Athena Swan renewal application form for departments

Applicant information

Name of institution	University of Oxford
Name of department	Nuffield Department of Orthopaedics Rheumatology and Musculoskeletal Sciences (NDORMS)
Date of current application	30th January 2024
Level of previous award	Silver Award
Date of previous award	17th May 2018 (2018 April round)
Contact name	Maria Granell-Moreno (EDI Manager) Mark McDermott (Chief Operating Officer)
Contact email	maria.granellmoreno@ndorms.ox.ac.uk mark.mcdermott@ndorms.ox.ac.uk
Contact telephone	+44 (0)01865 737540

Section	Word allocation	Words used
An overview of the department and its approach to gender equality	Recommended word count: 2500 Plus additional 500 for clinical/non-clinical department	**2986** words: A. 965 words B. 715 words C. 1306 words
An evaluation of the department's progress and issues	Recommended word count: 3000 Plus additional 500 for Covid	**3496** words: 469 words for Covid
Future action plan*		
Appendix 1: Culture survey data*		
Appendix 2: Data tables*		
Appendix 3: Glossary*		
Overall word count	**6500 words**	**6482 words**

*These sections and appendices should not contain any commentary contributing to the overall word limit

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From: Athena Swan <Athena.Swan@advance-he.ac.uk>
Date: Wednesday, 31 May 2023 at 12:27
To: Maria Granell Moreno <maria.granellmoreno@ndorms.ox.ac.uk>
Subject: RE: Additional words for Athena SWAN application

Dear Maria,

Many thanks for your email and apologies for the delay in replying to you.

- I can confirm that the forthcoming departmental application has been granted an additional 500 words to address the impact of the Covid-19 pandemic. Please see the link below which details where this 500 word extension will apply. Please do let us know if you have any further questions regarding this. The transformed UK Athena Swan Charter FAQs: Word limits (including extensions) | Advance HE (advance-he.ac.uk)

- You are also able to use an additional 500 words to analyse and reflect on any differences between the clinical and non-clinical staff groups. Applicants are encouraged to disaggregate their data for clinical and non-clinical staff to support this analysis.

Please include this email at the beginning of the application, and state clearly on the word count table where the additional words have been used. As a reminder of the use of these additional words, please see further information on pages 59 and 60 of the Departmental Information Pack here: Transformed UK Athena Swan Charter: Information pack and application forms for departments | Advance HE (advance-he.ac.uk)

Kind Regards

Liz

Equality Charters Team

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Section 1: An overview of the department and its approach to gender equality

In Section 1, applicants should evidence how they meet Criterion A:

- *Structures and processes are in place to underpin and recognise gender equality work*

Recommended word count: 2500 words

A. Letter of endorsement from the head of the department

Please insert (with appropriate letterhead) a signed letter of endorsement from the head of the department.

Jonathan L Rees MA, MBBS, FRCS (Eng), MD, FRCS (Orth)

Professor of Orthopaedic Surgery and Musculoskeletal Science

Head of Department - Nuffield Department of Orthopaedics,

Rheumatology and Musculoskeletal Sciences

Institute Director - Botnar Institute for Musculoskeletal Sciences

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Old Road

Oxford, OX3 7LD

Tel: +44(0) 1865 737540

jonathan.rees@ndorms.ox.ac.uk

25th January 2024

Dear Athena Swan Assessment Panel,

Re. Athena Swan Silver Application – Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS), University of Oxford

As the new Head of Department for NDORMS since April 2022, I am delighted to submit this application for Athena Swan assessment. After a review period and introducing new ways of working, I have been able to engage with our fantastic staff to make academic and organisational changes with the aim of reinvigorating our work, our workplace, the ways we work and our department's ambitions.

I have experience at national level of introducing EDI principals to a male dominated surgical society, co-opting an EDI officer and female surgeons to executive council positions while I was President. I have also volunteered to be on the University of Oxford's new Inclusive Leadership Programme knowing that I can always learn more and become more effective in running an inclusive and diverse department. I have taken personal responsibility to improve transparency within the department especially around strategic aims and career progression opportunities. I have communicated these to the department through presentations and away days, and made such plans and policy documents available to staff. Feedback on this progressive approach has been positive and I am committed to moving the department to a trajectory for an Athena Swan Gold award, recognising that while we have made progress against aspirations, there remains a significant opportunity to further improve.

NDORMS has worked hard since 2012 to embed the underlying principles of Athena Swan under the guidance of our EDI Manager (Maria Granell-Moreno), previous head of department and our Self-Assessment Team (SAT). Our recent organisational and professional service improvements mean that the SAT has evolved into the broader EDI Committee (EDIC). Understanding the importance of senior management support for these essential activities, I co-chair the EDIC alongside our EDI Manager. Several senior departmental leaders also sit on this committee. In January 2023, I elevated Maria to a member of the Departmental Board and have ensured she attends the management committees of both our research institutes. Maria reports to me, and our new Chief Operating Officer, allowing us as senior managers to directly support and contribute to EDI activities, which are a key component of our strategic plans.

In Autumn 2022, we prepared a new 5-year NDORMS strategy. It contained three strategic priorities, one of which is to "invest in the development of our human capital." Eleven objectives sit within this priority and include, improving career development opportunities for staff and students, adoption of transparent processes, fostering a positive and supportive workplace, and building an enviable research culture. We are already seeing a positive response as evidenced in our recent 2023 staff survey where 83% of our staff expressed the view that NDORMS is committed to promoting equality, diversity and inclusion. Of particular note, I am proud that NDORMS has been the first department in the University to set up a mediation service for its staff and students, and this is proving to be an effective option to address issues early and support the health and wellbeing of our staff.

Jonathan L Rees MA, MBBS, FRCS (Eng), MD, FRCS (Orth)

Professor of Orthopaedic Surgery and Musculoskeletal Science

Head of Department - Nuffield Department of Orthopaedics,

Rheumatology and Musculoskeletal Sciences

Institute Director - Botnar Institute for Musculoskeletal Sciences

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We have worked hard to foster leadership from department staff in senior roles to promote and support gender equality at all levels. Our Kennedy institute now has 60:40 female to male split in academic roles. Analysis from our latest survey has demonstrated we compare favourably to the other medical science departments, including 86% of our staff agreeing that the department respects individual differences. We have evidence of improvement in the number of women in senior leadership roles at the levels of Institute Director, Associate and Divisional Directors of Institutes, Academic Section Heads, as well as Directors of Teaching programmes (Powrie, Udalova, Vincent, Stride, Coates, Snelling, Dakin, Sabokbar). We have also created a new statutory chair for Vincent and a tenured Associate Professor post for Dakin. Furthermore, in the last 2 years, I have supported two further female staff in their nomination and subsequent success in titular promotion to Associate Professor and Full Professor (Khalid and Edwards).

However, challenges remain, and of note, our multidisciplinary department includes academic orthopaedic surgery, which historically, and presently in the NHS, remains a male-dominated speciality. While this is a national issue, with only 7.8% of NHS consultant orthopaedic surgeons being women, I wish to lead improvements in academic recruitment in this area. Having mentored the department's first female academic orthopaedic trainee, I have recently recruited a further female academic trainee and rising star. However, two female academic surgical trainees are not sufficient, and more work is needed. I am trying to address this issue regionally and nationally through engagement with medical students, Deanery trainees and through national surgical societies.

Our new Action Plan sets ambitious targets and provides a pathway that we hope will lead to an Athena Swan Gold application if we achieve our goals. Our priority is to enable our early career researchers, from all backgrounds, to flourish within the department, supporting their career progression and fulfilment of their personal aspirations. We wish to recruit and appoint world-class talent into more senior roles, further increasing the proportion of women, and also seeking to further improve Black and Minority Ethnic staff into senior roles. Our new COO, Mark McDermott, has supported Maria and I in developing this action plan, and they have created an operational framework to monitor progress over time in a structured form, and developed a communications plan to ensure all members of the department are kept fully informed, can see the momentum generated and have further opportunities to contribute on an on-going basis.

I am delighted to be leading such a vibrant department that has so much potential to become an Athena Swan Gold department in the future. I have personally supervised and co-written this application and the development of our new plan, and I can confirm that this application and the data within it, is an honest, accurate and true representation of the Department.
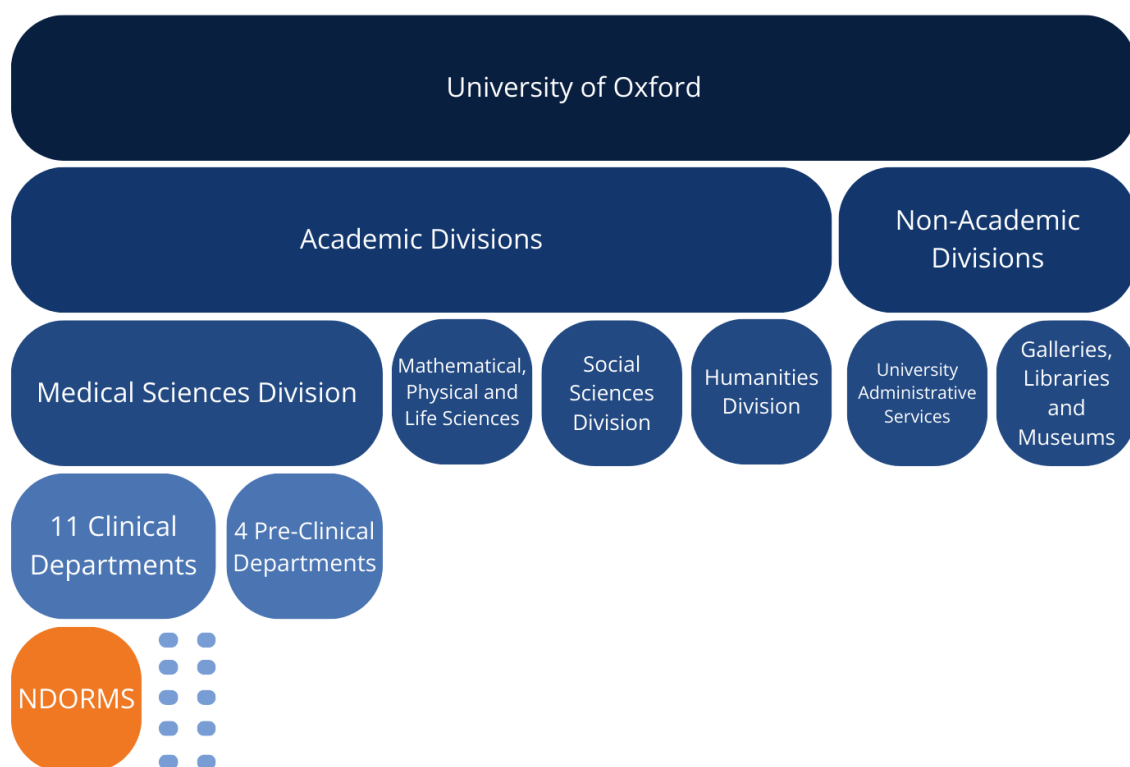
Yours sincerely,

Professor Jonathan Rees (Head of Department)

B. Description of the department and its context

Please provide an introduction to the department.

The Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS) is part of the University of Oxford's Medical Sciences Division (MSD) and its fourth largest department (Diagram 1). It consists principally of two large research institutes: the Botnar Research Centre and the Kennedy Institute of Rheumatology. NDORMS also has teaching space in the Nuffield Orthopaedic Centre and the John Radcliffe (JR) Hospital, and the Kadoorie Centre for Oxford Trauma and Emergency Care at the JR (see Map 1). The co-location with NHS services puts the department in an excellent position, with basic science researchers working alongside clinician scientists. This substantially improves research capability, enables access for researchers to patients, and facilitates the interaction between clinical and basic science researchers, which is essential for successful translational research.

Diagram 1. NDORMS within the University structure

Map 1. Map of the Headington region of Oxford showing the location of the NOC, The Botnar Institute (Botnar) and the Kennedy Institute (KIR).

NDORMS runs a globally competitive programme of research and teaching. We currently employ 478 staff (290 Female, 188 Male): 314 academic staff (179 Female, 135 Male), and 164 professional and support staff (111 Female, 53 Male). We also have 122 PGR students (DPhil / MSc Research) in the department (51 Male and 71 female). The department's activities are research-intensive, and as of September 2023, the research grant portfolio totalled £220 million. In the 2022-23 financial year the department received £47M income, £30M from external research grants and £17M from teaching and other activities.

NDORMS hosts researchers from discovery science through to translational science. Supported by our clinician scientists who ensure patient focused research, our collaborative teams have made major global research impacts, with much of NDORMS translational research saving the NHS hundreds of millions of pounds annually.

The Botnar provides world-class facilities for scientists in the field of orthopaedic and rheumatological research for approximately 205 (112 female, 93 male) research staff. It hosts the Oxford Clinical Trials Research Unit (OCTRU), the Centre of Statistics in Medicine (CSM) and the new Oxford Centre for Translational Myeloma Research. A Professor of Biomaterials (Prof Eleanor Stride) was appointed in 2017, and became the Divisional Head of Biomaterials

and Biomedical Engineering in 2021 leading a team of bioengineers, based in our new third wing of the Botnar Research Centre (opened that same year).

