



## Department Application Bronze and Silver Award



<b>Name of institution</b>	University of Leeds
<b>Department</b>	School of Healthcare
<b>Focus of department</b>	Nursing
<b>Date of application</b>	30 <sup>th</sup> of November, 2017
<b>Award Level</b>	Silver
<b>Institution Athena SWAN award</b>	<b>Date:</b> September 2016 <b>Level:</b> Bronze
<b>Contact for application</b> Must be based in the department	Professor Andrea Nelson
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<b>Departmental website</b>	<a href="https://medicinehealth.leeds.ac.uk/healthcare/doc/equality-inclusion-3/page/1">https://medicinehealth.leeds.ac.uk/healthcare/doc/equality-inclusion-3/page/1</a>

#### INSERT LIST OF ABBREVIATIONS

ADoSE	Associate Director of Student Education
AP	Action Plan
AM	Academic Meeting
AProf	Associate Professor
AS	Athena Swan
ASWG	Athena SWAN Working Group
AUD	Academic Unit Director
BAME	British, Black, Asian, and Minority Ethnic
BM	Business Manager
DoSE	Director of Student Education
ECRN	Early Career Researcher Network
E&I	Equality & Inclusion
EIA	Equality Impact Assessment
ECR	Early Career Researchers
ECRN	Early Career Researcher Network
EFMI	European Foundation of Medical Informatics
F	Female
FIFE	Funding for Investing in Excellence
FMH	Faculty of Medicine and Health
FTC	Fixed Term Contract
FT	Full-time
HE STEM	Higher Education Science Technology Engineering & Maths
HEI	Higher Education Institution
HoS	Head of School
HR	Human Resources
HS&DR	NIHR's Health Services & Delivery Research
KPI	Key Performance Indicator
LFLN	Leeds Female Leaders Network
LTHT	Leeds Teaching Hospitals Trust
M	Male
NIHR	National Institute for Health Research

NSS	National Student Survey
OD&PL	Organisational Development and Professional Learning
PGRT	Post-graduate Research Tutor
PhD	Doctor of Philosophy
PI	Principal Investigator
PT	Part-time
PG	Post Graduate
PGR	Post Graduate Research student
PGT	Taught Postgraduate Programme
PMF	People Management Framework
PMTA	Professional, Managerial, Technical and Administrative
PS	Professional and Support
PSS	Professional and Support Staff
RCN	Royal College of Nursing
REF	Research Excellence Framework
RG	Russell Group
SAT	Self-Assessment Team
SES	Student Education Service
SL	Senior Lecturer
SEC	School Executive Committee
SHED	School of Healthcare Education and Debate
SoH	School of Healthcare
SPLIT	Shared Parental Leave in Touch
SRDS	Staff Review and Development Scheme
SSF	Student Staff Forum
STEM	Science, Technology, Engineering and Maths
STRF	Senior Translation Research Fellow
SWMG	School Workload Model Group
TS	Teaching & Scholarship
TS&R	Teaching, Scholarship & Research
UAF	University Academic Fellowship
UG	Undergraduate
ULTRA	University of Leeds Teaching and Research Award
UOL	University of Leeds
VLE	Virtual Learning Environment
WiSET	UoL Women in Science, Engineering and Technology Network
WLM	Workload Model

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

Recommended word count: Silver: 500 words: 496 words current

### School of Healthcare

Baines Wing  
University of Leeds  
Leeds LS2 9JT



**UNIVERSITY OF LEEDS**

Athena SWAN Team  
Equality Challenge Unit  
First Floor  
Westminster Tower  
3 Albert Embankment  
LONDON SE1 7SP

29th November 2017

On behalf of the School of Healthcare I am proud to submit this application and the accompanying action plan, and I endorse both wholeheartedly. Within Leeds I am the only female at Executive Dean level (as Deputy Dean of the Faculty of Medicine and Health), and given my background in both Bioengineering and Nursing, I have experienced and navigated both male- and female-dominated cultures throughout my career. I am committed to greater inclusion across gender and other protected characteristics, and addressing equality.

I understand I am a role model for women taking more senior posts and have shared my experience, including 'imposter syndrome' (and its taming) within various leadership and networking fora. I have mentored colleagues towards senior roles including three female colleagues to Faculty roles, Pro-Dean for Internationalisation, REF Unit of Assessment lead and Business Manager for a cross-faculty initiative. Other mentees have developed within the School, taking leadership roles as Directors (2\*F: 1\*M) and a new role of Deputy Head of School (F). Outside the School I have mentored three new female Heads of School – one at Leeds and two in Ireland.

As a research intensive organisation and one of the few large programmes of nursing in a Russell Group University, we face two major gender challenges which underpin our strategy. First, we recruit small numbers of men to undergraduate health programmes, a national problem and one in which School staff are leading on national solutions. Second, we have a leaky pipeline in terms of female academic career development from junior grades to more senior roles.

We are seeing evidence of the impact of our strategy, particularly in terms of the leaky pipeline. Since our last application we have invested significantly in staff, including providing £73K to support staff development since 2014 (£63K to women), funded 7 staff through doctoral studies (6 women: 1 man), increased the number of females in academic (teaching and research) roles from 26 to 35, and have more women successfully applying for promotion.

I would like to highlight the following initiatives that are sector leading:

- The development of a joint clinical academic pathway for early career clinical academic midwives between HEI and the NHS, the first in the UK
- An innovative reciprocal agreement with the Regional NHS to honour Terms and Conditions for health professionals on a clinical academic career pathway
- The development of a bespoke mentorship programme for academics who are clinically focused, which has resulted in four-fold uptake of mentorship within the School.

I am delighted to confirm that we have completed all the items in our Bronze Action plan and adapted ongoing actions into our Silver plan. I can confirm that the information presented in the

application (including qualitative and quantitative data) is an honest, accurate and true representation of the institution.

Although I stand down as Head of School on 31/12/17, I will continue as Deputy Dean and Chair of the Faculty of Medicine and Health Equality and Inclusion Committee.

Yours faithfully,

A handwritten signature in purple ink that reads "A Nelson".

Professor Andrea Nelson RGN, BSc(Hons), PhD  
Dame Kathleen Raven Chair in Clinical Nursing  
Head of the School of Healthcare and Deputy Dean of the Faculty of Medicine and Health

**LETTER OF ENDORSEMENT FROM THE INCOMING HEAD OF DEPARTMENT**

Recommended word count: Silver: 200 words: Current 195

**School of Healthcare**

Baines Wing  
University of Leeds  
Leeds LS2 9JT



**UNIVERSITY OF LEEDS**

Athena SWAN Team  
Equality Challenge Unit  
First Floor  
Westminster Tower  
3 Albert Embankment  
LONDON SE1 7SP

29th November 2017

I am delighted to offer my letter of support as the incoming Head of the School of Healthcare. As Chair of the School's Equality and Inclusion Committee and a member of the ASWG, I have been enthusiastically involved in the development of this Athena Swan Silver application.

A great University thrives with diverse student and staff bodies and this means proactively removing barriers to participation in study, as well as professional and academic life. This application charts our journey towards an inclusive and supportive environment for all: our AS strategy is fully embedded into the business of the School, facilitated by governance and organisational changes to support intelligent, flexible careers, to address equality and inclusion, for example in both Committee agenda-setting and membership.

Supported by a vibrant and dedicated Senior Executive Committee, I am well placed to continue Professor Nelson's exceptional work in embedding gender equality within the School via Committees, working groups and day-to-day business. In working closely with Professor Nelson and the ASWG, facilitated with strong engagement from staff and my personal unequivocal commitment as the incoming Head of School, we are confident of seamless continuity in the realisation of our AS goals.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Janet Hirst'.

Dr Janet Hirst, PhD, MSc, Fellow HEA, RM, RCM  
Deputy Head of School  
Associate Professor in Maternal Care

## 2. DESCRIPTION OF THE DEPARTMENT

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

### WORD COUNT 509

The School of Healthcare at the University of Leeds is a dynamic, multi-disciplinary School within the Faculty of Medicine and Health, delivering a portfolio of teaching and research across health and social care. The School consists of two academic units: Academic Unit of Adult, Child and Mental Health Nursing; the Academic Unit of Midwifery, Social Work, Pharmacy and Counselling and Psychotherapy; and four strategic or professional services sections: Research and Innovation, Practice, Student Education and Business Services. These sections work together to deliver five undergraduate (UG) programmes, nine taught post-graduate (PG) programmes and a vibrant portfolio of applied research. Supported by 105 of academic staff (77% females) and 38 professional and support staff (PSS, 75% females), the School hosts just over 1,500 (94% female) students a year (all programmes). The structure of the School is presented in Figure 1, with leadership roles indicated by gender: we note that while the academic roles has a gender representation approximately equivalent to the academic staff profile, the PSS leadership roles are represented by a larger proportion of males.

