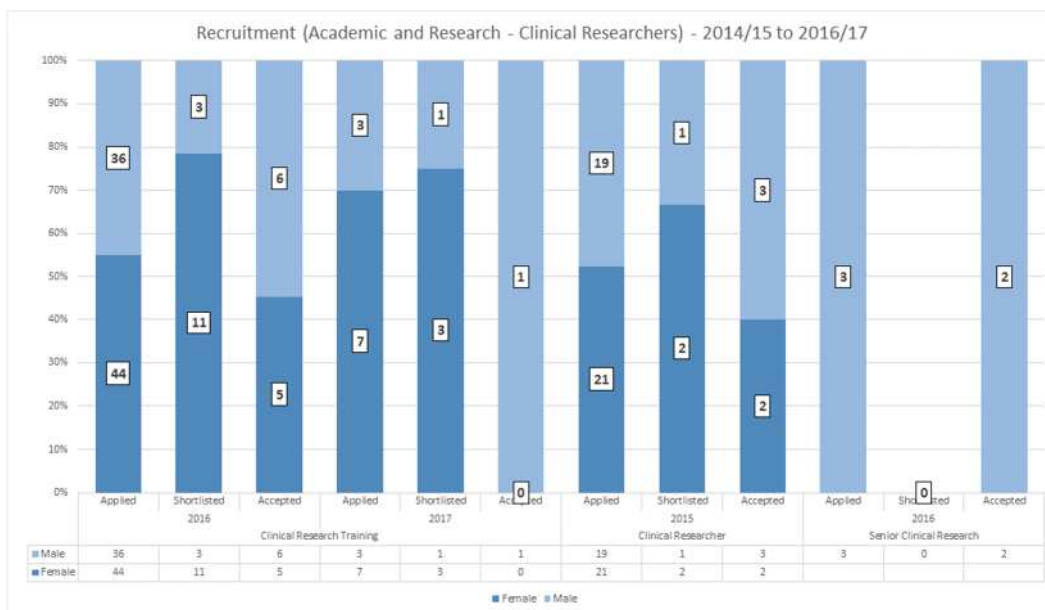


Figure 30 - Recruitment at clinical senior grades

**Previous action points met:**

- 3.5 Highlight Athena Swan in all job advertisements
- 3.5 Alongside routine checking, specifically seek external verification to identify any practices at recruitment and appointment for gender disparity.
- 3.7 Continue to monitor effectiveness of recruitment methodology
- 3.7 Seek to attract more passive job seekers through use of LinkedIn and ResearchGate, including soliciting of applications from suitably qualified candidates.
- 3.7 Use executive search in the identification of suitable female applicants in senior posts.
- 3.7 Continue with engagement of e-recruitment consultant to effectively make use of these channels and guard against barriers to access from female applicants
- 4.4 Investigate the barriers for appointment to senior clinical posts overseas.

**New action points:**

- 19.1 A meeting with the COO's and Head of Finance is to be conducted to discuss the findings and develop and implement a specific action plan to investigate the barriers for appointment to senior clinical posts overseas.
- 20.1 Increase the proportional representation of women with professorial title.
- 21.1 Continue to ensure that all recruitment panels are recruitment and selection trained.
- 21.2 Ensure all recruitment panels are gender balanced.
- 22.1 Continue to specifically monitor recruitment to senior positions to assess the impact of our strategies to attract more female applicants.
- 22.2 We will continue to use effective recruitment strategies to maximise the opportunity for gender parity of applications
- 23.1 Consult other departments on their recruitment strategies for research nurses.

(ii) Induction

Describe the induction and support provided to all new academic staff at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

Compulsory, monitored and reported, inductions were implemented in 2013 with mandatory Equality & Diversity training requirements (100% compliance) (AP4.2, AP9.1). New starters have a face-to-face induction with HR, their manager and Health & Safety. It is tailored by staff type, with a targeted booklet for research staff including enhanced sections on workload monitoring, work-life balance, family friendly policies & practices, wellbeing, career planning & progression, and training. 2016 satisfaction survey showed 86% of A&R staff found their induction useful (up from 83%F:71%M for the 2013 survey). Future new starters will provide a short assessment of their induction experience after six months (AP4.1), which will allow us to gather feedback from the Unconscious Bias training (AP9.2)

New senior academic staff are announced via newsletter. All other staff are introduced within their units through email and group meetings.

Inductions for new and emerging managers now includes guidance in dealing with a variety of people management issues, including; assessing flexible working requests, meeting timing, PDRs, and recruitment. Initial impact was surveyed and showed an increase in staff sharing clear values and expectations about the way people should behave in relation to each other, from 55% in 2012 to 72% in 2017. Manager confidence ratings will continue to be surveyed (AP2.1, AP3.1). A toolkit specifically for managers, as a resource alongside the extended induction, will be produced (AP3.2, AP3.3).

**Previous action points met:**

- 3.1 Ensure compliance with induction training requirements.
- 3.1 Increase staff awareness of equality and management responsibilities
- 3.1 Ensure initial career development discussions are held during probation.
- 3.2 Encourage management training.
- 1.7 Embed philosophy of flexible working with new line managers.

**New action points:**

- 2.1 Run staff surveys (2018 and 2020)
- 3.1 Measure impact of the extended line manager induction sessions.
- 3.2 Establish working group to make recommendations on the content of a toolkit for managers.
- 3.3 Create a line managers toolkit (HR), on the basis of recommendations by the working group
- 4.1 Establish an induction feedback survey for all staff 6 months after their start date. Ensure feedback is acted upon, where appropriate, to ensure continued development and improvement.
- 4.2 Continue to monitor compliance with mandatory induction training requirements.
- 9.1 Continue to roll out Unconscious Bias training to small groups of new starters within Units.
- 9.2 Implement a feedback mechanism within the Unconscious Bias training, ensuring monitoring to evaluate success and adapt training as required.

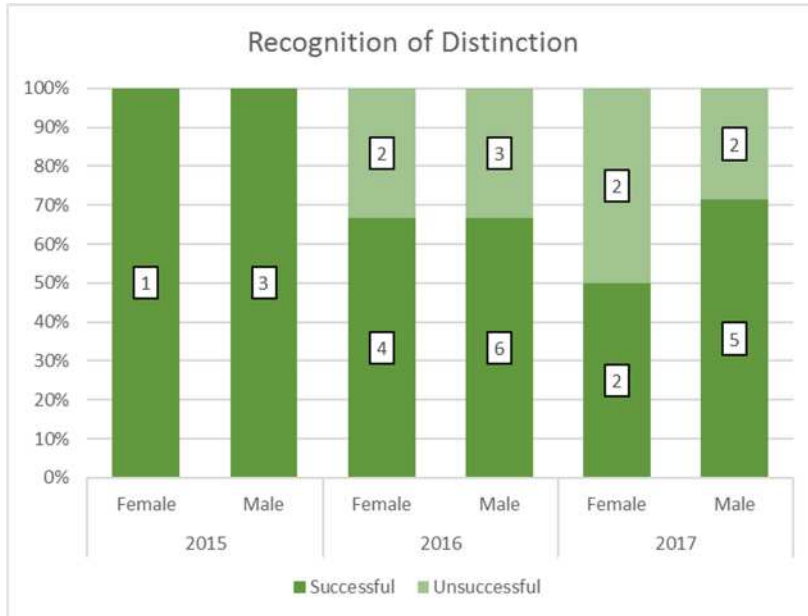
(iii) Promotion

Provide data on staff applying for promotion and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

The University has no formal promotion policy but four routes exist to recognise achievements of employees: Award of Academic title; Reward and Recognition scheme; regrading; and internal progression to a new role. The latter three are available to all staff.

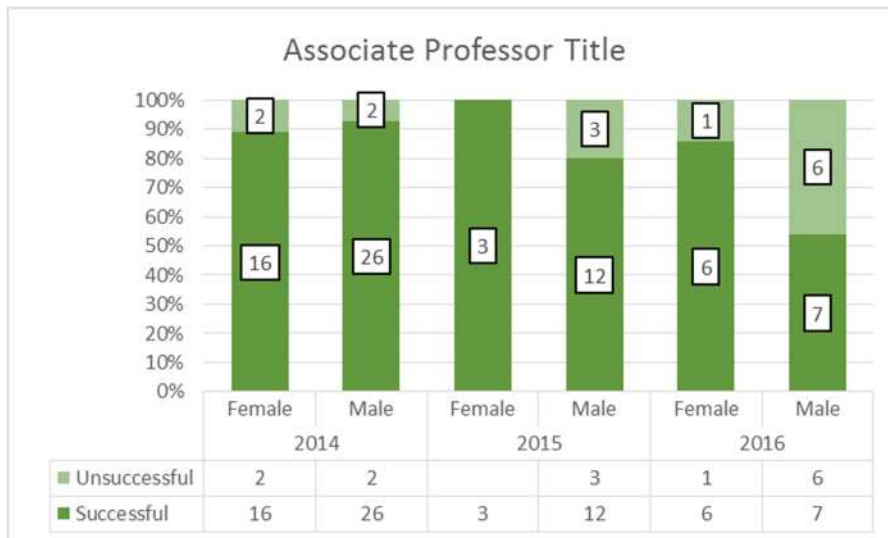
We have seen increases in the number of men and women achieving professorial title since the introduction of the annual scheme (Figure 31). In 2017, an additional three women received title outside of the annual exercise, as recognition of their status upon appointment.





**Figure 31 - Recognition of distinction outcomes**

Similar to the title of professor, the number of men applying for AP is greater but the success rates for women are higher in both 2016 and 2017 (85%F: 53%M) (Figure 32). This title was only introduced in 2015 and therefore we will monitor application and success rates over a longer period of time (AP20.1).



**Figure 32 - Associate Professor outcomes**

The University Research Lecturer (URL) title is aimed primarily at mid-career researchers (Figure 33). The number of men and women receiving title over the three years is equal.

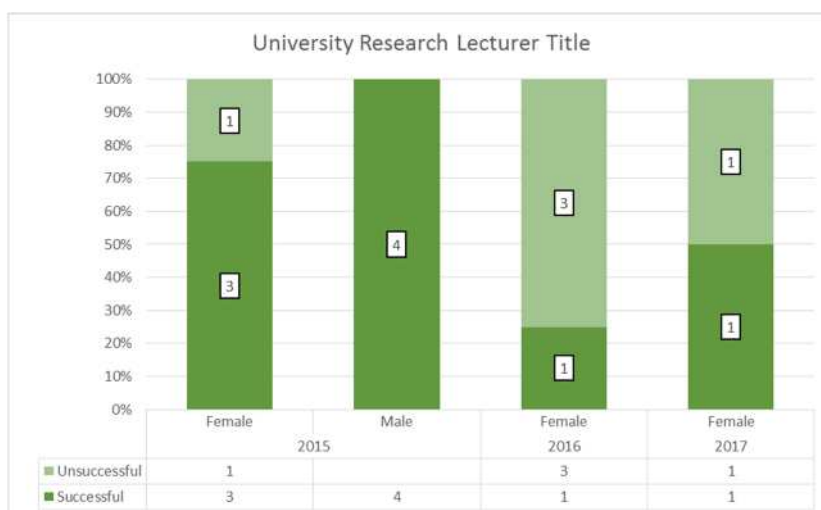


Figure 33 - URL title outcomes

Two merit schemes exist; a monthly scheme, designed to recognise ‘one-off’ outstanding group/individual contributions, and an annual exercise providing an award equivalent to one increment for performance above the expectation of the role. NDM Strategic review applications and cover the cost (£200) of the monthly awards.

Under the monthly scheme there has been a significantly higher number of awards made to women (Table 20). We have had fewer nominations for A&R staff, compared to P&S, which is where the imbalance will arise – there are more women in these types of posts than men. We regularly remind managers about the scheme and encourage them to nominate across grades and gender, through newsletters, website and email reminders. Identification of more nominations for research staff is required (AP16.1).

A&R	Female		Male		Total
14/15	13	87%	2	13%	15
15/16	17	77%	5	23%	22
16/17	4	80%	1	20%	5
<b>Total</b>	<b>34</b>	<b>81%</b>	<b>8</b>	<b>19%</b>	<b>42</b>

Table 20 - Recognition award outcomes

Applications for the annual exercise are reviewed at Unit level; panels have female and male members and their recommendations are ratified and monitored by a subgroup of the SMC (Table 21).

A&R	Female	Male	Total
Successful	13	12	25
Unsuccessful	2	3	5
<b>Total</b>	<b>15</b>	<b>15</b>	<b>30</b>
Successful	87%	80%	83%
Unsuccessful	13%	20%	17%

Table 21 - Excellence award 2016 outcomes

Regradings are processed by a central team using Higher Education Role Analysis (HERA), self or departmental nominations are accepted. Assessment is based on a pre-determined criteria and only awarded where the role has substantially changed.

Communication of regrading processes included; PDRs, induction materials, webpages and HR Drop-in clinics. Staff knowledge of this information has improved from the 2015 survey (45%F:51%M) to the 2017 survey (54%F:60%M).

Successful applications have fluctuated over the period, higher numbers of women (24) than men (16) going through regrading overall (Table 22). Awareness has been raised resulting in 70% of women and 81% of men feeling they had the opportunity to take on new responsibilities or develop new skills within their role, which can lead to regrading or opportunities to apply for posts at higher grades.

	2014		2015		2016	
	Female	Male	Female	Male	Female	Male
Successful	10	4	7	6	7	6
Unsuccessful	1	2	2	0	2	1
Success Rate (%)	91%	67%	78%	100%	78%	86%
<b>Total</b>	<b>11</b>	<b>6</b>	<b>9</b>	<b>6</b>	<b>9</b>	<b>7</b>

Table 22 - Regrading numbers of academic staff by gender

Progress in proactive correction of imbalance at grade 6 is shown through higher number of women regraded from 6 to 7 (Figure 34).

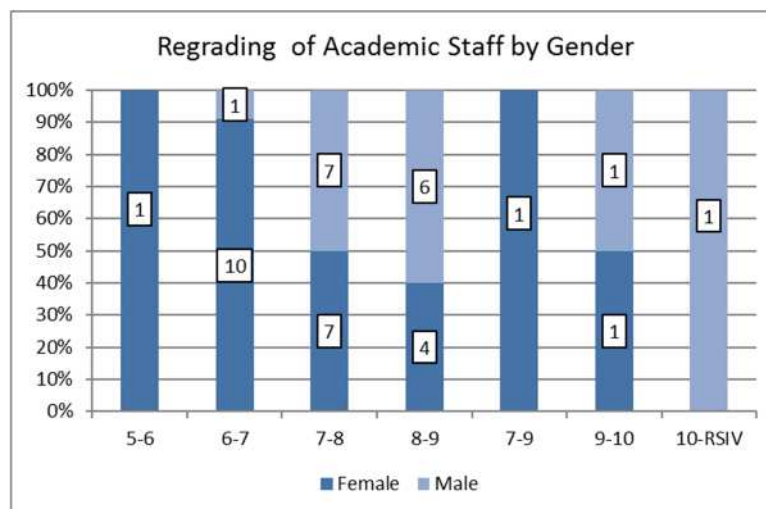


Figure 34 - Total number of successful regrades of academic staff, by grade, for 2014-2016

**Previous action points met:**

- 1.4 Maintain database of promotions and regradings
- 3.4 Encourage female staff to apply for the Recognition of Distinction award and URL award
- 4.1 Continue to run briefing sessions, drop in clinics, talks and workshops.

**New action points:**

- 20.1 Increase the proportional representation of women with a professorial title.
- 16.1 Ensure managers are fully briefed on University merit schemes.

(iv) Department submissions to the Research Excellence Framework (REF)

Provide data on the staff, by gender, submitted to REF versus those that were eligible. Compare this to the data for the Research Assessment Exercise 2008. Comment on any gender imbalances identified.

Two restructures since RAE 2008 means direct comparison has limited value. Given ten years has passed the Department only has data for the actual submission made (RAE 2008 – 116 returned, 34F:82M).

Selection criteria for REF 2014 was based on size, quality and impact; total eligibility versus actual returns shows a small disparity between male and female, equivalent to two posts, 74% eligible females and 82% eligible makes returned (Table 23). In REF 2021 all eligible staff with be returned.

	Eligible	Submitted	Return Rate
<b>REF Returns 2014 (#)</b>	<b>124</b>	<b>99</b>	<b>80%</b>
Female	36	27	75%
Male	88	72	82%
<b>REF Returns 2014 (%)</b>	<b>100%</b>	<b>100%</b>	
Female	29%	27%	
Male	71%	73%	

Table 23 - REF 2014 returns

## 5.2. Key career transition points: professional and support staff

### (i) Induction

Describe the induction and support provided to all new professional and support staff, at all levels. Comment on the uptake of this and how its effectiveness is reviewed.

The new 2013 Induction Programme applied to all staff, including P&S. The same process is followed, with targeted inductions by staff type and the same compulsory probation training courses. Feedback is gathered in the same way, e.g. surveys. We last targeted this area in the 2016 survey which shows that 92% of P&S staff agreed that their induction was useful (up from 83%F:71%M for all staff in the 2013 survey).

### (ii) Promotion

Provide data on staff applying for promotion, and comment on applications and success rates by gender, grade and full- and part-time status. Comment on how staff are encouraged and supported through the process.

With the exception of academic title, achievement of P&S staff is recognised using the same routes as for A&R. The annual excellence scheme shows more nominations for women (100% successful), expected due to larger number of female P&S staff (Table 24).

P&S	Female	Male	Total
Successful	10	5	15
Unsuccessful	0	1	1
<b>Total</b>	<b>10</b>	<b>6</b>	<b>16</b>
Successful	100%	83%	94%
Unsuccessful	0%	17%	6%

Table 24 - Annual reward scheme awards for P&S staff

Monthly rewards show significantly more awards to women than men as well (Table 25).

P&S	Female		Male		Total
14/15	18	69%	8	31%	26
15/16	16	76%	5	24%	21
16/17	14	78%	4	22%	18
<b>Total</b>	<b>48</b>	<b>74%</b>	<b>17</b>	<b>26%</b>	<b>65</b>

Table 25 - Monthly reward scheme awards for P&S staff

There are higher numbers of successful women (25) than men (15) (Table 26), showing successful support of women through career progression opportunities. 77% of women and 83% of men felt they had the opportunity to take on new responsibilities or develop new skills within their role (2017 survey).

	2014		2015		2016	
	Female	Male	Female	Male	Female	Male
Successful	10	6	9	6	6	3
Unsuccessful	1	0	0	0	1	0
Success Rate (%)	91%	100%	100%	100%	86%	100%
<b>Total</b>	<b>11</b>	<b>6</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>3</b>

Table 26 - Regrading numbers of professional and support staff by gender

Successful applications by grade can be seen below. We have higher numbers of women being regraded from 3-4, 4-5 and 5-6, and similar numbers of men and women for higher grades (Figure 35).