The Kennedy is an international centre of excellence focusing on understanding the causes and treatment of chronic inflammatory disease. The Institute houses approximately 109 (67 female, 42 male) researchers and clinical scientists working together in the areas of microbiome, immunology, inflammation and tissue biology and repair. The Kennedy physically transferred from London to Oxford in 2013 involving the TUPE transfer of 127 staff. The Athena Swan framework has helped us to address the challenges associated with this move and to promote and foster a supportive and welcoming environment for all our staff not just those relocating from London.

NDORMS has 85 Professional, Technical and Operational staff (PTO) working across the NOC (23 PTO), Botnar (41 PTO), KIR (19 PTO) and Kadoorie (2 PTO), delivering a wide range of functions, including, research support, finance, HR, comms, IT, facilities and continuous improvement.

The department teaches and trains undergraduate and post graduate students. We train the Oxford University medical students in orthopaedics, trauma, emergency medicine and rheumatology (183 students in 2023-24). We run 3 DPhil research programmes in *Musculoskeletal Sciences*, *Molecular and Cellular Medicine*, and *Clinical Epidemiology and Medical Statistics*. We also offer a part-time taught MSc in Musculoskeletal Sciences for 15 clinical trainees/doctors. NDORMS has a Graduate Student Committee in each of its Institute's and an overarching Education Policy and Standards Committee. There is a Director of Graduate Studies based in each institute.

NDORMS is governed by several committees, which report to the NDORMS Board. **See Diagram 2**. The membership of these committees is open to all members of the department through advertisement and selection by a gender balanced committee. The department's governance structure was reviewed and revised in 2023 with updated Terms of Reference for each. EDI consideration has been embedded into each committee, with the EDI Manager invited to several senior level committees, including the Botnar Management Committee, Kennedy Management Committee and the Departmental Board. Furthermore, committee members now need to consider their responsibilities under Public Sector Equality Duty at each committee meeting, and each paper taken to committee is required to include a PSED section noting whether there is any potential positive or negative impact, with details and evidence.

Diagram 2. NDORMS' committees

C. Athena Swan self-assessment process

Please provide an overview of who was involved in the preparation of this application, how it was prepared, and what plans are in place to support the department's future gender equality work.

a) **The Equality, Diversity and Inclusion Committee (EDIC) (former Self-Assessment Team)**:

The SAT was formed in 2012, changed its name and renewed its Terms of Reference in 2022 to better capture the nature of its work and embrace the broader range of related issues. The purpose of the EDIC is to work as a group to identify, develop and deliver initiatives to enhance EDI, ensuring to embed Athena Swan principals within all policies and practices. Members act as ambassadors for EDI and take ownership of agreed actions. The EDIC reports into the Botnar and Kennedy Management Committees via the EDI Manager and these committees include an EDI standing item on their agenda. With the arrival of the new Head of Department, the EDI Manager now also attends and reports into the NDORMS Board Meeting, further emphasising the department's ambition to consider EDI matters at all levels of decision-making.

Even though the EDIC has broadened its aims and purposes, a primary focus on the Athena Swan Action Plan has been specifically defined in the EDIC Terms of Reference: 1. to prepare

the Department's Athena Swan Charter Award application, and 2. to support development, implementation and monitoring of the Athena Swan action plan and identify any barriers to progress. The EDIC meets termly, and the action plan is a standing agenda item.

Effectiveness of the actions are assessed with different sets of data: bi-annual staff and students' surveys inform levels of satisfaction for most of our actions, and we collect feedback from new starters via an annual survey. Actions are progressed by the individuals and teams responsible, and updates are taken to the EDIC, Institutes' Management Committees and/or Departmental Board for input and final approval before implementation, for example, introduction of PCDRs (NS9) and development of mandatory EDI training for all staff. This re-structure has proven a much more transparent and efficient way to communicate and decide EDI/Athena Swan matters, making sure senior staff are involved and informed.

The EDIC is currently comprised of 12 members, and includes a mixture of genders (8F, 4M - broadly reflective of our departmental gender breakdown: Dept 60%F, EDIC 66%F), nationalities, early/mid/late career researchers, academics, clinicians/basic scientists, parents, full-time/part-time staff, students and PTO. In-addition to the core membership, the EDIC invites key staff to its meetings during the 6 months prior to submitting the Athena Swan application, including NDORMS' Chief Operating Officer and the MSD EDI Officer, while also seeking feedback from other University EDI practitioners, and the University's EDU.

Table 1. Equality, Diversity and Inclusion Committee Members*(Redacted)

b) **Previous feedback and action plan development**:

The 2018 panel feedback was hugely encouraging, with our progress to date recognised and future aspirations noted. The submission presented the department as a supportive and welcoming environment, and several areas of good practice were identified.

Feedback also highlighted areas that warranted additional monitoring, for example, *"Further attention, however, to professional/support staff experiences in the department would be welcome"*. Therefore, increased scrutiny was applied to PTO. Our Staff Experience surveys in 2021 and 2023 have been analysed with special attention paid to the PTO and ACARES groups separately. Our new ways of working and flexible patterns during and after Covid-19 showed high levels of satisfaction from PTO regarding flexible working (Q3.1, Appendix 1: 85% in 2021 and 81% in 2023) and high levels of satisfaction on being able to strike the right balance between my work and home life (Q3.3, Appendix 1: 84% 2021 and 81% 2023).

While it has been a challenging time for the department during the pandemic and with a change in senior leadership, the arrival of the new Head of Department and COO has provided a new perspective and positive momentum. Mark McDermott joined NDORMS as COO in

May 2023 and quickly sought to improve the experience of our PTO. A strategic plan for PTO is in development and the department's first ever PTO away day provided an opportunity for staff to input directly into that plan. Wellbeing was an item on the agenda at a PTO meeting in October 2023 and was followed up with a live presentation from the University's Wellbeing Programme Manager. The department has also begun to focus on continuous improvement, which offers the opportunity to streamline processes, provide a more satisfying workplace experience for all staff and provide better balance to support health and wellbeing.

The panel recommended that proactive clinical academic recruitment work (S6) be a priority. Unfortunately, there have been barriers to progressing this, see 'Systemic Issues' in Section 2.1, but a more holistic plan to address the problem has been formed as part of our new Priority 1.

c) **Consultation**:

Input has been obtained from a wide range of individuals in the department. NDORMS uses the University bi-annual staff experience survey and conducts its own survey to assess students' experience. Staff and Students' consultations have been equally taken into account when prioritising future actions. Priorities will directly impact on students too. The results across a comprehensive set of measures provides valuable intelligence on progress to date and areas to focus on. In addition, new starters are asked to conduct a survey every year, providing data that helps develop actions and track impact. Staff at all levels are represented in EDIC, NDORMS Board and Institutes' management meetings, with post-docs and students' representatives attending those meetings, allowing information to cascade up and down, keeping their constituents informed of developments and providing them with a voice to input and influence, for example, priority setting.

d) **Writing the application**:

The EDIC started preparing this application 9 months prior to submission. In May 2023 agreed timelines and internal deadlines and responsibilities were defined. Key staff outside committee played an important role in building this application: HR members worked with the EDI Manager to collect and analyse the staff data; the Graduate Students' Officer and MSc Director provided the students' data. The EDIC met termly with more electronic communications in-between. The HoD, COO and EDI manager met monthly and regular meetings with senior EDI and gender equality advisors in the Division and Institutional EDU took place, with these individuals acting as critical friends providing feedback.

e) **Plans for the future of the EDIC**:

The EDIC will take responsibility for overseeing the implementation of the AS action plan, monitoring impact and making adjustments to plan as necessary, with each termly meeting receiving and reviewing an update report, coordinated by the EDI Manager, who will liaise regularly with action point leads. Working groups will focus on specific priorities and objectives, e.g. wellbeing and regrading, and report back to the EDIC. The EDIC will submit termly written reports to Departmental Board, and the Head of Department and EDI Manager will supplement those with verbal updates. Furthermore, the EDIC will coordinate departmental-wide communications, ensuring staff and students are made aware of developments and have the opportunity to contribute where and when possible, and outside parties can see the progress achieved by NDORMS around inclusive employment (NS17a).

The department has established plans to develop more advanced management information systems and the University is planning to provide access to improved EDI data via Business Intelligence, developments which will assist the department in taking a step towards a more mature EDI model. Greater analysis of diversity data can lead to improved monitoring of impacts and more targeted interventions, as the departments seeks to further create a more diverse workforce and supporting intersectionality when appropriate. Evidence gathering from the wider HE sector will help identify leading gender equality practice, and the department plans to integrate that into the department's freshest thinking (NS1b, NS17).

Following the above approach, the EDIC is expected to lead the department's pathway to an Athena Swan Gold application at the next AS submission cycle in 2029. The department is ambitious in its EDI agenda and wishes to empower the EDIC and supporting structures to make meaningful progress in short, medium and long-term aspirations.

Section 2: An evaluation of the department's progress and issues

In Section 2, applicants should evidence how they meet Criteria B and D:

- *Progress against the applicant's previously identified priorities has been demonstrated*

- *Evidence-based recognition has been demonstrated of the key issues facing the applicant*

Recommended word count: 3000 words

2.1 Evaluating progress against the previous action plan

Please provide a critical evaluation of your most recent action plan and any other actions you have initiated since your award.

2.1.1   Previous Action Plan: NDORMS Silver Action Plan 2018:

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To develop and improve a transparent self-examination process, with regular surveys, **providing positive development and an open, supportive and family-friendly research environment.**	The SAT has been reviewing and updating the Silver action plan since 2018. 2021 Change of Team name: to EDI Committee. Terms of Reference created 2022. Termly Meetings (except 2020-2021 during Covid).	**S1.** The SAT will continue to meet termly to discuss implementation and progress of action plan.	Deadlines for Silver action plan will be monitored by the SAT. Members of the SAT will have specific responsibility for the individual actions.	2018-2022	Head of Department-Chair EDI Manager
	Results from surveys 2018-21-23 were shared within the department in our Bulletin. 2018 Experience Staff Survey. NDORMS response rate was 38% 2021 Staff experience survey. 58% response rate. 2023 Staff experience survey. 66% response rate.	**S2. Run bi-annual staff and student experience surveys.** Increase the survey **response rate.**	We will **increase the Survey response rate to 70-75%** Silver action plan will be developed/improved according to new information/results from each survey.	2020	Head of Department Communications team EDI Manager
	The principles of Athena SWAN further embedded in the workplace culture.	**S3.1 Develop a staff booklet regarding Athena SWAN** **S3.2**	In Survey 2018 to 2021, aim for >70% of awareness of the department Athena SWAN activities.	Summer 2019 and review content every year Coming up in Early 2020	Head of Communications EDI Manager

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
	83% of staff agreeing 'the department is committed to promoting equality and diversity" 2021 and 2023 Staff Experience surveys. S3.1 Action removed during Covid.	Expand our Athena SWAN webpages with details of our action plan outcomes and impacts. New 'Working with us' Section created for our Website and New Intranet Space. All will be launched early 2020			

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To Increase number of female applicants accepted on the taught MSc.	With Associate Professor Stephanie Dakin as Director of the MSc and her team: -In our cohort 2022-24 we have a 60%M and 40%F. We believe this impressive increase is down to our advertising strategy and decision to engage female groups on social media. -new advertising video - In 2023 we had 44%F and 56%M speakers, and from October '24 we'll have 40% female academics to join the course exam board. -exchange visits cancel for Covid reasons.	**S4.1** Add testimonials from past female candidates to the website and produce podcasts by female academics promoting the course. **S4.2** Raise the **international profile** of our course and foster collaborative opportunities for speaker / student exchange. **S4.3** Advertisement campaign to commence in 2019 and beyond to raise awareness of the Taught MSc course amongst female rheumatology / orthopaedic candidates. Accomplished via a nationwide advertising campaign through numerous British Rheumatology and Orthopaedic Societies, and specifically targeting 'Women in Surgery' to promote the course. **S4.4** Invite representatives from female medical professional focus groups such as 'Women in Surgery'	Seek to double the number of female MSc candidates from 2 out 15 to 4. Testimonials added in 2019 Joint symposium with the University of Toronto in 2020 Exchange visits to international centres with female to begin in 2019. From cohort 2018-20 representatives from female medical professional focus groups such as 'Women in Surgery' to speak on the course. For the 2018 cohort, Increase the number of female Academic Advisors for MSc students by 25%.	Actions 2019-2020 To see increase in female applicants in cohort 2020-22	Director of MSc course MSC Taught course Administrator Head of Communications