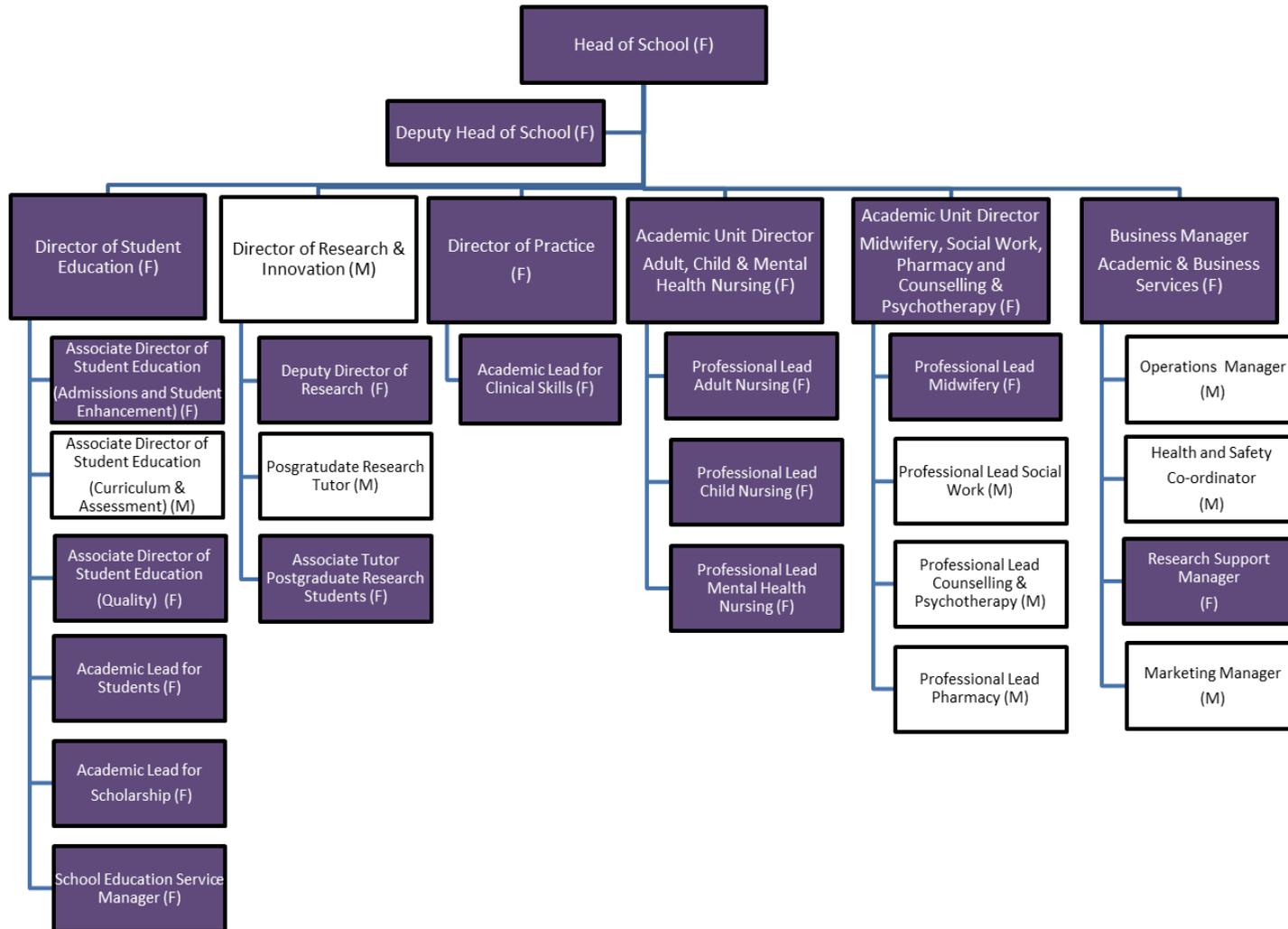
The School is committed to delivering high quality education programmes leading to professional registration, underpinned by a strong research base. We are proud to deliver one of only 12 Russell Group Universities nursing programmes and have an outstanding track record in applied health research: in REF2014 the School was rated in the top quartile (23/94) in UOA3 (Allied Health Professions, Dentistry, Nursing and Pharmacy).

Delivering healthcare courses in the current national context presents both challenges and opportunities, particularly with the withdrawal of NHS bursaries to Nursing and Midwifery students and the emergence of nursing and healthcare apprenticeships and a move towards new roles, particularly those which are community based. We will continue to offer a high quality student experience and embed AS strategies in the opportunities going forward.

#### *Strategic Review*

Since our previous Athena SWAN submission, the School has undergone a significant restructure which was driven by the need to develop a new academic strategy to achieve academic and financial sustainability congruent with our University's and Faculty's aspirations. Under the new structure, the School of Healthcare has focussed on courses which are both academically and financially sustainable and in alignment with our vision to translate excellence in research and scholarship into an exception student experience, with the aim of making a major impact upon society. The principles of equality and inclusivity were embedded in the review process: we undertook the review with regular consultation with all staff, and with development of plans by a School based review group representing all areas of activity; the review group was 7 females and 5 male). Proposals were also tested at both School and University level with an equality impact assessment (EIA). The restructure resulted in a reduction in the number and breadth of courses, with a subsequent reduction in academic staff from 155 staff to 105, with relocation of three programmes to the School of Medicine (audiology, cardiac physiology and radiography) with 26 staff leaving the University under a voluntary leavers' scheme (13F; 13M see Section 4).

Figure 2.1 School of Healthcare Organisational Structure, with leadership roles indicated by gender



### 3. THE SELF-ASSESSMENT PROCESS

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

#### WORD COUNT 1753

Describe the self-assessment process. This should include:

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

The School of Healthcare (SoH) established the Athena SWAN Working Group (ASWG) in 2010 to champion not only the advancement of women's careers in the School, but promote work-life balance. The ASWG is a sub-group of the School's Equality and Inclusivity (E&I) Committee: the ASWG is also the Self-Assessment Team (SAT) for the School. Membership of the ASWG has been reviewed annually to ensure it covers the breadth of grades and roles across the School. The Head of School (Andrea Nelson) is a member of the ASWG. Profiles of the ASWG are outlined in (Table 3.1). We recognise the greater proportion of women than men on the ASWG and given feedback from our last AS application, we have worked to increase representation from male staff and female and male students. As a direct result, we have increased the number of men on the ASWG but acknowledge the inherent problems in having a gender balanced committee which would be disproportionate in a School with such a high proportion of female staff and students.

The School's ASWG is part of the Faculty of Medicine and Health and the wider University E&I agenda and the ASWG has reports directly to the Faculty and University's activities. Both the Chair of the School and the Faculty's E&I Committees are members of the ASWG (Hirst and Nelson respectively) and the Chair of the ASWG (Keenan) sits on both the University Athena SWAN Group and the School of Medicine Athena SWAN Steering Group.

As a School with a high proportion of female staff and students, we welcome the Athena SWAN Charter's move towards gender balance as well as supporting women's careers. We have always included our PSS in our AS Strategy and are delighted to formally include these staff in our AS narrative and Action Plan (AP).

We acknowledge low representation of UG and PG students on our ASWG. Members of the ASWG met with students to discuss how best for them to influence and guide the AS strategy: students noted the apparently high level of commitment given the frequency and timing of meetings and competing demands from clinical practice requirements. Students were keen on looking at different ways of engaging other than attending meetings, hence, following consultation with our UG and PG students, we have a dual track approach of both representation on the ASWG (promoted, for example by a Student Citizenship Fayre) and, crucially, embedding the AS plan and activities as part of the bi-monthly School's Staff and Student Forum (SSF) as a key element in the E&I initiatives.

As part of the Silver AP, we will develop a tailored Athena SWAN Action Plan for the SSF (Silver AP1) not just to provide assurances that we are meeting our plan, but specifically to promote meaningful engagement (for example, mechanism to ensure E&I issues raised at SSF are fed into and acted upon at the ASWG and reported back to SSF). Furthermore, one meeting each year of the SSF will be dedicated to E&I, with the AS strategy as a key element of this meeting.

**Table 3.1 SoH Athena SWAN Working Group.**

<b>Name</b>	<b>Role in School</b>	<b>Profile</b>	<b>Additional Information</b>
<b>Abdul Kapdi</b>	Operations Manager	Male, PSS, Grade 8	Has four children: two at primary school and two at high school. Has benefitted from flexible working arrangements.
<b>Andrea Nelson</b>	Head of School (stepping down 31/12/17), Deputy Faculty Dean and Professor of Wound Healing	Female, Academic, Grade 10	Part of a dual academic couple, juggles careers with family needs. Manages ongoing health issues by maintaining work-life balance. Chair of Faculty E&I committee and member of School ASWG and E&I committee.
<b>Angie O'Keefe</b>	School Business Manager	Female, PSS, Grade 9	Works full-time flexibly to manage work-life balance with caring responsibilities, management of long term health condition and supporting child with complex health needs. Member of School Executive team, E&I Committee.
<b>Anne-Maree Keenan</b>	Professor of Applied Health Science	Female, Academic, Grade 10	Left a senior academic role in Australia to support family in UK. Has 2 grown up step children. Chair of the ASWG and E&I Committee Member.
<b>Janet Hirst</b>	Deputy Head of School & Associate Professor in Maternal care. Newly appointed HoS from 1/1/18	Female, Academic, Grade 9	Primary earner. Two children now adults. Chair School E&I committee. Has benefitted from effective mentorship and training to reach both promotion and senior roles.
<b>Joanne Lay</b>	Associate Director of Student Education Quality	Female, Academic, Grade 8	One child at University and one in high school. Has benefitted from flexible working to support childcare and other caring roles in the family. Disability Contact for students in Healthcare. E & I Committee member.
<b>Judith Bell</b>	Faculty Human Resources Manager	Female, PSS, Grade 8	Worked full-time to raise her family but now part time for work-life balance
<b>Kevin Bowser</b>	Under graduate student Nurse	Male, UG Student	Currently experiencing the difficulties of balancing time at university, placement and studying with personal life! In my previous career I experienced the effects of having a poor work-life balance, and the benefits of addressing this.
<b>Netalie Shloim</b>	Lecturer	Female, Academic, Grade 7	A single parent and only provider for two adolescents, originally from Israel. Managing health issues and work-life balance.