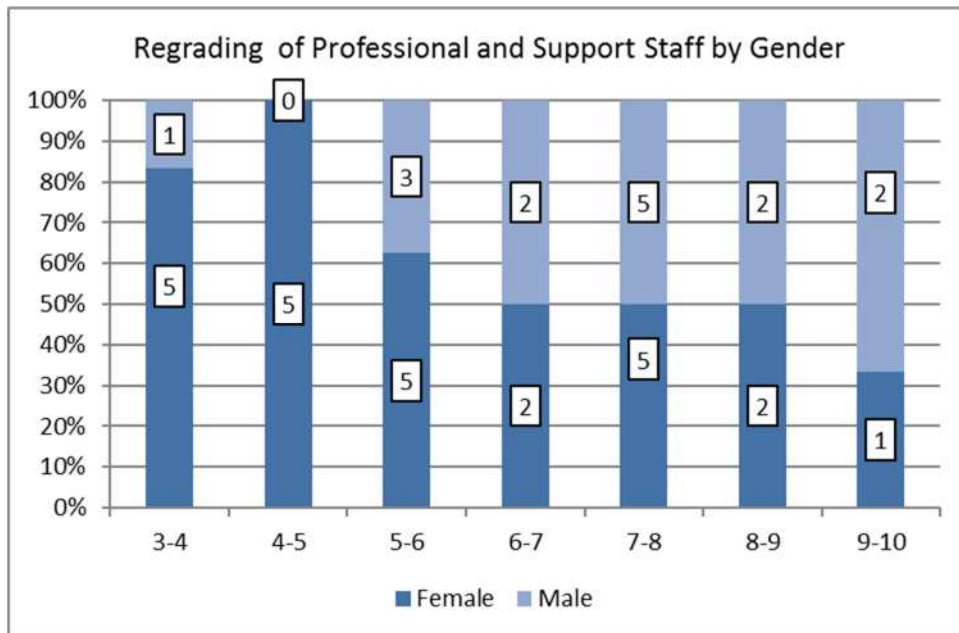


Figure 35 - Total number of successful regrades of professional and support staff, by grade, for 2014-2016.

When appropriate, we support development and progression by under-filling at recruitment and provide training and support, increasing the individual's grade to the substantive grade once the training period is complete (2 women during 2015 and 1 during 2016).

### 5.3. Career development: academic staff

#### (i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

Training needs are identified at recruitment, induction, probation, PDRs, and during informal meetings between staff and managers. Staff are asked to keep a training record, monitored by HR, who provide guidance on courses. External courses are considered by the manager and, where beneficial, attendance is funded.

We encourage attendance on University programmes, such as the Academic Leadership Development Programme, and have funded eight group leaders, at varying career stages, to attend the Said Business School's 'Women Transforming Leadership' course.

Our Unconscious Bias training course is compulsory for all new staff (100% compliance, up from 82% in 2014). We have reviewed the way this course is run, and following a successful pilot, this training is now being rolled out to small groups of new starters within Units (since June 2017) (AP9.1, AP9.2). Feedback suggests that this approach to the training has helped new starters develop networks. Challenging Behaviour, Equality & Diversity and Managing People (for managers) have been made mandatory during probation, monitored via annual HR compliance checks (100% compliance) (AP4.2). Impact is seen through an increase from 55% in 2012 to 79% in 2015 of staff feeling that clear values and expectations are shared about the way people should behave in relation to each other.

We actively encouraged new and emerging Principal Investigators to attend the OLI's Principal Investigators Programme, which has increased in female attendance:

- 2013/14 - 16 workshops (13M:12F)
- 2014/15 - 8 workshops (7M:0F). Scheme put on hold and reviewed.
- 2016/17 - 15 workshops (16M:21F)

We promoted the use of the online course provider, Lynda.com (350 staff (63%F:37%M) have registered to date), and we work with the University (OLI, IT Services, Medical Sciences, Careers Service, Research Services) to run on-site targeted training. Staff awareness of training opportunities has increased from 54% in 2012 to 71% in 2017.

To alleviate burdens on time, the HHR runs bespoke management training at scheduled meetings of senior staff. We will establish a suite of training while retaining topic flexibility in accordance with external factors impacting on policy (AP16.1). Self-rated confidence in management skills have been surveyed (2017):

- Recruiting staff (75%F:77%M) (AP21.1)
- Conducting probationary and personal development reviews (75%F:71%M)
- Managing staff performance (63%F:67%M)
- Supporting staff to think about careers (63%F:69%M)

We will continue to survey this, and aim to see an improvement as programmes develop (AP2.1).

We have funded a Public Speaking and Communication masterclass for scientists since 2013. For the first three years the course focused on female researchers of all levels. We received a lot interest from men and in 2016, as part of the Oxford-Tropical Network Conference attended by overseas staff, opened the training to both genders, and other departments. In total, we had 57 staff participate in this training (49F:8M).

*"I had a fantastic time. The mentors offered tailored advice and were encouraging at every step."*

Female researcher

In response to staff and student feedback we launched a Programme of Training in 2017 (Table 27). This was developed in collaboration with OLI and complements existing training opportunities on offer, ensuring targeted courses are accessible to staff (AP24.1). According to our survey, 95% of women and 81% of men found the course sessions they attended useful. We opened these courses to colleagues across the campus.

	NDM		Other		All		Total
	Female	Male	Female	Male	Female	Male	
Confident Communication	6	6	1		7	6	13
Handling Conflict	8	3	3	1	11	4	15
Managing Researchers (for Post-docs)	2	4	6	2	8	6	14
Managing Upwards and Across	9	3	3		12	3	15
One Day Manager (for P&S)	5	2	3	2	8	4	12
PDRs for Managers	4	3	1	1	5	4	9
So You Want to be a PI?	6	8	3	1	9	9	18
The New PI		3	2		2	3	5
<b>Grand Total</b>	<b>40</b>	<b>32</b>	<b>22</b>	<b>7</b>	<b>62</b>	<b>39</b>	<b>101</b>

Table 27 - NDM Programme of Training attendance 2017

*“NDM supplies a high-quality training which enable the employees to move to the next stage. For example, I was trained in NDM for 6.5 years, growing up from a fresh PhD to a PI”*

Exit Interview



**Previous action points met:**

3.1 Monitoring that individuals are only confirmed in post once the following courses have been completed:

- On-line Induction
- Challenging Behaviour
- Equality and Diversity
- NDM Unconscious Bias
- Managing People (for line managers)

3.2 Encourage management training (appraisals, project management, coaching, time management, and workload planning) for Principal Investigators, supervisors and line managers.

3.2 Actively encourage new and emerging Principal Investigators to attend the upcoming Principal Investigators Programmes run by OLI. Add as an objective in the PDR.

4.1 Run briefing sessions on personal & career development to include how to achieve and exceed objectives.

4.1 Develop a sustainable programme of training.

4.2 Support professional development workshops for all staff. Consolidate and promote these various provisions and promote to allow timely planning of attendance and uptake. Make them a more regularised offering to allow proper planning and proactive identification of attendees.

**New action points:**

2.1 Continue to survey confidence levels in management capabilities.

2.1 To continue to engage members of the Department with the Athena SWAN process through consultation, seeking feedback (such as through the staff survey) and respond accordingly.

4.2 We will continue to monitor compliance with mandatory induction training requirements.

9.1 Continue to roll out Unconscious Bias training to small groups of new starters within Units.

9.2 Implement a feedback mechanism within the Unconscious Bias training, ensuring monitoring to evaluate success and adapt training as required.

16.1 Develop a schedule of training for line managers at PI meetings.

21.1 Continue to ensure that all recruitment panels are recruitment and selection trained.

24.1 Run briefing sessions, workshops and events on personal & career development for all staff. Ensure sessions are targeted to different staff types, where appropriate, to maximise relevance.

(ii) **Appraisal/development review**

Describe current appraisal/development review schemes for staff at all levels, including postdoctoral researchers and provide data on uptake by gender.

Provide details of any appraisal/review training offered and the uptake of this, as well as staff feedback about the process.

Established academic staff have annual appraisals coordinated through the Medical Sciences Division; clinical staff have joint NHS appraisal. A&R and P&S staff complete the PDR process with their managers. The PDR provides an opportunity to examine the

continued suitability of the existing job description; this can often be the trigger for regrading.

A standardised form has been implemented which facilitates discussion of training, workload, flexible working, career planning and work-life balance. HR retain PDR records and send out reminders of due dates, monitor comments, and follow up to ensure personalised support. 2017 survey results indicate that staff are mainly positive about their PDR:

*“The feedback element is particularly useful for a feeling of worth within the Dept.”*

*“It definitely helps giving the right direction to my career”*

*“My line manager is supportive of my aspirations”*

2017 Survey

While data collection requires improvement (AP14.1) our completion rates for both genders have only seen minor fluctuations, with more women than men completing a PDR. The uptake figures of 84%F:75%M (Table 28) compare favourably compared to the University, where 67% of the University and 72% of MSD staff had a PDR during 2016 (AP14.2).

	2013/14	2014/15	2015/16	2016/17
Completion rate for Women	80%	79%	87%	84%
Completion rate for Men	79%	77%	74%	75%

Table 28 - PDR completion rates for Academic staff

The 2017 survey shows that 67% of A&R managers are confident in their ability to conduct probationary reviews and PDRs, compared to 85% of P&S managers. Given these groups have access to the same training opportunities; this suggests further work is needed to support this group (AP5.2).

The survey indicated a gender difference in staff talking about their career development (87%F:92%M), and perceived usefulness of the PDR process (65%F:74%M). Although when benchmarked against the 2016 survey (50%F:50%M), there has been a significant improvement in our overall results, we need to investigate the reasons for this gender difference in experiences (AP5.1). PI meetings will be used to deliver further training and a working group will be established to monitor success and investigate further action (AP5.2, AP5.3).

**Previous action points met:**

3.1 Encourage uptake by sending reminders and following up with individuals.

**New action points:**

14.1 Review how current PDR uptake figures are recorded across the different Units, and establish a workable standardised system to improve monitoring.

Ensure PDR uptake is monitored by both gender and staff group.

A PDR working group will be established to:

- 5.1 investigate the reasons for reported gender differences in experiences of the PDR process and propose action to address any imbalances found.
- 5.2 monitoring the success of initiatives put in place to support research and academic staff who are line managers in their confidence of their capabilities to conduct PDRs eg. the Principal Investigators meetings as an opportunity to deliver further training (2017) and an introduction to the PDR process at induction for new line managers (2017)
- 14.2a investigate the reasons for our lower than desired completion rates
- 14.2b identify where improvements can be made and propose ways to increase the uptake of the PDR.

Following that:

5.3 HR will review the current PDR process and support on offer in view of the findings of the PDR Working Group and implement any necessary changes in a cohesive approach.

(iii) **Support given to academic staff for career progression**

Comment and reflect on support given to academic staff, especially postdoctoral researchers, to assist in their career progression.

As well as away-days, talks, seminars and workshops, external speakers, careers events and PDRs, our new website was launched with OLI, targeting early career researchers to help them understand career pathways and support available. Feedback from a postdoctoral focus group will allow further development of resources (AP25.1, AP24.2).

Our jobs page makes it easier for staff to identify internal opportunities leading to an increase from 39% in 2012 to 79% (77%F: 80%M) in 2015 of staff agreeing that their unit encourages and supports applications for internal posts. This compares favourably with internal benchmarking against another clinical department (69% in 2014<sup>9</sup>).

A Departmental Mentoring scheme was launched during 2012, designed to provide individualised, independent, confidential support and guidance to all externally funded research fellows. Mentees are assigned two mentors meeting at least once per year. At exit interviews, mentoring was the fourth most cited example of a positive aspect of working for NDM concerning enhanced career or work-life balance. A small increase is seen in participation in mentoring schemes from 12% in 2013 to 14% of staff in the 2017 survey (32%F:28%M). 70% of women and 93% of men (23F:26M) found mentoring useful. A 2017 review highlighted differing experiences between men and women concluded that for some staff coaching may be more beneficial. We therefore

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<sup>9</sup> University of Oxford MSD Department 2014 survey result

established a pilot coaching programme. Pilot success will be monitored (AP15.1) with a view to rolling out a coaching programme across the Department (AP15.2).

NDM participated in the pilot scheme for the Divisional Peer Based Mentoring scheme for A&R staff. Participation between 2015/2016 and 2016/2017 rose from 4 (4F) to 24 (19F:5M). A review of the scheme was conducted during January 2017, with 11 NDM staff engaged with the process. As a result, specific fellowship application workshops commenced from August 2017.

In August 2013 we launched one-to-one careers sessions run by the Careers Service. Sessions have always been fully booked (6 sessions every 1 or 2 months). Of those who participated, 68% of women and 57% of men found them useful.

NDM ran a series of collaborative careers events in 2016 and 2017, with 50 post-docs in attendance. Sessions included panel presentations, Q&As and networking opportunities. Feedback from the event in 2016 was positive with;

- 72% agreeing it was useful
- 86% agreeing that the careers talks were helpful; and
- 86% agreeing the panel sessions were helpful.

Following feedback, Career Development talks were launched to help staff understand career options and their potential success. Staff are clearer about the opportunities available to them, from 72% in 2013 to 77% in 2015.

The Women in Science seminar series will continue to help inspire leadership aspirations and help individuals to identify, plan for, and take ownership of, their career pathways (AP24.1).

**Previous action points met:**

- 1.2 Increased understanding and awareness of career paths in the department and among staff and students.
- 3.1 Ensure initial career development discussions are held during probation.
- 3.3 Continue with succession planning: Identify key roles and high performance individuals, to ensure career development is effectively supported and, where feasible, to retain staff.
- 4.1 Run briefing sessions on personal & career development to include how to achieve and exceed objectives.
- 4.2 Support professional development workshops for all staff. Consolidate and promote these various provisions and promote to allow timely planning of attendance and uptake. Make them a more regularised offering to allow proper planning and proactive identification of attendees.
- 4.3 Introduce mentoring scheme for all categories of staff. Now further embed and expand.

**New action points:**

- 15.1 Monitor the success of the pilot coaching programme.
- 15.2 A working group will be established to assess the feasibility and benefits of running an NDM Coaching scheme to support staff development, and implement a scheme if suitable.
- 24.1 Run briefing sessions, workshops and events on personal & career development for all staff. Ensure sessions are targeted to different staff types where appropriate, to maximise relevance (eg. Women in Science Talks).
- 24.2 We will continue to promote Ad Feminam, OxFEST and Spingboard programmes, all targeted at supporting women.
- 25.1 A working group will be established to identify where career resources may be further developed.

(iv) **Support given to students (at any level) for academic career progression**

Comment and reflect on support given to students at any level to enable them to make informed decisions about their career (including the transition to a sustainable academic career).

On entry, students attend inductions, meet with the GSM and their supervisors, and are provided a mentor (AP35.2). All students have two supervisors providing academic support and career guidance, as well as pastoral care. The DGS monitors each students termly report. Each Unit has a Graduate Advisor supporting the DGS, and forming the GSC, and a senior administrator acting as a women's support officer.

Students engage with the academic community through seminars, workshops and other events and are provided training by postdoctoral scientists, allowing a certain amount of informal 'shadowing' experience. Career guidance is provided via mentoring for all students, the Springboard programme for women, training from the Medical Sciences Teaching Centre and the OLI, and the Careers Service. Impact can be seen in our survey results:

- 93% (2016) felt comfortable discussing development with their supervisor (up from 90% in 2013).
- 90% (2013) felt clear about the development opportunities available (up from 54% in 2012).
- 95% (2016) felt they have opportunities to attend conferences.

Students are consulted via surveys, focus groups, interviews, events and information sessions. They have opportunities to speak with senior staff at brunch events and open-door sessions. Results of a GSC developed survey in 2016 informed a student action plan that is incorporated into this application. Key initiatives include:

- The student handbook was redeveloped in 2017 to complement the information available on the Graduate Studies website, considered useful by 81% of students .
- Information relating to student family leave entitlement will be promoted to students and supervisors (AP35.1).
- A targeted newsletter was developed which 83% of students found useful. Publication was increased to bi-termly during 2016.
- In 2014, the Graduate Prize scheme, celebrating student successes, expanded to include peer- and self-nomination as well as supervisor nomination. Awareness of the prizes has increased from 80% in 2015 to 91% in 2016. In 2016, prizes were awarded to two women and three men and awardees will continue to be monitored (AP33.2). In 2018, prizes will be further expanded to include aspects such as citizenship award. (AP33.1).
- The GSM was on the working group for the Collaborative Careers Event with the Department of Statistics ensuring that our students' needs were considered. A series of Departmental Career Talks targeted at students will be developed. (AP34.1).
- To improve transparency of decision making, once a term a statement about the work of the GSC will be published (AP36.1).
- To engage students with decision making a new committee (GSCC) has been established, comprised of both MSc and DPhil students (AP32.1).

**Previous action points met:**

- 2.2 Increase awareness of career opportunities and increase profile of events for students.
- 2.5 Continue to promote and develop criteria for student prizes to ensure they are achievable.
- 2.5 Ensure gender balance on student prizes is maintained.
- 2.5 Continue to allow for peer and self-nomination on student prizes.
- 2.6 Extend consistent maternity benefits package to all NDM DPhil Students.
- 2.7 Improve accessibility to senior staff including informal access to the HoD, Deputy HoD and DGS.

**New action points:**

- 32.1 Drop in sessions with the DoGS will be re-launched, expanded and developed based on the feedback received.
- 32.1 Students will continue to be consulted through the GSCC, and ideas progressed through to action where feasible.
- 33.1 NDM Graduate Prizes in 2018 will be further expanded to include aspects such as citizenship awards to recognise and celebrate these types of activities.
- 33.2 Student prizes will continue to be monitored to ensure bias does not develop.
- 34.1 A series of departmental Career Talks targeted specifically to students will be developed.
- 35.1 A section on student entitlements, regarding family leave, will be developed for the student website specifically for supervisors and in the handbook for students.
- 35.2 Current training requirements will be reviewed and developed. Compulsory courses will be incorporated into the training period for new supervisors with monitoring to ensure 100% compliance of completion before their sign off as supervisors.
- 36.1 To improve transparency of decision making, once a term a statement about the work of the Graduate Studies Committee will be published.

(v) **Support offered to those applying for research grant applications**

Comment and reflect on support given to staff who apply for funding and what support is offered to those who are unsuccessful.

