Athena SWAN Bronze department award application

Name of university: University of Oxford

Department: Nuffield Department of Surgical Sciences

Date of application: April 2013

Date of university Bronze SWAN award: 2010

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Several abbreviations appear in this document, we have listed them here for clarity.

AS   Athena SWAN
EC   NDS Executive Committee
HoD  Head of Department
JR   John Radcliffe Hospital
MSD  Medical Sciences Division
NDS  Nuffield Department of Surgical Sciences
OLI  Oxford Learning Institute
PDR  Personal Development Review
RDE  Recognition of Distinction Exercise
SAT  Self-Assessment Team

1. Letter of endorsement from the head of department: maximum 500 words

An accompanying letter of endorsement from the head of department should explain how the SWAN action plan and activities in the department contribute to the overall department strategy and academic mission.
Dear Athena SWAN Panel

Re: application for Bronze Award, Nuffield Department of Surgical Sciences

I am writing to express my strong personal support for our Athena SWAN Bronze Award application. Having taken over the headship of the department in 2008, NDS has expanded considerably over the past 4 years, and we have been increasingly committed to implementing gender equality, despite the many challenges inherent to surgical specialties in training, research and practice of mixed academic and clinical skills.

The department has been rejuvenated by a vibrant new environment, with engagement and involvement of many staff at all levels in its management structure. Although we have a relatively small number of female academic members, they have been appointed to and involved at all grades, including Chairs (Wood, Halliday), Readership (Hands), Lectureships (Edwards), Clinical Fellow (Sharma) and we have good representation of women as researchers and students recruited to our courses. Our female academic members provide valuable reference points and role models for women in Surgery and Science.

Our Self Assessment Team was assembled from a wide range of staff, with good representation at all levels. The information gathered from the survey was extremely helpful and a real ‘eye-opener’ in many areas with shortfalls being addressed systematically. Open and extensive exchange of views have allowed us to identify specific areas for improvement and formulate an exciting action plan, which will continue to drive the department to improved levels of equality and transparency, and allow us to rise to the challenges posed by surgical practice and science for women. We have paid particular attention to career protection and progression for female staff during pregnancy and maternity, with ring-fenced departmental funds to assist their research programmes whilst on leave, and we are developing a formal professional development and career advice forum. In addition to scientific female academic members, this is of great relevance to clinical academics, who simultaneously train in surgery and maintain their academic productivity. We aim to support female surgical trainees and allow them to progress in their specialty of choice. Dual mentoring in clinical training and academic activity is quintessential to the role of women in surgery, and I am determined to transform NDS into a fertile soil and attractive environment for women who wish to pursue this career. I am also personally dedicated to improving communication channels in the Department, with regular events such as ‘Question Time’ with the Head of Department and senior academics, regular NDS research retreats, and enjoyable social events. As many of our academic members have a dual base of work, sometimes placed in Research Institutes at Oxford in partnership with other departments, I am establishing a line of communication with these partner departments to ensure that their host environment is offering a similarly facilitating and welcoming environment for our NDS staff to thrive. In brief, I am confident that with organised effort and engagement, we will achieve our aims of becoming a premium academic surgical department nationally for training, teaching, mentoring, and an attractive place to work and contribute to our diverse specialties.

Yours sincerely

FC Hamdy
Describe the self-assessment process. This should include:

a) A description of the self assessment team: members’ roles (both within the department and as part of the team) and their experiences of work-life balance.

The Self-Assessment Team (SAT) was carefully selected to be representative of all different groups working within the Nuffield Department of Surgical Sciences (NDS). We were determined that the Athena SWAN (AS) process would not simply be 'top down'. The vision for the SAT was that each member would have a specific role representing a sub-section of NDS. This would be the vehicle for gathering opinions and suggestions, and the means by which our Action Plan would be implemented at every level of the Department.

Paul Johnson (Athena SWAN Champion)
Professor of Paediatric Surgery and Director of the Islet Transplant Programme. Married to a Consultant Psychiatrist, they have 2 children aged 20 and 18. He has previously taken adoption leave.

Alison Halliday (Representing Senior Clinical Scientists)
Professor of Vascular Surgery, married with 2 children, one a GP and one doing A-levels. She spends half her time undertaking large-scale clinical trials, whilst maintaining an active clinical career.

Claire Edwards (Representing Senior Non-Clinical Scientists)
University Lecturer, balancing a full-time academic career with a young family. She and her husband have 2 children, one at primary school and one at nursery.

Adam Lambert (Representing Research Technicians and Fathers)
Senior Technician, married to a warranty administrator and has a two-year old boy. Adam works full-time flexible hours and his wife works part-time.

Sarah Howles (Representing Research Students)
On SAT July - December 2012 before maternity leave
Wellcome Trust Clinical Training Fellow. Has a 2-month old daughter and is currently on maternity leave. She is married to a full-time academic.

Jessica Whitburn (Representing Research Students)
Replaced Sarah Howells from January 2012
Academic Clinical Fellow, currently working as a junior doctor in Transplantation and undertaking laboratory research in prostate cancer. She lives in London with her partner and commutes to Oxford.

Richard Bryant (Representing Clinical Lecturers)
Clinical Lecturer. He balances busy clinical and research programmes in Urology. He is married to a nurse and has a young family, comprising 3 children under 5.

Sarah Cross (Representing Postdoctoral Scientists)
Senior Postdoctoral Scientist. She has a son aged 4 and lives with her partner. She works 0.8% FTE and balances supervising a small research team with sharing childcare.

Sarah Hills (Representing NDS Admin Staff)
On SAT from August 2012 until January 2013 before promotion to another Department
Programme Manager at NDS. She has one son (aged 1), has taken maternity leave, works 0.8% FTE to help with childcare, and her husband is self-employed
Flora Botsford (Representing NDS Admin Staff)
Replaced Sarah Hills from February 2013
Personal Assistant to a Clinical Professor. She is also self-employed as a psychotherapist, and is studying for a Master’s degree. She does not have family commitments, but works 0.6% FTE to accommodate these other activities.

Tim Cranston (Representing IT and Responsible for AS Publicity)
Web Developer. He is responsible for the NDS Website and publicity for AS. He is married to a social worker.

Selina Joseph (Representing New mothers)
Research Technician. She is married with a 21-month old daughter. Since returning from maternity leave she has worked flexible hours.

Leah Moniz (PA to Head of Department. Promotes Work-Life Balance initiatives in NDS)

Melanie Cope (PA to AS Champion and Admin Support to SAT)

Tania Boyt (Senior Business Manager / Departmental Administrator at NDS)

[539 words]

b) an account of the self assessment process: details of the self assessment team meetings, including any consultation with staff or individuals outside of the university, and how these have fed into the submission.

The NDS Executive Committee (EC) decided to apply for an AS Bronze award in January 2012. Paul Johnson took on the role of NDS AS Champion, and he, Tania Boyt (Senior Business Manager), and Freddie Hamdy (Head of Department) attended a number of AS meetings held by the Oxford Medical Sciences Division (MSD). Over the next few months, the SAT was established by identifying volunteers who represented the different staff groups within NDS. In early September 2012, the first meeting of the SAT was held. All SAT members were provided with AS factsheets outlining the background and principles of AS, and made aware of the AS process. From the outset, we had 2 underpinning goals: First, we were clear that the AS process should bring about real and lasting change within NDS, rather than be simply a paper exercise. Second, we wanted to ensure that the AS Process impacted all aspects of equality in the Department. The SAT met monthly from September until December 2012, and then fortnightly until April 2013. Meetings were minuted with clear action points. Brid Cronin, Divisional AS Coordinator, ably assisted the SAT. The EC was updated monthly on the SAT’s activities. The initial task for the SAT was to design a Departmental Survey. Having carefully evaluated previous surveys performed within MSD, the SAT designed an NDS-specific one. This was piloted first with a sub-group of NDS and then further optimised. Before the online survey was activated, the whole Department received a letter from the AS Champion, outlining the purpose of the survey. The survey was conducted in early November 2012. 110 people responded (73% response rate), of which 39% were male and 61% were female. Respondents represented all groups within the Department. The responses were analysed by all SAT members, and the EC informed of the key findings by the AS Champion. The Department was then fed-back the findings by SAT members. Over the following few months, issues raised from the survey, together with feedback from the EC and from Department members, were carefully considered and addressed by SAT and SAT Action focus-groups. A detailed Action Plan was formulated and implementation of this Plan commenced.
c) Plans for the future of the self assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self assessment team intends to monitor implementation of the action plan.