<b>Nicola Sherbourne-Wilson</b>	Senior Secretary to the Professoriate and Academic Unit Directors	Female, PSS Grade 5	Full time working mother of 1 in Primary School. Continually working towards work-life balance. This can be challenging due to my husband's shift patterns (12hr day/night shifts).
<b>Peter Tennant</b>	University Academic Fellow in Healthcare Research	Male, Academic, Grade 8	Has a specific learning disability and chronic mental health problems. Supports a partner with ill-health and disability. Has benefitted from flexible working arrangements.
<b>Philip Esterhuizen</b>	Lecturer/Associate Director of Student Education – Curriculum and Assessment	Male Academic, Grade 8.	Originally from Zimbabwe/South Africa and lived in The Netherlands since 1980. Dutch citizen. Gay man; married/relationship since 1987. Attempts to maintain work life balance between England/The Netherlands. Works full-time.
<b>Sue Kilminster</b>	Principal Research Fellow and Faculty Lead for Health Professions Education Research	Female Academic Grade 9	Work life balance very seriously affected by previous discrimination. Working to address discrimination – particularly mental health. School E&I Co-ordinator. Lesbian. Lives with a disability.
<b>Suzanne Banks</b>	Research Manager for SoH	Female, PSS, Grade 7	Has two grown-up children, one child has a learning disability and the other a long-term medical condition. Benefitted from career breaks and a variety of flexible working patterns.
<b>Georgina Daly</b>	SES Officer	Female, PSS Grade 4	New to the workforce and makes use of training and networking opportunities to grow career options.
<b>Tim Knighton</b>	Business and Facilities Co-ordinator	Male, PSS, Grade 6	Works slightly less than full-time hours to allow for flexible working and to maintain work-life balance. This is of huge benefit in relation to childcare, own health issues and maintaining family balance.
<b>Tomasina Stacey</b>	Lecturer in Maternal Care	Female, Academic, Grade 8	Has 2 teenage children, one with specific educational needs. Left senior clinical role (with 40min+ commute) to join the University (and be closer to home) in part to address work-life balance.

**Figure 3.1. Members of the School of Healthcare Athena SWAN ASWG**

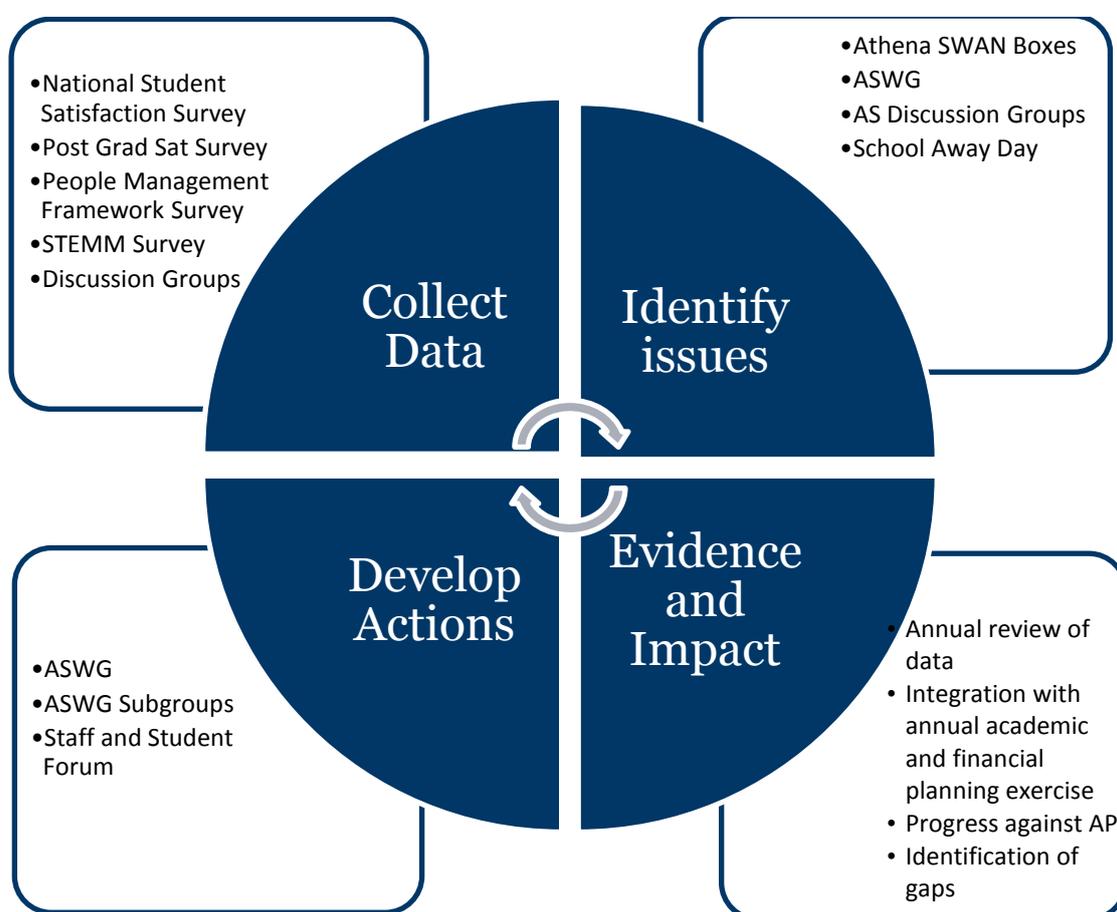


Back Row: Netalie Shloim, Peter Tennant, Tim Knighton, Judith Bell, Nicola Sherbourne-Wilson, Janet Hirst, Anne-Maree Keenan  
Front: Georgina Daly, Andrea Nelson, Abdul Kapdi, Angie O'Keefe, Suzanne Banks

(ii) an account of the self-assessment process

The AS self-assessment process is an ongoing cycle of information gathering, analysis, monitoring of performance against key targets and seeking evidence of impact. This is represented in Figure 3.2. Since achieving our Bronze Award in 2012, this process is embedded within the business of the School. The ASWG meets every two months in order to oversee the implementation of the Athena SWAN Action Plan and to review progress against our targets. In the preparation for Athena SWAN submission, the ASWG established working groups to consider issues that had arisen from our data collection activities: these included early academic careers, PSS careers and flexible working for all staff. The ASWG reports quarterly to the School Executive Committee (SEC) and the School's E&I Committee. Agendas and minutes from the ASWG meetings are made available to all staff on the School's SharePoint site. Staff are invited to flag issues and raise questions via the Head of School "doing it differently" email invitation and encouraged to feedback via the process outlined in Figure 3.2.

Figure 3.2 Athena SWAN Strategy and Action Plan Overview



We have promoted the activities and sought engagement from all within the School through several initiatives, underpinned by School's mission statement and campaign of **DRIVING POSITIVE CHANGE**. In addition to the National Student Satisfaction (NSS) and the People Management Framework Survey (PMF), we have collected data using STEMM survey and discussion groups; we will continue to develop case studies highlighting initiatives which promote our AS strategy. We have provided a range of avenues for staff and students to provide feedback including the STEMM survey, face to face meetings with members of the ASWG, secure post boxes where staff and students can submit comments on barriers or suggestions towards the AS strategy, and invitations from the Head of School to receive suggestions on

'doing it differently' in order to drive change from all groups within the School. We have developed posters promoting our AS activities (Figure 3.2) and provide regular updates and seek feedback at School Meetings and School Away Days.

As a School within a research-led University, we have sought external and independent analysis and

**Figure 3.3 Posters outlining how to engage with the AS strategy**



employed an external consultant and expert in gender issues, Dr Sue Couling, to conduct a range of discussion groups in order to (a) explore issues that arose from the STEM survey and staff/student data; (b) to seek evidence of impact from the AP; (c) to explore issues in specific groups and (d) seek solutions to address barriers. The discussion groups were purposefully small, conducted in September 2017 and included general groups (open to everyone) and three specific groups for early career academics, PSS Grade and above and PSS Grades 3 to 5 following feedback from junior staff that they would appreciate the freedom to make comments without more senior staff present. Eight discussion groups were held for staff over eight weeks, with 23 staff attending (19 female and 4 male).