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
		to speak on the course to share their professional experiences with future Taught MSc cohorts **S4.5** Continue to ensure female academics have the opportunities to deliver taught content for orthopaedics and rheumatology, provide academic support for the student cohort, and are represented on recruitment panels.			
To increase the number of student panel members trained in implicit bias	Implicit Bias trainings are a requirement for all NDORMS staff members since 2022. - We have set up official part-time variants of our courses -we also ensure there is gender parity in the shortlisting and interview panels.	**S5.** Run 4 implicit bias training courses per annum. Implement recording and tracking of training on E+D and Implicit Bias for recruitment-panel members. HoD and DGS will encourage them personally to attend.	All panel members trained in implicit bias	By 2020	Director of Graduate Studies Director of MSc course Senior HR Manager EDI Manager

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
Increase the number of Female Clinical Academics	Despite our efforts, our data still shows: -Gender imbalance in women's representation at academic clinical lecturer, senior clinical researcher, associate professors, and professorial titles amongst NDORMS clinical academics. This is most pronounced at consultant level (Senior Clinical Researchers, Associate Professors and Professors). 2022 data: Clinical Academic Associate Professors: 4 Male 1 Female Clinical Academic Clinical Lecturer: 7 Male 1 Female Clinical Academic Statutory Professor: 5 Male 0 Female Clinical Academic Titular Professor: 13 Male 2 Female Researcher Senior Clinical Research: 9 Male 3 Female	**S6.** All female academic job vacancies will be recruited by search and appointments committees specifically required to look for suitable female candidates. Informed all Senior Committee Meeting in Oct 2019 and in Athena SWAN Committee meeting Oct 2019 The Head of Department to be written to by the Chairman of the appointments committee if no female candidates have been short listed and consideration given to any further strategies that might attract suitable female candidates.	From 17% in 2017 to 25% in 2021 of new Clinical Associate Professor appointments to be female	2021	Head of Department Director Osteoarthritis Centre of Excellence Kennedy Director Centre for Statistics in Medicine and Oxford Clinical Trials Research Unit Botnar NIHR Senior Clinical Fellow Academic Clinical Lecturer in Trauma and Orthopaedic Surgery

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To **increase the number of open-ended contracts** for senior academic staff, particularly women.	- Just below 6% of researchers on permanent contracts compared to 75% of academics -New departmental Policy (approved by the departmental board in July 2023) that considers moving staff who have been on repeated fixed-term contracts in the department onto an **open-ended contract (OE)** if certain criteria are met. -in 2023: 39 academic/researchers (22 females and 17 males) in OE (56% female, 44% male). The department has extended its considerations for open ended contracts beyond research staff in our most recent policy, including Research Delivery staff as well as Research Scientists and PIs.	**S7.** Associating the **Associate professor position with open ended/permanent** contracts whenever possible.	By 2022 to have 95-100% of Associate professors in open ended/permanent contracts	2020	Head of Department Director of the Kennedy and Botnar HR Senior Managers
To improve understanding of reasons for people leaving the department	- Exit interviews conducted. -We have maintained 80-90% levels of people leaving the department for another post response and	**S8.** In **our exit interviews, add targeted questions** to identify trends (if any) for	Undertake exit interviews on all leavers. Track career paths of all leavers post departure.	2019-2020	HR team

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
	that we have supported their development.	staff moving on from the Department.	Analysis of new data reveal particular trends. These will be followed up by focus groups and new exit interview questions. Maintain the 90% left for other another post response and that we have supported their development.		
To keep this **positive trend and increase levels of satisfaction of the Induction process** for all staff, **academic and PSS.**	We have undertaken annually new starter surveys since 2015. From 2020 and 2021 surveys: 97% were satisfied with the welcome they received from NDORMS with no gender or job role differences.	**S9.** **S9.1. New Starter Surveys will capture any differences by role type and gender** for satisfaction in the induction process. We will act on the analysis of the survey results by improving the induction process. **S9.2. NDORMS Toolkit.** The comms team, HR team and E+D advisor are working on an interactive document with useful information for new and existing staff and students.	Achieve 95% satisfaction in the Departmental induction process for ALL staff.	2020 From summer 2018 the NDORMS Toolkit will be up in the website.	Senior Human Resources manager EDI Manager Communications Team

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
		New NDORMS Toolkit in our Website since summer 2019			

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To continuously increase the understanding of promotion opportunities, particularly among female academic.	Promotion opportunities related questions: in 2021 61% of staff said they have the opportunity to develop and grow here and 63% in 2023 (ACARES 67%-60%F/78%M and PSS 55% (60%F/46%M). Those levels of satisfaction are lower than we would want for having opportunity to develop. See related actions (see new Priority 2-career development). S10c. Action removed due to Covid.	**S10.** **S10a.** Run **yearly bulletin features, covering different HR policies and processes** with emphasis on issues identified in our regular surveys. **S10b.** Provide **information sheets/FAQs on the website and in printed form at PDR meetings.** Those info sheets will be role-specific. **S10c.** HR will run **career advice 'clinics' for academics and PSS** every term.	For **academic** women: increase rate from 43% to 50% in 2019 and up to 70% by 2021. By 2022 academics' levels satisfaction with understanding of promotion process to 80% regardless gender. by 2020 increase levels of satisfaction with clarity of the promotion process **PSS:** Increase by another 10% in 2019-20 survey. From 66% to 76% –being clear about processes of promotion. And to 80% in 2022.	2019 for the new bulleting features and information sheets HR Career advice 'clinics' in Michaelmas 2018 and run them every term in both institutes. Start working on the materials Autumn 2018.	Comms Team HR Team

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To strengthen our in-house training and raise awareness of implicit bias and to reduce impact of IB in the department. Empower our staff with communication tools.	-By Board approval, since 2022 'EDI Training list' required for all staff including Implicit Bias sessions, EDI training, Bullying and Harassment/How to be a responsible bystander. -S11d.removed during Covid.	**S11.** Increase the frequency and of training courses making them available to all staff, particularly line managers and appointment committee members: **S11a. Implicit Bias (IB) Training.** **S11b. How to manage Difficult conversations** **S11c. PDR Training to reviewers and reviewees.** **S11d.** A group of PDR Champions is being formed and will be trained to deliver PDR trainings in 2020	All line managers undertaking personal development reviews will have received PDR training and how to manage difficult conversation training Every Michaelmas term to offer an in-house 'How to manage difficult conversations" All appointment committee members will have received implicit bias training Every November an IB workshop will be run in-house.	Annual in-house PDR training for new reviewers and reviewees before PDR season (to run in April-May). By 2021 ALL Academics and PSS line managers and committee members will have received those trainings.	EDI Manager HR Team HoD

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To deliver a high-quality PDR process that assists academic staff and PSS in their personal development.	-New PCDR scheme implemented in summer 2023. -From staff survey in 2021 57 % said they had PDRs in the last two years, and 56% in 2023. Lower than expected and addressed in Priority 2 in new action plan.	**S12.** **Increase the uptake of PDR by all staff by making PDR mandatory.** **Improve tracking of PDR by HR department** We would like to cover both objectives/priorities with an Online PDR system, we are working to make this happen this 2020. Increase availability of PDR training to all staff, particularly line managers-reviewers (see Action Point S11.c)	Achieve >90% uptake of PDR for all staff by 2022. In Surveys 2019 to 2022: Maintain academic and PSS levels of satisfaction with the PDR process over 80%. Around 80% of academics and PSS agree that their manager/supervisor supports them to think about their career development.	Annual PDR process every May/June. Special PDR section in the Bulletin to coincide with 'PDR season'; embed a supportive culture around PDRs in the Bulletin (announcing benefits, "top tips for your PDR", training opportunities).	Head of Administration Senior HR Manager EDI Manager

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To increase support for Postdocs in their career progression, and to enable better co-ordination and dissemination of Postdoc relevant information	-Just 31% of ACARES say in our 2023 survey they have been mentored but, from those: 86% found it useful- no gender differences. -On career Progression we have: -run specific social and networking events for post docs (after Covid) -align to the Concordat and encourage the Postdocs to the 10 days per year allocated to personal development -New actions in New Action Plan- Priority 2	**S13** **Roll out the NDORMS Mentoring scheme to include all Postdocs** We currently have 59 postdocs in the Department We will need to identify and train a pool of 30 mentors to achieve this aim	All Postdocs to be part of the Departmental Mentoring Scheme Pool of 30 NDORMS Mentors trained by 2022. In surveys 2019-2022 maintain over 80% levels of satisfaction of support Assessment Mentoring scheme: PostDoc uptake of NDORMS, MSD and University wide mentoring will continue to be monitored and feedback obtained by survey. Results From Postdocs in staff survey and focus groups. Uptake of all the postdoc events and feedback	From Michaelmas 2018 NDORMS Mentoring scheme formally open to all PosDocs By 2022 all postdoc to be part in the departmental scheme	PostDoc advisors EDI Manager Director of Graduate Studies and Divisional Head of Skills Training of researcher Development

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To provide **high quality support to applicants for research grants and fellowships.**	-Grants team increased size to 6 and relocated in each institute by 2019. - in 2023 survey question '1 feel supported to apply for grant funding as a principal investigator or co-investigator (AC/RES staff) gender difference in levels of satisfaction 50%F/78%M)-addressed in new action plan Priority 2. - In 2023 the Botnar applied for 12 Research Council grants and were awarded 7. (58% success rate). -In 2023 KIR 16 applications submitted to research council, 6 were successful (38% success rate) -in 2023, number of females applying grant applications. 32 Botnar, 26 KIR. Total= 58. -S14b roll forward with a new focus NS11a-c.	**S14a. Increase the size of our grant team from 5 to 6 and to relocate the team to the research institutes.** **S14b.** Provide **training guidance and workshops for academics applying to funders** where we have lower success rates at present. **S14c** Provide **grant reviews by senior academics and run mock interviews for** fellowship candidates **S14d Invite key funders to visit the department and outline their funding strategy**	Increase the success rate of submitted applications to the research councils teams. -At least 80% of eligible for grants applications academics agreeing in next surveys (surveys 2020-2021) that the grants team is: accessible, supportive and advise them well (before, during and after awards)-Not measurable as question disappeared from surveys 2021-23. -Increase number of grant applications. In 2016-17 exercise we had 29 females applying (72 application between them) our target would be 40 female applying by 2022.	Summer 2019: new staff start and relocation of teams. Summer 2020 Survey to assess improvement. Training and fund courses for grants staff will be offered in their first year in the post.	HoD Head of Kennedy and Botnar Institutes Botnar Grants team KIR Grants team

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To promote and encourage take-up of paternity leave and shared parental leave	We had a total 37 paternity leaves in 2018 to 2022 and 15 shared parental leaves in the same period.	**S15.** Keep this positive trend of paternity leave requests. From 4 requests in 2014 to 16 up to 2017. To highlight information sheet regarding paternity and shared parental leave in website and Bulletin.	Increase to 20 the uptake of paternity leave in 2022. In web page and bulletin highlighting information and stories on paternity and shared parental leave.	2019 to start sharing stories in the Bulletin and website.	HR Team
		To encourage new fathers to meet with members of the HR team to discuss options for paternity and shared parental leave: we will share experiences in the Bulletin.			

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To strengthen the networking opportunities between NDORMS staff and keep levels of satisfaction with departmental inclusiveness.	Amber in 2020-2021 due to Covid. Actions paused until 2023. Re-starting in 2023, last survey results show that 70% of staff feel included in the department's social/networking activities And 85% feel integrated into their team.	S16.The *'Welcome and events committee'* will maintain a regular programme of **social and welcome events** to further develop NDORMS networking opportunities. **S16.1** To run a department away day with dinner for all senior clinical and non clinical academics in the department at Grade 9 and above, including senior Professional and Support Staff **S16.2** To run a Post-doc and Clinical Research fellows away day and dinner for staff at grade 6 to 8 Including key Professional and Support Staff	Positive feedback and turnout Annual away day and networking dinners. Events are run regularly, well publicised and attendance remains high (>100 people per event). Positive feedback from attendants and from surveys. Maintain at least 80-85 % levels of satisfaction with the events from 2019 survey to 2022.	Away days starting 2019	Comms Team O&PE officer) HR Team EDI Manager
To improve transparency and visibility of management decision making in the Department.	2023 Staff Survey: 47% ACARES agree (38%F/60%M) that Management and decision-making processes are clear and transparent in my department. And in 2021:	**S17.** Make available to the department the minutes of all committee meetings. Use the Departmental Bulletin to highlight key management decisions.	Improved evaluation of transparency in management and decision making in our annual surveys. We aim that F/M academics agree in 60-70% in 2020	Set up by summer 2019	HoD Heads of Institutes HoAdmin

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
	41% ACARES (36%F/50%M). For the same question: 2023 PSS: 47% (50%F/46%M) 2021 PSS: 59% (61%F/57%M) See Barriers section and priority 4 in application.	We will develop this senior management committee for the whole department. The *Visibility of the Management Committee will be ensured by* having clear terms of reference published on the Department website with an agenda and minutes available for all members of the Department to review. The committee will contain a balance of men and women, it will be chaired by the Head of Department and will comprise the Director of the Institutes, along with senior academics and senior professional and support staff.	survey and around 75-80% F/M academics in 2022 survey, with no gender imbalances. For PSS we aim for them to agree in 70% in 2020 and 80 % 2022 surveys.		