The SAT will meet every 6 weeks to monitor the implementation of our Action Plan, and to continue the momentum towards our application for a Silver Award. AS will be a standing agenda item for each EC meeting with verbal reports from the AS Champion. In addition, focus groups from the SAT will meet as required for specific tasks. Some Action Points will be completed by other allocated groups within the Department (e.g. website overhaul). We will regularly review the membership of the SAT to ensure that it remains truly representative, and to enable other Departmental members to become actively involved.

3. A picture of the department: maximum 2000 words

a) Provide a pen-picture of the department to set the context for the application, outlining in particular any significant and relevant features.

Established in 1937, the Nuffield Department of Surgical Sciences is one of the few remaining academic surgical departments in the UK. Four Nuffield Professors of Surgery have headed the Department consecutively and contributed academically and clinically to specific areas of surgery in Oxford. With the appointment of Freddie Hamdy as HoD in October 2008, NDS has taken a new direction to strengthen and consolidate basic, translational, and clinical surgical research across the surgical specialties, in order to re-establish academic surgery in the current era.

NDS currently has 146 staff members and an annual turnover of £9.3 million. We are a highly multi-disciplinary department, including clinicians, post-doctoral scientists, technicians, nurses and administrative staff. We host academics from every surgical discipline including urology, ENT, colorectal surgery, transplantation, paediatrics, neurosurgery, cardiothoracic and vascular surgery and strive to integrate surgical practice with cutting-edge science. Teaching and training at undergraduate and postgraduate level are key components of our activity. We have three successful taught postgraduate courses and a body of graduate students undertaking Masters or Doctorates by research.

The Department is based across a number of physical locations on the John Radcliffe Hospital site (JR), Churchill Hospital and Old Road Campus (see maps). The main Business Administration Unit for NDS is located in the JR and works across all the different groups and units. The Senior Business Manager is co-located at both the JR and the ORCRB. Some individuals within the Department are affiliated to more than one department, such as the Nuffield Department of Clinical Neurosciences, the Department of Physiology, Anatomy and Genetics and the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences.
As a busy Academic Surgical Department, there are a number of aspects that are inherently challenging with regards to some of the practical implementation of AS principles. These include the fact that many NHS commitments specific to the practice of surgery e.g. operating theatre lists, day-case surgery, and diagnostic outpatient clinics are conducted from 8am until 5pm, falling outside the ideal working hours for childcare and schools. These explain why traditionally, the
administrative meetings for clinical academic surgeons within NDS have been held before or after conventional working hours of 9am-5pm. It is to be emphasised however, that the Self-Assessment team recognised these as 'challenges to overcome' within the mission of delivering a high quality service to patients (which forms an inherent component of professional life as a surgeon), rather than 'excuses to be sustained'.

In addition, as outlined above, although NDS has a central base within the JR, the current structure of the Department involves a number of collaborative research partnerships with other Departments within the University of Oxford. As such, many employed members of NDS are physically based in other Departments for their day-to-day working. The SAT were very aware therefore, that however robustly we implemented optimal equality in NDS, individuals were also very reliant on the other Departments’ policies and practices. We have communicated closely with AS Champions from those relevant Departments.

**ACTION: 5.5**

*b)* Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.

**Student data**

(i) **Numbers of males and females on access or foundation courses** – comment on the data and describe any initiatives taken to attract women to the courses.

We do not have any Foundation courses within our Department.

(ii) **Undergraduate male and female numbers** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the impact to date. Comment upon any plans for the future.

We do not run an undergraduate course within the Department. However, members of NDS contribute to the clinical training for medical students and teaching of undergraduates on some basic science courses. Medical undergraduates are initially admitted to the pre-clinical medicine course. The Medical Sciences Teaching Centre handles recruitment and administration for these students. After 3 years, students apply to the clinical medicine course and administration moves to the Clinical Medical School. Graduate entry students join the clinical medicine students for the final two years. The numbers of students studying medicine at Oxford for the last three years are shown in Figure 1.
(iii) **Postgraduate male and female numbers completing taught courses** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

NDS runs three taught MSc courses in 'Integrated Immunology', 'Endovascular Neuroradiology', and a new course in 'Surgical Sciences and Practice' (SSP) (jointly administered by the Department of Continuing Education). Since its introduction in 2005, the Immunology MSc has had a total 68F and 59M students. As shown in Figure 2, the female:male ratio over the last 3 years has been 27F:21M. Figure 3 shows the proportions of students by cohort for a similar course at Imperial College. Bearing in mind we do not know the absolute numbers in their cohorts, our proportions of women appear to be in line for the discipline.
The Endovascular Neuroradiology MSc only has 1 or 2 students each year, their genders are shown in Table 1.

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Table 1. Numbers of students by cohort studying for the Endovascular Neuroradiology course.

This course does not have an exact equivalent in the UK.

Since the new MSc in SSP started in 2011, there have been 5F and 9M. There is also no equivalent course in the UK.

Our overall gender ratio for MSc taught overall over the past 3 years (49% female) is slightly lower than the overall gender ratio in our University for taught MSc Courses in 'medicine' (60% female) and 'subjects allied to medicine' (56%), and also lower compared with the Russell Group
universities overall (58% female for medicine, and 73% female for allied medical subjects). However, our total numbers are small, and the new SSP MSc has only had 2 intakes. We will therefore continue to scrutinise the gender distribution of these courses, and have asked the Course Organisers to monitor this for the next selection rounds and provide feedback to SAT.

**ACTION: 1.1**

**[264 words]**

(iv) **Postgraduate male and female numbers on research degrees** – full and part-time – comment on the female:male ratio compared with the national picture for the discipline. Describe any initiatives taken to address any imbalance and the effect to date. Comment upon any plans for the future.

Over the past 3 years, there have been 8F and 14M starting on research degrees in NDS. As can be seen in Figure 4, this gender ratio was particularly mismatched in the 10/11 entry, but has improved for the 2011 and 2012 Cohorts.

![Figure 4. Gender profile of cohorts for Research Degrees](image)

In comparison to other universities and Oxford as a whole, our gender ratio is similar to that of Imperial College for 'subjects allied to medicine' (38.8% F: 61.1% M) for the 09-11 intakes, but does not reflect the overall gender ratio for postgraduate research students in 'medicine' (51.2% female) or 'subjects allied to medicine' (51.3% female) in the University of Oxford, nor does it mirror the gender ratios in these subjects for the Russell Group universities as a whole (55.9% female for medicine, and 58.6% female for allied subjects). However, our overall numbers are small, and in addition, over the past 4 years, the gender ratios in NDS were fairly equal in 09/10, 11/12, and 12/13. We have therefore included in our Action Plan the need to closely monitor this aspect over the next few years, and to flag up potential gender imbalance to all Supervisors.

**ACTION: 1.2**

**[189 words]**

(v) **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees** –
comment on the differences between male and female application and success rates and describe any initiatives taken to address any imbalance and their effect to date. Comment upon any plans for the future.

Over the past three years there has been no significant difference in the proportion of female and male students who are offered (46% and 44% success rate respectively) or take up a place (64% of females and 65% of males) on NDS taught MSc Courses in 'Integrated Immunology' and in 'Endovascular Neuroradiology'.

![Figure 5. Gender profile of admissions to the Integrated Immunology and Endovascular Neuroradiology MSc Courses](image)

The situation has been similar for our research degrees (Figure 6). The 'application' to 'offer' rate has been 65% for females and 63% for males. However, the 'offer' to 'acceptance' rate has shown a gender difference (54% female and 87% male). This difference is explained by the fact that in 2012, only 2F took up the 6 places offered; 1F withdrew her application, 3F did not meet the conditions of offer. We will continue to monitor this.

**ACTION: 1.3**

![Figure 6. Gender profile of admissions to postgraduate degrees by research.](image)
Degree classification by gender – comment on any differences in degree attainment between males and females and describe what actions are being taken to address any imbalance.