As a result of our Bronze Action 1.3 and in conjunction with the University, the SoH has streamlined data collection for staff and students for annual assessment of progress against our AP. We have collected data for local and national benchmarking through the administration of the HE STEM survey in February 2014 and again in May 2017: the latter being promoted to capture PSS staff for the first time. Based on feedback from our previous application, we undertook a targeted communication plan, including email, social media and posters which increased our

staff participation in the STEM survey. We are mindful of the burden of survey overload. We have therefore explored data generated from other surveys to explore evidence of gender and/or intersectional issues, including the SoH data from the University's annual PMF and the NSS. Any findings that have been incorporated into our AS strategy are indicated in the appropriate sections of this application. As a direct result of our Bronze AP, we have increased the staff engagement with the strategy as indicated by the proportion of staff who participated in the STEM survey increasing from 29% to 39%:

Whilst developing our AS Strategy, members of our ASWG met with other Schools who are developing APs, including silver award holders at Leeds (School of Medicine, Faculty of Engineering, School of Dentistry) and national leaders, including Gold Award holders (School of Chemistry at York, University College London MRC Lab for Molecular Cell Biology) and AS innovators, such as Sheffield Teaching Hospitals Trust who are putting in the first NHS based application. We welcomed Dr Stacey Johnston from Nottingham University's School of Healthcare E&I Committee to speak to the ASWG on BME issues and are working with the Leeds Academic Health Partnership, which brings together major players in Health and Social Care in the city, including Chief Executives and leaders of Leeds City Council, the three Universities and the six Health Trusts and Clinical Commissioning Groups, in order to further enhance gender equality across the local health economy.

Where we have changed processes as part as part of our AS plan, we have indicated this through the **DRIVING POSITIVE CHANGE** moniker. Where we have had an impact, we have highlighted this.

Several of our challenges which drive our AS Plan are related to the nature of our clinical disciplines (e.g. midwifery has struggled nationally to recruit males, difficulty in securing social work placements), hence

we work regionally and nationally to impact workforce planning. Staff from the School hold key leadership roles in NHS planning to influence development of the workforce, remove barriers to access participating in the local health economy and developing a strategic approach to skills development across professional groups. We play a key role across the city ensuring that talented individuals can access employment within the health and social care economy (for example through our widening participant programmes), securing the School's reputation as an innovator for the health and social care workforce.

**DRIVING POSITIVE CHANGE:** We have included several initiatives in our AP with our main NHS partner, the Leeds Teaching Hospitals NHS Trust (LTHT). Since our last application, this has been formalised, with AS a key agenda item on the LTHT/UoL Joint Partnership Board, which Professor Andrea Nelson is a member. Through Prof Keenan, we are currently driving a Joint Clinical Academic Training Office and have a flagship exemplar programme for early career clinical academics in midwifery.

Our Silver AP and associated strategy has been developed by the wider community of the SoH, is endorsed by the senior team and championed by our Head of School (Nelson). The AP has been developed in order to focus on cultural change, appropriate monitoring and review and ongoing engagement with staff and students in order to achieve gender balance and equality with impact through three main areas:

- An Inclusive Environment
- Career Development for all
- Engagement and Communication

We have taken the opportunity to spread our word count out across sections in order to provide a coherent application.

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

The ASWG will continue to meet every two months in order to monitor progress of our AP. As an evolving document, the AP will be reviewed and updated, with progress reports submitted to the SEC grand E&I Committee.

A key responsibility of the ASWG will be continued engagement of staff and students with the AS strategy. Our Communications Plan which we launched in January 2017 will continue to be refreshed and focussed on use of multi-media delivery of the AS vision to staff and students (Silver AP18). As part of our ongoing strategy, our website continues to be updated and refreshed, with links to local activities and highlighting initiatives such as flexible working guidelines.

The ASWG will continue to be outward looking, consulting with local and national collaborators in order to develop exciting initiatives that will demonstrate progress towards gender equality and best practice. Working with the University's Equality Policy Unit and the Athena SWAN Regional Network, we will share best practice and look at innovative solutions to barriers, particularly those to improve gender representation in our undergraduate courses in female dominated courses and to stop the leaky pipeline in attrition of female academics at higher levels.

#### 4. A PICTURE OF THE DEPARTMENT

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

WORD COUNT 2000: CURRENT 2917

##### 4.1. Student data

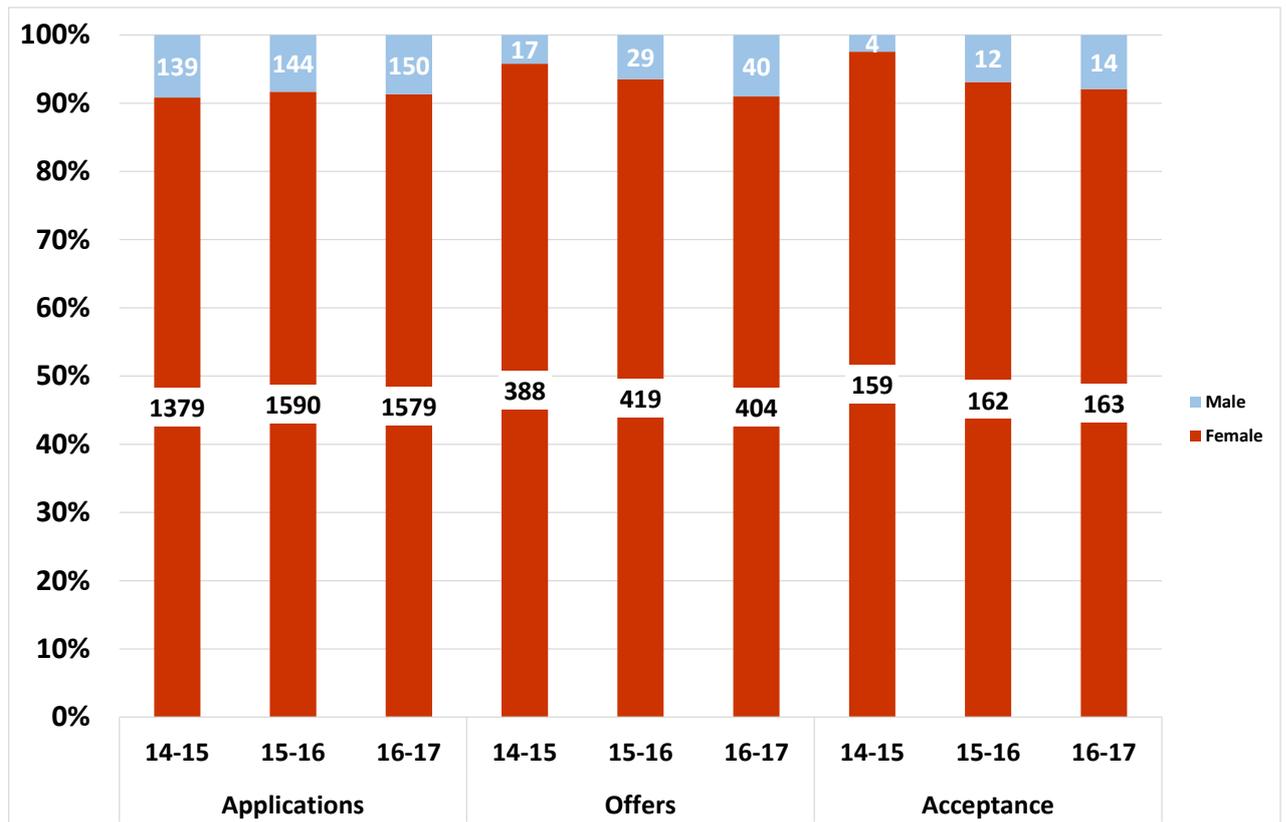
(i) Numbers of men and women on access or foundation courses