Viable fellowship applications are encouraged from A&R staff with peer review support and interview preparation. Individual and group training is provided to all career levels. Bridging and seed funding can be provided to ameliorate barriers such as career breaks. Unit level grants teams manage applications, and feedback on unsuccessful awards is discussed to improve the likelihood of future success. Our 2017 survey showed that the Department does everything it can in helping grant holders coming to the end of their current grant period to identify further funding opportunities (73%F:77%M).

Since our last application, we developed a Fellowship data return form, to collect information on success rates, support routes and awarding body feedback. A website launched in 2016 summarising this data, providing 'top tips' from previous applicants and NDM success rates. Following consultation with NDM staff, MSD led grant application workshops have commenced (2017) and we publicise the MSD Researchers' Toolkit; a set of webpages summarising University resources and support services.

In 2015/16 success rates were equal at 33%, comparing favourably when looking at UK benchmark data (ranging from 7-12% for females and 9-21% for males<sup>10</sup>). We will continue to monitor fellowship success rates and respond accordingly (AP12.1, AP12.3).

Successful grant applications has increased, from 24% in 2013/2014 to 76% in 2016/17 for women and 34% in 2013/14 to 71% in 2016/17 for men (Table 29 & Table 30), demonstrating the impact of our support measures.

NDM as Lead Department	FEMALE			MALE		
	Applications	Successes	Success Rate	Applications	Successes	Success Rate
2013/14	68	16	24%	145	49	34%
2014/15	90	34	38%	185	64	35%
2015/16	93	32	34%	195	64	33%
2016/17	100	76	76%	181	129	71%
<b>Grand Total</b>	<b>351</b>	<b>158</b>	<b>45%</b>	<b>706</b>	<b>306</b>	<b>43%</b>

Table 29 - Successful grant applications with NDM as lead Department

NDM as Collaborating Dept	FEMALE			MALE		
	Applications	Successes	Success Rate	Applications	Successes	Success Rate
2013/14	9	2	22%	33	9	27%
2014/15	14	5	36%	46	18	39%
2015/16	10	5	50%	62	21	34%
2016/17	17	12	71%	57	44	77%
<b>Grand Total</b>	<b>50</b>	<b>24</b>	<b>48%</b>	<b>198</b>	<b>92</b>	<b>46%</b>

Table 30 - Successful grant applications with NDM as collaborating Department

Average application value is broadly similar for men and women (AP12.2), with large core funding renewals attributed to male HoUs skewing the data for 2015/16 (Table 31).

	Female			Male		
	Applications	Total Value of Applications	Average Application Value	Applications	Total Value of Applications	Average Application Value
		Applications	Value		Applications	Value
<b>FY 1314</b>	<b>68</b>	<b>66,913,778</b>	<b>984,026</b>	<b>145</b>	<b>95,121,837</b>	<b>656,013</b>
Unsuccessful	52	44,722,487	860,048	96	58,052,968	604,718
Successful	16	22,191,291	1,386,956	49	37,068,869	756,508
<b>FY 1415</b>	<b>90</b>	<b>103,420,362</b>	<b>1,149,115</b>	<b>185</b>	<b>142,725,560</b>	<b>771,490</b>
Unsuccessful	56	45,224,093	807,573	121	68,158,323	563,292
Successful	34	58,196,268	1,711,655	64	74,567,238	1,165,113
<b>FY 1516</b>	<b>93</b>	<b>43,523,323</b>	<b>467,993</b>	<b>195</b>	<b>196,841,244</b>	<b>1,009,442</b>
Unsuccessful	61	24,998,356	409,809	131	87,730,129	669,696
Successful	32	18,524,967	578,905	64	109,111,115	1,704,861
<b>FYTD 1617</b>	<b>100</b>	<b>61,099,129</b>	<b>610,991</b>	<b>181</b>	<b>95,596,438</b>	<b>528,157</b>
Unsuccessful	24	12,124,899	505,204	52	24,351,365	468,295
Successful	76	48,974,229	644,398	129	71,245,074	552,287
<b>Grand Total</b>	<b>351</b>	<b>274,956,591</b>	<b>783,352</b>	<b>706</b>	<b>530,285,080</b>	<b>751,112</b>

Table 31 - Grant application data by year and gender

<sup>10</sup> MSD and the Equality and Diversity Unit (EDU) joint report on research grant funding in MSD.



**Previous action points met:**

1.4 Maintain database of promotions and re-gradings, which includes outcomes of Fellowship applications by gender. Expand to capture any lessons learnt and make anonymised information available.

1.4 Telephone call to applicants after results for their “top tips”.

3.3 Continue to provide Fellowship success rates and applications made.

3.8 As a priority, engage with those who have had multiple unsuccessful applications to identify potential issues and support future applications.

3.8 Continue with “dry run” interviews for Fellowships held by the HoD.

3.8 Tailored support for fellowship applications

**New action points:**

12.1 We will continue to monitor fellowship success rates and respond accordingly.

12.2 Track any gender differences in the financial size of grants and fellowships being applied for in reference to their success rates.

12.3 A working group will be established to explore the needs of our staff in view of the support currently on offer around fellowships and grants, identify any gaps in provision and propose an action plan for further development.

#### 5.4 Career development: professional and support staff

(i) Training

Describe the training available to staff at all levels in the department. Provide details of uptake by gender and how existing staff are kept up to date with training. How is its effectiveness monitored and developed in response to levels of uptake and evaluation?

All new staff attend work-related training, either at departmental or University level. The OLI offers development courses for P&S staff and our 2017 programme of training has courses specific to this group. Courses are advertised on our website, email, and payslip postcards.

Over three years we have covered fees and provided study leave for various qualifications (Table 32). More women undertook qualifications, in-keeping with our staffing profile. Between 2013 and 2016 the Department paid over £40,000 in course fees.

Gender	Year	Qualification
Female	2013	Level 3 CIPD Foundation Certificate in HR Practice
Female	2014	Level 3 Diploma in Accounting & Level 6 Diploma in Accounting SCQF
Female	2014	ACCA
Female	2014	CIPD Advanced Diploma
Male	2015	Master of Business Administration
Female	2015	Level 3 CIPD Foundation Certificate in HR Practice
Female	2015	CIPS Diploma in Procurement & Supply
Female	2016	Level 3 CIPD Foundation Certificate in HR Practice
Female	2016	Level 5 CIPD Intermediate Diploma
Female	2016	Level 3 Diploma in Accounting & Level 6 Diploma in Accounting SCQF
Female	2016	Level 2 Business Administration

**Table 32 - Supported professional qualifications**

In the past three years we had five apprentices (3F:2M) in finance, clinical trials and laboratory support. We are also encouraging staff to get involved in the new University Work Learn Develop programme of funded professional training and development.

Programmes are evaluated in-house through post-training feedback forms and surveys; we ask questions about the types of training that should be considered in the future.

Feedback suggests development of short course for those who want to progress to management but do not currently have management responsibilities. This is not currently available but we will work with OLI to develop courses in the next year (AP24.1, AP25.1).

A general action from PDRs was to increase support in writing CVs and cover letters, something already provided to research staff by the Careers Service. We organised a Careers workshop delivered by an external consultant, which focused on applying for jobs, optimising LinkedIn profiles, writing CVs, and competency based interviews. These sessions were fully booked (50%F:50%M) and we plan on running a similar session in 2018 (AP24.1).

**Previous action points met:**

- 4.1 Run briefing sessions on personal & career development to include how to achieve and exceed objectives.
- 4.2 Support professional development workshops for all staff. Consolidate and promote these various provisions and promote to allow timely planning of attendance and uptake. Make them a more regularised offering to allow proper planning and proactive identification of attendees.

**New action points:**

- 24.1 Run briefing sessions, workshops and events on personal & career development for all staff. Ensure sessions are targeted to different staff types where appropriate, to maximise relevance.
- 24.1 Working with OLI, establish a course for P&S staff who want to progress to management roles but do not have staff currently reporting to them.
- 24.1 We will continue to run a Careers workshop which will focus applying for jobs, optimising LinkedIn profiles, writing a CV, and competency based interviews.
- 24.2 We will continue to promote Springboard programmes, targeted at supporting women.
- 25.1 A working group will be established to identify where career resources may be further developed.

“I've felt a noticeable improvement in support for staff career development over the past year.”

Staff Survey 2017

## (ii) Appraisal/development review

Describe current appraisal/development review schemes for professional and support staff at all levels and provide data on uptake by gender. Provide details of any appraisal/review training offered and the uptake of this, as well as staff feedback about the process.

We have always taken an inclusive approach to staff development, the PDR review and resulting PDR process and training which we implemented, were open to all staff from the outset (described in 5.3 (ii)). Satisfaction is measured through the staff survey.

Completion rates have remained stable for women within P&S staff with some annual fluctuation (Table 33). Low numbers of men in this group account for the seemingly larger fluctuations in the data. Uptake figures of 78% in 2016/17 for men and women compare well to benchmarking data, where 67% of University and 72% of MSD staff had a PDR during this time.

	2013/14	2014/15	2015/16	2016/17
Completion rate for Women	79%	84%	85%	78%
Completion rate for Men	69%	91%	91%	78%

Table 33 - PDR completion rates for Professional and Support staff

In our 2017 survey, 93% of support staff reported feeling comfortable during their PDR with 94% feeling they could be open and honest. 90% of support staff took the opportunity to talk about their career development, and most found the PDR process useful (69%). The investigations to be conducted into the gender differences in reported experiences (AP5.1) and the monitoring of the new initiatives implemented (AP5.2) as described in section 5.3 (ii) will include P&S staff.

## (iii) Support given to professional and support staff for career progression

Comment and reflect on support given to professional and support staff to assist in their career progression.

Training opportunities are provided locally and through OLI. NDM has a trainee unit administrators scheme to enable junior staff to advance to general administrator positions. This two-year programme involves shadowing and secondments to functional areas in our Units. Trainees are provided with a mentor (currently the Head of Operations) and coaching from functional specialists. In total we have had 15 trainees, of which approximately 50% came from within the NDM (Table 34). Each trainee has gone on to progress their career, 40% remaining in the NDM (Figure 36). Two new trainees start in early 2018.

	Female	Male	Grand Total
Full Time	11	1	12
Part Time	2	1	3
<b>Grand Total</b>	<b>13</b>	<b>2</b>	<b>15</b>

Table 34 - Trainee Unit Administrator roles by gender and working pattern

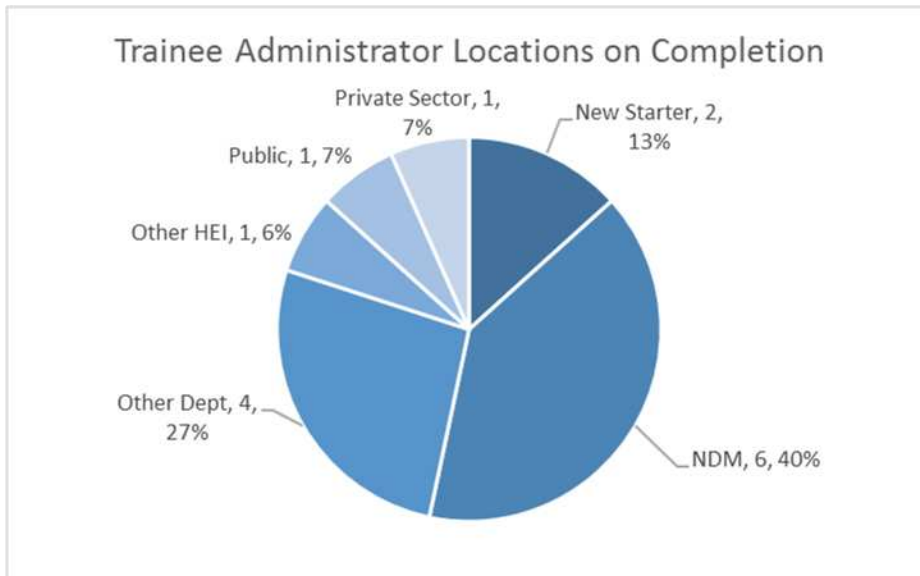


Figure 36 - TUA locations after completion of programme

	Female	Male	Total
Administrator	3		3
Business Manager	2		2
Deputy Administrator	1		1
Deputy Business Manager		1	1
Head of Operations		1	1
Project Manager	1		1
<b>Grand Total</b>	<b>7</b>	<b>2</b>	<b>9</b>

Table 35 - TUA roles after completion of programme

HR Drop in Clinics have been run where support staff can talk to HR about career options and available support, including discussions around regrading.



Figure 37 - HR Drop-in Clinic poster

## 5.5 Flexible working and managing career breaks

Note: Present professional and support staff and academic staff data separately

### (i) Cover and support for maternity and adoption leave: before leave

Explain what support the department offers to staff before they go on maternity and adoption leave.

Details are provided at induction, in the staff handbook and on our website. Circulars are sent as updates occur to advise staff on policy changes. In 2016 we developed new factsheets leaflets to highlight the family leave policy.

When a woman notifies the Department of her intention to take maternity or adoption leave, she completes a Maternity or Adoption Leave Plan. A meeting is held with a member of the HR team to talk through the policy and entitlements; such as time off for antenatal appointments, annual leave accrual, leave options (including shared parental leave), flexible working/phased return options and keeping in touch days. We last targeted this area for feedback in our 2015 survey, where 85% of staff felt they received good support from their HR team, 87% felt well supported by their colleagues and 83% felt well supported by their manager (AP35.2).

Based on our 2015 survey, we developed a new Parents and Carers Gateway webpage providing a consolidated information resource. Launched in June 2016, it has been viewed 670 times (528 unique). A Divisional Parents' Forum is promoted on this page providing networking opportunities for staff.

We promote 'My Family Care', the UK's leading provider of family-friendly services via a dedicated section within our Parents and Carers Gateway. It highlights emergency care, webinars, phone lines and a breadth of resources and guidance etc. Since its launch in June 2017 (until Oct 2017), 167 staff have registered.

(ii) Cover and support for maternity and adoption leave: during leave

Explain what support the department offers to staff during maternity and adoption leave.

Staff are entitled to 26 weeks leave on full pay, 13 weeks statutory maternity pay and 13 weeks unpaid leave, subject to qualifying criteria.

Staff are given the option to use 10 Keeping in Touch days, which ensures women do not miss important meetings, training sessions or events. They can help facilitate a smooth transition back to work.

A&R have a discussion regarding the availability of external/internal funding to support maternity cover. Where required we contact funders to extend project timelines. Where no funds are provided for maternity pay, this is covered by the Department.

If an individual is on a fixed term contract which is due to be completed during maternity leave, the standard process for identifying new funding opportunities and redeployment is followed.

(iii) Cover and support for maternity and adoption leave: returning to work

Explain what support the department offers to staff on return from maternity or adoption leave. Comment on any funding provided to support returning staff.

Since 2015 personalised interviews are held with returners. Phased return or flexible working are offered, including flexible use of accrued annual leave. Information provided prior to maternity leave is refreshed such as the Salary Sacrifice Scheme, Childcare Vouchers, Play schemes and Nurseries. Provision within the University is extensive (468FTE places). The ratio of staff to places is: 1:28, which compares favourably to the Russell Group average of 1:79<sup>11</sup>.

We proactively encouraged staff to apply to the Retuning Carer's Fund (launched in 2014) with awards up to £10,000, intended to support returners following career breaks. Awards are given to overcome barriers to return, support includes short-term research or administrative assistance, teaching buy-out, training and development opportunities. NDM have had 16 successful applications, Dec 2014-2016 compared to between zero to seven successful applications from 15 other Departments.

Priority car parking spaces are offered to returners/parents with childcare responsibilities. Access is provided to private breast-feeding rooms and baby changing facilities. Where external funding does not cover maternity costs, departmental funds are used. Also the WTCHG external programmatic funding allows all staff to apply for funding to cover additional caring costs incurred when attending conferences, meetings and courses.

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<sup>11</sup> <https://www.admin.ox.ac.uk/childcare/nurseryinformation/>

(iv) Maternity return rate

Provide data and comment on the maternity return rate in the department.

Data of staff whose contracts are not renewed while on maternity leave should be included in the section along with commentary.

Return rates remain high - 98% of women (Table 36), only 2 individuals chose not to return over the 3 years, an improvement on the 2010-2013 (91%) with four non-returners. The majority of staff stay longer than 18 months following their return from maternity leave (85%).

Both leavers were Postdoctoral Scientists, one left due to the end of a fixed-term contract, seeking a career change and not wishing to be redeployed. The other was due to family relocation.

Maternity Return Rate by Staff Type	Did Not			Return Rate	Left within 6 months		Left between 6 to 12 months		Left between 12 to 18 months		Stayed longer than 18 months	
	Maternity	Return	Returned									
<b>Academic &amp; Research</b>	<b>50</b>	<b>2</b>	<b>48</b>	<b>96%</b>	<b>4</b>	<b>8%</b>	<b>2</b>	<b>4%</b>	<b>2</b>	<b>4%</b>	<b>40</b>	<b>83%</b>
2014	25	0	25	100%	2	8%	0	0%	2	8%	21	84%
2015	14	1	13	93%	2	15%	1	8%	0	0%	10	77%
2016	11	1	10	91%	0	0%	1	10%	0	0%	9	90%
<b>Professional &amp; Support</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>100%</b>	<b>3</b>	<b>10%</b>	<b>1</b>	<b>3%</b>	<b>0</b>	<b>0%</b>	<b>26</b>	<b>87%</b>
2014	9	0	9	100%	0	0%	0	0%	0	0%	9	#####
2015	9	0	9	100%	0	0%	1	11%	0	0%	8	89%
2016	12	0	12	100%	3	25%	0	0%	0	0%	9	75%
<b>Grand Total</b>	<b>80</b>	<b>2</b>	<b>78</b>	<b>98%</b>	<b>7</b>	<b>9%</b>	<b>3</b>	<b>4%</b>	<b>2</b>	<b>3%</b>	<b>66</b>	<b>85%</b>

Table 36 - Maternity return rates (2014-2016)

*“(I have) witnessed a significant improvement on how the Unit and University are supporting and treating pregnant women and those returning from maternity leave.”*

Exit interview

**SILVER APPLICATIONS ONLY**

Provide data and comment on the proportion of staff remaining in post six, 12 and 18 months after return from maternity leave.

(v) Paternity, shared parental, adoption, and parental leave uptake

Provide data and comment on the uptake of these types of leave by gender and grade. Comment on what the department does to promote and encourage take-up of paternity leave and shared parental leave.

Additional Paternity had a low uptake; one man and one women in the past three years. This leave type was replaced in 2015 by shared parental leave. Under the

University policy, subject to the qualifying criteria, the provisions of contractual maternity pay apply. In the past three years, two men have taken shared parental leave. This leave is advertised in the same way as maternity and ordinary paternity leave, but across general workforce population the uptake from men has been 5% and 8% from women (CIPD)<sup>12</sup>. Two women have taken adoption leave and no staff member has taken parental leave.