Over the past 3 years, there have been no significant gender differences in degree attainment for any of our taught courses. There has been a slight gender difference between those achieving distinctions, but the overall numbers of distinctions have been too small to make firm conclusions (in 2009-10, 2F/3M received distinctions; in 2010-11 and 2011-12 there was 1 distinction per year awarded to male students).

The DPhil is not classified, but we have monitored outcomes and submission rates by gender. Since 2003, there have been no gender differences in terms of completion or withdrawal (2 withdrawals, 1F/1M). We will continue to monitor these data closely.

ACTION: 1.1; 1.2; 1.3

Staff data

Female: male ratio of academic staff and research staff – researcher, lecturer, senior lecturer, reader, professor (or equivalent). Comment on any differences in numbers between males and females and say what action is being taken to address any underrepresentation at particular grades/levels.

The gender profile for academic staff in NDS is shown in Figure 7.

![Figure 7. Gender profile of Academic Staff in post (July 31st snapshots)](image)

In 2010 only two members of academic staff were female, representing 11% of our Professors and 14% of our Readers. In 2011, we recruited two further women (1F lecturer jointly appointed with another department). By 2012 women represented 18% of Professors, 20% of Readers and 14% of Lecturers, although we acknowledge that these increases are in part due to men leaving the department, and the total number of females in the last 2 years did not change.
Compared with the overall figures for MSD (Figure 8), our gender ratio for Professors was slightly lower in 2010 and 2012 (MSD: 17% in 2010; 17% for 2011; and 20% for 2012). Our gender ratio for Readers was similar to Division throughout the 3 years (16% in 2010; 16% for 2011; and 16% for 2012). Our gender ratio for Lecturers (10% in 2010) fell well below that of the Division (29% in 2010; 29% for 2011; and 34% for 2012).

![Figure 8. Gender profile of Academic Staff in post in the Medical Sciences Division (July 31st snapshots)](image)

Figure 8 shows the numbers of staff in Clinical research posts. The numbers of individuals in Senior Clinical Research are small (Consultants, Honorary Consultants or Clinical Fellows who have substantive posts in the NHS trust and are paid for in part by the department). The proportion of women in Clinical Research Training posts has increased from 12.5% in 2010 to 40% in 2012.

![Figure 9. Gender profile of Clinical Researchers (July 31st snapshots)](image)

Figure 9 shows the numbers of staff in Clinical research posts. The numbers of individuals in Senior Clinical Research are small (Consultants, Honorary Consultants or Clinical Fellows who have substantive posts in the NHS trust and are paid for in part by the department). The proportion of women in Clinical Research Training posts has increased from 12.5% in 2010 to 40% in 2012.

To put the clinical staffing into context, according to the 2012 report of the BMA Cohort Study of Graduates from 2006, only 15% of those going into hospital medicine go into any of the Surgical Specialties. Of those, 47% are female. However, according to the 2012 report of the Medical Schools Council (2011 data), only 2.3% of surgeons in the UK are clinical academics. Of all UK clinical academics (from all medical disciplines), only 15% of Professors are female.
We have a good gender balance in research posts in the department. In 2012 65% of grade 7 researchers (55% over 3 year period) and 50% of Grade 8 and 9 researchers were female. We are pleased with the current balance and will continue to monitor these numbers.

The data reveal low representation of women in academic positions, particularly senior clinical positions. We will aim to encourage greater numbers of women to apply for senior positions by reviewing the wording of recruitment materials and including information on Athena SWAN and family-friendly departmental policies (including opportunities for flexible-working). In addition, we will ensure that at least one woman sits on search panels for all senior academic posts and will aim for at least one woman on the longlist of potential recruits to be considered for all senior posts. As detailed above we also need to encourage more women into surgical specialties and support them in clinical academic careers. Our outreach section describes the work currently undertaken by members of the department in this area.

**ACTION: 2.1; 2.2**

**Turnover by grade and gender** – comment on any differences between men and women in turnover and say what is being done to address this. Where the number of staff leaving is small, comment on the reasons why particular individuals left.

Over the last 3 years, turnover of Academic staff and Clinical Researchers has been low and predominately male, reflecting the gender profile of these posts. During this time, 1M Professor took early retirement due to ill health, and 1M Reader left for promotion. A total of 3 clinical lecturers left (3M), as these posts are fixed-term. One non-clinical lecturer (male) also retired (aged 71).

Over this period turnover was also low from non-clinical posts. At Grade 9, 2M researchers left; 1 for promotion and 1 at the end of a fixed-term Fellowship. At Grade 8, 1F returned to her home country at the end of a fixed-term fellowship and 2M left for promotion to Lecturer posts in other institutions. Finally, as shown in Figure 11 at Grade 7, an average of 4 researchers left per year with no significant gender difference observed.
Prior to 2012, the University of Oxford used the Open Door HR System. However, departments could choose whether or not they used the central recruitment module of the system, and NDS chose not to. As a result, centralised electronic records of the Department’s recruitment exercises do not exist, and all paper records were routinely destroyed every six months in compliance with the Data Protection Act. In early 2012, the University implemented a new HR system (CoreHR) through which all recruitment exercises are now run. We therefore, now have systems in place to robustly monitor these data, and future reporting will be significantly improved in this area. At this time we can only produce snapshot data for the period from the launch of the system to the 31 July 2012:
As can be seen, the overall gender ratio of the applications was 56F:61M, whereas the gender ratio for appointments was 9F:5M, indicating that female applicants to research posts were more successful over this time period.

Two senior appointments were also made during this time. Two men were appointed to posts without advertising. The Department wished to appoint individuals who had unique skills in a niche research or clinical area, and these new posts would not have existed without the availability of the particular people. Their recruitment adhered to the University policy on recruitment (http://www.admin.ox.ac.uk/personnel/recruit/recruitproc/planapprove/noadvert/). In 2009, 1 female was appointed by this process. We are aware that such posts need to remain the exception, and we will ensure that we monitor the need for, and gender balance of, such posts carefully.

**ACTION: 2.1; 2.2; 2.3**

(ii) **Applications for promotion and success rates by gender and grade** – comment on whether these differ for men and women and if they do explain what action may be taken. Where the number of women is small applicants may comment on specific examples of where women have been through the promotion process. Explain how potential candidates are identified

The University of Oxford has a formal biennial 'recognition of distinction exercise' (RDE) in which researchers can apply for university titles (University Research Lecturer or Professor). These promotions do not have necessarily an impact on salary or tenure. In future however, those awarded the title of Professor will be able to apply for Professorial Distinction Awards, which allow additional remuneration as well as recognising academic and research excellence. These are currently only open to Professors holding a statutory chair but those with a titular Professorship will also soon be eligible. The second relevant process is the 're-grading process' in which staff can apply to have their post re-graded to move onto a higher salary scale where their role has changed. This allows existing non-academic members of staff to be promoted to higher salary bands and grades, but relies on regular review of duties by their line managers, re-configuring job
descriptions and applying to the relevant committee within the MSD for evaluation and approval. NDS is planning to structure these reviews to offer timely opportunities to all non-clinical staff as part of its action plan.

Over the past 7 years, only 2 people in NDS (2M) have applied for promotion to Professor or Reader through the 'recognition of distinction exercise'. Both were successful. Over the past 3 years, no one in NDS has applied through this process for either a Professorship, Readership (grade now discontinued), or Research Lectureship. Individuals are made aware of the RDE by global correspondence sent by the University, the MSD, and the NDS. In addition, this is discussed at the annual appraisal for clinical academics.

In terms of the 're-grading' process, 7 members of NDS (4F and 3M) have applied for re-grading of their posts over the past 3 years, and all have been successful. A further 4 (3F and 1M) are currently going through the re-grading process. Individuals are made fully aware of the re-grading process at their inductions. Eligibility for 'regrading' should also be discussed with individuals by their Line Manager. By strengthening the PDR process within our Department (see Career Development below), we anticipate that people's understanding and engagement in the re-grading process will be improved.

**ACTION: 3.1**

[362 words]

b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.