N/A

(ii) Numbers of undergraduate students by gender

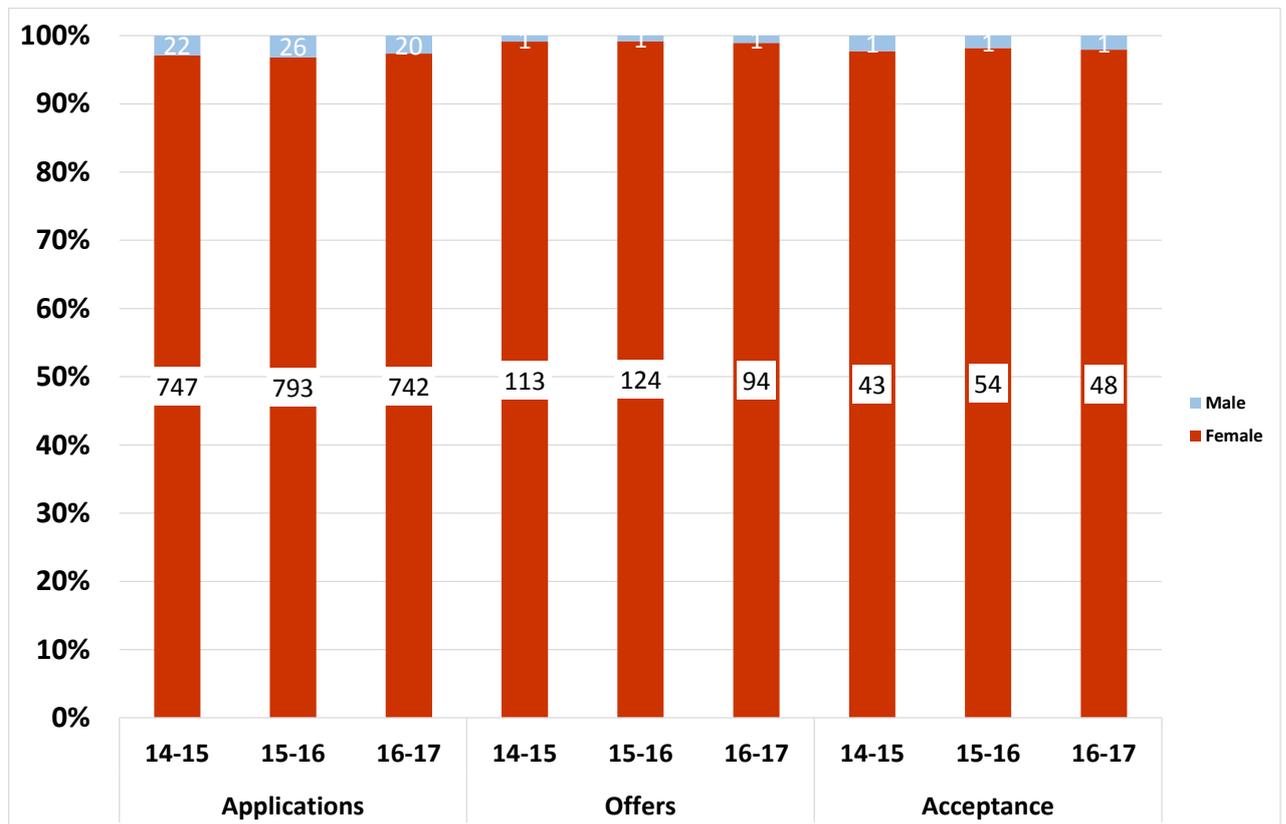
The School hosts five undergraduate degree courses in Adult Nursing, Child Nursing, Mental Health Nursing, Social Work and Midwifery. Our UG courses are traditionally very female focussed: over the last three years, our UG cohort had 887 (95%), 879 (95%) and 918 females (94%) respectively. The gender break down for each of the UG programmes are presented in Figures 4.1 to 4.6.

Figure 4.1 Gender break down for our BSc Nursing (Adult) by applications, offers and acceptance



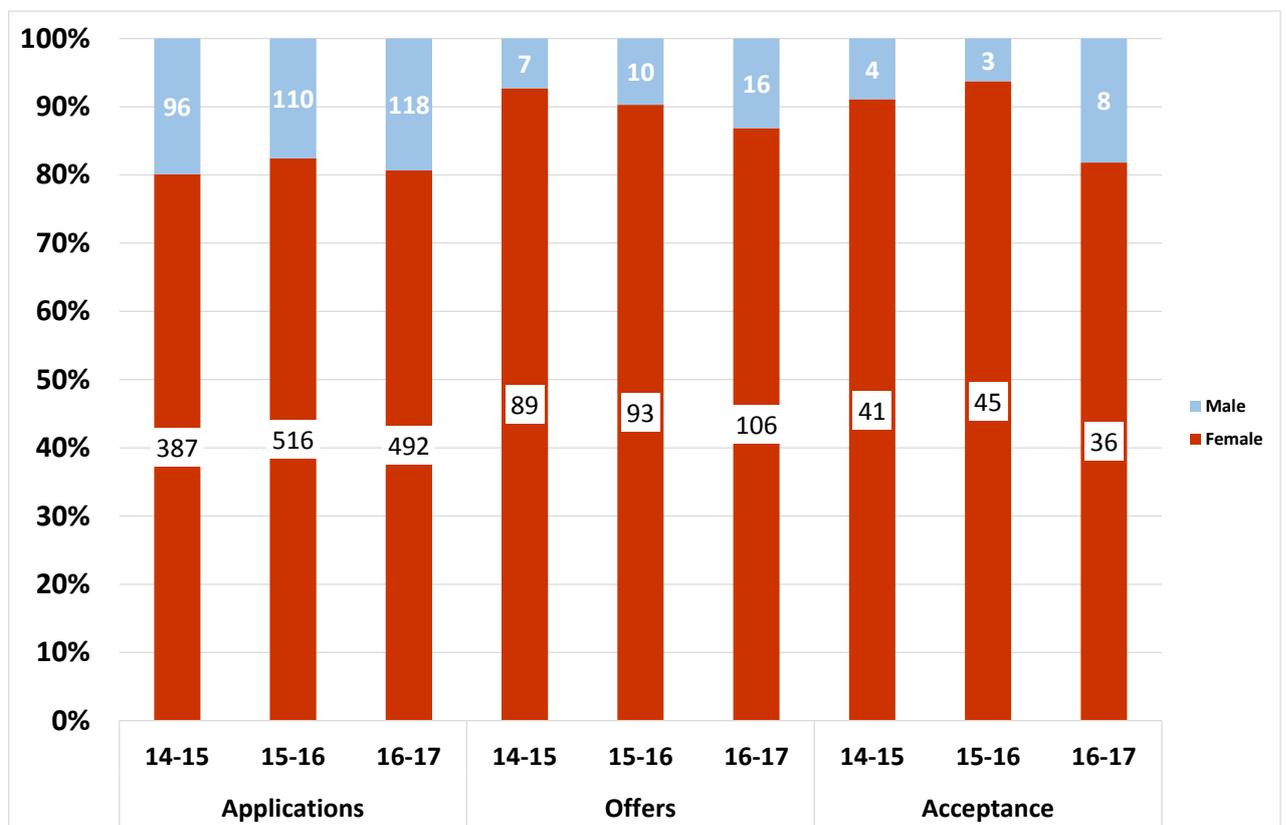
While all of the nursing (Adult) have a higher proportion of females applying, being offered a place and accepting, we have increased the ratios of both male offers and acceptances over the past 3 years.

Figure 4.2 Gender break down for BSc Nursing (Child) by applications, offers and acceptance



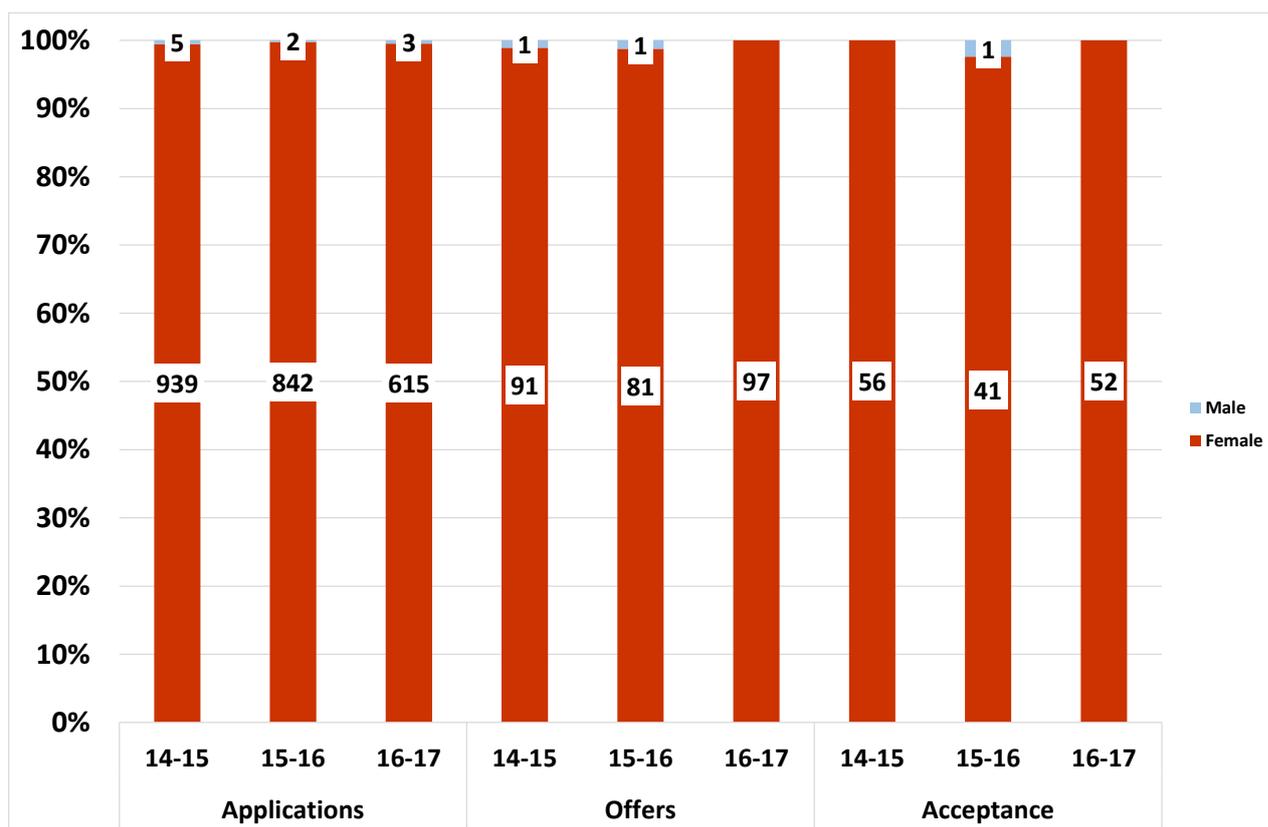
In Child Nursing, over the past three years there has been a maintenance of the ratio of acceptances to mirror the proportion of male applicants.