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To engender a zero tolerance policy on bullying and harassment within the department.	-Bullying-Harassment/How to be a responsible bystander' training is a requirement for all staff since 2022. -10 Bullying-Harassment departmental Advisors trained (end of 2023).	**S18a.** We aim **to train all our staff in anti-bullying and harassment. To have NDORMS staff as *Anti B+H champions and "Responsible bystander" and Special emphasis on Anti-Bullying week every** November: Annual anti-B+H lectures and trainings across NDORMS staff and NDORMS B+H Booklets review and layout. **S18b.** We will double the number of anti-Bullying and Harassment advisors from 5 to 10	Anti-Bullying and Harassment training will be mandatory Reduce the proportion of staff witnessing B and H to 7% Reduce the proportion of staff experiencing B and H to 3% And keep the decreasing trend to a minimum in 2022.	By 2021 all staff trained in anti B+H By 2022 to have 10 B+H advisors.	EDI Manager B+H advisors Communications team
To strengthen our website's imagery and keep it inclusive as well as representative of gender, race, and age groups across all sections.	-We haven't produced the video. Action dropped during Covid. -Website became more representative of groups around department.	**S19.** **To produce a video specifically on Athena principles and how we support family-friendly policies.** We will feature both men and women working in the department.	From surveys 2018-2022 maintain this >90% of staff agreeing that the website is useful/representative of gender-race-age. Track clicks on the video.	2019-2021	Comms Team HoD EDI Manager

NDORMS Aims	Progress since 2018	Silver Action Points	Assessment-Measures of success	Time scale to Achievement	People Responsible
To increase involvement of staff in outreach and public engagement activities and to formally recognise staff participation in O&PE activities throughout the preceding year.	-In person engagement during covid stopped- OPEN ARMS, Patient and Public Involvement Group was set up and runs regular online, now hybrid, meetings. -Online careers talks started for Y12/13 -During covid we created a blog explaining newly released covid research -Post covid in person events have slowly returned to pre-pandemic levels but with additional online and hybrid events.	**S20. Include O&PE activities as a section of the annual Personal Development Review (PDR) Form.** Support students to participate in these activities by providing training.	Around 80 different members of staff or students taking part in 2020 and 2022 in Outreach and Public Engagement (O&PE) activities in 2020 and around 90 in 2022.	From 2018 PDR round 2020 and 2022 to increase staff and student participation in O+PE	P&E Officer HR Team EDI Manager

Table 2. Overview of NDORMS aims RAG ratings from 2018 Action Plan

RAG	Action	Description	Facilitator/ Barrier
Green	S1 S2	To develop and improve a transparent self-examination process, with regular surveys, providing positive development and an open, supportive, and family-friendly research environment.	Agility, Visibility and Engagement of EDIC
	S3	To further embed the principles of Athena SWAN in the workplace culture.	
	S4 (4.1-5)	To increase number of female applicants accepted on the taught MSc.	Committed Senior Role Models and Senior Management
	S5	To increase the number of student panel members trained in implicit bias.	Strategic intent
	S8	To improve understanding of reasons for people leaving the department.	Supporting individuals
	S9	To keep this positive trend and increase levels of satisfaction of the Induction process for all staff, academic and PSS.	Cross-functional collaboration
	S11	To strengthen our in-house training and raise awareness of implicit bias and to reduce impact of IB in the department. Empower our staff with communication tools.	Strategic intent
	S14	To provide high quality support to applicants for research grants and fellowships.	Supporting individuals
	S15	To promote and encourage take-up of paternity leave and shared parental leave.	Supporting individuals
	S18	To engender a zero-tolerance policy on bullying and harassment within the department.	Greater awareness
	S20	To increase involvement of staff in outreach and public engagement activities and to formally recognise staff participation in O&PE activities throughout the preceding year.	Strategic intent

RAG	Action	Description	Facilitator/ Barrier
Amber	S7	To increase the number of open-ended contracts for senior academic staff, particularly women.	Committed Senior Role Models and Senior Management
	S10	To continuously increase the understanding of promotion opportunities, particularly among female academics.	Greater awareness / Supporting individuals
	S12	To deliver a high-quality PDR process that assists academic staff and PSS in their personal development.	Competing Priorities
	S13	To increase support for Postdocs in their career progression, and to enable better co-ordination and dissemination of Postdoc relevant information.	Competing Priorities
	S16	To strengthen the networking opportunities between NDORMS staff and keep levels of satisfaction with departmental inclusiveness.	Covid-19
	S17	To improve transparency and visibility of management decision making in the Department.	Leadership Discontinuity
	S18	Reduce the proportion of staff experiencing and witnessing bullying-harassment.	Greater awareness
	S19	To strengthen our website's imagery and keep it inclusive as well as representative of gender, race, and age groups across all sections.	Action removed during Covid
Red	S6	Increase the number of Female Clinical Academics.	Systemic issues

2.1.2

Facilitators of Progress and Learnings

Several cross-cutting facilitators have been identified that positively contributed to the progression of the previous action plan, and these will be central to ensuring on-going achievement of the department's aspirations.

o   Agility, Visibility and Engagement of EDIC

The revamped EDIC launched in 2022 with a focus on communication and outreach. This included open events for staff and students, which allowed a broad audience to hear about

the objectives of the EDIC. These initiatives led to new volunteers joining the EDIC. Engagement, such as bulletin updates, was critical to realising actions S1-3 and will drive NS1,a-b.

o   Committed Senior Role Models and Senior Management

Several individuals have demonstrated their commitment to AS and taken personal responsibility to drive improvements. The Director of the MSc course, Associate Professor Stephanie Dakin, resolved to improve the gender balance of MSc students (Figure 4, Appendix 2), leading to improvements that achieved S4. The support of the former and new HoD enabled the achievement of S1-3 and part of S7, and this commitment is ongoing, evidenced by the HoD leading Priority 1 and 4 (NS15). The graduate studies team completed S5 by 2020 and implemented new actions (launching part-time courses and operating gender-balanced interview panels) that has led to a gendered-balanced cohort of students every year since 2018 (Figure 2, Appendix 2). Such commitment and engagement are seen as key tenets for the new action plan, underpinning all actions, with a focus on an open, transparent and empowered community, and directly impacting NS15.

o   Supporting Individuals

The department has focussed on individuals and supported them where appropriate, achieving S15 and S8, and the amber-rated items, S10 and S13. The department has supported staff with re-grading, increasing the number and proportion of successful applications with no gender differences (Figures 21 and 22, Appendix 2). Building on this, NDORMS plans to introduce an improved regrading process in the next 5 years (NS8, NS8a, NS8b). The focus on individuals extends into other areas, such as increasing the number of open-ended contracts (NS7). Although our S14 achieved all our success measures planned, we found that more specific support will be needed (addressed in Priority 2 and NS11, a-c)

o   Strategic Intent

NDORMS prepared a 5-year strategic plan in 2022 with one of the strategic priorities "to invest in the development of our human capital." The 2023 update of the plan further strengthened the wording in relation to this priority with more defined actions specifically related to the Athena Swan action plan. The department is investing in continuous improvement and this workstream is anticipated to contribute to our EDI aims, by focusing on iteratively improving structures, policies and processes (NS12d), and instilling EDI principles in all activities, effectively using this specialist skill to develop sensitive, targeted and impactful actions.

Barriers to Progress and Learnings

Analysis of the amber and red actions on the previous plan has revealed unanticipated barriers. Awareness and understanding of these have been taken into account when framing our new action plan, and successfully navigating them is key to making meaningful progress.

o   Systemic Issues

The target to meaningfully increase the number of female clinical academics was unattainable in the short-term. Instead, longer-term goals were needed, with a range of short, medium and long-term interventions. For example, S6 included a target for an 8% increase in the number of new Clinical Associate Professors (CAPs) to be female within 4 years; this objective lacked context, with the low numbers of female CAPs being a complex issue that is only partly within the department's control; the national pool available is extremely limited for this speciality, with only 7.8% of orthopaedic consultants in the NHS being women, and a similar figure for those training in this specialty. In academic orthopaedics, the problem is even more stark, as a fraction of those 7.8% will have received clinical academic training and be eligible for university clinical academic posts. We therefore aim to develop a multifaceted approach that will involve developing the pipeline and attracting more women into clinical academic orthopaedics. This realisation has led to the development of our new Priority 1, which expands the approach beyond recruitment to encompass a broader range of activities (all NS6). While we will look to recruit and appoint eligible women into consultant level clinical academic posts as such tenure posts become vacant, or when we can produce business cases for additional posts, our horizons will broaden and include working in partnership with external regional and national bodies.

o   Competing Priorities

Progress was limited in certain areas due to time and resourcing pressures, both from leads and members of staff. Rolling out the mentoring scheme (S13) has been slower than planned and PDRs up-take has been lower than anticipated in S12 (with 56% of our 2023 staff survey respondents saying they had their PDRs in the past 2 years). In response, PDRs were upgraded in 2023 to a more comprehensive Performance and Career Development Review (PCDR) (see Priority 2 and NS9a-e). The new action plan takes these learnings into account, ensuring that only relevant, impactful actions are included, resourcing implications are considered, and synergies are identified, enabling the maximisation of time. E.g. NS9b will be rolled into a departmental initiative already underway, a HR Service Review, which has a dedicated Continuous Improvement Implementation Officer to support it.

o   Leadership Discontinuity

The change in HoD and COO has reduced impact over the last two years. While the new postholders are committed to EDI, and bring a fresh perspective and energy, the transitionary period has slowed progress. In S17, we aimed for 70-80% of satisfaction levels on evaluation

of transparency in management and decision making by 2022, and only 47% of staff agreed with this; we have made plans to address this (Priority 4). To prevent a future recurrence of this barrier, a greater emphasis will be placed on the underpinning processes and structures to support EDI work (e.g. EDIC and committee changes (Diagram 2) (NS15c).

o   Greater Awareness

Certain targets have remained unfulfilled (S10, S18), with positive messaging and new mechanisms to improve behaviour and interactions not having the desired result. The latest data has shown an increased % of individuals witnessing and experiencing bullying and harassment (Q4.2, Q4.3, Appendix 1), especially amongst the PTO group, leading to our success measures in S18 remaining amber. This increase may be attributed to greater awareness of the issues, with a communications plan to notifying individuals of the bullying and harassment procedures and advisors, and the Mediation Service. We will continue supporting our Mediation Service for informal conflict resolution (NS16a); this has been the first such service in the University and has scaled up to support other two departments in MSD, with high levels of satisfaction in its first year (Q10, Q11, Q12, Appendix 1). With awareness heightened, the department intends to undertake new actions to address the issues (NS16 / Priority 5).

o   Data Analysis

EDI-data has not been readily available, and this has inhibited the timely review and management of actions. The Staff Experience survey is held every 2 years, creating a data-vacuum in-between. Staff and students' quantitative data are available only at the divisional-level and are compiled from different sources, making the manual process complex and lengthy. Improving the availability and access of diversity data is a key action [links to an MSD priority], while new data sources are sought (NS1b, NS5b) to provide intersectional, relevant and timely information that will allow for iterative development.

COVID-19

NDORMS' staff showed commitment to collaborate globally to tackle the problem during the pandemic, playing a key role in research, immunology, prediction models, government advising, literature reviews, clinical trials, engineering projects, ventilators and PPE. Many clinical academics returned full-time to the NHS to support its work and the care of patients, at the detriment of their own research. The department's work is continuing to explore Covid-19, with some researchers trying to understand the post-acute presentation of Covid/long-Covid. During this period, many staff worked long hours over a sustained period.

To protect our staff and facilitate their work, while mitigating the risks of the pandemic, we ran monthly department management meetings and weekly emergency planning group meetings of key staff in both Institutes.

We took immediate action in 2020, to support and protect our staff and transition to working from home, which continued for 18 months for many staff. Equipment was moved or purchased, and Microsoft Teams became well utilised. For lab-based and facilities staff who were required to work on-site, stringent safety measures were established. Wellbeing became key and our communications team launched a pack of resources and guidance. NDORMS and Mental Health First Aid England joined together to train and establish (Priority 3) a network of 29 trained Mental Health Allies across NDORMS in 2020/21 to support staff and students in the short and long-term. NDORMS celebrated International Women's Day in 2022 with a panel of women sharing their professional, personal experiences and impact over the pandemic.

The sense of community and workplace culture proved difficult to maintain, with staff working irregular patterns and finding no or limited cross-over in-person. Following the easing of restrictions, the department launched a new informal flexible working policy, while engaging staff in developing the future new ways of working policy, which would embrace certain positive trends, while encouraging staff back into the office. It took a significant amount of time for many staff to feel confident returning on-site, but NDORMS did not rush this process and a supportive approach assisted the transition. Adopting new ways of working has had some positive impact on culture and flexible working (Q3.1, Appendix 1), but there seems to be weaker ties within and between groups and teams, something the department is committed to finding a positive solution for (NS14).