(i) **Recruitment of staff** – comment on how the department’s recruitment processes ensure that female candidates are attracted to apply, and how the department ensures its short listing, selection processes and criteria comply with the university’s equal opportunities policies

All NDS Job Adverts and Further Particulars are worded in accordance with the University policy on Equal Opportunities and are checked centrally before being issued. The Department ensures that all selection panels include male and female assessors. Shortlisting is undertaken by all panel members. As per university requirements, there is also at least one representative present at all interviews who has sat and passed the University’s Recruitment and Selection course. This course incorporates the importance of equal opportunities and ensures a fair recruitment process. There is also always a member of the Senior Admin Staff present to ensure that all interview questions are fair and non-discriminatory. We will try to ensure that everyone involved in interviewing for NDS has passed the University’s Recruitment and Selection course. In addition, the departmental website is in the process of being re-designed and will contribute to providing a prominent place for gender equality at all levels in NDS. We will encourage greater numbers of women to apply by ensuring that all search panels contain at least one female, and ensure that search panels identify suitable female candidates.

**ACTION: 2.4**

[183 words]
(ii) **Support for staff at key career transition points** – having identified key areas of attrition of female staff in the department, comment on any interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training. Identify which have been found to work best at the different career stages.

Although we have not noted attrition of female staff in terms of leavers, we do need to robustly address the unequal representation of female academic clinicians at the most senior levels in NDS. As a Department, we remain fully committed to support women’s career development at every stage. We recognise that NDS could do more to ensure optimal support for female staff members. Although NDS does not yet have a formal mentoring system in place, 45% of NDS staff reported in the survey that they had experienced mentoring by another member of staff during the past 3 years. There was no observed gender difference. 100% of those who had experienced mentoring had found this useful. The Department will introduce a more formal mentoring system. This will be strongly encouraged, will be voluntary, and staff will have the opportunity to choose from a wide range of mentors both within the Department and outside it. We will ensure that the list of mentors has sufficient females on it to enable female staff to request a female mentor if they prefer, and to gain support at crucial stages of their careers.

PDR is available in NDS, but has variable take-up amongst non-clinical scientists. We have acted to ensure that PDR is the norm for all members of NDS, as described below. We also need to help non-clinical scientists of both genders to identify career advancement opportunities, such as senior independent and career development fellowships. It is common practice for Group Leaders to offer interview practice for Group members. Finally, we believe that improving practice around family-friendly policies will also help us to achieve our goals to better support female staff, and will also benefit the Department as a whole.

**ACTION: 3.2; 3.3**

[286 words]

**Career development**

a) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.

(i) **Promotion and career development** – comment on the appraisal and career development process, and promotion criteria and whether these take into consideration responsibilities for teaching, research, administration, pastoral work and outreach work; is quality of work emphasised over quantity of work?

As part of the NHS revalidation procedures, and in accordance with the Follett Principles, all Clinical Academic staff undergo mandatory joint clinical and academic appraisals annually. These take into account all aspects of the post, including responsibilities for teaching, research, administration, and pastoral work. The quality of work is emphasised over quantity of work, and objective measures such as those used in the Research Excellence Framework (REF) are used to assess outputs and related activity. Performance Development Reviews (PDR) are available within
the Department for all research staff using the recommended University PDR tools, but are not mandatory. As a result, there is a hugely variable uptake of PDR between different research groups. This variability appears to show a gender discrepancy as was highlighted in the responses to our Departmental survey. As outlined in Figure 13, a higher proportion of men reported that they have experienced a career development plan or discussion with their supervisor or line-manager compared with women.

Figure 13. Survey responses indicating whether or not staff had experienced a career discussion with their supervisor.

The SAT looked at this in considerable detail and a sub-group was set up to revise the current guidelines for PDR in our Department, and to ensure that the currently available tools for PDR are ‘fit for purpose’. This now needs to be rolled out to NDS, senior administrative staff and staff membership at large to allow ownership and routine implementation.

ACTION: 3.1; 3.3

(ii) Induction and training – describe the support provided to new staff at all levels, as well as details of any gender equality training. To what extent are good employment practices in the institution, such as opportunities for networking, the flexible working policy, and professional and personal development opportunities promoted to staff from the outset?

Our survey reported that only 54% of members of NDS had undergone formal induction into the Department, and only 51% had undergone induction into their role. However, since Tania Boyt was appointed as Senior Business Manager (Departmental Administrator) in 2010, induction has been routinely conducted for all new Departmental appointments. Of those who underwent induction to Department and role, 94% and 92% respectively found this useful. The Admin. team report that the quality of the current induction process needs improving to fully comply with the current University guidelines. In particular, there needs to be both Departmental and Research Group components. In addition, the current Departmental component does not include a Departmental tour, nor does it include health and safety or gender equality training. The newly appointed Departmental HR Manager has been asked to review the current induction arrangements, and to develop a robust induction package that will be offered to all new
appointments to NDS regardless of level. We will also offer induction to recent appointments who missed out on their full induction. This will include gender equality training. Such training is also available online from the University.

A gender discrepancy was also observed in the response to the survey question of whether NDS staff had been encouraged to take up career training and development opportunities (Figure 14).

![Figure 14. Survey responses indicating level of agreement with the statement 'I am encouraged to take up training and development opportunities'.](image)

There are extensive training opportunities within the University and MSD, and all staff members are encouraged to take advantage of these. All training and development opportunities are publicised widely, including regular emails sent round to all NDS members from the NDS Admin Team, and adverts on Departmental and University websites. For clinical academics, there are also numerous academic training opportunities, including courses and diplomas, organised by the Oxford University Clinical Academic Graduate School (OUCAGS). With the feedback that a number of female members of staff feel they have not been encouraged to take up training and development opportunities, we will ensure that all Group Leaders make it a priority to address this and to encourage their team members to use the resources available. Training needs and training uptake will be addressed as part of the new PDR scheme.

**ACTION:2.5**

[356 words]

(iii) **Support for female students** – describe the support (formal and informal) provided for female students to enable them to make the transition to a sustainable academic career, particularly from postgraduate to researcher, such as mentoring, seminars and pastoral support and the right to request a female personal tutor. Comment on whether these activities are run by female staff and how this work is formally recognised by the department.

In addition to their supervisor, all students have access to the Directors of Graduate Studies (DGSS): one male (Austyn) and one female (Hands). All female students can request advice from either DGS. The Department organises a range of programmes aimed at supporting graduate
students, including a number of seminars held in NDS. There are several sources of support and personal and career development available to female students in the University of Oxford with which the Department encourages engagement. These include the Springboard personal development course, the Oxford Females in Engineering, Science and Technology (OxFEST) society, which also runs a mentoring scheme, and the Oxford University Student Union who offer counselling and a student advice service. In addition, all graduate students are provided with College advisors who provide both advice and pastoral support when needed. Progress of students is monitored routinely through the University online Graduate Supervision System (GSS). The feedback from students using these schemes is that NDS does not need to duplicate these. We will therefore, actively raise the profile of the external mentoring schemes to ensure that all students are benefitting from them.

**ACTION: 1.4**

**[185 words]**

**Organisation and culture**

- a) **Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.**

  (i) **Male and female representation on committees** – provide a breakdown by committee and explain any differences between male and female representation. Explain how potential members are identified.

NDS has 3 main statutory committees, namely the NDS Executive Committee, the NDS Health and Safety Committee, and the Biological Safety Committee.

**NDS Executive Committee (EC)**

This committee is chaired by the Head of Department, and comprises all the senior PIs in the Department (Clinical and Non-Clinical). There is therefore no committee selection for the Executive, other than an individual's initial recruitment to NDS. There are currently 18 people on this committee, 5 of which are female (2 senior clinical staff; 2 senior non-clinical staff; and the Senior Business Manager). This gender imbalance reflects the current composition of the senior staff, something that is addressed within our Action Plan. The EC also comprises 5 Task Groups that meet as required and oversee the various activities of the Department. These 5 Task Groups are: 1) Research Stimulation; 2) Workforce; 3) Teaching and Training; 4) Space and Resources; and 5) Clinical Academic. The Chairs of these committees are chosen by the Head of Department from volunteers from within the Executive. Two Task Groups are currently chaired by women and 3 by men. The Task Groups are small in size, and membership is selected by the chairs.