Figure 4.3 Gender breakdown for BSc Nursing (Mental Health) by applications, offers and acceptance



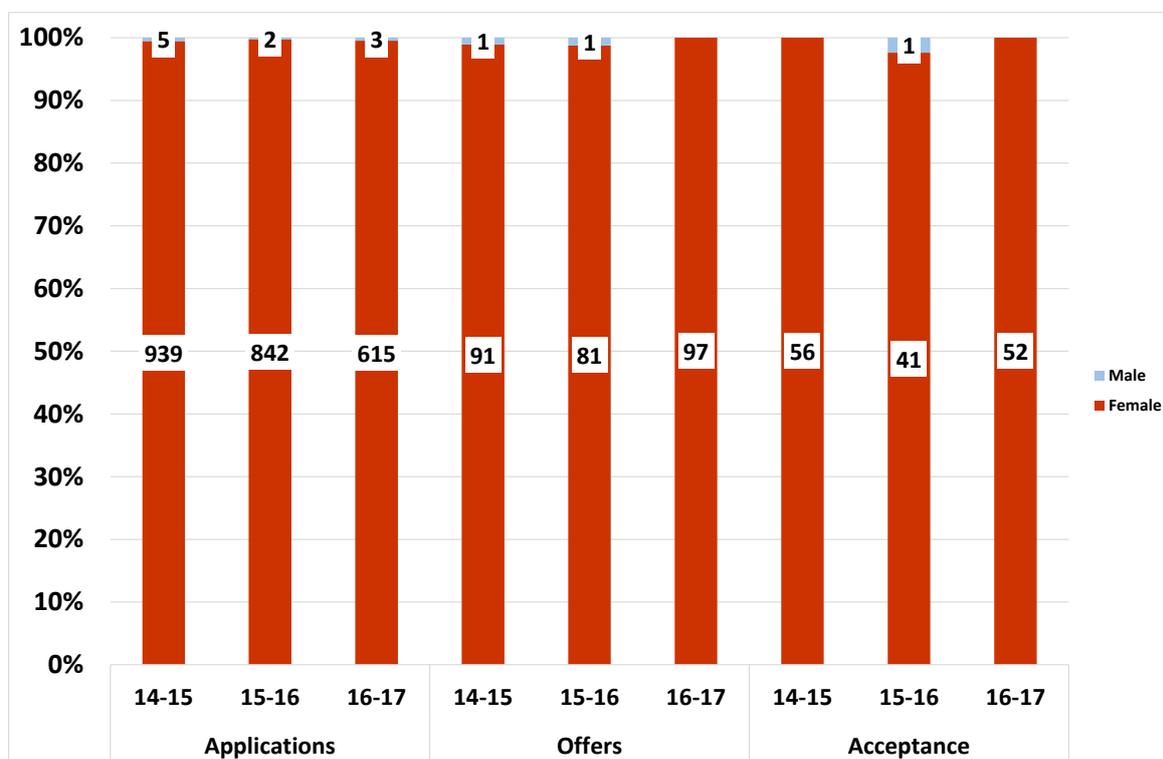
In mental health Nursing we have around 20% male applicants, and over the past 3 years have increased both offers and acceptances, such that acceptances are now in line with applications from males.

Figure 4.4 Gender breakdown for BSc Midwifery by applications, offers and acceptance



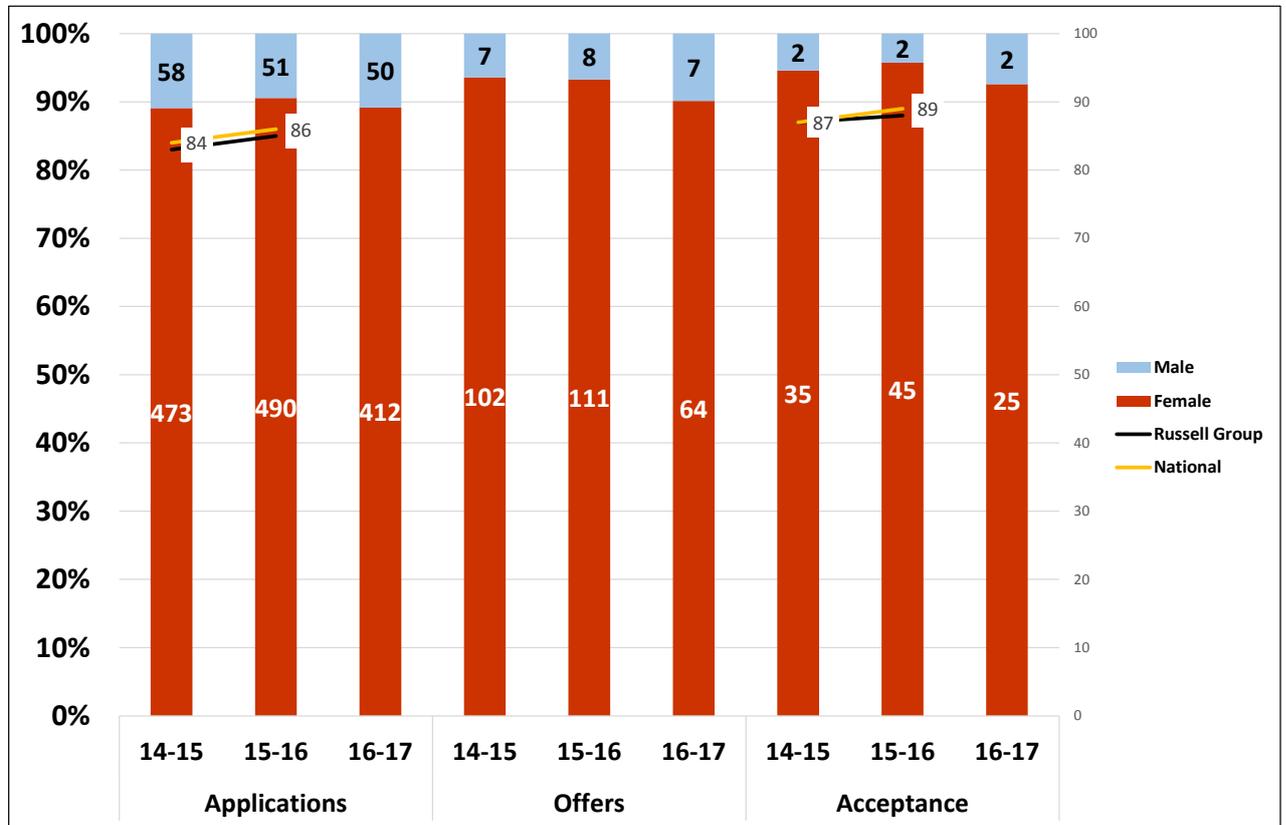
We fewer males applying, offered a place and accepting in midwifery, which is consistent with the national workforce. In terms of national benchmarking, the only data available is for combined nursing and midwifery courses for 2014/15 and 2015/16 (Figure 4.5).

Figure 4.5 National benchmarking for combined nursing and midwifery courses



Our combined data shows that 7.8% of applicants were male in 16-17, and 7.1% of acceptances were male, indicating that we are, relatively, losing almost 1% of male applicants in the path from application to acceptance. Improving our retention rate of males through the application system depends on both having more male role models in admissions and education in programmes, and continually reviewing reasons for non-offer and non-acceptance: this is included as part of S2 action.

**Figure 4.6 Gender breakdown for BA Social Work by applications, offers and acceptance, including national benchmarking data**



For our nursing courses, 95% of our UG students are women, higher than nursing Russell Group (92%) and university sector (90%) averages. For social work, the of females applying is around 95%, which is higher than the university sector (85%), but we have fewer males being offered and accepting compared to national comparators. We have been working to address the imbalance of males in our UG programmes and have reviewed all recruitment and outreach media to ensure balanced gender representation (Bronze 1.1). We have updated all visual media within the School. Feedback from our student discussion group

“The school is great for welcoming men, the posters and all are great. But you don’t see that until you are actually here”  
UG F Adult Nursing

and results from the STEMM survey showed that 82% of staff agreed that we include men and women as visible role models. We acknowledge being a School with large health care programmes, we are likely to see the impact of changes to cohorts, such as removing the bursary more than smaller programmes. While we have achieved our goal of being with +/-5% of national benchmarking nursing, this is predominantly due to the benchmarking data increasing for female representation, not us increasing our male representation. It is clear, however, that this is not enough: we need dedicated activity to include attracting men to the UG courses as part of the widening participation and outreach activities (Silver AP2), including targeting local schools to promote our courses for men. We will increase the number of male tutors on our Admission Teams by increasing our team size and advertising rolling, fixed term posts so that male students see males in influential positions both prior to visiting and at Open Days. Working with our local Trust partners, we will ensure

male academics and clinicians at outreach and information sessions for our courses and establish a working party to promote the new nursing apprenticeship programmes to men: we will monitor and review the impact of this. On a national level, we will engage with the Council of Deans in order develop to national initiatives to profile and welcome men into the nursing workforce. We will work with the Leeds and Wakefield Social Work Teaching Partnership workforce planning and recruitment work streams to identify workforce need and promote social work to men.