Covid-19 also negatively impacted on other Athena activities. PDR's were not routinely completed during this time (S12), due to the strain staff were under and the lack of time ('Competing Priorities' barrier above). The EDI Manager was furloughed during two lockdowns due to personal circumstances and this led to a pause in activity and actions removed (S10c; S3.1; S11d) and delays in workstreams. During lockdowns, EDIC meetings were postponed, and monitoring or assessment of the action plan were paused.

2.2 Key priorities for future action

Please describe the department's key issues relating to gender equality and explain the key priorities for action.

Identification of key priorities: consider whether and how the department's gender equality issues have changed since their previous award.

Please consider how the priorities address intersectional inequalities.

The HoD, COO, EDI Manager, members of HR and the EDIC have worked closely to analyse and identify NDORMS' priorities. These are based on our staff and students' quantitative and qualitative data, and discussions with senior members of the department, post-docs and student representatives.

We have defined our objectives under these priorities, and each priority and aim are addressed by multiple actions.

To provide maximum impact, the Action Plan has been developed alongside the department's strategic plans.

Representative Population

Priority 1: To develop the pipeline and career opportunities to recruit female clinical academics at consultant level and support their promotion to the titles of Associate Professor and Professor.

Key drivers and evidence:

o Figures 10-11, Appendix 2 demonstrates a gender imbalance in women's representation at academic clinical lecturer, senior clinical researcher, associate professors, and professorial titles amongst NDORMS' clinical academics. This is most pronounced at consultant level (Senior Clinical Researchers, Associate Professors and Professors)

o Gender differences are apparent in all questions regarding career development amongst female academics (Q5.1, Q5.2, Q5.3, Appendix 1) (see Priority 2: Career Development below).

Additional context:

Figure 23, Appendix 2 demonstrates the clinical training for NHS doctors and those NHS doctors that wish to train as clinical academics. After medical school, over a 10-12 year training period, there are many job opportunities and security with the NHS, while clinical academic posts are limited. Many doctors train for a period academically at graduate degree level or academic clinical lecturer level with the aim of then returning to the NHS as a teaching hospital consultant. An academic post-graduate degree for many doctors helps them obtain their first-choice NHS consultant jobs. Other doctors with academic training

might wish to stay in academia, but due to a lack of consultant-level tenured clinical academic posts, they move back to NHS consultant posts.

Such consultant-level clinical academic posts are limited by university funding and an historical gender disparity with more males holding such posts, which they often hold until retirement. Sudden changes that would increase female consultant clinical academics are therefore challenging without retirements, or funding to create new posts. Orthopaedic surgery presents a further challenge as a speciality, with only 7.8% of orthopaedic consultants in the NHS being women. In academic orthopaedics, the problem nationally is even more stark, just 3%.

Despite this national issue, and Covid, we have made progress, with evidence of attracting female junior doctors to undertake graduate research degrees and into clinical academic training posts (Figure 11, Appendix 2). We have supported applications from our consultant clinical academics for promotion to AP and professor, and we have no difference in success rates by gender (Figure 20, Appendix 2). However, our data still shows a minority of female consultant clinical academics compared to our balanced proportion of women in non-clinical senior academic posts (Figure 8, Appendix 2). While our existing policies and actions were designed to impact both clinical and non-clinical staff similarly, they do not achieve this, indicating that other factors are at play: e.g. the national recruitment and pipeline issues listed above.

Plan to address:

- o Support female clinical scientists with RoD (NS6e): aiming to facilitate professional development and improve gender imbalance.

- o Develop pipeline of clinical academic trainees in orthopaedics and rheumatology (NS6c): provide opportunities for medical students and junior doctors to undertake research projects in NDORMS and create more posts at academic clinical lecturer (ACL) level.

- o Adopt targeted mentoring scheme (NS6d): encouraging and supporting clinical lecturers and clinical academic trainees to apply for advanced fellowship and clinician scientist awards to make the transition to senior consultant-level clinical academic positions.

- o Create new consultant clinical academic posts (NS6f).

- o Undertake CI-facilitated workshop (NS6a): bring together stakeholders to thoroughly assess the issue, context and solutions.

Career Development

Priority 2: To invest and support the career development of our staff with special focus on our female academics and researchers.

Key drivers and evidence:

In the 2023 survey, although NDORMS were consistent with the divisional average with regards career development questions, we noted several role and gendered variations:
- o I take time to reflect on, and plan for, my career development (ACARES: 60%F/85%M) (PTO: 64%F/62%M)(Q5.1, Appendix 1)
- o I am supported to apply for grant funding as a principal investigator or co-investigator (ACARES: 50%F/78%M)(Q5.2, Appendix 1)
- o I am supported to think about my professional development (ACARES: 54%F/68%M) (PTO: 65%F/57%M)(Q5.3, Appendix 1)
- o Permanent contracts are more common for researchers when they secure academic posts, with just below 6% of researchers on permanent contracts compared to 75% of academics (Figure 12, Appendix 2).

Plan to address:

An integrated set of actions with a focus on female academics:
- o PCDRs (NS9a-c) and monitor adoption of 10 days Professional Development (under) Research Concordat) (NS9d) and identify individual and group training opportunities.
- o Postdocs' career path development plan (NS9e): work with postdoc committee and community to build a career plan to use as a guideline for PCDRs.
- o Open-Ended Contracts (NS7): move staff who have been on repeated fixed-term contracts onto an open-ended contract if criteria are met.
- o Grant support (NS11): raise visibility of opportunities and support female academics with an application strategy as part of their career planning.
- o Updated regrading process (NS8): ensure thorough and consistent consideration and assessment of regrades.

Wellbeing

Priority 3: To ensure high-quality health and wellbeing support across the whole department.

Key drivers and evidence:
- Despite 75% of staff agreeing their health and wellbeing are adequately supported, we have an imbalance across the department, with 58% of KIR staff agreeing with this. (Q6.1, Appendix 1)

- 60% of staff can meet the requirements of their job without regularly working excessive hours; while 79% of PTO agree, only 49% of ACARES agree, with lower levels of satisfaction from men (54%F/42%M) (Q6.3, Appendix 1)

- 69% agree that the department takes people's caring responsibilities into account when scheduling meetings, with a gender discrepancy amongst ACARES (66%F/82%M).(Q3.2, Appendix 1)

- Female academic staff are less likely to know who to contact about wellbeing support (59%F/77%M) (Q6.4, Appendix 1)

Plan to address:

We have established departmental actions and more targeted KIR actions (NS12a,b, NS13).

- Create Wellbeing Working Group (NS12b): led by Wellbeing champions, working with MHFA Coordinators, e.g. providing more support to events like Mental Health awareness week and training.

- Structure pool of MHFA Coordinators (NS12c)

- Reduce workload strain (NS12d): Use CI to streamline activity to create more capacity, reduce strain and make roles achievable in working hours.

- Schedule meetings appropriately (NS13): clarify core hours for departmental meetings/committees and improve advice and guidance.

- Expanded social activities (NS14): offer staff a greater range of activities to improve workplace experience.

Inclusive Communication

Priority 4: To work towards more proactive and inclusive communications with staff led by the departmental leadership group.

Key drivers and evidence:

- Although 73% of our staff agreed that communication in the department is 'open and effective,' there was a gender imbalance amongst ACARES (69%F/85%M) and PSS (73%F/60%M) (Q14.1, Appendix 1)

- 47% agreed with the statement, 'Management and decision-making processes are clear and transparent in my department,' and there was a gender imbalance in ACARES (38%F/60%M) (Q14.2, Appendix 1)

- 61% (72% in 2021) felt that senior leaders made the effort to listen to and communicate with staff, with a gender imbalance amongst ACARES (56%F/71%M) (Q2.2, Appendix 1)

- We aim to improve staff confidence that action will result from their inputs, with 45% of staff believing action will be taken as a result of from the survey (Q15, Appendix 1)

- 52% of staff agreed that they have the opportunity to contribute their views before changes are made which affect them. (Q14.3, Appendix 1)

Plan to address:

The HoD and COO wish to adopt a progressive approach that raises transparency and addresses all points raised in the evidence section.

- Open communication channels (NS15a): find mechanisms to engage with staff and provide opportunities to listen, learn and share.

- 'Inclusive communications project' as a result of our HoD's Inclusive Leadership Programme (NS15b) / Links with NS3a): proactively establish feedback mechanisms and transparent decision-making processes that foster inclusivity, demonstrate positive action and establish a culture of open engagement. A comms service review will assess content and channels for segmented audiences of staff and students, ensuring individuals receive the comms they want and need, at the time they need it, through the most appropriate means. Inclusive communications will be at the heart of this review and development of future

communications strategy and approach. Senior leaders will be active participants in the project and the development of inclusive communications is an integral part of a strategy for cultural change where leaders and managers role model inclusivity and are engaged and committed to the principles [links with NS18b].

- o Publish committee minutes (NS15c): increase transparency.

Bullying and Harassment

Priority 5: To reduce incidents of Bullying and Harassment, especially amongst our PTO staff group. To keep building a culture where everyone feels they belong and where difficult situations are managed while driving positive change.

Key drivers and evidence:

- o In the last year, staff reported experiencing bullying/harassment (19% PSS/9% ACARES) (PSS rising from 5% in 2018 to 15% in 2021)'; no gender imbalance (Q4.2, Appendix 1).

- o For those who have witnessed bullying/harassment in the past year, we found a gender imbalance amongst our ACARES (20%F/11%M) (Q4.3, Appendix 1)

- o Although staff were confident their complaint would be dealt with seriously (75% - (Q4.1, Appendix 1), there was low satisfaction with how the report was handled (32%).

- o Of the staff who experienced bullying and harassment and didn't report it, 50% said that 'nothing would happen'; 44% had concerns about 'being labelled as troublemaker'; 38% fear of 'possible victimisation'; 31% didn't feel 'it was serious enough' and 25% had concerns 'about confidentiality'.

Plan to address:

We plan to approach this holistically, seeking to address both the symptoms and the underlying causes, paying particular attention to our PTO staff group:

- o New B&H process (NS16b): create improved user journey, removing points of stress and improving efficient management, aiming to encourage more victims and witnesses to report incidents, support individuals to address them (formally or informally) and produce better outcomes.
- o Define code of conduct (NS16d): clearly articulating expectations for professional behaviour and establishing benchmarks to assess reports against.

> - Encourage use of Mediation Service (NS16a): seek informal resolution of issues at early stage, with 83% of users agreeing it was useful and a helpful service (Q10-13, Appendix 1).
> - Introduce feedback opportunities (NS16c): create confidential mechanism for staff to raise awareness of issues to allow timely intervention.
> - Develop B&H advisors (NS16): train as a group and provide opportunities to share learning, experience and best practice.

Section 3: Future Action Plan

In Section 3, applicants should evidence how they meet Criterion C:

- *An action plan is in place to address identified key issues*

1. Action plan

Please provide an action plan covering the five-year award period.

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame

Underpinning priorities: Self-assessment, consultation & communications (NS1-NS3)

*Some success measures in this action plan have distinct aims for our institutes (KIR-Botnar), due to the differences in levels of satisfaction coming from our survey results.

**All actions and priorities in this action plan are intended to students when suitable.

Rationale/Key drivers:

From our 2023 staff survey, with no gender variations:

- *45% of staff believe action will be taken as a result of this survey.*
- *74% of staff would recommend the department as a great place to work (80%Botnar-59%KIR*).*
- *83% agrees that the department is committed to promoting equality, diversity and inclusion.*
- *86% agrees that the department respects individual differences (e.g. culture, diversity, working styles, backgrounds, ideas.)*

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To keep improving a transparent self-examination process, with regular surveys, providing positive development and an open, supportive and inclusive workplace environment.	NS1. Continuous self-assessment. The EDIC will continue to meet termly to discuss implementation and progress of action plan. (rolled forward action)	-80% of all staff recommending NDORMS as a great place to work by 2027 (and at least 70% in KIR).	EDI Manager HoD EDIC members	Termly (continuing action)
Keep showing EDI commitment and engagement.	NS1a. EDIC to present itself annually to the whole department to gather feedback first hand and recruit volunteers. EDIC will make sure there's presence in both research institutes and especially encourage KIR staff/students' attendance.	-Maintain above 80% in 2025 and 90% by 2027 of staff agreeing that the department is *committed to promoting equality, diversity and inclusion.* -Increase in staff survey engagement questions from 77% to 82% by 2027 with less than 5% gender variation. >100 attendants in each institute at EDIC event.		
Increase transparency and belief in action by developing a comprehensive communications plan to communicate results and change in response to consultation exercises.	NS1b. EDIC will work with MSD to get refined equalities and diversity data and use of new EDI datasets and qualitative analysis support. [links with MSD priorities]	Having identified underrepresented groups by 2025 and create a 2025-2029 plan to address the challenges.		