**NDS Health and Safety Committee**

This committee meets every 6 months, and comprises a core group including the Chairperson, the Senior Business Manager (DSE Coordinator), the Deputy Business Manager (DSE Assessors and First Aiders), the Biological Safety Officer, the Radiation Protection Officer, and the Divisional Health and Safety Officer (3 male and 3 female). One representative from each Research Group is also invited to attend. Where the Group leader cannot attend, junior members of the team are
encouraged to represent the Group, and this is seen as an opportunity for career development and ensures a good gender mix.

**Biological Safety Committee**

This committee meets annually, and comprises representatives from both the Department (including the Chair of the Health and Safety Committee) and Division. The chair is appointed by the HoD and is currently a female (Kathryn Wood). The committee overall is made up of 2 females and 4 males.

NDS is currently undergoing a major review of its next 5-year strategy, management and executive structure with the assistance of an external facilitator. The review will include a detailed appraisal of the NDS committee structure and membership, as well as on-going academic activities. The aim is to optimise engagement, ownership and participation of staff at all levels in conducting and steering the department’s academic priorities and future, underpinned by an adaptive, modern and vibrant infrastructure with gender equality across the board.

**ACTION: 4.1**

**[424 words]**

(ii) **Female:Male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts** – comment on any differences between male and female staff representation on fixed-term contracts and say what is being done to address them.

The gender profiles of both academic and research staff on fixed and permanent contracts are shown in Figures 15 and 16 respectively:

As Figure 15 shows, all our female academic staff are on permanent contracts. 8 male academics are on fixed term contracts either due to the nature of their clinical posts or as they are funded on external grants. All our clinical researchers are on fixed term contracts according to the terms of clinical training set by the Deanery.
The majority of our researchers are on fixed-term contracts due to the nature of funding for these posts. In 2 cases long serving male researchers have been moved to permanent or open-ended contracts but the numbers are too small to note any gender bias. We will continue to monitor these numbers and move people to open ended contracts where appropriate.

b) For each of the areas below, explain what the key issues are in the department, what steps have been taken to address any imbalances, what success/impact has been achieved so far and what additional steps may be needed.

(i) **Representation on decision-making committees** – comment on evidence of gender equality in the mechanism for selecting representatives. What evidence is there that women are encouraged to sit on a range of influential committees inside and outside the department? How is the issue of 'committee overload' addressed where there are small numbers of female staff?

The EC is currently the principal decision-making committee within the Department and comprises all of the Senior PIs. Any gender differences therefore, reflect the overall senior workforce in NDS, rather than any additional committee selection mechanisms. As highlighted in a(i) above, NDS is currently undergoing a major review of its management and executive structure and gender equality for all committees will be a key component of this. The culture of the Department encourages all individuals to sit on national and international decision-making bodies. For example, Kathryn Wood sits on several key committees and opinion leaders groups in the field of Transplantation, and is a Past-President of the international organisation The Transplantation Society (TTS).

For Clinical Academics, the issue of 'committee overload' is addressed on an individual basis within the annual appraisals, and as part of their annual Job Plan review. However, there is no formal system within NDS for doing this for non-clinical staff. We need to address this as part of the NDS Review of its management structure.

**ACTION: 4.1, 4.2**

[169 words]
(ii) **Workload model** – describe the systems in place to ensure that workload allocations, including pastoral and administrative responsibilities (including the responsibility for work on women and science) are taken into account at appraisal and in promotion criteria. Comment on the rotation of responsibilities e.g. responsibilities with a heavy workload and those that are seen as good for an individual’s career.

The majority of workload in NDS is research based and is therefore managed by individual group leaders. A small number of additional administrative responsibilities are allocated by the Head of Department after seeking volunteers, depending on competence and available time. This system works well and the Head of Department can monitor individuals’ workload to avoid over-burdening individuals. Apart from discussions at the annual appraisals for clinical staff, and at their annual Job Plan reviews, NDS does not currently have formal systems in place to ensure workload allocations are taken into account at appraisal or in promotion criteria, nor do we have a robust system in place for rotation of responsibilities. NDS recognises the importance of introducing these mechanisms, and this will be addressed in two ways. First, the introduction of formal PDR into NDS will include a system to ensure workload allocations are considered for each individual on an annual basis. This will prevent overload of individuals, at the same time as ensuring appropriate credit for tasks undertaken. Second, the NDS will restructure positions of responsibility appropriately as part of the forthcoming review. This will be underpinned by gender equality, efficiency, engagement, ownership, creation of equal opportunities and strategic academic priorities.

**ACTION: 3.3; 4.1; 4.2**

[201 words]

(iii) **Timing of departmental meetings and social gatherings** – provide evidence of consideration for those with family responsibilities, for example what the department considers to be core hours and whether there is a more flexible system in place.

Although many NDS activities are currently held during traditional working hours (between 9am and 5pm), only 39% of respondents to our survey agreed that ‘the Departmental team meetings and seminars are timed to take into account caring or family responsibilities’. In addition, our monthly EC meetings have previously all been held after work (5.30pm starts) on a set day of the week. This has largely been due to the majority of Executive members being involved in fixed NHS clinical commitments (e.g. operating lists, clinics, and ward rounds etc.) during the day. The AS process has challenged us to fundamentally re-evaluate this, as our previous arrangements clearly did not support those with responsibilities for childcare, and the fixed day of the week did not take into account those working part-time. After detailed evaluation by the SAT over several months, followed by discussions between the SAT and the EC, and especially taking into account childcare, we have now re-defined the core hours for all NDS group activities (committees, research meetings, Group meetings, etc.) as being from 10 am until 3.30pm. We will also rotate the day of the week that the principle meetings are held, so as to ensure the full inclusion of part-time departmental members. For some meetings this rotation will be monthly (e.g. EC), whereas for other activities (e.g. certain individual research group meetings), this will be termly. The EC are fully supportive of these changes, although we all recognise that attendance of clinicians at some of these activities may be affected. This will be monitored closely by the SAT to ensure that the
changes achieve the goals we intend, and to ensure that the attendance of clinical academics at the NDS Executive in particular, is not affected adversely. (For social gatherings, see ‘Culture’)

**ACTION: 5.1; 5.2;**

[294 words]

(iv) **Culture** – demonstrate how the department is female-friendly and inclusive. ‘Culture’ refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff and students.

The overall culture of NDS is one of inclusivity and the promotion of equality. This is supported by data from our survey that confirmed that 85% of staff strongly agree or agree that staff members are treated equally regardless of gender; regardless of ethnicity (93%); regardless of disability (89%); and regardless of sexual orientation (83%). 72% strongly agree or agree that the Department makes it clear that unsupportive language and behaviour are not acceptable, and 83% agree that inappropriate images that enforce gender or other stereotypes are not allowed in the Department. 69% would recommend working at the NDS to a friend or colleague. However, there is clearly room for improvement. When specifically analysing the responses from the research staff stating that they 'disagreed' that members of NDS are treated equally regardless of gender, there was a clear gender difference in responses. Whereas no males 'disagreed' with the affirmative statement, 14% of female researchers did. It is anticipated by the SAT that the range of actions that we have put in place for NDS within this application will fundamentally improve the culture. However, this not only needs to be monitored, but also objectively measured in the form of a repeat survey.

With the multi-site nature of NDS, there has been feedback that the sense of 'belonging to NDS' has been reduced. We have taken this feedback seriously, and are looking to address this in a number of ways. One initiative is that in July 2013, we have set aside a day during the week for a Departmental walk and a pub lunch. Every member of the Department is invited (the day is completely voluntary, though strongly encouraged), and partners and pre-school children are also welcome to come along. A second is the introduction of a Departmental bicycle scheme so that staff members can move easily between sites.

Another cultural aspect of NDS that we have addressed as part of the AS process is the lack of a specific social area within the Department. About 10 years ago, the long-established NDS coffee / tearoom was sacrificed to create more meeting rooms. Although tea and coffee is currently served in the NDS each morning at a set time, the Department has lacked the social interaction area that we once had. In addition, those members of staff working flexibly or part-time often miss out on this opportunity to interact with colleagues. We are therefore in a process of consultation to convert a room into a full-time coffee / tearoom / social interaction room. We have linked up with the AS Champions from other Departments in which NDS members are based to confirm that every NDS member is given such provision wherever they are based.