Similar to most Schools of Healthcare, we do not offer the UG courses as a part-time option. Once enrolled, we are able to offer part-time study to secure retention of talent, which only a small number of students take up, presented in Table 4.1. While the numbers are small, there appears to be more F than M, which would be expected given the gender representation of the courses.

**Table 4.1 Part-time UG students by programme and gender**

Programme	2014/15	2015/16	2016/17
<b>BSc Nursing (Adult)</b>	1 Female 1 Male	None	1 Female
<b>BSc Nursing (Child)</b>	2 Females	2 Females	2 Females
<b>BSc Nursing (Mental Health)</b>	None	1 Female	1 Female
<b>BA Social Work</b>	None	None	None
<b>BSc Midwifery</b>	None	None	None

Degree attainment by gender for the UG is represented in Table 4.2 (a &b). The proportion of both females and males achieving 1<sup>st</sup> or 2(i) was lower than national benchmarking, but has increased over the period: these are necessary for many onward degrees of study (for example Masters and Phd) they are important to ensure graduates can have choice in career progression. While our female attainment has now reach sector benchmarking for first class honours, our male counterparts, while improving, are well below sector benchmarks.

As part of Silver AP3, we will investigate the factors that contribute to poor attainment, including an exploration of the relationship between attainment and access route to the UG programme in order to prepare a strategy to address this.

**Table 4.2(a): Female nursing degree attainment by year for females, with national benchmarking (SoH = School of Healthcare, RG= Russell Group) as a percentage**

Year	2014/15			2015/16			2016/17		
	SoH	RG	Sector	SoH	RG	Sector	SoH	RG	Sector
<b>1<sup>st</sup></b>	10	21	20	10	21	21	14	26	13
<b>2(i)</b>	30	27	43	28	49	43	36	46	37
<b>2(ii)</b>	19	25	28	13	25	28	18	22	36
<b>Pass</b>	41	7	9	49	5	8	32	5	13

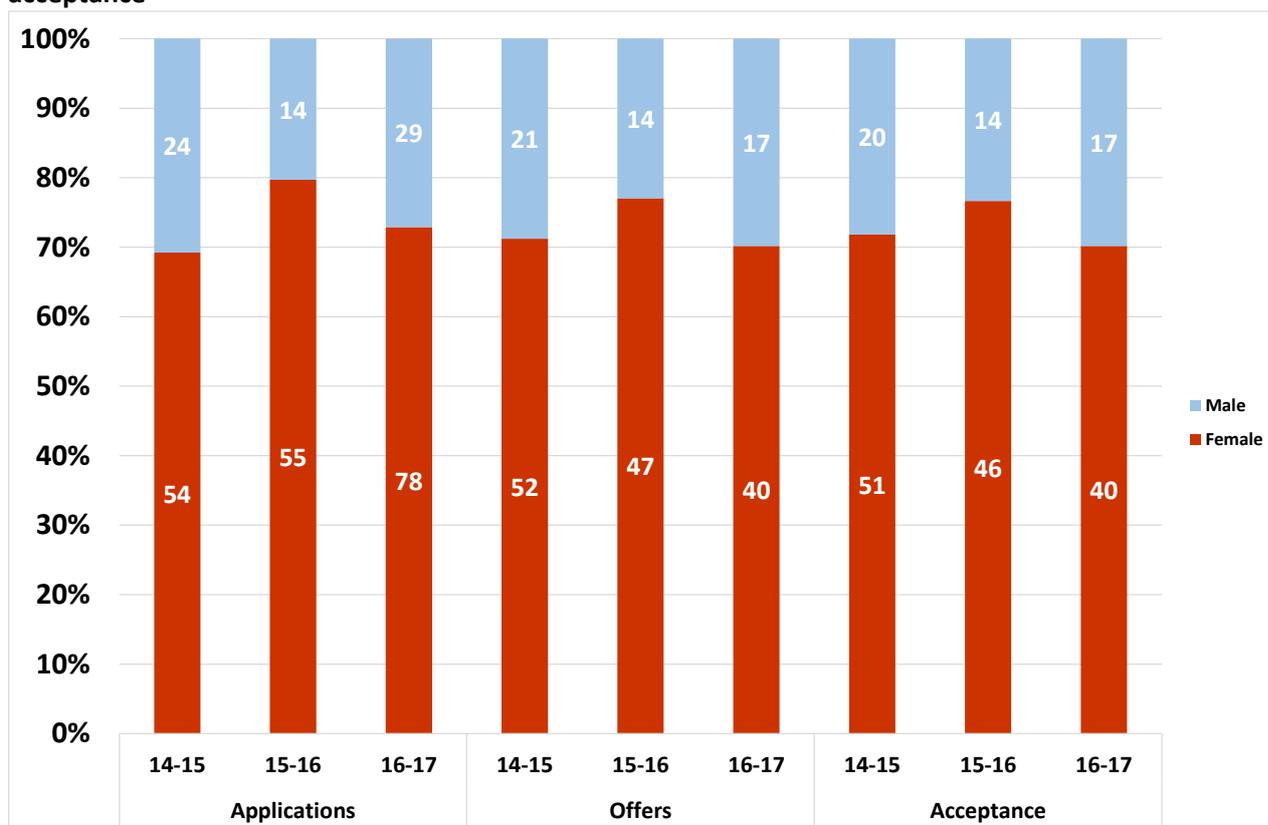
**(b): Male nursing degree attainment by year for females, with national benchmarking (SoH = School of Healthcare, RG= Russell Group) as a percentage**

Year	2014/15			2015/16			2016/17		
	SoH	RG	Sector	SoH	RG	Sector	SoH	RG	Sector
<b>1<sup>st</sup></b>	5	22	20	10	25	22	8	28	14
<b>2(i)</b>	15	42	41	10	43	39	21	45	41
<b>2(ii)</b>	14	30	30	12	26	28	8	25	29
<b>Pass</b>	66	6	10	68	6	11	63	3	17

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

We offer a number of professional FT and PT post graduate taught programmes (PGT), including masters qualifications in Nursing with Registration, Advanced Practice, Social Work, Psychotherapy and Counselling, Clinical Research Methods, Leadership and Management in Health and Social Care and Pharmacy Practice. We offer Post Graduate Certificates in Clinical Assessment and Pharmacy Practice. Our PG courses have a greater female representation but not as high an uptake of females compared to our UG courses: over the last three years, our PGT cohort had 221 (76%), 267 (75%) and 262 females (77%) respectively. Individual details are provided for each course in Figure 4.7 to 4.17.

**Figure 4.7 Gender breakdown for FT MSc Advanced Practice Nursing by applications, offers and acceptance**



In advanced practice the proportion of acceptances of male students has mirrored application rates, hence we are not losing male applicants through the process. What is noteworthy, however, is the higher proportion of males applying for PG programmes compared with UG profiles. We also seen an increase in the number of applicants in our last year associated with a local trust directing staff to our programmes, but without additional funding.

In PG social work (Figure 4.8), as in the UG programme, we are seeing a lower proportion of male acceptances than applicants, although as student numbers are smaller there will be more variability (Silver AP4).