	2015	2016	2017	Total
<b>Researcher</b>	<b>11</b>	<b>13</b>	<b>9</b>	<b>33</b>
Grade 6	2	1	2	5
Grade 7	3	2	4	9
Grade 8	4	5	2	11
Grade 9		2		2
Grade 10	1	1	1	3
Clinical Research Training	1	1		2
Senior Clinical Research		1		1
<b>Professional &amp; Support</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>15</b>
Grade 3		1		1
Grade 4	2			2
Grade 5			1	1
Grade 6			1	1
Grade 7	2	2	1	5
Grade 8		2	2	4
Grade 9		1		1
<b>Grand Total</b>	<b>15</b>	<b>19</b>	<b>14</b>	<b>48</b>

Table 37 - Paternity uptake by staff category and grade

**Previous action points met:**

- 2.6 Extend consistent maternity benefits package to all NDM DPhil Students.
- 5.7 Produce Athena SWAN fact sheets on family-friendly policies.
- 5.8 Continue to actively promote requirement for enhanced local nursery provision.
- 5.9 Ensure latest Shared Parental Leave changes are communicated clearly to unit HR staff and presented in a digestible manner to employees.
- 5.9 Departmental guidance is updated within one week of University policy publication, and in advance of legislative changes.
- 6.3 Provide cover for maternity/adoption leave & support on return.
- 6.3 Develop a consolidated information resource.
- 6.3 Increase staff support and networking around maternity leave and return.

**New action points:**

- 35.1 A section on student entitlements regarding family leave will be developed for the student website specifically for supervisors and in the handbook for students.
- 35.2 Current training requirements for supervisors will be reviewed and developed in order to increase awareness of student family leave entitlements.
- 35.2 Compulsory courses will be incorporated into the training period for new supervisors with monitoring to ensure 100% compliance of completion before their sign off as supervisors.

<sup>12</sup> [http://www.cipd.co.uk/images/labour-market-outlook-focus-on-working-parents\\_tcm18-17048.pdf](http://www.cipd.co.uk/images/labour-market-outlook-focus-on-working-parents_tcm18-17048.pdf) , p10



(vi) Flexible working

Provide information on the flexible working arrangements available.

A culture of flexible working is actively promoted, with both formal and informal arrangements offered including; compressed hours, home-working, and part-time. Many adopt informal arrangements, a practice valued by our staff allowing time-sensitive, ad-hoc arrangements. In our 2017 survey 82% (81%F:83%M) felt comfortable discussing work-life balance with their manager, and 80% (up from 59% in 2012) felt satisfied with the balance between work and home responsibilities. 88% of women and 87% for men feel that the department is sensitive to personal needs (2017 survey).

We will continue to expand our portfolio of flexible working case studies and publish them to enhance transparency and promote acceptance of flexible working practices (AP10.1).

Uptake has increased, with 69% of staff (2017 survey) able to work their standard hours at flexible times (up from 63% 2015). The percentage of women adopting flexible working patterns remained stable between 2015 and 2017 (Table 38), there has been an increase in men adopting flexible working. This suggests a move away from the perception that flexible working is only adopted by women, further supporting the development of an open and accepting culture of flexibility without stigma.

Response	2015 Survey		2017 Survey	
	Female	Male	Female	Male
I am able to work my standard hours at flexible times	64%	60%	65%	75%
I work from home sometimes	47%	49%	47%	55%
I work compressed hours	8%	7%	5%	4%
I work more when needed, but take time off at other times	48%	47%	48%	56%

Table 38 - Flexible working survey responses

Within the 2017 leavers interview data, flexible working pattern and a good work-life balance were the most frequently cited examples of useful and positively impacting initiatives within NDM: cited 99 times in an open question, with a sample set of 209.

*"Flexible working with various options are now generally promoted and accepted as a workable option and guidance and support available have much improved."*

[Exit interviews, 2017 report](#)

(vii) Transition from part-time back to full-time work after career breaks

Outline what policy and practice exists to support and enable staff who work part-time after a career break to transition back to full-time roles.

The need for flexibility on a short- or long-term basis is recognised, particularly for those with caring responsibilities. Maternity returners most frequently request temporary reductions in hours from four to twelve months. The policy is to be as accommodating as possible, and there is no issue with them returning full-time at a later date.

In conjunction with HR teams and managers, plans are made and specific support is discussed before a return to work. We have not seen a return to full-time work for someone who has worked part-time for a lengthy period, but we would be guided by their specific needs (AP3.3).

Gender	Category	Reason
Female	Research	Personal request
Female	Research	Personal request
Female	Research	Return from ML
Female	Research (Clinical)	Return from ML
Female	Support	Personal request
Female	Research	Return from ML (twice)
Female	Professional	Return from ML
Female	Research	Personal request
Female	Research	Caring
Female	Research	Caring
Male	Professional	Caring

Table 39 - Staff transitioning from Part- to Full-time

**Previous action points met:**

- 1.7 Continue to promote and de-stigmatise the value of flexible working and clarify the process for requesting this.
- 1.7 Target existing line managers to promote an understanding of the options and benefits of staff working flexibility
- 1.7 Encourage culture of monitoring output rather than “presenteeism”.
- 1.7 Embed philosophy with new line managers during probation period training.
- 6.1 Promote transparency in flexible working and work-life balance.
- 6.1 Capture and publish examples of flexible working.
- 6.4 The Department needs to evidence and promote different modes of flexibility.

**New action points:**

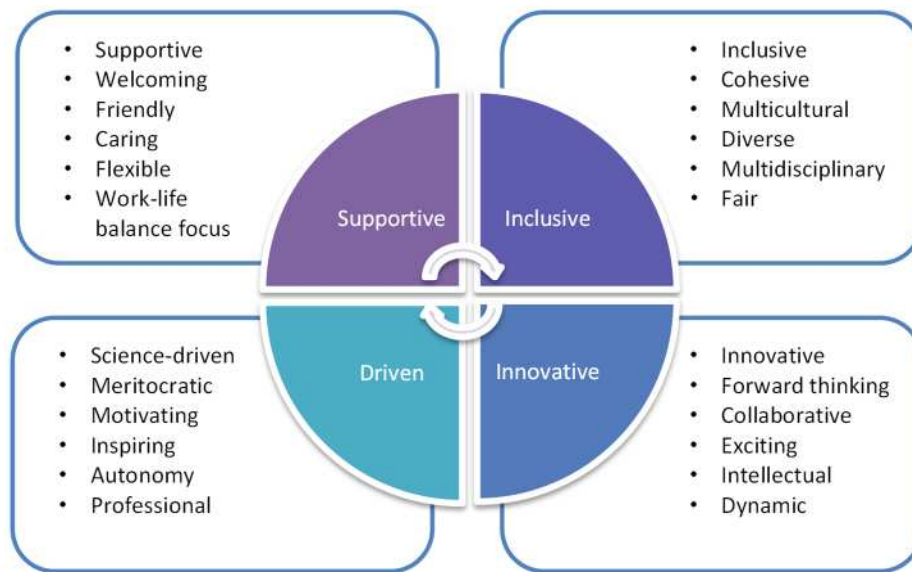
- 3.3 Following the recommendations of the working group in 2.2, produce a toolkit for line managers with information and guidance to support the development of their people management skills, enhance their understanding and promote our initiatives; including flexible working requests.
- 10.1 We will continue to expand our portfolio of flexible working case studies and publish them to enhance transparency and promote acceptance of flexible working practices.

## 5.6 Organisation and culture

### (i) Culture

Demonstrate how the department actively considers gender equality and inclusivity. Provide details of how the Athena SWAN Charter principles have been, and will continue to be, embedded into the culture and workings of the department.

2017 survey captured open comments on perceived culture, four keyword themes were identified; Supportive, Inclusive, Driven and Innovative.



**Figure 38 - Diagrammatic representation of our culture, taken from descriptions of our culture given in our Staff Survey 2017.**

We foster an inclusive culture, promote equality and value diversity by:

- Engaging staff with our values through induction training in equality and diversity (see 5.1 (ii)). 100% compliance.
- Promoting values through an opening statement on our Working for NDM website landing page (1257 views since its launch in April 2017).
- Reinforcing values and sharing information and progress via our 'Did You Know' series, posters, podcasts, careers events, mailouts, webpages and newsletter.
- Providing information on networks, such as OxFEST, AdFeminam and Springboard for women, Navigator for men, PIVOT for BME staff and the Career Support Network for Support and Professional Staff, at induction for new starters and through our webpages for existing staff.
- Developing a new mentoring gateway page, for staff to access the right scheme for them; including programmes for men, women, BME staff, research, professional and support staff.
- Enhancing the visibility of role models in the Department (see 5.6 (vii)).
- Development of the Parents and Carers Gateway (670 page views since its launch in June 2016).
- Staff taking part in University wide events to promote Athena SWAN and the work we are doing within our Department such as collaborative careers events, panel discussions and interviews.
- Embedding equality and diversity within our recruitment, training and outreach practices.

Initiatives impact can be seen through:

- 92% of women and 92% of men feel their manager respects them as an individual (2017 survey).
- 93% of women and 90% of men in 2017 would recommend working at NDM (91% research and academic staff: 95% professional and support staff).

	Females	Males	Academic Staff	Professional and Support Staff
I feel I can be myself at work	94%	94%	93%	95%
I feel my colleagues are supportive of me	95%	95%	94%	96%
I feel integrated into my team	93%	91%	91%	94%
I enjoy the work that I do	95%	91%	93%	95%
I like working for NDM	94%	93%	92%	97%
I feel the Department is family friendly	94%	92%	91%	97%

Table 40 - Responses to questions within the 2017 survey, by gender and staff type

Given our structure, we have faced challenges around a cohesive culture across NDM. We have taken a number of steps to address this issue, including:

- developing an online newsletter for NDM staff, students and visitors. Published quarterly since 2016, containing celebrating success stories, career stories, training, news and events with a dedicated AS section. The review, and subsequent improvements to the Newsletter, included consideration of opinions from the 2015 survey, and satisfaction ratings have increased from 2015 (47%F:46%M) to 2017 (66%F:55%M). 71% of staff (2017 survey) feel that they are kept well informed about news and updates that are relevant to them.
- increasing the number of NDM wide events, exhibitions, workshops, talks, away days and training sessions.



Figure 39 - Images from the Support Services Showcase exhibition, 2016; Our exhibition poster, and 2 photos from the event.

Over the past three years, we set out to improve the transparency of decision making by publishing a statement about discussions at the SMC in our Newsletter. Further work is required regarding transparency, for example 2017 survey results suggest that 48% (42%F:53%M) feel their unit is good at consulting on decisions and 41% (36%F45%M) know where to find information about Unit committees. We will establish a working group to ensure progress of this target (AP17.1, AP17.2) and develop a centralised NDM Governance signpost web page (AP17.3).

*"It's a very equal and easy going working environment and I thoroughly enjoy coming to work"*

Staff Survey (2017)

**Previous action points met:**

5.10 Improve the transparency of decision making process in general.  
5.10 Initially we will publish on the web an outline of the governance of the Department. Consideration will also be given to which committee minutes and what content are most appropriately made available to all staff.

**New action points:**

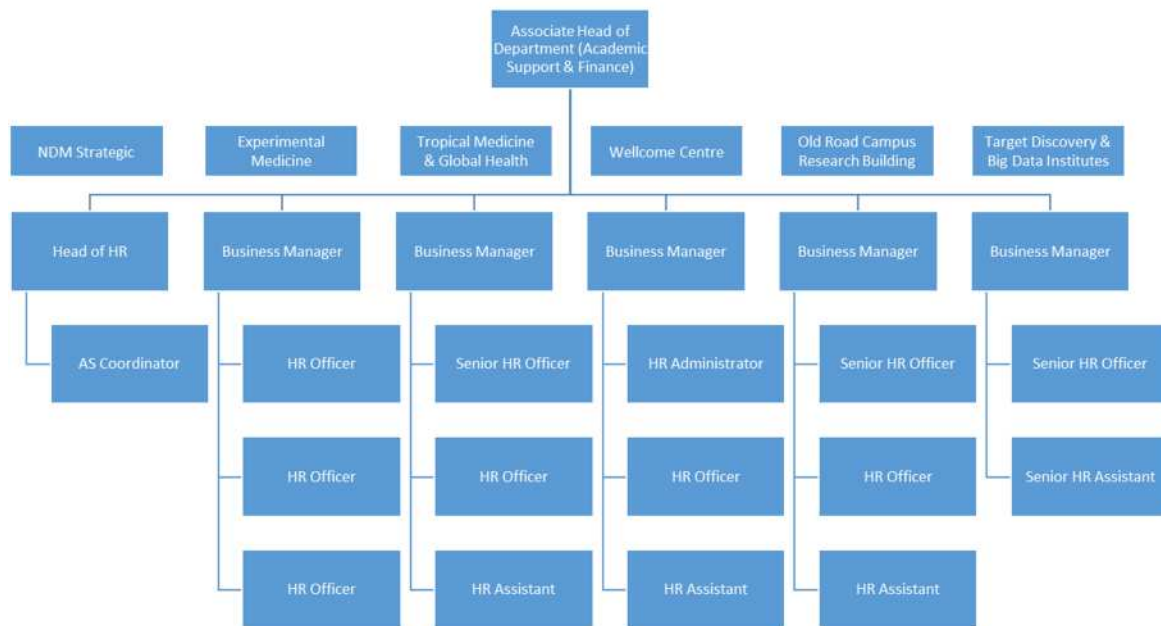
17.1 A working group will be established to:  
a) identify the priority areas where improvements need to be made in transparency of decision making.  
b) explore how to address these key areas.  
c) make recommendations and develop an action plan.  
d) ensure transparency in decision making is improved.  
17.2 The working group as detailed in 17.1 will be responsible for ensuring that all Units publish their committees, with membership lists and a general statement about the topics under discussion at each meeting (redacted as appropriate).  
17.3 Development of a centralised NDM signpost website page with details about NDM Governance and links to the Unit governance pages throughout NDM to help increase understanding about what committees there are.

(ii) HR policies

Describe how the department monitors the consistency in application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes. Describe actions taken to address any identified differences between policy and practice. Comment on how the department ensures staff with management responsibilities are kept informed and updated on HR policies.

Dedicated, locally-based, HR professionals provide day-to-day service including advice on recruitment, family leave, flexible working, PDRs, performance management, regrading and reward (Figure 40).

The HHR leads on all legislative and best practice changes, ensuring changes are monitored, interpreted and clearly communicated. Guidance is updated within one week of University policy publication, and in advance of legislative changes. To ensure parity, termly HR meetings held by the HHR communicate any changes in legislation, policy and practice to all HR teams. New briefing leaflets have been developed, training sessions are held for managers to ensure they are up-to-date in their knowledge, and circulars are distributed. Training and initiatives for managers to improve understanding of HR policies and practices are detailed in section 5.3(i).



**Figure 40 - NDM Human Resources organisation chart**

Methods of HR policy and practice communication have been expanded. New and emerging line managers receive an extended induction session, and current line managers have training sessions at PI meetings, plus at COO meetings based overseas.

Annual HR compliance checks include monitoring completion of mandatory training (100% compliance). Probation forms are checked by Unit HR teams, both manager and individual are supported in ensuring career development points raised during the probation discussion are followed up. Flexible working and regrading are collected and analysed quarterly.

Following the implementation of the Anti-bullying & Harassment course, we worked with MSD and OLI to develop a Division-wide course, and have engaged with OLI to run Responsible Bystander Workshops. We currently have 18 trained Harassment Advisors in the Department and training is refreshed regularly. We reinforce our values via our 'Did You Know' series, posters, podcasts, careers events, mailouts, webpages and newsletter. To coincide with Anti-Bullying week 2016, we launched an Anti-Bullying leaflet, available from HR teams and leaflet stands around the Department. Our reported Bullying and Harassment figures fell from 7% in 2012 to 5% in 2015, this compares favourably to figures of 9%F:7%M within the MSD (2016)<sup>13</sup>.

<sup>13</sup> University Staff Survey 2016



Figure 41 - Image of our Bullying and Harassment leaflet (2016)

We have seen an increased awareness of policies between the 2013 and 2015 surveys; such as family leave (89% to 92%), flexible working (82% to 89%), and for regrading (57% to 61%).

**Previous action points met:**

- 1.1 Continuity of unit approach. Ease of reference to data outputs.
- 5.9 Departmental guidance is updated within one week of University policy publication.
- 5.9 Ensure latest Shared Parental Leave changes communicated clearly to unit HR staff and presented in a digestible manager to employees.
- 5.9 Ensure legislative changes are monitored, interpreted and clearly communicated.

(iii) Representation of men and women on committees

Provide data for all department committees broken down by gender and staff type. Identify the most influential committees. Explain how potential committee members are identified and comment on any consideration given to gender equality in the selection of representatives and what the department is doing to address any gender imbalances. Comment on how the issue of 'committee overload' is addressed where there are small numbers of women or men.

21 key committees exist (Table 41). Membership is allocated by role, e.g. PIs on Management Committees, or by appropriate representation, e.g. laboratory group representatives on Health and Safety committees. Membership is highlighted at PDR to ensure new duties are considered against existing workloads, and committee responsibilities are shared evenly to take work-life balance into account. Where

workload precludes attendance, co-opting occurs allowing representation of views and providing opportunity for others to gain exposure to decision-making committees (AP26.1).

Women comprise 48% of membership and men 52%. This is a significant improvement since 2014, where 20% of women held seats on decision-making committees across NDM Units.

2017 survey data shows equal engagement with committees and decision making bodies, with 24% of women and 22% of men ranking engagement with committees within the top three highest activity frequency ratings.