One of the most surprising and concerning findings from our survey was the incidence of 'bullying and harassment'. 15% of respondents reported that they had 'personally experienced bullying and harassment in the last year’ or that they 'preferred not to say', while 21% had witnessed it (or 'preferred not to say'). There were no gender differences in the responses. This figure is in line with bullying and harassment rates in the NHS but higher than the number of incidences reported formally to the department. We have taken this very seriously indeed, and have thoroughly
investigated it. We have reminded all Group Leaders of their responsibilities, and of the Department's zero tolerance of such behaviour. We have appointed 4 new Bullying and Harassment officers in NDS (2M and 2F; 2 Clinical and 2 non-clinical). The 'bullying and harassment' policy has also been made more prominent on our intranet and website. The Head of Department and AS Champion are currently leading on ensuring that all Departmental members are educated about behaviour that comprises bullying and harassment. Posters will also be placed throughout the Department to raise awareness of the Department's zero tolerance policy, and outlining the reporting procedures and the contact details for the NDS Harassment Officers. We are happy that we have dealt with this robustly, but we need to monitor and measure this very closely from now on, and act firmly if this is found to emerge as a problem again. The Bullying and Harassment officers will monitor this on a monthly basis, and we plan to re-evaluate this formally through our ongoing annual staff and student surveys.

**ACTION: 5.2; 5.3; 5.4; 5.5**

**[718 words]**

(v) **Outreach activities** – comment on the level of participation by female and male staff in outreach activities with schools and colleges and other centres. Describe who the programmes are aimed at, and how this activity is formally recognised as part of the workload model and in appraisal and promotion processes.

NDS does not run any formal outreach programmes but recognises the importance of this work. Some members of NDS are involved in outreach activities with schools, either through personal contacts, or through their involvement with Outreach programmes at the University collegiate level. Several female members are involved in national and international outreach initiatives aimed at addressing gender inequality. Several female surgical academics are actively involved in the organisation *Women in Surgery (WinS)* run from the Royal College of Surgeons of England. *WinS*’s mission statement is to 'encourage, enable and inspire women to fulfil their surgical ambitions’. Professor Kathryn Wood has been instrumental in initiating and developing an international initiative called *Women in Transplantation*. This is run under the auspices of the *The Transplantation Society* (see www.tts-wit.org). Transplantation is a major theme within NDS. We have committed to tracking existing activities more formally and developing a programme of outreach in NDS.

**ACTION: 6.1**

**[150 words]**

**Flexibility and managing career breaks**

- a) Provide data for the past three years (where possible with clearly labelled graphical illustrations) on the following with commentary on their significance and how they have affected action planning.

  (i) **Maternity return rate** – comment on whether maternity return rate in the department has improved or deteriorated and any plans for further improvement. If the department is unable to provide a maternity return rate, please explain why.

Over the past 3 years, 5 female academic and research staff have taken maternity leave (2 in 09/10; 0 in 10/11; and 3 in 11/12). All of these returned to work except one person in 11/12,
whose fixed-term contract ended.

\[40 \text{ words}\]

\(\text{(ii) Paternity, adoption and parental leave uptake} – \text{comment on the} \) \\
\(\text{uptake of paternity} \) \\
\(\text{leave by grade and parental and adoption leave by gender and grade. Has this} \) \\
\(\text{improved or deteriorated and what plans are there to improve further.}\)

Guidelines for paternity, adoption, and parental leave are all flagged up to new staff members at induction, and the NDS Website clearly outlines the policies for each of these. Over the last 3 years, 4 men of a range of different grades have taken paternity leave (0 in 09/10; 2 in 10/11; 2 in 11/12). During this time, there has been no adoption leave within the Department. These paternity and adoption rates reflect the number of new fathers and adoptive parents in NDS over this time. With regards to parental leave, NDS does not have official booking forms for this. However, in NDS we have had 2 females request this as additional leave in 2011/12 and this was granted. The AS process has prompted us to start to develop clear booking guidelines for parental leave based on University policy, so that we can monitor and encourage uptake of this type of leave.

\text{ACTION: 7.2}

\[152 \text{ words}\]

\(\text{(iii) Numbers of applications and success rates for flexible working by gender and grade – comment on any} \) \\
\(\text{disparities. Where the number of women in the department is small} \) \\
\(\text{applicants may wish to comment on specific examples.}\)

Over the past 3 years, NDS has only received 3 applications for flexible working (3F). Two of these had recently returned from maternity leave. All 3 applications were successful.

\[31 \text{ words}\]

\(b) \text{ For each of the areas below, explain what the key issues are in the department, what steps have been} \) \\
\(\text{taken to address any imbalances, what success/impact has been achieved so far and what additional steps} \) \\
\(\text{may be needed.}\)

\(\text{(i) Flexible working} – \text{comment on the numbers of staff working flexibly and their grades} \) \\
\(\text{and gender, whether there is a formal or informal system, the support and training provided for managers in} \) \\
\(\text{promoting and managing flexible working arrangements, and how the department raises awareness of the} \) \\
\(\text{options available.}\)

NDS has a positive attitude to flexible working patterns, and operates the University scheme for flexible working. Tania Boyt leads this scheme in NDS, and all line-managers are encouraged to identify members of their research groups who would benefit from it. The University guidelines for flexible working are readily available for all staff members on the NDS intranet. As outlined above, over the past 3 years, NDS has only received 3 applications for formal flexible working (all from females). Two of these had recently returned from maternity leave. In addition to the formal process, Group Leaders allow flexible working arrangements for work within their teams to enable a work-life balance. We will ensure that all line managers raise the awareness of the available
options for flexible working within their groups, and are fully aware of the latest university guidelines.

In addition, our review of the committees in NDS will ensure that the scheduling of meetings takes into account part-time workers.

**ACTION: 4.1; 7.1**

[160 words]

(ii) **Cover for maternity and adoption leave and support on return** – explain what the department does, beyond the university maternity policy package, to support female staff before they go on maternity leave, arrangements for covering work during absence, and to help them achieve a suitable work-life balance on their return.

The University offers one of the most generous maternity leave schemes in the HEI sector. All eligible staff (including academic and research staff) are entitled to 52 weeks’ leave: 26 on full pay, 13 on SMP, and 13 unpaid. Members of staff who are pregnant meet with the Senior Business Manager early in their pregnancy to start making plans for their maternity leave. They discuss health and safety issues and work through the University’s maternity plan that is readily available through the NDS Website. The use of Keep in Touch days is discussed, as well as the right to be considered for flexible working on return from maternity leave. Information about childcare, the salary sacrifice scheme and nursery vouchers, and directions to government websites giving information about the various benefits for parents are also discussed. Staff members can then meet again with the Senior Business Manager any time before they start their maternity leave to clarify any issues. For the duration of their maternity or adoption leave, staff funded by grants are covered from core Departmental funds. This is without exception. It is then up to the PI how they choose to use the available budget i.e. backfill the post in order to continue the research or request a no cost extension at the end of the project. On return from maternity leave, the Department is strongly supportive of flexible or part-time hours to facilitate parenting, and to promote a quality of work-life balance. The NDS does not have any regular Departmental events to which children and spouses are invited (individual Research Groups do have these). The SAT is keen to promote all aspects of work-life balance and family integration, and after consultation, have decided to hold an annual weekend lunchtime BBQ to which all members of NDS and their families will be invited.

**ACTION: 5.2**

[304 words]

[Total words for Section 4 = 4636]

5. **Any other comments: maximum 500 words**

*Please comment here on any other elements which are relevant to the application, e.g. other SET-specific initiatives of special interest that have not been covered in the previous sections. Include any other relevant data (e.g. results from staff surveys), provide a commentary on it and indicate how it is planned to address any gender disparities identified.*

A theme that recurred throughout our Self-Assessment Process was that of suboptimal communication within the Department. We have therefore made this one of the priorities in our
Action Plan. This was highlighted by some of the responses to our survey: only 54% of responders agreed that ‘the Department’s structures for management and decision-making are clear and transparent’; only 52% agreed that ‘the processes for implementing decisions are clear and transparent’; less than 50% (42%) agreed that ‘the Department consults people on decisions likely to affect them’; only 46% agreed that information and knowledge are shared openly within the Department; and 23% disagreed that ‘there is effective interaction between the administrative and research staff in the Department’. As outlined in Figure 17, the disagreement about effective communication demonstrated a clear gender disparity, with significantly more females disagreeing than males.