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	NS2. Bi-annual staff and students experience surveys.	-Bi-annual staff experience survey: higher staff engagement and response rates, rising from 66% in 2023 to 70% in 2025, and 75% in 2027.	EDI Manager HR Team Mediation Team	Annually and bi-annually
	NS2a. Targeted and specific departmental surveys and feedback mechanisms for monitoring staff experiences and satisfaction with specific activities (i.e. induction, mediation service, PCDRs, mentoring, etc.).	-Students' survey: increase response rate to 50% (25% in 2023). -Review all consultation data (quantitative and qualitative) on an annual basis and formally adjust the appropriate action plan and work packages and communicate change to the department. -2020-21 New starters survey: 97% of new starters were satisfied with the welcome received from NDORMS. Maintain these high levels of positive satisfaction in our annual New Starters Surveys for 2022 onwards. -Specific mechanisms in place by end of 2024 to best gather targeted feedback on PCDRs and Mentoring. From Mediation feedback forms we aim to maintain and/or increase >5% the 83% of participants rating the service as very helpful to have.		
	NS3a. Plan an inclusive communications campaign on how decisions are made in the department and how everyone can get involved at different levels. (linked with Priority 4).	-Comms campaign designed by summer 2024.	Communications Team HoD COO EDI Manager	Start in February 2024 until next submission 2029.

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	NS3b. Communicate all initiatives implemented to foster transparency, as well as all actions taken as a direct result of the staff survey and wider feedback.	-Improve belief in action rate from 46% to 55% by 2025 and to 65% by 2027, with a <5% gender variance.		
Students				

NS4-NS5 Student specific actions:

Rationale/Key drivers:

- Although we have increased the number of MSc (PGT) female applicants being accepted into the course, we acknowledge that a gender balanced cohort will take time; In our cohort 2022-24 we have a 60%M and 40%F (NS4).
- We have had a gendered balanced PGR cohort of students every year since 2018. Our next step would be maintaining this gender balance and increase the diversity of the students' pool, and work to correct the underrepresentation of some groups (NS1b, NS5).

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To keep increasing number of female applicants accepted on the taught MSc.	NS4. Strengthen our efforts with previous successful actions and keep improving the advertisement campaign, working closely with the comms team during advertising time (i.e. New 2023 advertising video, targeting female twitter groups, such as '@WomenSurgeonsUK, etc.)	Gendered balanced MSc cohort 50-50 by cohort 2024-2026 and/or 2026-28.	MSc Director and Team Communications Team	2024-2026 and/or 2026-28.
	NS4a. Keep encouraging our current cohort to spread the word as well as providing academics with advertising materials when traveling to conferences. (rolled forward action)			

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2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
Improve awareness of under-represented groups and then act to address the identified challenges.	NS5a. PGR: Maintain and monitor gender balanced cohorts annually. NS5b. Get access to diversity data from MSD and central University and analyse to identify under-represented groups (linked NS1b).	Having identified underrepresented groups by 2025 and create a 2025-2029 plan to address the challenges.	DGS' in both Institutes and Graduate studies team. EDI Manager	2025-2029

Priority 1: To develop the pipeline and career opportunities to recruit female clinical academics at consultant level, and support their promotion to the titles of Associate Professor and Professor.

Rationale/Key Drivers:

- Despite the national issue (only 7.8% of orthopaedic consultants in the NHS being women), we have made progress with evidence of attracting female junior doctors to undertake graduate research degrees and into clinical academic training posts (clinical research training posts in 2022: 10F/14M-42%F/58%M). We have supported applications from our consultant clinical academics for promotion to associate professor and professor and we have no difference in success rates by gender once female applicants reach this stage. However:

- Gender imbalance in women's representation at academic clinical lecturer (ACL), senior clinical researcher, associate professors, and professorial titles amongst NDORMS clinical academics. This is most pronounced at consultant level (Senior Clinical Researchers (25%F/75%M), Associate Professors (20%F/80%M) and Professors (10%F/90%M)

- Gender differences are apparent in all questions regarding career development amongst female academics (clinical and non-clinical) [links with Priority 2: Career Development]

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
Increase the number of Female Clinical Academics at consultant level, by focussing on the underlying systemic issues that have limited numbers to date.	NS6a. Continuous Improvement-facilitated workshop with relevant stakeholders to identify further future actions. NS6b. Plan with the Head of the Medical School more Special Study Modules (SSM) opportunities for medical students. NS6c. Build a strong relationship with the Directors of OUCAGS and aim to	-Involvement and commitment of key relevant stakeholders achieved during 2024. -Introduce by 2025 medical student SSM projects in orthopaedics and rheumatology to increase the exposure of these subject areas as a career option for women, with PIs in both institutes informed and engaged in promoting orthopaedic and rheumatology careers. Success will be female medical students undertaking an SSM.	HoD CoO CI Practitioner EDI Manager MSD Director of Clinical Studies Divisional Directors and Section Heads	Short-term actions from NS6a, NS6b, NS6c in 2024-2025. Medium to long-term measures from NS6a, NS6b, NS6c to follow, depending on the recommendations.

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	offer matched Departmental funded ACLs when suitable applicants are appointable.	-Appoint female ACLs to increase our % from 13% to 25% by 2027.		NS6. Mentoring scheme implemented by 2025.
	NS6d. Develop a targeted mentoring scheme for female clinical academic trainees and encourage and support senior fellowships applications.	-Increase the pipeline for future appointments, leading to an increase in female clinical academics at consultant level (in orthopaedics to at least match the 7.9% NHS national pool by 2029), aiming to reach 25% overall for clinical academics at consultant level by 2029).	NS6e-f by 2028	
	NS6e. Target eligible female clinical scientists to support and encourage their Recognition of Distinction (conferral of appropriate title, e.g. Associate Professor) to facilitate professional development and improve gender imbalance.	-Formalised mentorship established from Divisional Directors and Section Heads for female clinical academics by 2026		
	NS6f. Create with the University new consultant clinical academic posts.	-Annual ROD review meetings put in place to develop and strengthen all domains of ROD application in order to submit more female clinical academics to the ROD exercise by 2027.		
		-Increasing by 10% the females clinical AP, and 5% female clinical Professor titles by 2026, and 15% the females clinical AP and 10% female clinical Professor titles by 2029. [links with NS9a].		

Priority 2: Career Development: to invest and support the career development of our staff with special focus on our female academics and researchers.

Rationale/Key Drivers:

- No gender imbalance in the proportion of fixed-term and open-ended compared with permanent contracts for staff. However, permanent posts become more common for researchers when they secure academic posts, with just below 6% of researchers on permanent contracts compared to 75% of academics. NDORMS priority has been to prepare a policy that considers moving staff who have been on repeated fixed-term contracts in the department onto an **open-ended contract** if certain criteria are met.; policy was approved by the departmental board in July 2023; implementation has since led to the first review of

staff and movement to open-ended contracts, with 11 staff (6 female and 5 male) offered the opportunity to switch from a fixed term to an open ended contract, an increase of 34% of staff on open ended contracts (previously 32 staff). NDORMS has wished to be more progressive than the current University guidance and has put in-place provisions that will enable some staff at 7 years (rather than 10 years) to move onto open-ended contracts subject to the availability of sufficient external funding, that will likely continue, and the work involved is central to the future plans of the department. The department has extended its considerations for open ended contracts beyond research staff in our most recent policy, including Research Delivery staff as well as Research Scientists and PIs (By the end of 2023: 39 academic/researchers (22 females and 17 males) were on OE (56% female, 44% male).

- PDR/PCDRs: 56% of staff survey respondents have had a review within the last two years; 67% of staff found it useful, with gender differences amongst ACARES (58%F/79%M).

In 2023 staff survey we noted several gendered variations in access and experience, and amongst our ACARES group, and lower levels of satisfaction than our aims in both staff groups:

- "I take time to reflect on, and plan for, my career development" (ACARES: 60%F/85%M)(PTO: 64%F/62%M)
- "I am supported to apply for grant funding as a principal investigator or co-investigator" (ACARES: 50%F/78%M)
- "I am supported to think about my professional development" (ACARES: 54%F/68%M)(PTO: 65%F/57%M)

Regrading:

- 100% (F/M) success rate in ACARES regrading applications consistently since 2020. 100% (F/M) success rate in PTO regrading applications consistently since 2018, except an outlier in 2022 (67%F/100%M / 2F unsuccessful, 4F successful, 2M successful).

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To increase number of Open-Ended Contracts in research staff. We aim to move staff who have been on repeated fixed-term contracts in the department onto an open-ended contract if certain criteria are met.	NS7. Implement the new departmental policy, with individuals reviewed when their fixed-term contract is approaching its end or as part of an annual departmental review.	-increase by 8% research staff on open-ended contracts by 2029 with less than 5% gender variations (as of Oct-23: 303 research/academic staff, 84%, on FTC; 39 staff, 13%, on open-ended (22 females and 17 males-56% female, 44% male); 26 staff on permanent, 7%)	HoD COO HR Institutes directors	Jan-24 onwards
Support for promotion and career development for our staff and maintain and strengthen the regrading process.	NS8. regrades process to be updated in 2024, including a documented policy and procedure. NS8a. a new Regrading Committee to be formed to assess the need and suitability of each proposed regrade, providing a more thorough	-Regrading documentation and process approved by Board and launched, with communication to the department, in 2024. -Regrading committee formed in 2024. ->Maintain 100% success rate in ACARES and increase to 100% for PTO with no gender differences up to 2029.	COO HR Team PIs	Feb-Dec-24 for set-up of new process, and then implementation and on-going monitoring

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	consideration and assessment of regrades.			
	NS8b. Maintain the care and attention that the HR team take to guide applicants through the regrade process and provide them with feedback, aiming to sustain successful applications' rates.			

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To deliver a high quality PCDR process that assists academic staff and PTO in their professional-personal development and career progression.	NS9. Review success and performance of first year of PCDRs by taking a random selection of completed PCDRs, form a focus group and ask individuals and line managers about the experience.	-Increase the uptake of PCDRs (using staff survey results), rising to 65% by 2025 and 70% by 2027.	HoD COO Heads of Institutes	2024-2029
		-Increase to 75% of staff finding their PCDR useful in 2025 and 80% in 2027.; with less than 10% gender variation in 2025 and with less than 5% gender variation in 2027.	Operations PIs Heads of	Start the PCDR Season in May 2024
	NS9a. PCDRs-Roadshows for Research teams. With specific focus for certain research groups on RoD processes to encourage female clinical academics into Associate Professor and Professor titles.	- PCDRs-Roadshows for Research teams done by end of 2024.	EDI Manager HR Team	
	NS9b. Monitor completion of PCDRs and new post-PCDR review to ensure full and proper engagement, and ensure follow-through, e.g. HR capturing outputs in structured form to allow analysis, with consolidation to identify team or group level training.	-'PCDRs season' implemented in Summer 2024.		
	NS9c. Moving to new defined window (i.e. May to October - 'PCDRs season') for all PCDRs in same time period, allowing easier monitoring, effective consolidation and alignment with and shaping of strategic objectives at team, institute and departmental levels.			
	NS9d. Monitor implementation and promote up-take of 10 Professional Development Days for research staff following implementation of Research Concordat.			

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	NS9e. Career path/guidance development plan for the postdocs to use as a guideline for their PCDRs.			

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To increase the understanding of promotion opportunities, particularly among female academics. Reduce lack of clarity over training and development opportunities.	NS10. Communicate opportunities and create bespoke training plan to individuals and teams.	-from 2023 Survey about '*being clear about the training and development opportunities available to staff*" gender imbalance amongst ACARES 61%(52%F/73%M): Increase this to 70% of ACARES in 2025 and 75% in 2027, with less than 10% gender variation in 2025 and with less than 5% gender variation in 2027.	HR EDI Manager Comms team Board & Institutes' committee members	2024-2029

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To provide high quality support and mentorship to applicants, with a special focus on female applicants, for research grants and fellowships.	NS11. Discussions with relevant individuals to proactively assess future funding opportunities and outline support available to prepare an application - special attention paid to female researchers as there's a gender imbalance coming from survey results.	- Increase the % of eligible female staff feeling supported to apply for grant funding as a principal investigator or co-investigator (50%F/78%M in 2023 staff survey), raising this to 80% of ACARES by 2027; with less than 10% gender variation in 2025 and with less than 5% gender variation in 2027.	Grants Teams PIs Comms Team Postdoc Committee and EDI Manager	By 2027 Focus groups work (from 2024-2026)
	NS11a. Raise visibility of research sponsors mailing lists for individuals to receive funding call information direct and provide info to all on how to register for internal mailing lists/networks, e.g. RISEN.	-In 2024 have implemented mechanisms to increase visibility and dissemination of funding calls.		
	NS11b. Disseminate funding calls throughout department, with appropriate mechanisms in-place to coordinate and triage interested parties.	-Focus groups formed, and data analysed by beginning of 2025 with subsequent actions implemented by 2026.		
	NS11c. Focus groups created in each Institute (with high female researcher representation) to get a deeper understanding of the reasons to not feeling supported to apply for grant funding as a principal investigator or co-investigator.			