Unit	Committee Name	Number of Females	Number of Males	Ratio (F:M)
<b>Tropical Medicine</b>		<b>8</b>	<b>14</b>	<b>36%:64%</b>
TM	Oxford Centre Management Committee	4	6	40%:60%
TM	CTM&GH Governance Committee	1	5	17%:83%
TM	CTM&GH Operations Committee	3	3	50%:50%
<b>Experimental Medicine</b>		<b>13</b>	<b>18</b>	<b>42%:58%</b>
EMD	Management Committee	8	13	38%:62%
EMD	Health & Safety Committee	5	5	50%:50%
<b>Wellcome Centre Human Genetics</b>		<b>41</b>	<b>51</b>	<b>45%:55%</b>
WHG	Research Strategy Group	1	9	10%:90%
WHG	Management Committee	4	15	21%:79%
WHG	Health & Safety Committee	9	10	47%:53%
WHG	Gender Equality Committee	12	2	86%:14%
WHG	Public Engagement Committee	5	6	45%:55%
WHG	GMS DPhil Management Committee	10	9	53%:47%
<b>Jenner Institute</b>		<b>60</b>	<b>52</b>	<b>54%:46%</b>
Jenner	Jenner Lab Management Committee	3	5	38%:63%
Jenner	Senior Staff Committee	18	8	69%:31%
Jenner	Space Management User Group Committee	9	6	60%:40%
Jenner	ORCRB Building Management Committee	3	4	43%:57%
Jenner	CCVTM Management Committee	5	10	33%:67%
Jenner	Health & Safety Committee	9	3	75%:25%
Jenner	Executive Committee	3	6	33%:67%
Jenner	ICT Steering Group Committee	4	8	33%:67%
Jenner	CBF Management Committee	6	2	75%:25%
<b>Structural Genomics Consortium</b>		<b>6</b>	<b>6</b>	<b>50%:50%</b>
SGC	Departmental Safety Committee	6	6	50%:50%
<b>Total</b>		<b>128</b>	<b>141</b>	<b>48%:52%</b>

Table 41 - Membership of NDM Committees by gender



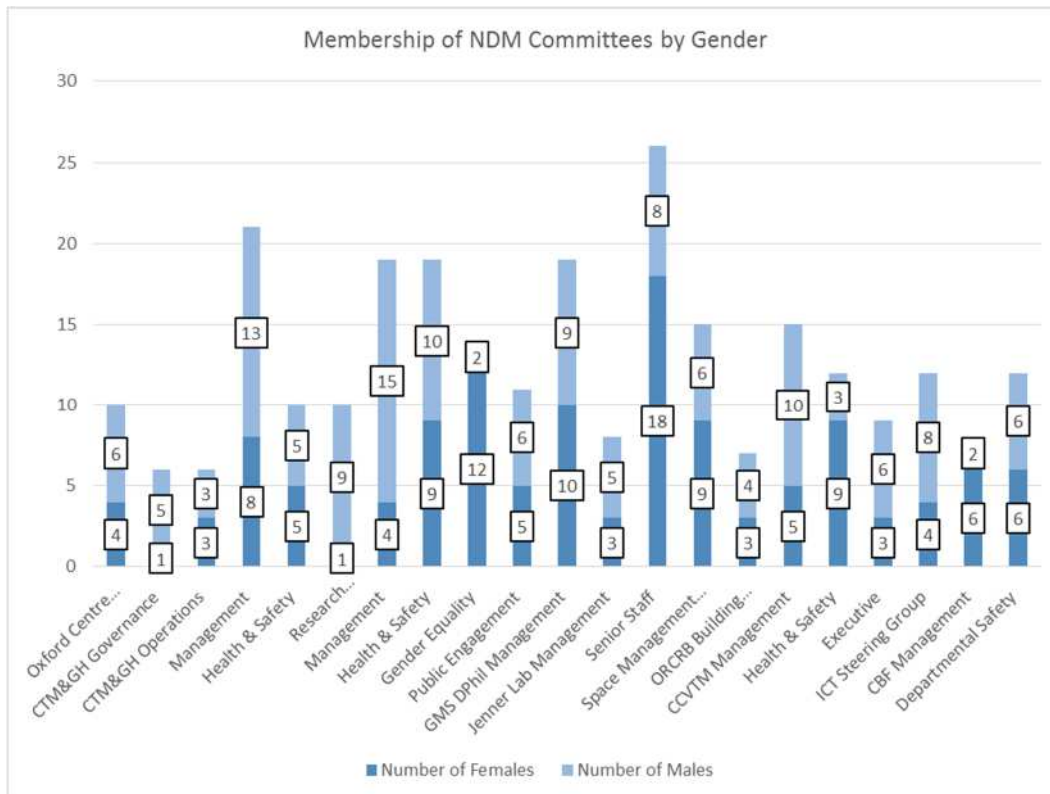


Figure 42 – Membership of NDM committees by gender

Our Graduate Studies committee is 50%F:50%M and our SMC is 23%F:77%M, which reflects the higher proportion of men in senior roles currently.

**Previous action points met:**

5.5 Engage female staff in decision-making bodies; review committee and governance representation.

5.5 Units review their committee/panel memberships and actively seek appropriate female representation whilst being sensitive to, and respond accordingly to, issues of over-burdening.

**New action points:**

26.1 Regularly review the composition of our committees.

26.1 Where gender balance does not exist, the Department is advocating the co-opting of more junior female staff onto senior committees to aid exposure and broaden perspectives.

(iv) Participation on influential external committees

How are staff encouraged to participate in other influential external committees and what procedures are in place to encourage women (or men if they are underrepresented) to participate in these committees?

External committee membership data is not collected. Senior staff in clinical and non-clinical roles are expected, as described by grading criteria and in job descriptors, to participate in high-level external committees. The aim is promoting the interests of the

Department and demonstrate their leadership, and external recognition of expertise in their field. Participation is encouraged through PDRs for staff at other career stages.

(v) **Workload model**

Describe any workload allocation model in place and what it includes. Comment on ways in which the model is monitored for gender bias and whether it is taken into account at appraisal/development review and in promotion criteria. Comment on the rotation of responsibilities and if staff consider the model to be transparent and fair.

Since 2014, we have explored introducing a more formalised workload model. Between 2014 and 2016, a randomised online workload questionnaire was sent to staff to identify and monitor any workload issues, with a view to corrective action where necessary. No issues or gender differences were identified. We dedicated a section of our 2017 survey to determine gender differences in the types of duties undertaken by staff. Encouragingly, time spent on research activities is the same for both genders with only slight variations across other activities.

Our 2017 survey shows that staff felt their workload is reasonable (85%, up from 63% in 2012). There were no differences between genders (85%F:84%M). Staff are satisfied with their work-life balance (80% up from 59% in 2012), and 84% feel there is a fair and transparent work allocation. Only 9% of staff supported formalising workload monitoring further. 88% of A&R and 92% of P&S staff do not wish to introduce a more formalised model, with 82% (up from 58% in 2012) of staff feeling comfortable discussing issues of work-life balance with their manager.

We will continue to embed a philosophy of openness and discussion and monitor the dedicated sections of staff PDRs to ensure the minority of staff with workload concerns are supported. For those not comfortable discussing issues we launched an online self-help tool. Initial feedback is positive; 78% of those who used it found it helpful (113F:65M). We will continue to monitor workload and respond accordingly (AP13.1).

*"I think a flexible work style with emphasis on personal responsibility is great"*

*"People in science are rewarded for their scientific achievements and results, not for how much they work."*

*"if you feel monitored you would lose the good will and flexibility of the working environment."*

2017 Survey free text response to workload monitoring



Figure 43 - Images of our Work-Life Balance booklet and Podcast

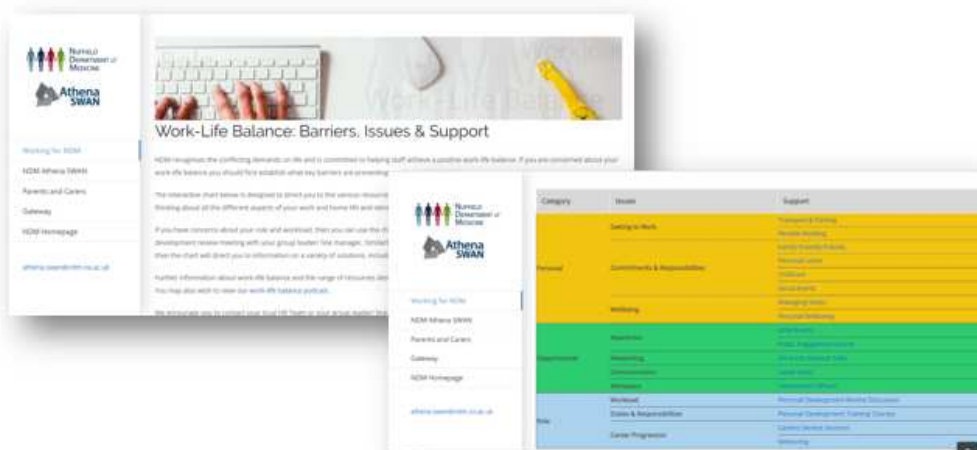


Figure 44 - Images from our Work-Life balance self-help tool website page

*“...a department that clearly thinks about its employees and wants them to be informed as much as possible”*

[Review of the work-life balance and workload tool.](#)

Specific categories of staff have monitoring requirements inherent to the role; established posts are appointed with a joint contract, issued from the University and their affiliated college, work allocation measured through programmable hours and academic appraisals include workload discussion; job plans for clinical staff are reviewed annually as part of their review. Given the complexities with external bodies such as colleges, the GMC and the NHS, NDM appointed a Deputy HoD for Clinical Affairs to provide direct support to this group.

**Previous action points met:**

- 6.2 Promote transparency in workload baseline and evaluation.
- 6.2 Continue to use online work-life balance randomised survey.
- 6.2 Run a focus group to gauge usefulness and further developments on the Departments work-life balance self-help webpage.

**New action points:**

- 13.1 We will continue to monitor workload via our staff surveys and respond accordingly.
- 13.1 MSD have a working group dedicated to a divisional workload model, and NDM will keep apprised of any developments in this area.

(vi) Timing of departmental meetings and social gatherings

Our Inclusive Meeting Etiquette guidance document is published on the internet and promoted in units. Surveyed in 2015, 96% (96% full-time, 94% part-time) of staff agreed that meetings are generally held between 10am and 4pm (generally considered to be core hours); the same number agreed they could attend all or most meetings they wished. This guidance is embedded into our culture, reinforced at induction for new managers, and has been supported since 2015 through the new induction process for managers, and will be promoted in our new managers' toolkit (AP3.3).

Family friendly events are scheduled for weekends or during school holidays. As well as family & friends activities celebrations such as Building openings or anniversary events are held during afternoons, so staff can attend during normal working hours. Summer and Christmas parties are held at a unit level, primarily during working hours, and are often subsidised by the Department; transport is often provided into the city centre for staff based in Headington. In December 2016 the HoD and AHoD hosted a Support Staff Dinner at Balliol College in recognition and celebration of the services provided by all our P&S staff. This event was attended by 150 staff and will run again in December of this year (AP11.3).



*Image from one of our Bangkok Christmas Parties, with approx. 150 attendees, including families.*

*Image from one of our Kilifi KWTRP Family Fun Days.*

*Image from our annual family fun day in Kenya.*

**Figure 45 - Images of overseas outreach activities**



Figure 46 - WT Family Fun Day

**Previous action points met:**

- 5.2 Promote inclusive meeting etiquette (IME).
- 5.7 Continue with a number of family-friendly events

**New action points:**

- 3.3 Following the recommendations of the working group in 3.2, produce a toolkit for line managers with information and guidance to support the development of their people management skills, enhance their understanding and promote our initiatives e.g. inclusive meeting etiquette
- 11.3 A staff dinner will be held in December 2017 to recognise and celebrate the work of P&S staff to the continued success of the Department.

(vii) Visibility of role models

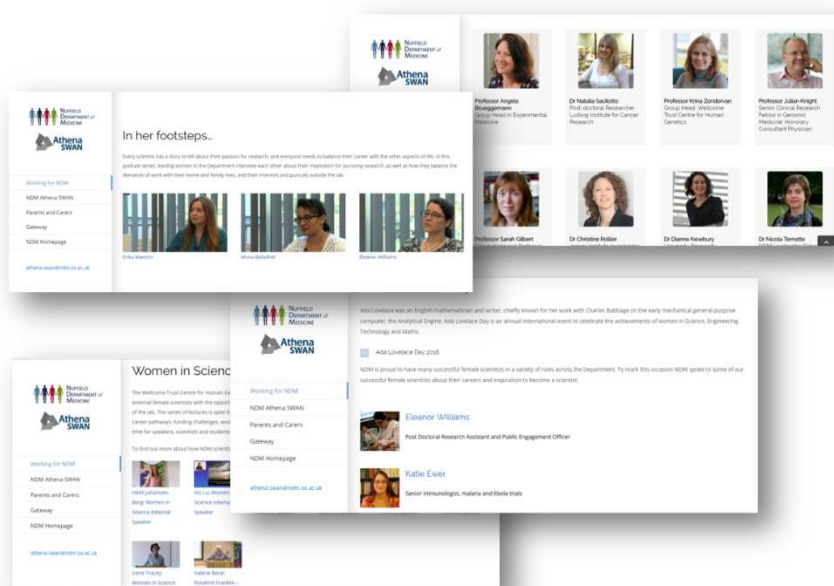
Describe how the institution builds gender equality into organisation of events. Comment on the gender balance of speakers and chairpersons in seminars, workshops and other relevant activities. Comment on publicity materials, including the department's website and images used.

This has been central to our strategy for our new AS and Working for NDM websites. Between July 2013 and March 2017 we have published 50 news and events items, 38 podcasts, and researcher profiles, which are accessible to staff, students and interested potential candidates on our NDM AS website:

- 20 Career Profiles (15 female and 5 male)
- Work-life balance podcast.
- 8 NDM Women in Science podcasts.
- Ada Lovelace day 2014 – 3 female podcasts (In her Footsteps series) and 3 female interviews.
- Ada Lovelace day 2016 – 3 female interviews

We hold well attended Women in Science talks, promoted throughout the Department, Division and the University as well as through the Oxford Women’s Network. Podcasts are published online for those unable to attend. There has been an improved ratio of female speakers at the NDM Seminar Series from 36% (16F:28M) for October 2009 – May 2014 to 50% (16F:16M) for June 2014 - June 2016, a ratio we aim to retain (AP11.1). Our homepage is monitored to ensure even publicity between men and women and we celebrate success of both men and women through our newsletter, and News & Events pages.

Seven of our female staff participated in the University wide ‘Women in Science’ interviews, with 39 interviews across the University in total.



**Figure 47 - Images from our Working for NDM website pages; In her footsteps, Career Profiles, Women in Science Podcasts and Ada Lovelace Day.**

Awareness of AS has increase from 85% in 2013 to 97% in 2017, and 82% of women and 85% of men stating there are good role models within the Department (81% research and academic staff, 87% non-research staff). We will develop our portfolio to include role models for non-academic roles where there is currently a gap (AP11.2).

*"As a young female academic, I have met many particularly inspiring female PIs who have been very supportive and encouraging."*

*"Progress has been made in increasing visibility of women at senior levels which is encouraging."*

Both from the Staff Survey, 2017

**Previous action points met:**

- 1.6 Continue to capture career stories, and place on the web
- 5.1 Promote a positive culture, with outstanding role models, and family-friendly awareness
- 5.1 Commence a series of editorial-style news items for promotion on our websites. The aim is to proportionally over-represent and publicise the accomplishments of female scientist across the spectrum of career stages.

**New action points:**

- 11.1 We will continue to publish examples of role models, particularly of senior females.
- 11.2 We will expand our portfolio of podcasts, interviews and news stories to include staff in non-academic roles.

**(viii) Outreach activities**

Provide data on the staff and students from the department involved in outreach and engagement activities by gender and grade. How is staff and student contribution to outreach and engagement activities formally recognised? Comment on the participant uptake of these activities by gender.

Communications and Public Engagement Officers have been appointed across most Units, proactively encouraging the engagement of our staff at different career stages, and facilitating access to events. 2017 data notes only slightly more women (50%) engaged in outreach than men (41%), however there is no impact on research time between the genders. Grants teams ensure time spent on outreach is used to the participant's advantage through inclusion of PE sections within grant applications.

The 2017 survey shows the breadth of staff involved in outreach (Table 42).

	Involved in Outreach						All Respondents		
	Female		Male		Total		Female	Male	Total
Academic staff (clinical)	10	36%	18	64%	28	49%	20	37	57
Academic staff (non-clinical)	16	55%	13	45%	29	40%	32	41	73
Clinical Research staff (including nurses)	8	73%	3	27%	11	48%	18	5	23
Research staff (non-clinical)	44	59%	30	41%	74	34%	124	91	215
Professional & Support Staff	23	88%	3	12%	26	14%	138	54	192
<b>Grand Total</b>	<b>101</b>	<b>60%</b>	<b>67</b>	<b>40%</b>	<b>168</b>	<b>30%</b>	<b>332</b>	<b>228</b>	<b>560</b>

**Table 42 - Staff involved in outreach from 2017 survey**

Scientists regularly tweet from our @NDMScience twitter account, providing an insight in to life of NDM researchers. Events portfolio is extensive. For example, there were 64 events, involving 243 staff and students in the WTCHG between January 2015 and April 2017 (Table 43).

Staff Type	Females		Males		Total
DPhil students	45	69%	20	31%	65
Postdocs	69	64%	39	36%	108
RAs	18	90%	2	10%	20
PDRAs	4	100%	0	0%	4
Support Staff	9	69%	4	31%	13
Fellows	3	60%	2	40%	5
Group Heads	17	61%	11	39%	28
<b>Grand Total</b>	<b>165</b>	<b>68%</b>	<b>78</b>	<b>32%</b>	<b>243</b>

Table 43 - WTCHG staff participation in outreach

NDM participated in numerous high profile events such as; the national Soapbox Science events (July 2017); the first Pint of Science Festival in Thailand (May 2017); Science Uncovered 'lates' night (2016) part of European Researchers' Night with events across Europe. We contribute to school outreach programs, including; "IntoUniversity" which works with secondary schools with traditionally low rates of university attendance; and the Oxford and Cambridge Summer School run by OxFizz for international students are aged between 15 and 18. Two female staff are Parent Ambassadors taking part in the new "Parents for STEM Futures", a 25 strong team from across the University actively engaging parents of primary school children. NDM sponsor the Science Oxford's 'Young Scientist of the Year' event celebrating achievements of Oxfordshire's Year 13 science students; this year NDM's Professor Sarah Roland-Jones gave the key speech, and the Cheltenham Science Festival, where each year a team of our scientists present hands-on science to thousands of attendees.

The WTCHG Public Engagement Seed Award began in 2015 as part of the Department's commitment to embedding public engagement with research. Awards for projects are between £250 and £1,500, and to date, winners been 50%F:50%M (AP27.1).



Figure 48 - Example images from some of our outreach events





**Figure 49 - Young Scientists of the Year 2015**

**Previous action points met:**

- 2.4 Reach out to undergraduate & sixth form students, to promote women in science popularise SET amongst young women.
- 2.4 Connect with sixth form Science teachers to link outreach activities with the curriculum.
- 2.4 Consider targeting underrepresented schools and colleges
- 5.1 Broaden the range of female staff involved in public engagement.
- 5.1 Continue to integrate Athena Swan with Outreach and Engagement strategies. Develop the activities to include a broader range of female staff at different career stages.