![Figure 17. Survey responses indicating level of agreement with the statement ‘There is effective interaction between the administrative and research staff in the Department’.

The SAT spent considerable time discussing these responses, and in consultation with different sub-groups of staff within the Department, came up with a series of proposed Actions to improve communication within NDS:

First, the NDS Admin team have been diligent in forwarding emails from the MSD to all Departmental members for information. The proposal is that urgent information will continue to be circulated by email, but we will also produce a regular electronic NDS newsletter led by a group of postdocs, and placed on the NDS intranet with up-to-date news, events and highlights of recent grant awards, opportunities and achievements.

Second, a few years ago we trialled a 'question and answer session' for all NDS members with the Head of Department and the Departmental Administrator. This session was well received. We will run these sessions in Michaelmas (autumn) and Hilary (spring) terms. Two years ago, we had a successful 'away day' for all members of the Department. This proved an ideal opportunity to improve communication amongst staff. We will hold an annual NDS 'away day' each Trinity (summer) term. This will comprise keynote talks, joint presentations between clinicians and scientists, poster presentations by students, and special ‘meet the professors’ workshops.

Finally, although the majority agreed the NDS Intranet is a useful source of information, 9% disagreed with this, and again this disagreement was more common amongst females. The NDS website and intranet is to be fundamentally revised to ensure that it addresses all the concerns expressed in our survey. The impact of these changes will be carefully monitored.

In conclusion, we have found the Athena SWAN process beneficial for the whole Department. The Action Plans we have developed will enable NDS to support all our staff and students and address
our current shortfalls. Through this process, we will be able to create an inclusive environment that promotes equality and diversity.

**ACTION: 8.1; 8.2; 8.3; 8.4**

[448 words]

[Total words for Section 5 = 448]

Provide an action plan as an appendix. An action plan template is available on the Athena SWAN website.

The Action Plan should be a table or a spreadsheet comprising actions to address the priorities identified by the analysis of relevant data presented in this application, success/outcome measures, the post holder responsible for each action and a timeline for completion. The plan should cover current initiatives and your aspirations for the next three years.

The action plan does not need to cover all areas at Bronze; however the expectation is that the department will have the organisational structure to move forward, including collecting the necessary data.
<table>
<thead>
<tr>
<th>Action</th>
<th>Description of action</th>
<th>Action taken already and outcome at April 2013</th>
<th>Further action planned at April 2013</th>
<th>Progress Log</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Start date</th>
<th>Success Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Scrutinise data for gender distribution for all 3 postgraduate Taught MSc Courses in NDS.</td>
<td>Data collected for entry and for cohorts for 2010,11, and 12; gender ratio of females lower than main University and national figures</td>
<td>Closely scrutinise data for gender distribution for 2013 and 2014 cohorts. Obtain wider comparative national figures;</td>
<td>Course Organisers for 3 Taught MSc courses</td>
<td>2013-2015</td>
<td>MT 2013</td>
<td>Increased numbers of female students to reach or exceed National gender balance</td>
<td></td>
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<tr>
<td>1.3</td>
<td>Develop initiatives to promote recruitment of females to both taught and research postgraduate courses in NDS.</td>
<td>Data collected for current research students</td>
<td>Review wording and distribution of Course Adverts and Course Descriptions. Survey students from past 3 cohorts to assess gender issues.</td>
<td>Directors of Graduate Studies and Taught MSc Course Organisers.</td>
<td>2013-2015</td>
<td>TT2013</td>
<td>Increased numbers of female students to reach or exceed national gender balance</td>
<td></td>
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<tr>
<td>Action</td>
<td>Description of action</td>
<td>Action taken already and outcome at April 2013</td>
<td>Further action planned at April 2013</td>
<td>Progress Log</td>
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<td>1.4</td>
<td>Raise the profile of University and College mentoring schemes for all postgraduate students.</td>
<td>Data from NDS Survey indicates that the number of students involved in a mentoring scheme is variable. Unclear whether there is a gender difference.</td>
<td>Collect and collate data for current levels of mentorship from both taught and research courses with gender profile. Raise profile of mentorship schemes with supervisors, students, and on website. Audit mentorship rates afterwards.</td>
<td>Directors of Graduate Studies</td>
<td>2013-2015</td>
<td>TT2013</td>
<td>Accurate measure of mentorship take-up. Monitor for gender difference. Ensure all students aware of full range of mentorship opportunities</td>
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<tr>
<td>2</td>
<td><strong>Staff Appointments and Recruitment</strong></td>
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<tr>
<td>2.1</td>
<td>Monitor gender balance of all staff appointments in NDS.</td>
<td>Limited data collected using available records.</td>
<td>Collect and collate data for next 3 years for all staff appointments at every level using new Core HR recruitment programme.</td>
<td>Senior Business Manager</td>
<td>2013-2015</td>
<td>TT2013</td>
<td>Availability of robust, prospective data of all Departmental recruitments using Core HR System</td>
<td></td>
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<tr>
<td>Action</td>
<td>Description of action</td>
<td>Action taken already and outcome at April 2013</td>
<td>Further action planned at April 2013</td>
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<tr>
<td>2.2</td>
<td>Encourage greater numbers of women to apply for senior academic positions within NDS (understanding that new senior academic posts are rare).</td>
<td>Data collected for last 3 years. Clearly defined problem with recruitment of senior clinical academics.</td>
<td>Encourage maximal application rates from females; ensure that at least one female sits on search panels for all senior academic posts. Ensure that search panels identify suitable female candidates.</td>
<td>Head of Department and NDS Executive Committee</td>
<td>2013-2015</td>
<td>TT2013</td>
<td>At least one female on the long-list for all Senior academic appointments to NDS.</td>
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<td>2.3</td>
<td>Closely monitor the number of Direct Appointments being made at a senior academic level.</td>
<td>Data collected which demonstrates that over past 4 years, 3 senior staff (2 male and 1 female) were appointed directly without advertising.</td>
<td>Closely monitor the number, indications, and gender balance of all direct appointments in NDS. All Direct Appointments will be discussed at the Executive Committee.</td>
<td>Head of Department and NDS Executive Committee (or its equivalent after NDS Review)</td>
<td>2013-2015</td>
<td>TT2013</td>
<td>Ensuring that Direct Appointments are exceptional and that they have an equal gender distribution.</td>
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<tr>
<td>2.4</td>
<td>Ensure that all those involved in recruitment interviews for NDS have completed the University's Recruitment and Selection 'online' Course.</td>
<td>Currently all interview panels have at least one person on them who has completed the University's Recruitment and Selection 'online' Course.</td>
<td>Ensure that all interviewers have completed the University's Recruitment and Selection 'online' Course. Certification to be introduced in line with NHS training requirements.</td>
<td>Senior Business Manager</td>
<td>2013-2015</td>
<td>TT2013</td>
<td>All interviewers certified as having completed University's Recruitment and Selection 'online' Course.</td>
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<td>2.5</td>
<td>Revise induction package for all new staff in NDS.</td>
<td>Data collected for number of staff having undergone induction over past 3 years.</td>
<td>Introduction of revised, robust induction package to include both Departmental and Research Group elements.</td>
<td>STARTED New NDS HR Manager appointed; she has started developing a new induction package.</td>
<td>NDS HR Manager</td>
<td>Current - October 2013</td>
<td>TT2013</td>
<td>All new staff to undergoing robust induction into Department and Research Group.</td>
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<td>3</td>
<td>Career Development</td>
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<td>3.1</td>
<td>Request all Line managers to encourage their team members to apply for promotion when appropriate.</td>
<td>Data collected for last 3 years.</td>
<td>Head of Department to encourage senior staff to apply for Recognition of Distinction Exercises. Line managers to encourage team-members to apply for re-grading where appropriate.</td>
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<td></td>
<td>2013-2015</td>
<td>May-13</td>
<td>Increased applications for promotion.</td>
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<td>3.2</td>
<td>Introduce Mentoring Scheme for all Academic Staff.</td>
<td>Data collected suggests that NDS staff members who have experienced mentoring greatly benefitted from this.</td>
<td>Develop and introduce Mentoring Scheme for all Academic Staff, taking into account gender requirements. This will include a list of mentors of both genders from within and outside NDS.</td>
<td></td>
<td>SAT Mentoring Focus Group</td>
<td>2013-onwards</td>
<td>MT2013</td>
<td>High uptake of mentoring opportunities by Academic staff. Data from re-survey confirming that Mentoring Scheme has been beneficial.</td>
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<td>3.3</td>
<td>Introduce robust PDR for all non-clinical Academic staff in NDS</td>
<td>PDR already available in NDS, but currently poor uptake overall.</td>
<td>SAT Focus Group to complete Development of updated PDR system. All Line Managers to be requested to offer PDR to all their staff (in line with University rules, staff can decline PDR). Normally PDR will be conducted by Line Managers, but any staff member can request that PDR be conducted by someone else (gender balance).</td>
<td>Senior Business Manager and SAT PDR Focus Group</td>
<td>MT2013</td>
<td>Majority of NDS Academic Staff undergoing PDR.</td>
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### Organisational Structure