Priority 3: Wellbeing-To ensure a high-quality health and wellbeing support across the whole department.

Rationale/Key Drivers:

- Despite 75% of staff agreeing their health and wellbeing are adequately supported at work, we have identified an imbalance in the Kennedy Institute in this specific question, with 58% of KIR staff agreeing with this, and we would like to achieve higher levels more generally.

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
• 60% of staff agree that they can meet the requirements of their job without regularly working excessive hours; while a high percentage of PTO agree (79%), this percentage is significantly lower amongst ACARES, with lower levels of satisfaction from men (54%F/42%M). • 69% of staff agree that the department takes people's caring responsibilities into account when scheduling meetings, with a gender discrepancy amongst ACARES (66%F/82%M) and disparity between Institutes (Botnar 72%/KIR 57%). • Female academic staff are less likely to know who to contact about wellbeing support (59%F/77%M). • 63% of staff agreeing that they are able to strike the right balance between their work and home life, but less favourable responses, with minimal gender variations, in our ACARES group (54%F/51%M) compared to our PTO (81%F/80%M). • Promoting core values/behaviours is key, especially regarding wellbeing as this is absolutely essential for the department's long-term attraction and retention strategy. [links with NS16d].				
Invest in our people and their wellbeing. Ensuring adequate and consistent support throughout the department, Institutes and groups; monitoring and addressing differences in institutes/groups when appropriate and identified.	NS12a. Implement Mental Health Awareness training as an in-house annual option. Offered to the whole department but held at the KIR. Specifically target staff/students from KIR. NS12b. Wellbeing working group will be formed in 2024 led by NDORMS Wellbeing champions. Ensure we recruit specific Wellbeing Champions representatives from KIR. The Wellbeing Champions will disseminate Wellbeing-Mental Health trainings and resources with the special focus on female academics. NS12c. In coordination with NS12b; MHFA Coordinator/s: formal departmental structure to the pool for support and resources. NS12d. On PTO side, new CI initiative to streamline activities, with an anticipated ancillary benefit to create	-For all staff groups, 2025 survey to show 80% agreeing their health and wellbeing are adequately supported at work with no gender variations, rising in 2027 to be 85%. -Specifically for the KIR, increase the levels of satisfaction from 58% to 65% by 2025 and 70% by 2027 with no gender variations. -Increase the % of female academic staff knowing who to contact about wellbeing support to 65% in 2025 and 75% in 2027. -80% of staff agree that they can meet the requirements of their job without regularly working excessive hours in 2027 survey; with less that 5% gender variation amongst ACARES. -In 2027 survey, 75% of staff (and at least 65% amongst ACARES) with no gender variations, agreeing they are 'able to strike the right balance between my work and home life'.	COO Head of Institutes Heads of Operations EDI Manager Nominated Wellbeing Champions CI Practitioner	-By Summer 2024 to have formed the Wellbeing working group and Wellbeing Champions identified and trained. -CI initiative already active and on-going with rolling programme

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	more capacity, reduce strain and make roles achievable in working hours.			
	NS12e. On ACARES side, PCDRs will be used to explore if staff are satisfied or dissatisfied with any excessive hours and help address and support any arising issues. Line mangers to allow some flexibility in working hours in certain circumstances to meet the needs of diverse academic staff groups who choose to work in different ways and outside standard 9 to 5 working patterns.			
	NS13. Make clearer our core hours for departmental meetings-committees (9.30am-3pm) and increase the advice and guidance to departmental staff on scheduling meetings and taking into account working patterns and commitments of those attending as a default. Special highlighting in KIR management committee.	-Highlight at all 2024 NDORMS Committees about the need to schedule departmental meetings in core hours. -75% of staff agreeing that the department takes people's caring responsibilities into account when scheduling meetings by 2025, and 80% by 2027, with less than 10% gender variation in 2025 and with less than 5% gender variation in 2027. Specifically for the KIR, increase the levels of satisfaction to 65% by 2025 and 70% by 2027 with no gender variations.	HoD Heads of Institutes Heads of Operations COO EDI Manager	From February 2024

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To strengthen the personal and networking opportunities between NDORMS staff and keep levels of satisfaction with departmental inclusiveness.	NS14. New Social Committee to be formed (re-launching the former Social Events & Welcome committee), supported with new social activities page on Intranet and opportunities for staff to start clubs and activities, and others to join them, bringing back social events that stopped during Covid and initiating new ones.	-Increase to 80% staff feeling included in departmental social/networking activities by 2027 (it was 70% in 2023 staff survey) with no gender variations. -New Social Committee formed in Spring 2024.	EDI Manager Communications Team Social Activities Committee	2024-2029

Priority 4 - Inclusive Communication: To work towards a more proactive and inclusive communication with the department led by the departmental leadership group.

Rationale/Key Drivers:

- Although 73% of our staff agreed that communication in the department is 'open and effective,' there was a gender imbalance amongst ACARES (69%F/85%M) and PSS (73%F/60%M).

- 47% agreed with the statement, 'Management and decision-making processes are clear and transparent in my department,' and there was a gender imbalance in ACARES (38%F/60%M).

- 61% felt that senior leaders made the effort to listen to and communicate with staff, with a gender imbalance amongst ACARES (56%F/71%M).

- We aim to improve staff confidence that action will result from their inputs, with 45% of staff believing action will be taken as a result of the survey. [links to NS1-3]

- 52% of staff agreed that they have the opportunity to contribute their views before changes are made which affect them.

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To raise transparency and visibility of management decision making in the Department, with special attention to the female ACARES group.	NS15a. Departmental leadership to review proactive communication with the department and consider mechanisms to engage with staff and to provide opportunities to listen. ELT Committee will lead it [links with NS15b].	-By 2025, 70% of staff feeling senior leaders make the effort to listen to and communicate with staff; amongst ACARES less than 10% gender variation in 2025 and less than 5% gender variation in 2027.	HoD COO Heads of Operations EDI Manager Board Committee Members	2024-2029 Inclusive Communications Project defined in summer 2024 and

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	NS15b. New HoD 'Inclusive Communications' project as a result of the Inclusive Leadership programme our HoD is taking. The Comms Service review will be one of the tools to build this project. It will assess content and channels for segmented audiences of staff and students, putting special focus on our female ACARES. [links with NS3a, b] [links to MSD Priority]	-By 2025 65%, and by 2027, 75% staff agreeing that management and decision-making processes are clear and transparent in the department. With less than 10% gender variation in 2025 and with less than 5% gender variation in 2027, in both staff groups. -Board to have signed off the Inclusive Communications Project Plan by summer 2024 with senior stakeholders committed to the project, and the project to be completed by end of 2025. -Comms Service review done by July 2024, with implementation between August and October 2024.	Communications Team	implementation from end 2024-2025.
	NS15c. Implement a transparent approach to decision-making forums by making available the minutes to all senior management meetings (Board, ELTs) and committee meetings.	-From February 2024 minutes from all committees available to all staff.		

Priority 5 - Bullying and Harassment: To reduce incidents of Bullying and-Harassment, especially amongst our PTO staff group. To keep building a culture where everyone feels they belong and where difficult situations are managed while driving positive change.

Rationale/Key Drivers:

Despite NDORMS efforts since 2018 (increased bullying and harassment advisors pool; making 'How to be a responsible bystander training' a requirement for all staff in 2022; celebrating annual anti-bullying week with diverse events), we found in our 2023 survey:

- In the last year, whilst working for the University, staff reported experiencing bullying/harassment (19% PSS/9% ACARES) (PSS rising from 5% in 2018 to 15% in 2021). We haven't found any gender imbalances in either group.

- Amongst our staff who have witnessed bullying/harassment in the past year, we found a gender imbalance amongst our ACARES (20%F/11%M).

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
• Although 75% of staff were confident that their complaint about harassment would be dealt with seriously, there was low satisfaction with the way the report was handled (32%). • Of the staff who experienced bullying and harassment and didn't report it, 50% said that 'nothing would happen'; 44% had concerns about 'being labelled as troublemaker'; 38% fear of 'possible victimisation'; 31% didn't feel 'it was serious enough' and 25% had concerns 'about confidentiality'. Early informal resolution is key (see NHS Report) and our Mediation Service offers this. • 83% of Mediation Service users agreeing it was useful and a helpful service to have.				
Seek to address both the symptoms and the underlying causes of Bullying and Harassment in NDORMS. Aim to encourage more victims and witnesses to formally report incidents, support them to address them (formally or informally), and produce better outcomes.	NS16. Strengthen and develop Advisors Pool. Train as a group and provide opportunities to share learning, experience, and best practice. All will be coordinated by the new nominated B+H coordinator (EDI Manager).	-9 B+H advisors in 2023, increase to 11 by 2025.	B+H advisors EDI Manager/B+H Coordinator	Summer 2024 Mediation Service assessment.
	NS16a. Encourage use of the Mediation Service as a space and tool for informal conflict resolution. This support is available to NDORMS (project leader) and two more departments in the Division (PCHS and DPAG). [Links with MSD Priority]	->85% of Mediation Service users agreeing it was useful and a helpful service to have (at our next annual review summer 2024). -include cross-departmental (NDORMS, DPAG, Primary Care) survey question in 2025 University Staff survey regarding the Mediation Service and achieve >85% of satisfaction levels with the service and raise this to 90% by 2027.	COO Heads of Operations HR Comms team	End of 2024 Code of Conduct-Values and Behaviours-
	NS16b. Review our processes in relation to bullying and harassment, focussing on creating improved user journey removing points of stress and improving efficient management.	-in 2025 survey staff, <15% of PSS reporting experiencing bullying/harassment, and <10% in 2027. -in 2025 survey staff, <15% of ACARES witnessing bullying/harassment with less than 5% gender variation in 2025 and no gender variation in 2027.		2025 for advisors pool and first assessment of survey results. 2027 second wave of survey results.
	NS16c. Create confidential mechanism for staff to raise awareness of issues at the earliest opportunity, anonymously should they wish, to allow timely	-Code of conduct created, approved and implemented by end of 2024.		

2024 NDORMS SILVER ACTION PLAN

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	intervention. NDORMS will coordinate with EDU. [links with University Objective 5-Athena Silver Action Plan] NS16d. Instalment of standards and code of conduct (values/behaviours), clearly articulating what the level of expectation is in-terms of professional behaviour and establishing a benchmark against which future reports can be assessed. [links with Priority 3-Wellbeing].	-Confidential mechanism created by end of 2024		

NDORMS Leadership team's commitment to move the department to a trajectory for an Athena Swan Gold award in the next 5 years.

Rationale/Key Drivers:

- NDORMS started its Athena Swan journey back in 2013. NDORMS has successfully achieved its Bronze award in 2013; its Silver award in 2015 and our last Silver renewal in 2018. Hopefully we will renew our Athena Silver award in 2024 and we aim to prepare and achieve Gold in 2029.

- 83% of our staff members agree that the department is committed to promoting equality, diversity and inclusion.

- 86% agree that the department respects individual differences (e.g. culture, working styles, backgrounds, ideas)

We have built momentum and would like to maintain these high levels of satisfaction above. The department has embedded EDI into senior committees and it's a standing item on the management committees' agenda. EDI is part of the strategic plans across the department.