**New action points:**

- 27.1 Continue to engage in many activities to broaden access and to bring research to the community, including schools outreach (including state schools which are underrepresented in undergraduate admissions) and other public engagement activities aimed at promoting science careers and more specifically with the promotion of women in science

**Section 5 word count: 7887**

## SILVER APPLICATIONS ONLY

### CASE STUDIES: IMPACT ON INDIVIDUALS

Recommended word count: Silver 1000 words

Two individuals working in the department should describe how the department's activities have benefitted them.

The subject of one of these case studies should be a member of the self-assessment team.

The second case study should be related to someone else in the department.

More information on case studies is available in the awards handbook.

### **Professor Helen McShane, Deputy Head of Department**

I have extensive experience in TB immunology and vaccinology. I am currently a Professor of Vaccinology at Oxford University, Deputy Head of the Nuffield Department of Medicine and an honorary consultant physician in HIV medicine. I obtained an intercalated BSc in 1988, followed by a degree in medicine in 1991 (both University of London). In 1997 I was awarded an MRC Clinical Training Fellowship to undertake a PhD with Adrian Hill in Oxford, and was awarded my PhD in 2001 (University of London). In 2001 I was awarded a Wellcome Clinician Scientist Fellowship, allowing me to complete my clinical training and subsequently awarded a CCST in HIV and GU Medicine in 2003. I have led the TB vaccine research group at Oxford University for 16 years and have an internationally recognised programme of clinical vaccine development and human experimental medicine within the field of TB vaccines. I continue to practice clinically, doing a weekly clinic.

I had my first child in 2000 while completing my PhD, my second child in 2002 while working as a clinical researcher, and my third child in 2005 as a Senior Research Fellow. I defended my thesis whilst 12 weeks pregnant with my second child. The challenges in combining motherhood with a busy career as a clinician scientist are different depending on the age of the children. Covering school holidays is easier as they become older, but the teenage angst and pressure of public exams can mean being around is more important than when children are small. Being a mother and a clinician scientist is a continuous balancing act. Organisation is critical and my 'to do' lists are endless. One of my biggest challenges is my travel schedule, but it is possible to be creative and I have even made family holidays around my work trips.

One of my career highlights was being appointed Deputy Head of the Nuffield Department of Medicine in 2016. The NDM have helped to support my career development by offering flexible working hours and providing a parking permit so that I can travel between meetings across the University and do school pick-ups. I took three periods of maternity leave, from February – June 2000; April – July 2002 and December 2005 – March 2006 inclusive. The department has also offered maternity support and cover for my team.

My advice to women looking to pursue a career as a clinician scientist, while also having a family, would be to go for it! There's no reason why you should let any barriers get in your way. It does require a lot of hard work and flexibility, but fortunately science is a career where there is considerable flexibility.

### **Mark McDermott, Deputy Business Manager, Tropical Medicine & Global Health**

I joined NDM's Tropical Medicine unit in 2008 as an Administrative Assistant, with finance and grants responsibilities. I was given the freedom to identify process improvements; it was rewarding to see the difference I was making and I received recognition for my efforts. In 2010, I was appointed as a 'Trainee Unit Administrator' providing more wide-ranging experience in new aspects of administration.

The training involved a temporary opportunity to fill-in for the Administrator of another unit. This allowed me to put into practice what I had learned as I supported researchers and managed the support team. After 3 months, this assignment ended and I was offered a new role in Tropical Medicine, Finance Administrator; responsible for finance, the purchase to pay team, and a subset of research grants. I undertook the accredited 'Introductory Certificate in Management' at the OLI, assisting with my new management responsibilities.

In 2012, I provided 9 months of maternity cover for the Deputy Business Manager at the WTCHG then, due to unexpected circumstances, I also covered an Administrator role in the ORCRB. For 9 months I balanced the responsibilities of two full-time jobs in a normal working week. During this period, I was supported by NDM, with regular catch-ups and advice. It proved challenging, but hugely rewarding. At the end of these assignments, I was offered the choice of a strategic or Administrator role in the department. After discussion with management I became full-time Ludwig Administrator, working closely with the Institute's Director, researchers, students, and support staff. This was a valuable opportunity to put into practice the skills and knowledge I had accumulated over the previous 5 years and take responsibility for ensuring the unit's researchers received the support they required to undertake their valuable work. During this time, I also retained NDM-wide duties, and was given responsibility for creating a research facility costings template. I liaised with numerous stakeholders throughout the University and NDM to build a framework for improved financial management, compliant with funding sponsors' terms and conditions.

After 2 years, I was successful in applying for the role of 'Deputy Business Manager' in Tropical Medicine. This provided opportunities to employ my broadened skillset in a much larger unit and take responsibility for resolving problems that had arisen due to substantial growth in research funding. I decided to undertake an MBA to complement my expanded responsibilities while my personal circumstances would allow for study at in evenings and weekends. NDM supported me with fees and providing matched study leave; I complete the course in 2017. These 2 years have been incredibly challenging but have transformed my knowledge, outlook and confidence, and prepared me for further career progression.

NDM offers a stimulating workplace, while being flexible and accommodating of personal life commitments, such as childcare responsibilities. I am thankful for the opportunities NDM has presented me with, both professionally and personally, and for

the mentorship, work experience and personal development I have received, and I attribute a lot of my success to the support provided.

**Case Study word count: 942**

#### **FURTHER INFORMATION**

**Recommended word count: Bronze: 500 words | Silver: 500 words**

Please comment here on any other elements that are relevant to the application.

n/a

**Further Information word count: 0**

**Total word count: 12,997**

## **2017 ACTION PLAN**

The action plan should present prioritised actions to address the issues identified in this application.

Please present the action plan in the form of a table. For each action define an appropriate success/outcome measure, identify the person/position(s) responsible for the action, and timescales for completion.

The plan should cover current initiatives and your aspirations for the next four years. Actions, and their measures of success, should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART).

See the awards handbook for an example template for an action plan.

**Action Plan Nov 2017 – Nov 2021**

Planned objectives which have been previously identified and acted upon, and are now part of our ongoing commitments =

Planned objective <small>(priority High/Middle/Low/Recurring)</small>	Reference			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Timeframe	Person (s) responsible	Success Measure
	Ref	Section	Page						
To enhance target directed action and ensure consistency of approach across NDM.	1.1	3 (iii)	18	Currently we have 5 ASSA teams, one for each of the 5 semi-autonomous Units.	To develop a centralised ASSA team with representatives from all key Units across NDM.	To ensure consistency of approach across NDM and drive progress. Currently there is disparity between units on the regularity of meetings and progress on action plans.	Q1 2018	HOD	At least 3 meetings every year.  Improved consistency of approach across NDM, evidenced by the implementation of standardised initiatives whilst being sensitive to unit differences.
	1.2	3 (iii)	18		We will take the opportunity in developing a new merged ASSA team to ensure a greater gender balance of members and ensure we maintain a mix of representatives from A&E and P&S staff groups, as well as a student representative.	We currently have 64 members across the 5 ASSA teams, with more females than males involved in the process (43F:21M)	Q1 2018	HOD	Improved gender balance to 50%F:50%M  Ensure representation from both A&E and P&S staff groups.  Ensure at least one student representative.
	1.3	3 (iii)	18		To establish a formalised structure of working groups for specific projects, to report into the ASSA team.  Working groups will be gender	To use key personnel with the appropriate skills and knowledge to ensure progress on specific time-limited projects and maintain breadth of involvement of staff across	Q2 2018	AHOD	Establishment of working groups.  Evidence of target directed action (eg. minutes of meetings).

Planned objective (priority High/Middle/ Low/Recurring)	Reference Ref Section Page			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Timeframe	Person (s) responsible	Success Measure
					balanced, with representatives from both P&S and A&E staff groups, and a student representative where appropriate.	NDM.			Ensure 100% compliance with the requirements of the NDM Working Group Policy with regards to representation of staff and student groups.
	1.4	3 (iii)	18		A review of ASSA team membership will be conducted annually to ensure that workload burden on current members is assessed, that opportunities for new/promoted staff are created and to get a fresh perspective on our approach.		Q4 2018, Q4 2019, Q4 2020	AHOD	Annual review conducted.  Evidence of workload burden considered.  Evidence of new membership.
	1.5	3 (iii)	18	We currently have a Departmental Athena SWAN Communications Strategy.	To review and update the Departmental Athena SWAN Communications Strategy to reflect the changes to the ASSA team structure and process, ensuring a NDM Working Group Policy is developed and implemented.	To ensure the Departmental Athena SWAN Communications Strategy remains accurate and useable.	Q3 2018	ASC and HHR	Updated Departmental Athena SWAN Communications Strategy.
To maintain meaningful consultation with the wider Department.	2.1	3 (iii) and 5.3 (i)	48 55	We have used the survey to monitor and evaluate the success of our initiatives and identify where further action may be required.	To continue to engage members of the Department with the Athena SWAN process through consultation, seeking feedback and responding accordingly.	Our approach has always been data driven, and we need to ensure we maintain momentum in engaging our staff and students with the process, responding to feedback and	On-going	HHR and ASC	Run staff surveys (2018 and 2020).  Evidence of consultation (eg. interviews, focus

Planned objective (priority High/Middle/ Low/Recurring)	Reference Ref Section Page			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Timeframe	Person (s) responsible	Success Measure
				<p>Each survey has been designed to target specific areas under review.</p> <p>We have used interviews, focus groups and targeted surveys to draw feedback from our staff and students.</p>	<p>Continue to survey confidence levels in management capabilities.</p> <p>ASC to attend the qualitative data training within the MSD.</p>	<p>advising of progress.</p> <p>Self-rated confidence in management skills have been surveyed (2017):</p> <ul style="list-style-type: none"> <li>Recruiting staff (75%F:77%M)</li> <li>Conducting probationary and personal development reviews (75%F:71%M)</li> <li>Managing staff performance (63%F:67%M)</li> <li>Supporting staff to think about careers (63%F:69%M)</li> </ul> <p>We will continue to survey this, and aim to see an improvement as programmes develop</p>			<p>groups, feedback requests, surveys).</p> <p>Staff and students to be advised of the findings of the surveys.</p> <p>Examples of adapted or developed practices on the basis of feedback received.</p> <p>Improvements in ratings of management capabilities. For example, from 63%F:67%M feeling confident in their ability to manage staff performance to 70%, equally between the genders.</p>
	2.2	3 (iii)	16	<p>We use a variety of mediums to keep our staff informed about our Athena SWAN work across the Department, such as upcoming events, news items, courses and the initiatives being developed; including posters,</p>	<p>Keeping members informed of progress, through a variety of mediums.</p>		On-going	HHR and ASC	<p>Evidence of knowledge of Athena SWAN (2018 and 2020 surveys). For example, we would expect to see an increase in the awareness of AS to 98% in 2018 (from 85% in 2013 and 97% in</p>



Planned objective (priority High/Middle/ Low/Recurring)	Reference Ref Section Page			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Timeframe	Person (s) responsible	Success Measure
				leaflets, updates on our website, podcasts, e-mails, talks and a dedicated section within the NDM Newsletter, Spotlight.					2017).  Growing body of publications (including podcasts and case studies).  Track progress using Google Analytics.
Improve inductions for line managers.	3.1	5.1 (ii)	48	<p>Targeted inductions have been developed for new line managers, including guidance on dealing with aspects such as flexible working requests, times to hold meetings, PDRs, recruitment and selection.</p> <p>Line Managers are offered specific training when they start in post and several courses are mandatory during the induction period:</p> <ul style="list-style-type: none"> <li>• On-line Induction</li> <li>• Challenging Behaviour</li> <li>• Equality and Diversity</li> <li>• Unconscious Bias</li> </ul>	<p>We will conduct a targeted induction feedback survey for new staff 6 months following their start date, and implement any forward action following feedback, where appropriate.</p> <p>We will measure impact of the extended line manager induction sessions through our next staff survey by looking at self-rated confidence ratings by line managers across several areas of competency and comparing them to ratings given in the 2017 survey.</p>	Targeted inductions for line managers have only been implemented in 2017, and so we do not have much in the way of feedback or extensive evidence of impact. We have some initial ideas of impact from competency ratings in the 2017 survey which we can use as a baseline measure moving forward.	Every 6 mths  Q3 2018, Q3 2020	ASC and HHR	<p>Evidence of satisfaction ratings (target of 80%) with the new manager's induction from the feedback survey, and examples of adaptations to the induction based on feedback where appropriate.</p> <p>Improved self-rated confidence ratings by line managers across several areas of competency in the staff surveys. For example we would like to see an improvement from 63%F:69%M in measures of confidence in</p>

Planned objective (priority High/Middle/ Low/Recurring)	Reference Ref Section Page			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Timeframe	Person (s) responsible	Success Measure
				<ul style="list-style-type: none"> <li>Managing People</li> </ul>					supporting their staff to think about their careers to 70% with no gender differences.
	3.2	5.1 (ii)	48		A working group will be established to make recommendations on the content of a toolkit for managers.	It would be helpful to obtain a view on what line managers feel they would need guidance on within a toolkit.	Q1 2019	ASA and WG	<p>An understanding of what line managers would like specific guidance on.</p> <p>Evidence of recommendations for the toolkit development.</p>
	3.3	5.1 (i), 5.5 (vii) and 5.6 (vi)	48 74 84		Following the recommendations of the working group in 3.2, produce a toolkit for line managers with information and guidance to support the development of their people management skills, enhance their understanding and promote our initiatives e.g. understanding and explaining training opportunities, mentoring schemes, promotion process, conducting PDRs, flexible working requests.	<p>Currently Line managers receive the same paperwork at induction as all other staff members.</p> <p>A toolkit will need to be created by HR, on the basis of recommendations by the working group, as they have the knowledge and expertise to create the toolkit and are best placed to implement it across the whole Department.</p>	Q3 2019	HHR and HROs	<p>Development of a toolkit for line managers.</p> <p>Ensure 100% of all new line managers are given a toolkit from Sept 2019.</p> <p>Start distribution of the toolkit to existing managers to update knowledge and promote our values, with 100% of managers reached from Sept 2020.</p>

Planned objective (priority High/Middle/ Low/Recurring)	Reference Ref Section Page			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Time frame	Person (s) responsible	Success Measure
Improve the evaluation aspect of the induction process	4.1	5.1 (i)	47	<p>An NDM wide Induction Programme designed and implemented:</p> <ul style="list-style-type: none"> <li>• With tailored inductions by staff type.</li> <li>• With a new starters checklist.</li> <li>• Progression through the grade mapped.</li> <li>• Enhanced sections on workload monitoring, work/life balance, family friendly policies and practices, wellbeing support and services, career planning, training and development.</li> </ul>	<p>Establish an induction feedback survey for all staff 6 months after their start date.</p> <p>Ensure feedback is acted upon, where appropriate, to ensure continued development and improvement.</p>	<p>Induction checklists have a feedback mechanism inbuilt, but we rarely receive feedback on the induction process. We need to provide an effective method of evaluation for continued development and improvement.</p>	Q1 2020	ASC and HROs	<p>Establishment of an induction feedback survey.</p> <p>100% of new staff will receive the feedback request with effect from Q1 2020.</p> <p>Evidence of an improving picture in induction satisfaction (baseline data to be captured at launch and data comparisons made thereafter).</p> <p>Gender balance in satisfaction ratings.</p>
	4.2	5.1 (ii)	47	<p>Individuals are only confirmed in post once the following courses have been completed:</p> <ul style="list-style-type: none"> <li>• On-line Induction</li> <li>• Challenging Behaviour</li> </ul>	<p>We will continue to monitor compliance with mandatory induction training requirements.</p>	<p>We need to continue to ensure that staff are only confirmed in post following their probation period if the required training courses have been completed.</p>	On-going	HROs	<p>Continued 100% compliance with induction training requirements.</p> <p>Evidence of impact through staff ratings on equality and diversity measures on the staff survey (2018 and 2020). For example 80% of staff</p>

Planned objective (priority High/Middle/ Low/Recurring)	Reference Ref Section Page			Action already taken	Action to be taken	Rationale (i.e. what evidence is there that prompted this action/ objective?)	Timeframe	Person (s) responsible	Success Measure
				<ul style="list-style-type: none"> <li>Equality and Diversity</li> <li>NDM Unconscious Bias</li> <li>Managing People (for line managers)</li> </ul>					feeling that values and expectations about the way people should behave in relation to each other are clearly communicated (55% in 2012, 72% in 2017) with no differences between the genders.
Support line managers to facilitate career progression discussions.	5.1	5.3 (ii) and 5.4(i)	58 67	Career progression discussions have been incorporated into many departmental processes and initiatives: <ul style="list-style-type: none"> <li>Information on support systems, resources and networks for career progression are detailed at induction and in the induction booklets.</li> </ul>	A working group will be established to investigate the reasons for reported gender differences in experiences of the PDR process and propose action to address any imbalances found.	Findings from our 2017 survey indicate a gender difference in staff taking the opportunity to talk about their career development during their PDR (87%F:92%M), and perceived usefulness of the PDR process (65%F:74%M).	Q4 2018	ASA and WG	A clearer understanding of the reasons for the gender differences in experiences of the PDR process.  A list of recommendations on forward action to address any imbalances found, and silver action plan to be updated as new actions develop.
	5.2	5.3 (ii) and 5.4(i)	58 67	<ul style="list-style-type: none"> <li>Probation</li> <li>Standardised set of questions around career development within the PDR</li> </ul>	The working group in 5.1 will also be tasked with:  a) monitoring the success of initiatives put in place to support research and academic staff who are line managers in their	67% of research and academic staff who are line managers feel confident in their capabilities to conduct probationary and Personal Development Reviews. This compares to 85% of non-research staff who are line	Q4 2018	ASA and WG	Establishment of a monitoring system for the success of: 1. the Principal Investigators meetings as an opportunity to deliver further training

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				<p>(with links to resources)</p> <ul style="list-style-type: none"> <li>One-to-one career sessions for NDM by the Careers Service</li> <li>Career development podcasts and talks</li> <li>Mentoring is now available for all staff groups, and a dedicated signpost page has been developed to help staff find the right scheme for them.</li> <li>Career development website pages.</li> </ul>	<p>confidence of their capabilities to conduct PDRs. Eg. the Principal Investigators meetings as an opportunity to deliver further training (2017) Eg. an introduction to the PDR process at induction for new line managers (2017)</p> <p>b) considering alternative action that can be taken to support this group in conducting PDRs.</p>	<p>managers. Given these groups have access to the same training and workshop opportunities, this suggest that further work may be needed to support this group in conducting PDRs. A working group needs to be developed to investigate this further.</p>			<p>2. an introduction to the PDR process at induction for new line managers.</p> <p>A list of recommendations on forward action to support research and academic staff who are line managers.</p>
	5.3	5.3 (ii)	58	<p>The HHR has started (2017) to use the Principal Investigators meetings as an opportunity to deliver further training.</p> <p>A brief introduction to the PDR process is now offered during HR inductions for</p>	<p>Review the current PDR process and support on offer in view of the findings of the PDR Working Group and implement any necessary changes.</p>	<p>A working group will be investigating the PDR process, and support that can be given to line managers. However, it is essential that these recommendations are drawn together and any necessary actions implemented in a cohesive approach.</p>	Q4 2019	HHR and HROs	<p>An action plan developed, based on the findings of the working group (3.1 and 3.2) and the silver action plan to be updated as new targets develop.</p> <p>Evidence of a reduced gap (currently 67%:85%) between research and non-research line managers in their confidence ratings in their capabilities to conduct probationary and</p>