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<tbody>
<tr>
<td>4.2</td>
<td>Protect against Committee Overload for all Senior Academic Staff in NDS</td>
<td>Annual appraisals already in place for all clinical academic staff.</td>
<td>Monitor NDS Committee membership. Introduction of Committee Terms of Reference for all NDS Committees. Use PDR to monitor Committee overload and gender distribution.</td>
<td>Head of Department</td>
<td>2014-onwards</td>
<td>January 2014 (after NDS Review completed)</td>
<td>Equal gender distribution of workload within NDS.</td>
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<td>5</td>
<td>Culture</td>
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<td>5.1</td>
<td>Redefine Core hours for NDS to promote a family-friendly Department.</td>
<td>Core Hours re-defined as from 10am til 3.30pm. All NDS Executive Committee meetings since December 2012.</td>
<td>Ongoing education for all NDS Staff to maintain the new Core hours for NDS activities whenever possible.</td>
<td>AS Champion and NDS Executive Committee (or its equivalent after NDS Review)</td>
<td>December 2012 onwards</td>
<td>Dec-12</td>
<td>New Core hours to be embraced by all Research Groups within NDS.</td>
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<td>5.3</td>
<td>Establish a sole-purpose Social Interaction / Tearoom within NDS</td>
<td>Defined wish of Departmental staff to have this. Consultation initiated concerning which room to convert for this purpose.</td>
<td>Identify suitable room for converting to sole-purpose Social Interaction / Tearoom.</td>
<td>STARTED Departmental consultation underway.</td>
<td>AS Champion and Senior Business Manager</td>
<td>February - January 2014</td>
<td>Feb-13</td>
<td>Introduction of a sole-purpose Social Interaction / Tearoom within NDS</td>
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<tr>
<td>5.4</td>
<td>Zero tolerance to all forms of 'Bullying and Harassment' in NDS</td>
<td>Appointment of 4 new Bullying and Harassment Officers for NDS (2 females and 2 males). Re-emphasis of Bullying and Harassment policies in NDS</td>
<td>Educate all NDS Staff about behaviour that comprises Bullying and Harassment. Posters to be placed throughout Department that stress zero tolerance policy and remind staff of reporting procedures. NDS Website to emphasise Bullying and Harassment policy. Bullying and Harassment Officers to monitor incidence of reports of bullying and harassment on a monthly basis. Re-survey Staff and Students.</td>
<td><strong>STARTED</strong> Robust response to reported Bullying and Harassment in NDS, with implementation of clear action. Ongoing monitoring of any further incidences.</td>
<td>Head of Department and Athena SWAN Champion</td>
<td>December 2012 - onwards</td>
<td>Dec-12</td>
<td>Re-survey showing reduced Bullying and Harassment within the Department. Reputation of NDS having a zero tolerance of such behaviour.</td>
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<td>5.5</td>
<td>Collaborate with other Departmental AS Champions.</td>
<td>Identified that a number of NDS research staff are based in buildings owned by other Departments. AS Champion has met with AS Champions from relevant Departments, and NDORMS AS Champion sits on SAT.</td>
<td>Continue close interaction with other Departmental AS Champions to ensure that NDS Staff in all research labs. benefit from optimal AS principles.</td>
<td>STARTED AS Champion has met with AS Champions from relevant Departments, and NDORMS AS Champion sits on SAT</td>
<td>October 2012 onwards</td>
<td>Oct-12</td>
<td>All NDS staff benefitting from optimal AS principles wherever they are based for their research.</td>
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### 6 Outreach

| 6.1 | Develop a programme of coordinated Outreach activities within NDS. | Obtain accurate data for current level of engagement in outreach activities from NDS Senior Staff. Develop coordinated programme of Outreach within NDS. | | | | | An increase in Outreach activity from NDS members, focussing on attracting individuals into surgical research. |

### 7 Flexible Working / Career Breaks
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<td>7.1</td>
<td>Promote flexible working within NDS</td>
<td>NDS has been supportive Flexible working. However, the SAT identified that this could be improved.</td>
<td>Advertise flexible working policies widely to all Group Leaders; to all new staff at induction; and to all staff via the revised NDS website.</td>
<td>Senior Business Manager</td>
<td>2013-2015</td>
<td>MT 2013</td>
<td>Increase in number of staff undertaking flexible working.</td>
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<td>7.2</td>
<td>Introduce clear procedures for booking parental leave.</td>
<td></td>
<td>NDS will introduce guidelines and procedures for parental leave. Parental leave will be encouraged and levels of parental leave will be monitored closely.</td>
<td>Senior Business Manager</td>
<td>2013-2015</td>
<td>AT2013</td>
<td>Increased uptake of parental leave with new procedures enabling us to accurately monitor uptake of this type of leave.</td>
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8 Communication

<p>| 8.1    | Introduction of a monthly Departmental newsletter | Introduction of monthly newsletter to include a summary of key information relevant to Departmental members. | New specific Task Group comprising Postdoctoral Scientists with input from NDS Admin team and Group Leaders. | October 2013 onwards | AT2013 | Improved communication within NDS. |</p>
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<td>8.2</td>
<td>Introduction of Termly Head of Department's 'Q and A' Sessions for whole Department.</td>
<td>We held one of these sessions previously, and it was well received by all who attended.</td>
<td>Termly Head of Department's 'Q and A' sessions for whole Department. We will monitor the benefit of these by attendance and feedback forms.</td>
<td>Head of Department</td>
<td>November 2013 onwards</td>
<td>AT2013</td>
<td>Improved communication within NDS and involvement of NDS members in decision-making processes.</td>
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<td>8.3</td>
<td>Introduction of Annual NDS Away Day</td>
<td>We held an NDS away day in 2012, and it was well received by all who attended.</td>
<td>Introduce 'away day' as an annual NDS event, to include update of NDS strategy and direction, but also opportunity to share research progress.</td>
<td>Head of Department</td>
<td>2014 onwards</td>
<td>ST2014</td>
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<tr>
<td>8.4</td>
<td>Redevelopment of NDS Website</td>
<td>NDS website in process of major re-development as part of a Divisional initiative. Website Developer to ensure that both NDS website and intranet are strongly promoting AS principles.</td>
<td></td>
<td>Senior Business Manager, Website Developer and SAT Website Focus Group</td>
<td>March - August 2013</td>
<td>Mar-13</td>
<td>Redeveloped NDS Website with clear emphasis on AS Principles.</td>
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**Key to Action Plan:**

<table>
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<th>Code</th>
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<tbody>
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<td>Trinity (Summer) Term 2013</td>
<td>TT2013</td>
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<tr>
<td>Michaelmas (Autumn) Term 2013</td>
<td>MT2013</td>
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<td>Trinity (Summer) Term 2014</td>
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