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To make sufficient progress to put the department on a trajectory for an Athena Swan Gold ward in five years. To be a beacon of achievement in gender equality.	NS17. Gathering evidence and diversity data from where we can improve our workforce, plan accordingly and address intersectional inequalities when appropriate [links with NS1b, NS5b].	-Athena Swan Gold Award in 2029	HoD Heads of Institutes COO Board Members EDI Manager	2024-2029

2024 NDORMS SILVER ACTION PLAN

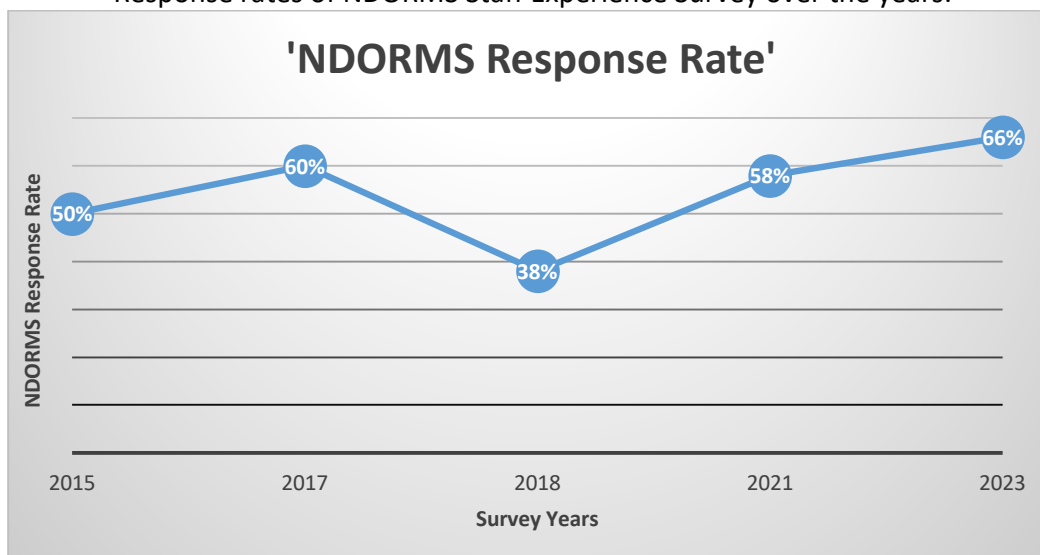| Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
To be a champion and promote good practice to the wider community.	NS17a. EDIC will coordinate departmental-wide communications, ensuring staff and students are made aware of developments and have the opportunity to contribute where and when possible, and outside parties can see the progress achieved towards NDORMS.			
Stepping towards a more EDI mature model.	NS18. EDIC to form a working group called: "Our Path to Gold". It will: Plan Gold requirements to: NS18a. Gather and monitor the evidence of success addressing gender inequality. NS18b. Gather evidence of progress from our projects and actions that aim to be sector-leading gender equality practice: • Priority 1-NS6 actions. • NS16a-Mediation Project aiming to improve Research Culture. • NS15b-where our senior leaders will be actively involved in the Inclusive communications project and, following our HoD steps, to be part of the next Inclusive Leadership programmes to come. • NS1b and NS5b to support understanding of intersectional issues.	-Timeline, guidance and structure to prepare and achieve Gold created by end of 2025 and followed from beginning of 2026 (until 2029).	EDIC	Annually monitor and assess data 2025-2029

Aims and Objectives	Action/s	Success measure/s	Responsibility	Time-Frame
	NS18c. Support other departments and/or divisions internally and external organisations to improve.			

Appendix 1: Culture survey data

Please present the results of the core culture survey questions, and if desired, the results of any additional survey questions or consultation.

*Redacted

Response rates of NDORMS Staff Experience Survey over the years:

Athena Swan Core questions:

1 My contributions are valued in my department

2 Department leadership actively supports gender equality

3 The department enables flexible working

4 I am satisfied with how bullying and harassment are addressed in my department

5 My line manager supports my career development

6 My mental health and wellbeing are supported in my department

7 My department has taken action to mitigate the adverse gendered impact of the Covid-19 pandemic on staff

Appendix 2: Data tables

Please present the mandatory data tables, and if desired, any additional datasets.

Department data requirements:
1. **Students at foundation, UG, PGT and PGR level**
2. **Degree attainment and/or completion rates for students at foundation, UG, PGT and PGR level**

3. **Academic staff by grade and contract function**
4. **Academic staff by grade and contract type**
5. **Professional, technical and operational (PTO) staff by job family**
6. **PTO staff by contract type**
7. **Applications, shortlist and appointments made in recruitment to academic posts**
8. **Applications, shortlist and appointments made in recruitment to PTO posts**
9. **Applications and success rates for academic promotion**
10. **Applications and success rates for PTO progression**

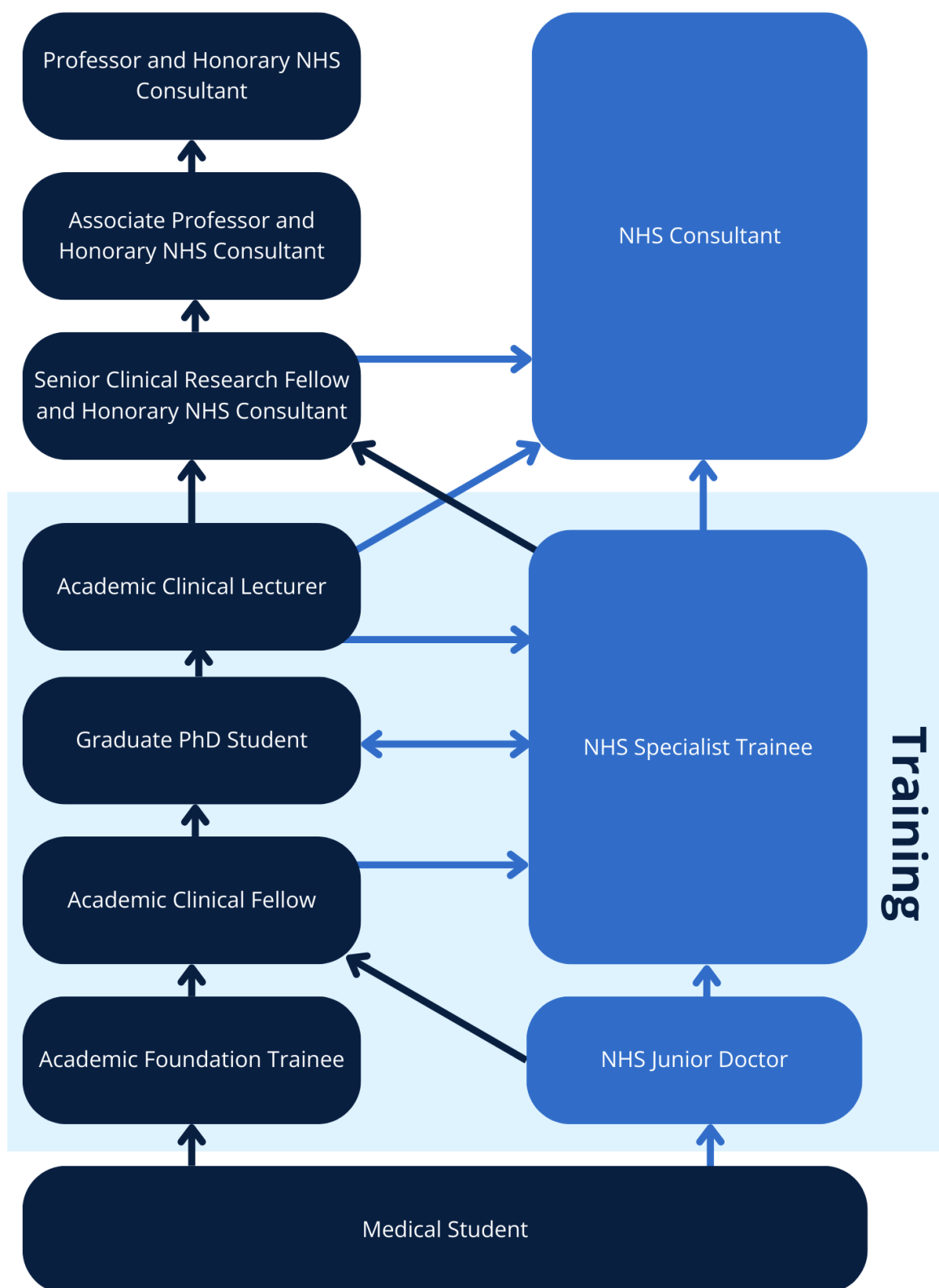*Redacted
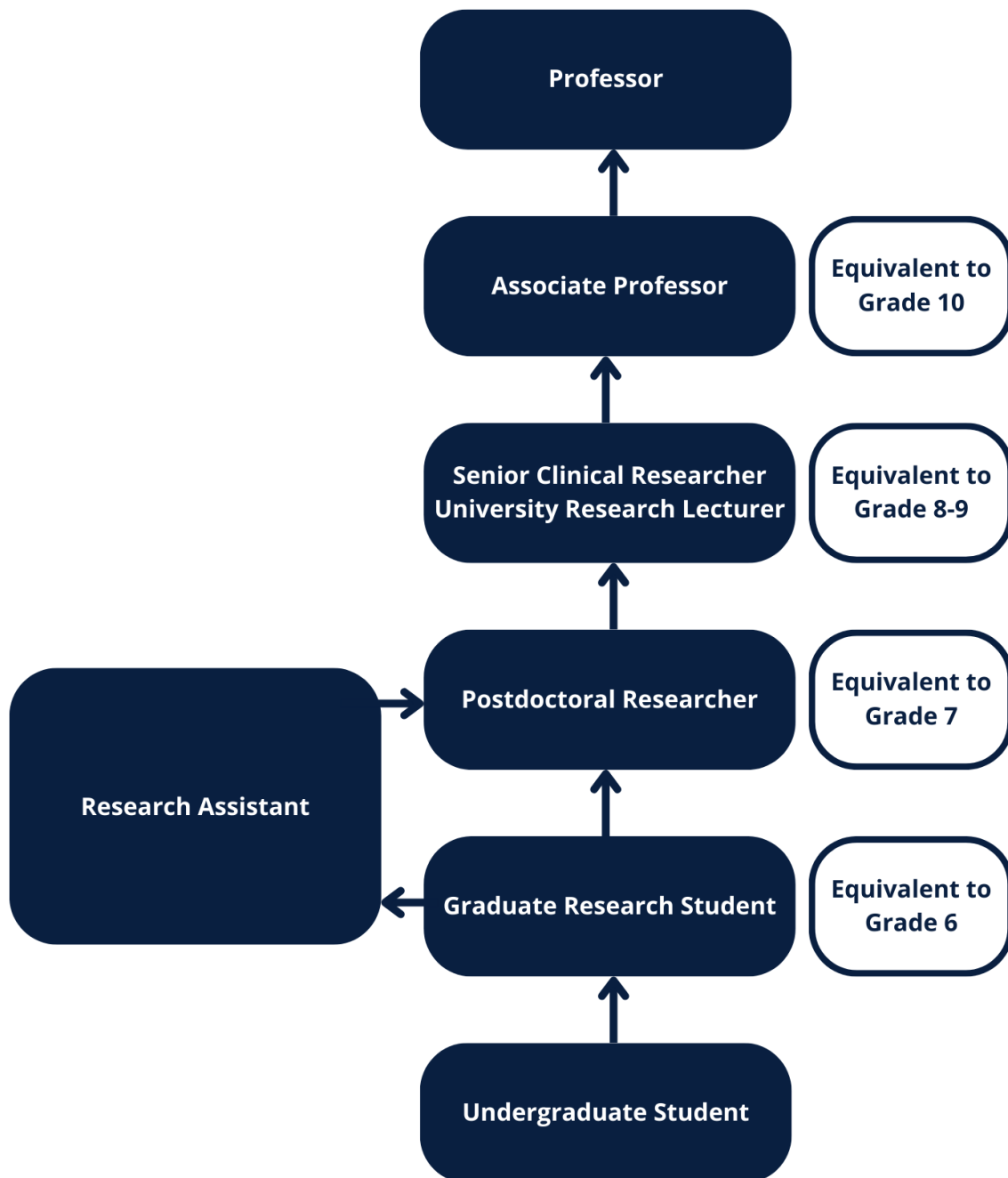
Clinical Overview career path:

Figure 23. clinical training for NHS doctors and those NHS doctors that wish to train as clinical academics

Non-Clinical Overview career path:

Figure 24. Non-clinical Overview career path

Appendix 3: Glossary

Please provide a glossary of abbreviations and acronyms used in the application.

LIST OF ACRONYMS and ABBREVIATIONS

ACARES	Academic and Research Staff
ACL	Academic Clinical Lecturer
AP	Associate Professor
AS	Athena Swan
Botnar	Botnar Research Centre Institute of Musculoskeletal Sciences
BRU	Biomedical Research Unit
CAPs	Clinical Associate Professors
CI	Continuous Improvement
COO	Chief of Operations
DGS	Director of Graduate Studies
DPhil	Doctor of Philosophy
EDI	Equality, Diversity and Inclusion
EDIC	Equality, Diversity and Inclusion Committee
EDU	Equality and Diversity Unit
ELT	Executive Leadership Team
ERC	European Research Council
GSC	Graduate Studies Committee
HEI	Higher Education Institute
HEFCE	Higher Education Funding Council for England
HESA	Higher Education Statistics Agency
HoD	Head of Department
HR	Human Resources
IT	Information Technology
KIR	Kennedy Institute of Rheumatology
MRC	Medical Research Council
MRes	Masters in Research
MSc	Master of Science (in the application: the Taught MSc in Musculoskeletal Sciences at NDORMS, University of Oxford.
MSD	Medical Sciences Division
NDORMS	Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences
NIHR	National Institute for Health Research
NS(number)	New Silver Action in new action plan
OA	Osteoarthritis
O&PE	Outreach and Public Engagement
OUCAGS	Oxford University Clinical Academic Graduate School
PCDR	Personal and Career Development Review
PDR	Personal Development Review
PGR	Post-Graduate Research

PGT	Post-Graduate Taught
PhD	Doctor of Philosophy
PI	Principal Investigator
PSED	Public Sector Equality Duty
PSS (=PTO)	Professional and Support staff
PTO	Professional, technical and operational staff
RoD	Recognition of Distinction Exercise
S(number)	S (Silver Action from previous action plan)
SAT	Self-Assessment Team
SSM	Special Study Modules
T&O	Trauma and Orthopaedics