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				new line managers.					<p>Personal Development Reviews.</p> <p>Evidence of a reduced gender gap in staff taking the opportunity to talk about their career development during their PDR (currently 87%F:92%M), and perceived usefulness of the PDR process (currently 65%F:74%M).</p>
To improve the understanding of the redeployment process and the support available.	6.1	4.2 (ii)	38	<p>HR Teams and Business Managers/Unit Administrators write to offer a meeting for every person coming to the end of their fixed term contract, they provide support and advice, including helping them seek redeployment if desired.</p> <p>Personnel Services provide extensive online guidance on the redeployment process and the support available.</p>	<p>A working group will be established to</p> <p>a) investigate the best medium for a Departmental resource for those on fixed term contracts to better understand the process of redeployment, what staff should be considering, their options and the support available, to complement that already provided.</p> <p>b) establish what content should be included</p> <p>c) decide how to best publicise the resource</p> <p>d) ensure any recommendations</p>	<p>In the 2017 survey, most staff didn't feel they knew enough to comment about the support given to individuals through redeployment (61%F:56%M) Open comments in the survey suggest that some clarity may be required here as some misconceptions were identified.</p>	Q2 2019	ASA and WG	<p>The establishment of a central Departmental resource for those on fixed term contracts.</p> <p>Improved clarity on the redeployment process and the support on offer (obtain baseline data in the 2018 survey, implement changes in 2019 and resurvey in 2020). Our target is to see no gender differences in the perceived clarity of</p>

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					are acted upon appropriately				the process.
Ensure the continued review of fixed term contracts, moving staff onto open ended contracts where feasible.	7.1	4.2 (ii)	33	Regular reviews of fixed term contracts are conducted.  Staff only remain on fixed term contracts where there is an objective justification for doing so.	Periodic Union review to ensure that there is no form of direct or indirect discrimination with the establishment of fixed term or open ended contracts.	We need to continue to ensure that no gender biases are being introduced to our review of fixed term contracts.	On-going	HHR	Periodic Union reviews.  Data report on contract types on an annual basis.  No gender biases identified in the types of contract issued.
Identification of leaver destinations and specific reasons for leaving.	8.1	4.2 (iii)	41	Face-to-face exit interviews have been established for all leavers, with an on-line version available for those unable to attend a face-to-face interview.  Business Managers have access to the detailed leavers data for their units, to allow them to identify any unit specific areas that may require some additional focus to reduce turnover and retain talent wherever possible.  Bi-annual leavers reports (April 2015 and April 2017) are completed and	Bi-annual leavers reports will continue to be circulated to Business Managers.  Action to be taken to reduce turnover where feasible.	We need to continue to monitor leavers feedback in order to better understand reasons for leaving and areas for improvement that can be addressed in the hope to retain talent, where possible.	On-going	BMs	Leavers data to continue to be monitored at Unit level.  Reports to be circulated highlighting trends across NDM.  Evidence of action taken to improve turnover where possible.

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				circulated to Units in order for overall trends across NDM to be identified					
Adapt the Unconscious Bias Training to ensure it meets the needs of our staff.	9.1	5.3 (i)	54	Unconscious Bias training is mandatory for all staff across NDM and information is included on our website and within the induction booklet.	Continue to roll out Unconscious Bias training to small groups of new starters within Units.	A new approach to Unconscious Bias Training has been piloted within our Trop Med Unit; with small groups of new starters. The pilot has been a great success and verbal feedback suggests that not only has the training been well received but that it has helped new starters to develop networks. This is now starting to be rolled out across the Department (from June 2017).	On-going	BMs and HROs	Continued 100% compliance with Unconscious Bias training for new starters.  Continued 100% compliance with the unit based training scheme with small groups of new starters.
	9.2	5.3 (i)	54		Implement a feedback mechanism within the Unconscious Bias training, ensuring monitoring to evaluate success through the induction survey (AP4.1) and adapt training as required.	No formalised feedback process is currently in use with the unconscious bias training.	Q1 2018	HHR	Ensure the induction feedback survey (AP4.1) contains data gathering on the Unconscious Bias training.  Evidence of action following feedback, where appropriate.
Promote transparency in flexible working and work-life balance.	10.1	5.5 (vi)	73	A website page has been developed, clarifying the process of requesting flexible working, including a downloadable application	We will continue to expand our portfolio of flexible working case studies and publish them to enhance transparency and promote acceptance of flexible	We currently only have 2 published examples of flexible working case studies. To ensure a full representation of staff types and experiences we will	Q1-4 2018	BMs, ASC	We will have 5 additional case studies published during 2018.  Section in the



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				<p>form and example case studies of impact.</p> <p>Understanding flexible working is part of the standard extended induction for all new line managers.</p> <p>Flexible working is promoted in mailouts, such as our Newsletter.</p> <p>Flexible working information now appears, or is discussed, as standard in formats and arenas including:</p> <ul style="list-style-type: none"> <li>• Induction materials.</li> <li>• Performance Development Reviews,</li> <li>• Pre and Post maternity leave documentation and interviews,</li> <li>• Publication of case studies on website.</li> </ul>	<p>working practices.</p> <p>Promote acceptance of flexible working practices and enhance understanding of the options available through the management toolkit (AP3.3).</p> <p>Continue to hold family friendly events.</p>	<p>need to expand our portfolio.</p>			<p>management toolkit (AP3.3) to be dedicated to flexible working.</p> <p>Our target is to maintain current flexible working numbers. For example, 65% of women and 75% of men feel they are able to work their standard hours at flexible times and 82% of women and 78% of men feel satisfied with their work/life balance.</p>

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				We have run family friendly events and open days.					
Promote a positive culture, with outstanding role models, including the publishing of podcasts and profiles.	11.1	5.6 (vii)	86	Podcasts and profiles made available on our website: <ul style="list-style-type: none"> <li>• 20 Career Profiles (15 female and 5 male)</li> <li>• Work-life balance podcast.</li> <li>• 8 Women in Science podcasts.</li> <li>• Ada Lovelace day 2014 – 3 podcasts (In her Footsteps series) and 3 interviews.</li> <li>• Ada Lovelace day 2016 – 3 interviews.</li> </ul>	We will continue to publish examples of role models, particularly of senior females.	We need to ensure that momentum is maintained on the visibility of role models, particularly females are higher levels.	On-going	HOD and HOU	Published examples of role models, particularly of senior females. For example, we would expect to see at least 5 more Women in Science Podcasts by 2021.  50%F:50%M speakers at the NDM Seminar Series
	11.2	5.6 (vii)	86	<ul style="list-style-type: none"> <li>• Ada Lovelace day 2016 – 3 interviews.</li> </ul> <p>There has been an improved ratio of female speakers at the NDM Seminar Series from 36% (16F:28M) for the period Oct 2009 – May 2014 to 50% (16F:16M) for the period June 2014 - June 2016.</p>	We will expand our portfolio of podcasts, interviews and news stories to include staff in non-academic roles.	There is currently a lack of role models publicised for non-research roles.	Q3 2019	BMs	At least 3 published examples of non-science based role models, particularly of senior females.

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				82%F:85%M feel that there are good role models in the Department (2017 survey).					
	11.3	5.6 (vi)	84	In December 2016 the HoD and AHoD hosted a Support Staff Dinner at Balliol College in recognition and celebration of the services provided by all our P&S staff.	A staff dinner will be held in December 2017 to recognise and celebrate the work of P&S staff to the continued success of the Department.  Consideration will be given to continuing this over the following years.	We will continue to hold events to recognise and celebrate the valued contributions of P&S staff.	Q4 2017	HoD and AHoD	At least 150 P&S staff in attendance at the Dinner in 2017.
We will continue to monitor fellowship and grant success rates and respond accordingly, expanding our provision of support where needed.	12.1	5.3 (v)	64	Applicants are provided with bespoke support in application with peer review and interview preparation. Each of our Units has a dedicated grants team.  NDM units complete a return which allows us to analyse and act upon data on fellowship success rates, support routes, awarding body feedback and top tips from previous applicants.	As this is a means to progress to more senior roles, we will continue to monitor fellowship success rates for gender balance and respond accordingly when needed.	Our grant application success rates have risen from 24%F:34%M in 2013/14 to 76%F:71%M in 2016/17. We need to ensure this momentum is maintained.  For the period from 01 Jan 2015 to 30 June 2016 successful fellowship applications have been equal for men and women (F33%:M33%), which compares favourably when looking at the Oxford and UK benchmark data.	On-going	BMs	Continued gender parity on success of grant and fellowship applications.  Identification of any areas for improvement and evidence of remedial action where needed.
	12.2	5.3 (v)	64	Fellowship data website page developed to provide anonymous 'top tips' from	Track any gender differences in the financial size of grants and fellowships being applied for in reference to their success rates.	We need to ensure tracking of the financial level of awards being applied for by gender as an embedded practice. This needs to be fully explored to	Q4 2018	AHoD and BMs	A system in place to monitor the size of awards applied for by gender.

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				<p>previous applicants and NDM wide success rates.</p> <p>We have publicized the newly developed MSD Researchers Toolkit - a set of webpages bringing together information about divisional and central resources and support services.</p> <p>Applications are followed up to discuss feedback, and in the case of unsuccessful applications to discuss the next steps and the support available for a successful next submission.</p>		<p>gain a fuller picture of our grant and fellowship success rates.</p>			<p>Our target is to have no significant gender differences between the financial size of grants and fellowships being applied for and their success rates.</p>
	12.3	5.3 (v)	64	<p>together information about divisional and central resources and support services.</p> <p>Applications are followed up to discuss feedback, and in the case of unsuccessful applications to discuss the next steps and the support available for a successful next submission.</p>	<p>A working group will be established to explore the needs of our A&amp;R staff in view of the support currently on offer, identify any gaps in provision and propose an action plan for further development.</p>	<p>Comments in our latest staff survey (2017) suggest some interest in further training and workshops around grant applications, specifically as a way for DPhil students and early career Postdoctoral Scientists to gain insight and experience into the grant writing process.</p>	Q1 2020	ASA and WG	<p>The identification of any gaps in the current provision of support on offer and an action plan in process for further development.</p>
Promote transparency in workload evaluation.	13.1	5.6 (v)	82	<p>PDR form amended to include a set of questions about workload and work-life balance to facilitate open discussions.</p> <p>Induction booklets contain information about workload management and the OLI courses available, as well as details about part</p>	<p>We will continue to monitor workload via our staff surveys and respond accordingly.</p> <p>MSD have a working group dedicated to a divisional workload model, and NDM will keep apprised of any developments in this area.</p>	<p>Our most recent staff survey (2017) shows that most staff agreed that their workload is reasonable (85%, up from 63% in 2012). There were no differences between genders (85%F:84%M). 80% (up from 59% in 2012) of staff feel they are satisfied with the balance between their work and home responsibilities, and 84% feel</p>	On-going	HHR	<p>Continued monitoring of workload (2018 and 2020 surveys).</p> <p>Our aim is to maintain the current gender parity of satisfaction ratings in workload (85%) and work-life balance (80%).</p>

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				<p>time or flexible working and stress reduction. Web tool self- help web page style information made available.</p> <p>We have conducted a review of the Departments work-life balance self-help webpage (June 2017).</p> <p>A review was conducted into the possibility of developing a more formalised workload model.</p>		<p>there is a fair and transparent way of allocating work in their team/group. There are no gender differences in the time spent on research activities, and only slight variations were found across other activities.</p> <p>No gender differences were identified from the randomised on-line workload questionnaire (2014 and 2016).</p> <p>It is essential that we continue to monitor workload, and respond accordingly if any issues are identified.</p>			<p>Identification of any issues and evidence of forward action where appropriate (for example in the identification of any significant fluctuations in satisfaction of workload or work-life balance).</p>
Improve uptake and monitoring of PDRs	14.1	5.3 (ii)	58	<p>Unit HR teams monitor comments on PDR forms, and follow up as necessary (for example, by arranging training or sending additional guidance to the individual when needed).</p> <p>Conversations have taken place with those staff who opted out in previous years to encourage uptake and highlight the benefits of the PDR process.</p>	<p>Review how current PDR uptake figures are recorded across the different Units, and establish a workable standardised system to improve monitoring.</p> <p>Ensure PDR uptake is monitored by both gender and staff group.</p>	<p>Our uptake figures for PDRs across all staff have remained fairly stable, with a completion rate of 61% for 2012/14, 61% for 2014/15, 64% for 2015/16, 61% for 2016/17. Initial data suggests that uptake rates are generally higher for women, but uptake of PDRs have not been monitored by gender and staff group to date for all Units and so this data is currently incomplete. To get a better insight into our PDR completion</p>	Q2 2018	HROs	<p>A standardised system in place to monitor PDR uptake by gender and staff group, by year, across all Units to allow for data set comparison.</p> <p>Understanding of the detailed breakdown by gender and staff type of our PDR completion rates.</p>

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						rates and where additional focus may be required we need to understand who is taking the opportunity to complete a PDR.			
	14.2	5.3 (ii)	58		The PDR working group in 5.1 will also be tasked with: a) investigating the reasons for our lower than desired completion rates b) identify where improvements can be made and propose ways to increase the uptake of the PDR.	Once we have a better understanding of the detailed breakdown by gender and staff type of our PDR completion rates we can ascertain what further work may be required to improve the uptake of PDRs.	Q1 2019	ASA and WG	Our aim is to see improved PDR uptake figures (>61%). Our target is 70% by 2021.
Assess the feasibility and benefits of running an NDM Coaching scheme to support staff development.	15.1	5.3 (iii)	60	Since March 2016 all staff groups, including professional and admin staff, have access to a Mentoring scheme.  We have developed and publicised a signpost page to help our staff and students find the right scheme for them.	Monitor success of pilot coaching programme.	We conducted a review of the mentoring arrangements in the early part of 2017, and found that most Units now publicised the many mentoring schemes available across the University. However, our 2017 survey shows that there are indications of differing experiences between men and women with the schemes available: 70%F:93%M found the mentoring scheme they were engaged with useful.  During 2017 we established a	Q3 2018	AHoD and HHR	Establishment of a feedback system to monitor the success of the pilot scheme.  Data on satisfaction, usefulness and impact of the pilot scheme. Our aim is to see no differences in the data by gender.
	15.2	5.3 (iii)	60	Mentoring is included in discussions and associated paperwork during induction and PDR.	A working group will be established to: a) Use the results of the pilot to ascertain the benefit of a coaching		Q1 2019	ASA and WG	The establishment of a working group.  Documented evidence of an investigation into

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					<p>scheme for NDM.</p> <p>b) Explore how a coaching scheme could run and assess its feasibility eg. what staff groups and career stages would be included, how matches will be made, who will do the administration for the scheme, how impact will be measured.</p> <p>c) Consider the best way to publicise the scheme.</p> <p>d) Design and implement a coaching programme for NDM, if suitable.</p>	<p>pilot coaching programme within NDM. Initial verbal feedback is positive, but we need to monitor the success of this pilot through a formal feedback process and depending on the results investigate the possibility of a Departmental wide scheme.</p>			<p>the feasibility and benefits of a coaching scheme for NDM, with reportable findings.</p> <p>Implementation of a coaching scheme, if suitable, with a feedback mechanism established to allow for further development.</p>
To continue to develop line management training	16.1	5.1(i) and 5.3 (i)	50 55	<p>We have developed a process to ensure that new and emerging line managers are provided with guidance to develop their understanding and skills in dealing with a variety of people management issues, in the form of a one-to-one extended induction session</p> <p>To capture current line</p>	<p>Develop a schedule of training for line managers at PI meetings, to complement the information provided in the manager's toolkit (AP3.3).</p> <p>Ensure managers are fully briefed on University merit schemes.</p>	<p>Although we feel it is essential to retain flexibility regarding the content of these sessions depending on what the needs are at the time, we will establish a schedule of training for these sessions to allow for targeted forward planning on content, based on the findings from our Staff surveys.</p> <p>There were 5 nominations for the University merit schemes</p>	Q1 2018	AHOD, HOU and HHR	<p>The development of a schedule of training for PI meetings.</p> <p>Our target is to improve understanding and therefore application of the monthly University merit schemes, with a view to increase applications from 5 (2016/17) to 10</p>

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				managers the HHR is running training at Principal Investigator meetings and at Chief Operating Officer meetings for Overseas Units.		for A&R staff in 2016/17.			(2019/2020) for A&R staff.
Improve the transparency of decision making	17.1	5.6 (i)	77	<p>We have used the staff surveys to explore the details around the transparency of decision making processes, and have implemented steps to address those issues:</p> <p>A statement is published every term, within our Newsletter, on the issues under discussion within the NDM Management Committee. This is e-mailed to all staff and students.</p> <p>An outline of the governance of the Department has been published on our website.</p>	<p>A working group will be established to:</p> <ul style="list-style-type: none"> <li>a) identify the priority areas where improvements need to be made in transparency of decision making.</li> <li>b) explore how to address these key areas.</li> <li>c) make recommendations and develop an action plan.</li> </ul> <p>c) ensure transparency in decision making is improved. All recommendations to be considered alongside the communications strategy (AP1.5).</p>	<p>Survey results suggest that further work needs to be done to address transparency of decision making at line manager level, within the Unit and at committee level.</p> <p>We need to further consider how we can address the issues around meaningful consultation (where appropriate) and clear communication following decisions.</p>	Q2 2019	ASA and WG	<p>Working group established.</p> <p>Recommendations made and an action plan implemented.</p> <p>Improved survey results around transparency in decision making (2020). For example, 64% of women and 67% of men feel their manager is good at consulting on decisions. We would like to see this improve to 70% with no gender differences by 2021.</p>
	17.2	5.6 (i)	77	The ORCRB have developed a new website page (finalised July 2017) on the	The working group as detailed in 17.1 will be responsible for ensuring that all Units publish	Although progress has been made, currently not all Units have published their committee	Q2 2019	ASA, WG and	Published committee details for each Unit of NDM.



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				<p>governance of the Unit, with details about their committees and membership lists.</p> <p>Tropical Medicine Division has 3 Committees, all of which are listed on their website with a statement about the purpose of the committee and who the members are, including their job titles.</p>	<p>their committees, with membership lists and a general statement about the topics under discussion at each meeting (redacted as appropriate).</p>	<p>membership lists on their websites, with a general statement when meetings occur about the subjects under discussion, as detailed in our previous action plan.</p>		HOU	<p>Improved understanding of what committees there are within the Units (36%F45%M in 2017 to 48%) and the types of issues discussed (30%F38%M in 2017 to 40%), with a closed gender gap.</p>
	17.3	5.6 (i)	77	<p>The WTCHG publish their minutes from their monthly Group Representatives meetings on their website, and e-mail all staff and students when the new minutes are available.</p> <p>The details of the Awards for Excellence scheme are have been published on our website.</p>	<p>Development of a centralised NDM signpost website page with details about NDM Governance and links to the Unit governance pages throughout NDM to help increase understanding about what committees there are.</p>	<p>Survey results suggest that further work needs to be done to address transparency of decision making at committee level.</p> <p>The NDM governance page currently details the members of the NDM Management Committee. This could be developed further and relaunched to aid in the transparency of decision making structures.</p>	Q4 2019	HOD and AHOD	<p>Creation of a centralised NDM signpost website page.</p> <p>An improved number of views on Google Analytics from the existing Governance page (obtain baseline Dec 2017) to the new page.</p> <p>Improved understanding of what committees there are within NDM (23%F27%M in 2017 to 30%) and the types of issues discussed (23%F29%M in 2017 to</p>

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									30%), with a closed gender gap (2020 survey).
We will ensure action to facilitate a move towards a better gender balance in the BDI.	18.1	4.2 (i)	27	n/a	As natural turnover occurs or the BDI expands we will ensure action is taken to facilitate a greater gender balance within the Unit.	The BDI is a new institute within NDM, which currently has greater numbers of men (35%F:65%M). Staff groups have joined via transfer from other Departments within the University and by TUPE transfer from those external to the University. As such they have not been through NDMs recruitment processes. In addition, the BDIs scientific focus is bioinformatic and statistical research, a STEMM area recognised as male dominated. As natural turnover occurs or the Unit expands, we will ensure action is taken to facilitate a greater gender balance within the Unit.	By 2021	BM and HRO	Our initial target is to improve our gender ratio to 40F:60M.
Investigate the barriers for appointment to senior clinical posts overseas for women.	19.1	5.1 (i)	46	Interviews were conducted with expats during 2017, and a report on the findings produced.	A meeting with the COO's and Head of Finance is to be conducted to discuss the findings and develop and implement a specific action plan to investigate the barriers for appointment to senior clinical posts overseas for women.	We have identified the need to investigate the barriers for appointment to senior clinical posts overseas as females are under-represented within this group. Interviews were held during 2017 with female expats, and a meeting is planned to	Q1-4 2018	AHOD, HOU and COOs	An action plan developed and implemented. Evidence of action to overcome barriers identified.  Evidence of impact. For

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						develop and implement a specific action plan to address any issues identified.			example, improved recruitment figures (from 2 men at the consultant grade for 2014-2017) or in the absence of natural turnover evidence from repeated interviews about the reduction of barriers.
Increase the proportional representation of women with a professorial title.	20.1	4.2 (i), 5.1 (i) and 5.1 (iii)	30 45 49	Each year the HoD circulated a list of eligible staff to Units for consideration. Academic leads encouraged and supported individuals with their application, which we reviewed by the HoD before submission.	Increase the proportional representation of women with professor and associate professor titles.	The impact of our efforts to reduce barriers for women is demonstrated by our number of female professors increasing since 2012 (7 to 23). We need to continue to make progress in this area to increase the proportional representation of women with professorial title (currently 7%F: 15%M).	Q3-2021	HoD and HoU	Increased proportional representation of women with a professorial title (currently 7%F: 15%M) to 15%.
Continue to ensure recruitment processes are fair and guard against bias.	21.1	5.1 (i) and 5.3 (i)	43 55	All recruitment panels are recruitment and selection trained.	Continue to ensure that all recruitment panels are recruitment and selection trained.	We need to ensure that we continue with our recruitment and selection practices which are designed to minimise biases.	On-going	BMs and HRO	Maintain 100% compliance
	21.2	5.1 (i)	43	All recruitment panels are gender balanced where possible, or have representation where balance is not possible.	Ensure all recruitment panels are gender balanced.		On-going	BMs and HRO	Maintain 100% compliance
Encourage applications to	22.1	5.1 (i)	45	The HHR monitors all senior posts.	Continue to specifically monitor recruitment to senior positions to	In addition to ensuring our practices guard against bias	On-going	HHR	Annual monitoring and evidence of responsive

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underrepresented roles.					assess the impact of our strategies to attract more female applicants.	(21.1 and 21.2), we must also continue to monitor our recruitment exercises to assess who we are attracting and selecting to our roles, so we can respond accordingly when needed.			action where needed.
	22.2	5.1 (i)	43	Used several paid social media forums to target female applicants.	We will continue to use effective recruitment strategies to maximise the opportunity for gender parity of applications	We have piloted various different strategies and as a result will ensure the most effective methods are adopted as part of our approach to recruitment.	On-going	HHR and HROs	Evidence of effective recruitment strategies adopted.
Investigate the reasons for disproportionate representation of women at the senior research nurse grade.	23.1	5.1 (i)	45	We follow our normal recruitment processes for research nurse posts, and advertise in appropriate media.	Consult other departments on their recruitment strategies for research nurses to help us identify any barriers.	We have found that we are not attracting men to senior research nurse posts (grade 7). We need to investigate this further to identify if this is an issue across the University, and find out what other departments may be doing, if anything, to help address this.	Q1 2019	HHR	Consultation with other Departments.  Identification of any barriers, and evidence of responsive action taken where appropriate.
Ensure training, workshops and events are offered to aid career and professional development for all staff types.	24.1	5.3 (i) and 5.4 (i)	55, 60 66	2017 Programme of Training developed to offer targeted courses and training for all staff groups. Published Jan 2017, with the details of the courses throughout the year to allow for forward planning.	Run briefing sessions, workshops and events on personal & career development for all staff. Ensure sessions are targeted to different staff types where appropriate, to maximise relevance.  Continue with Women in Science Talks.	We ran a very successful Programme of Training during 2017, which was developed from our old action plan, to allow for individuals to better plan and schedule their in-house training. We ensured that different courses were targeted to academic or	Q1 2018	HOU, HHR and BMs	Evidence of sessions and events for all staff types across various career levels.  Establishment of a 2018/19/20/21 Programme of Training.

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				Work-Life Balance Talks and Women in Science Talks	Working with OLI, establish a course for P&S staff who want to progress to management roles but do not have staff currently reporting to them.  We will continue to run a Careers workshop which will focus applying for jobs, optimising LinkedIn profiles, writing a CV, and competency based interviews.	professional/support staff. We need to ensure that the programme is established for the coming year. Other career development events will continue to be held.  Feedback has demonstrated the need to develop a short course for P&S staff who want to progress to management roles but do not have staff currently reporting to them. This is not currently available.			Establishment of a course for aspiring managers within the P&S staff group.  To keep assessing and responding to training needs feedback through the staff surveys (2018 and 2020).
	24.2	5.3 (iii)	59	We promote networks and development programmes for women within our induction materials, through the PDR and on the departmental website.	We will continue to promote Ad Feminam, OxFEST and Springboard programmes, all targeted at supporting women.	We identify the importance that networks and development programmes can have for career progression and professional development, and will ensure the promotion of these schemes to encourage uptake.	On-going	HRO and SNR	Promotion of networks and development programmes.  Improved uptake (baseline stats from 2018 survey and resurvey in 2020).
Continue to develop resources to support career development.	25.1	5.3 (iii) 5.4 (i)	59 66	A consultant was engaged to establish a resource to support career development, specifically targeting early career researchers in helping them understand their career pathways and support available.	A working group will be established to identify where career resources may be further developed for both research staff and professional/support staff.	A resource was developed to support the career development of researchers. A focus group was conducted to ascertain where further improvements could be made. The results from this focus group need to be acted upon. A working group needs to be	Focus group report by Q3 2018.  Action by Q1	ASA and WG	Implementation of improvements to the career resources pages, on the basis of feedback received.  Development of resources for professional/support

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				A focus group with Postdoctoral Scientists has been conducted to review the resource.		established to see if any further work is needed in this area, and what needs to be developed to support professional/support staff.	2020		staff.
Engage female staff in decision-making bodies; review committee and governance representation.	26.1	5.6 (iii)	80	Unit level committees have been reviewed, and where possible female representation has been improved. As a result, women holding seats on decision making committees has increased from 20% in 2014 to 48% in 2017.	Regularly review the composition of our committees.  Where gender balance does not exist, the Department is advocating the co-opting of more junior female staff onto senior committees to aid exposure and broaden perspectives.	Although progress has been made in the representation of women on our decision making committees, membership of some of our most senior committees are by post held. In order to broaden the representation of women on these committees the Department is recommending a shadowing post. Whilst this may constitutionally need to be as a non-voting member, it will provide two benefits; exposure to senior management for career track female staff, and female scientist representation where there may currently be a critical underrepresentation. Unit Governance reviews to be checked and broadened to allow this to happen.	Q2 2020	HOD and HOU	An improvement in the representation on women on decision making committees (currently 48% for Units and 23% for SMC).  Creation of a shadowing post specifically for a senior female academic.
Promote women in science through our outreach and public	27.1	5.6 (viii)	88	Communications and Public Engagement Officers across NDM ensure the	Continue to engage in many activities to broaden access and to bring research to the	We need to continue to integrate Athena Swan with Outreach and Engagement	On-going	PEO	Maintain breadth of staff types and career stages involved in our

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engagement activities.				<p>engagement of our staff in activities to promote science to the public and school aged children.</p> <p>We have an extensive portfolio of public engagement and outreach events, with a broad range of staff types and staff at different career levels taking part in activities.</p> <p>We sponsor many high profile events.</p>	<p>community, including schools outreach (including state schools which are underrepresented in undergraduate admissions) and other public engagement activities aimed at promoting science careers and more specifically with the promotion of women in science</p>	<p>strategies, and continue to develop the activities to include a broad range of female staff at different career stages.</p>			<p>outreach and public engagement activities.</p>
<b>Students</b>									
Ensure we maintain practices to facilitate the attraction and selection of a balance of genders to our MSc in International Health & Tropical Medicine.	28.1	4.1 (v)	20	<p>All selection panel members receive mandatory recruitment and unconscious bias training, and all panels are gender balanced.</p> <p>Student ratio: 2015/16 68%F:32%M 2016/17 50%F:50%M 2017/18 44%F:56%M</p>	<p>Continue to monitor the MSc in International Health &amp; Tropical Medicine for gender parity, ensuring that practices are in place to facilitate this.</p> <p>Monitor attainment in the MSc to ensure any differences identified are not attributed to gender bias.</p>	<p>The MSc needs to be monitored to ensure we attract both men and women to the course, and that our selection practices ensure equality.</p>	On-going	GSM	<p>Gender balanced selection panels.</p> <p>Selection panels are monitored for compliance to mandatory training (eg. recruitment and unconscious bias)</p> <p>Balanced intake to the MSc.</p> <p>Balanced attainment rate by gender, or</p>

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									satisfaction that any differences are not due to gender bias. Responsive action if required.
Establish a part time option for those completing a DPhil within the Department.	29.1	4.1 (v)	22	The Department has as not in the past admitted part-time students to the DPhil course.	With effect from the 2018/2019 academic year, part-time study will be available on the DPhil, allowing up to eight years to complete.	We have identified that we need to allow for more flexibility in our DPhil, breaking down a significant barrier to some individuals, by offering a DPhil on a part time basis.	Q4 2018	DGS	The establishment of a part time DPhil course.
	29.2	4.1 (iv)	22		We will monitor uptake of the DPhil as a part time course to assess its success.	As this is a new offering, no monitoring is currently in place.	Q4 2018	GSM	Monitoring of uptake.
Monitor withdrawals of the DPhil to ensure there are no gender-related issues affecting degree completion.	30.1	4.1 (v)	22	Withdrawals from the DPhil are routinely monitored and action taken to try and retain students where possible.	We continue to monitor withdrawals of the DPhil to ensure there are no gender-related issues affecting degree completion.  Responsive action to be taken where possible to retain students.	Withdrawals from the DPhil are rare, but we need to continue to monitor this data to ensure that no issues are developing.	On-going	GSM	Monitoring of DPhil withdrawals.  Evidence of appropriate action taken to support those looking to withdrawal.
Monitor intake data for the DPhil to ensure our practices remain free from bias.	31.1	4.1 (v)	21	Our DPhil intake figures are monitored on an annual basis.	Monitor intake data for the DPhil to ensure our practices remain free from bias.	Our DPhil intake figures are generally gender balanced, but we will need to ensure we maintain monitoring on the DPhil to ensure there are no issues developing within the pipeline from undergraduate to postgraduate courses.	On-going	GSM	Data on intake reported on an annual basis.  Gender balanced intake of students to the DPhil.



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Improve accessibility to senior staff including informal access to the HoD, Deputy HoD and DGS.	32.1	5.3 (iv)	62	<p>A number of Student Brunch sessions have taken place.</p> <p>Drop-in sessions have been publicised.</p> <p>Student representatives are part of the GSC.</p> <p>A new committee, the Graduate Studies Consultative Committee, was established in May 2017 to focus on and discuss student matters. It is comprised of both DPhil and MSc students, and the DGS and GSM attend to progress ideas through to action where appropriate.</p>	<p>Drop in sessions with the DoGS will be re-launched, expanded and developed based on the feedback received.</p> <p>Students will continue to be consulted through the GSCC, and ideas progressed through to action where feasible.</p>	Student brunch sessions with the HoD and DGS weren't as well attended as hoped. As an alternative, and following feedback in our 2016 student survey we will expand and re-launch the drop in sessions to improve accessibility of senior staff to students.	Q1 2019	DGS	<p>Termly drop-in-sessions, to be run within core-hours.</p> <p>Improved survey results around accessibility to senior staff and understanding of what the sessions can be used for (benchmark at 2018 and compare at 2020).</p> <p>Evidence of action following consultation, where feasible.</p>
Continue to promote and develop criteria for prizes to ensure a breadth of activities are recognised and celebrated.	33.1	5.3 (iv)	62	Graduate Prizes are well advertised, and are open to manager, peer and self-nomination. Prize students have achievements advertised on NDM website.	NDM Graduate Prizes in 2018 will be further expanded to include aspects such as citizenship awards to recognise and celebrate these types of activities.	We have made great progress in the expansion of the graduate prizes scheme, but further work can be done to recognise and celebrate a greater breadth of valued activities.	Q1 2018	DGS	Expansion of the number and type of awards.
	33.2	5.3 (iv)	62	Criteria has been	Prizes will continue to be monitored to ensure bias does	Prizes need to be continuously monitored to ensure gender	On-going	GSM	Balanced awards by gender.

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				broadened to include public engagement activities.	not develop.	biases do not develop.			
Increase awareness of career opportunities for students.	34.1	5.3 (iv)	62	Students are encouraged to attend all career development workshops, events and training sessions.  We ran a series of collaborative careers events, to which our students were invited, as well as the Women in Sciences and Career Development talks.	A series of departmental Career Talks targeted specifically to students will be developed.	Our 2016 survey shows interest from our students for a set of targeted career development talks. This will further enhance the provision on offer.	Q2 2019	DGS and GSM	Positive feedback from the talks.  Evidence of increased awareness of career opportunities for students through the survey. Our target is for 80% of our students to feel they are aware of the opportunities available to them (an increase from 73% in 2016).
Increase awareness of student family leave entitlements amongst supervisors.	35.1	5.3 (iv) and 5.4 (v)	62 71	Supervisors receive e-mail updates when changes occur to family leave policies.	A section on student entitlements regarding family leave will be developed for the student website specifically for supervisors and in the handbook for students.	Although supervisors receive updates on changes to policy, the student survey in 2016 has highlighted some need for clarity on what student's entitlements are.	Q2 2020	GSM	Improvement in the survey around awareness of student family leave entitlements (baseline in 2018 and compare in 2020).
	35.2	5.3 (iv) and 5.5 (I)	61 69		Current training requirements for supervisors will be reviewed and developed in order to increase awareness of student family leave entitlements.		Q2 2020	DGS	A review of the current training.  The establishment of a new schedule of training for

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					Compulsory courses will be incorporated into the training period for new supervisors with monitoring to ensure 100% compliance of completion before their sign off as supervisors.				supervisors.  100% compliance with new training requirements.  Improvement in the survey around awareness of student family leave entitlements.
To improve transparency of decision making for students	36.1	5.3 (iv)	62	A student newsletter is published bi-termly.  Notifications to keep students informed are made via student reps, e-mail, the graduate student website pages and by letter.	Once a term a statement about the work of the Graduate Studies Committee will be published.	We have identified transparency of decision making as a key area for improvement through our staff and student surveys.	Q3 2018	DGS	A statement to be published once a month (from Q3 2018) and sent to students.  Improved survey results around transparency of decision making (benchmark 2018 and compare in 2020).

**KEY**

- AHD - Associate Head of Department
- ASA - Athena SWAN Self-Assessment Group
- ASC - Athena Swan Co-Ordinator
- BMS - Business Managers
- DGS - Director of Graduate Studies
- DHD - Deputy Head of Department
- GSM - Graduate Studies Manager
- HHR - Head of Human Resources
- HOU - Heads of Unit (Academic)
- HOD - Head of Department
- HRO - Human Resource Officers
- SNR - Senior Staff
- PEO - Public Engagement Officers
- WG - Working Group

**Overview of targets by date**

Date of Action Plan Targets															
Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	
Summary of key dates															
Establishment of new AS structure	Survey (baseline data for new areas)		Start of academic year				Start of academic year		Survey (comparison data for new areas)		Start of academic year		Data gathering and writing of the application		
1.1	1.3	1.5	1.4	3.2	6.1	3.3	1.4	4.1	26.1	3.1	1.4			18.1	
1.2	10.1	3.1	5.1	14.2	17.1	11.2	5.3	12.3	35.1					20.1	
9.2	14.1	15.1	5.2	15.2	17.2		17.3	25.1	35.2						
16.1		10.1	10.1	23.1	17.2										
19.1		19.1	12.2	32.1	34.1										
24.1		36.1	19.1												
31.1			29.1												
33.1			29.2												

On-going projects (no specific starting point for target): 2.1, 2.2, 4.2, 7.1, 8.1, 9.1, 11.1, 12.1, 13.1, 21.1, 21.2, 22.1, 22.2, 24.2, 27.1, 28.1, 30.1, 31.1, 33.2