Figure 4.8 Gender breakdown for FT MA Social Work by applications, offers and acceptance

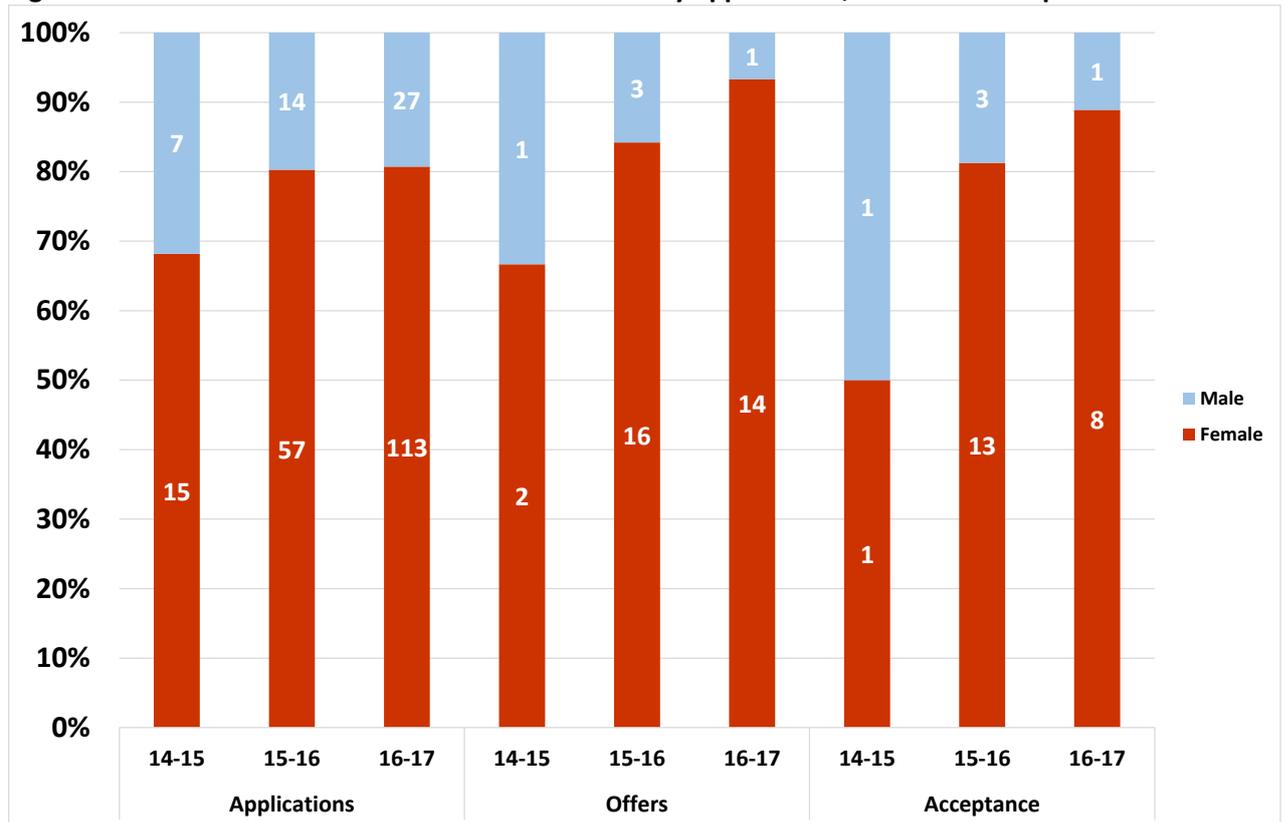
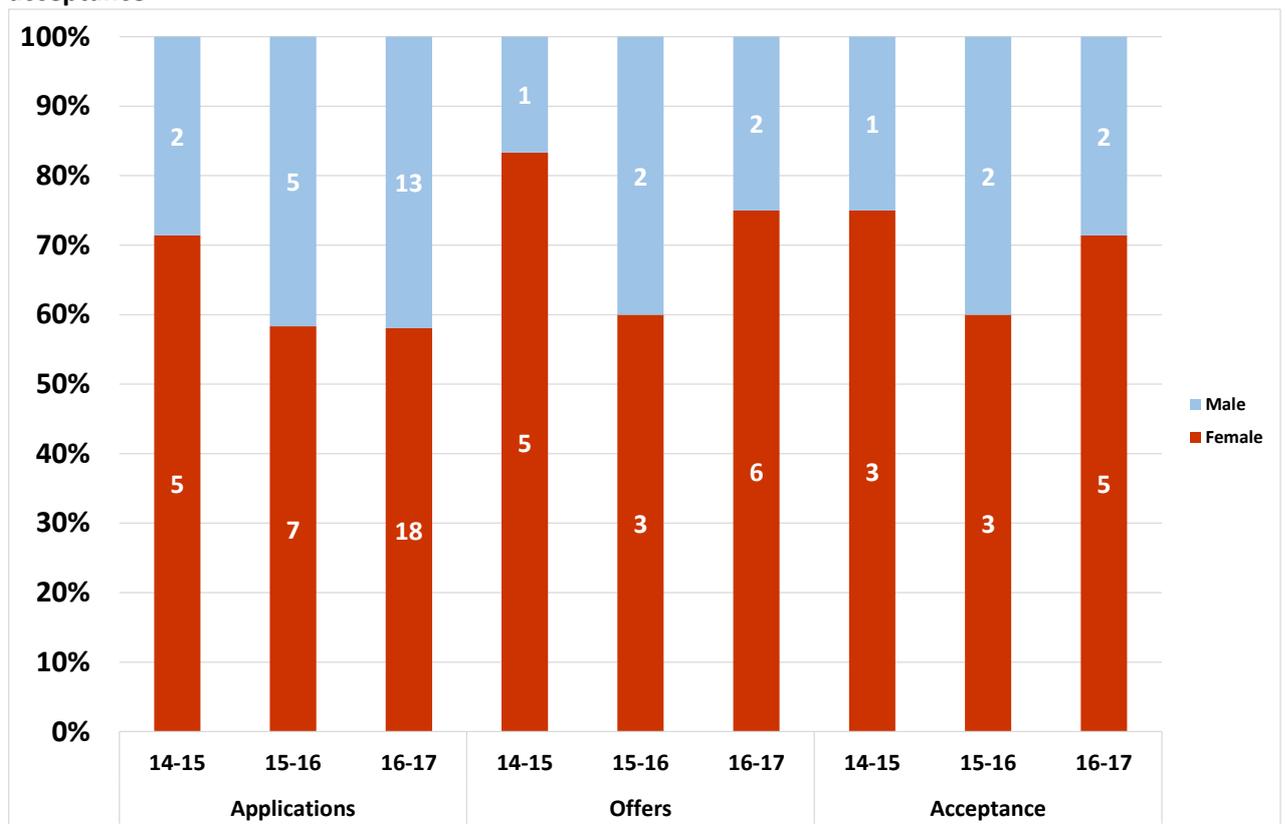
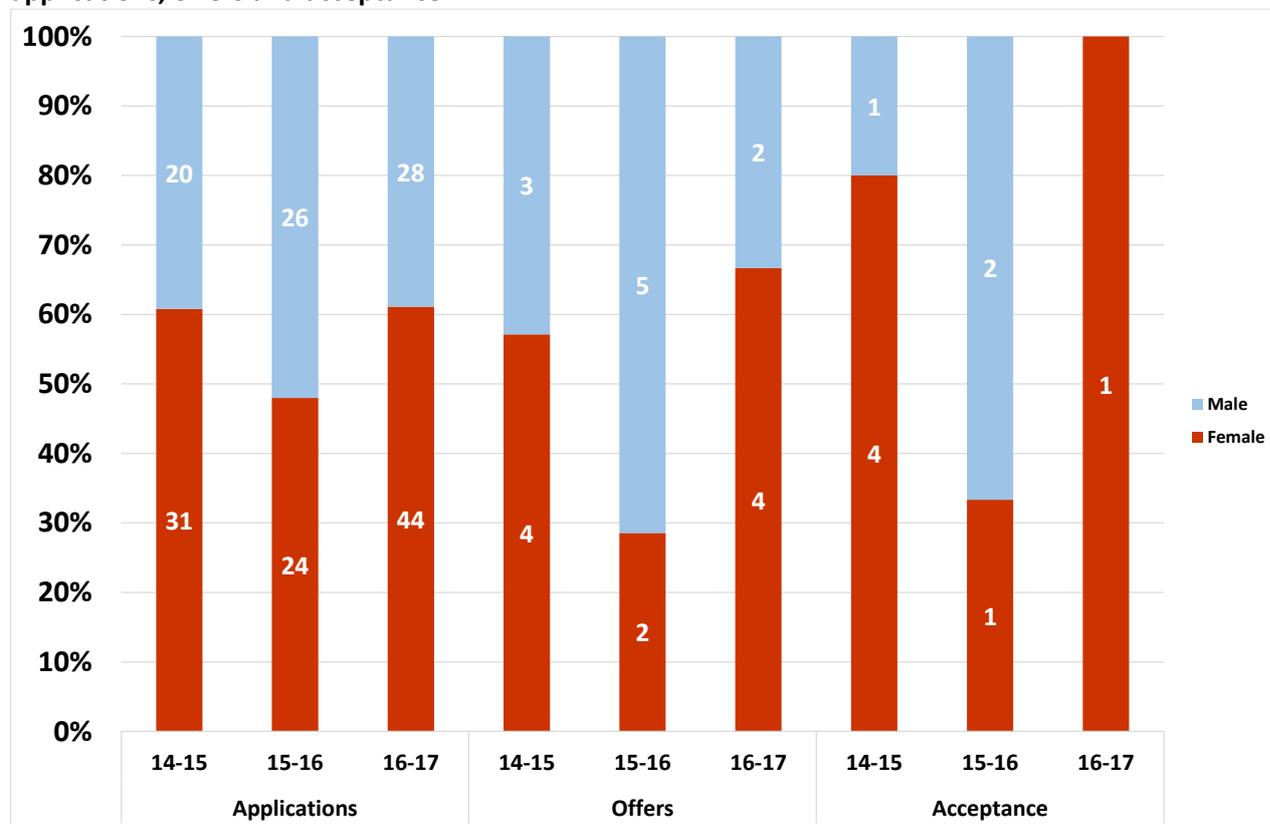


Figure 4.9 Gender breakdown for FT for MSc Clinical Research Methods by applications, offers and acceptance



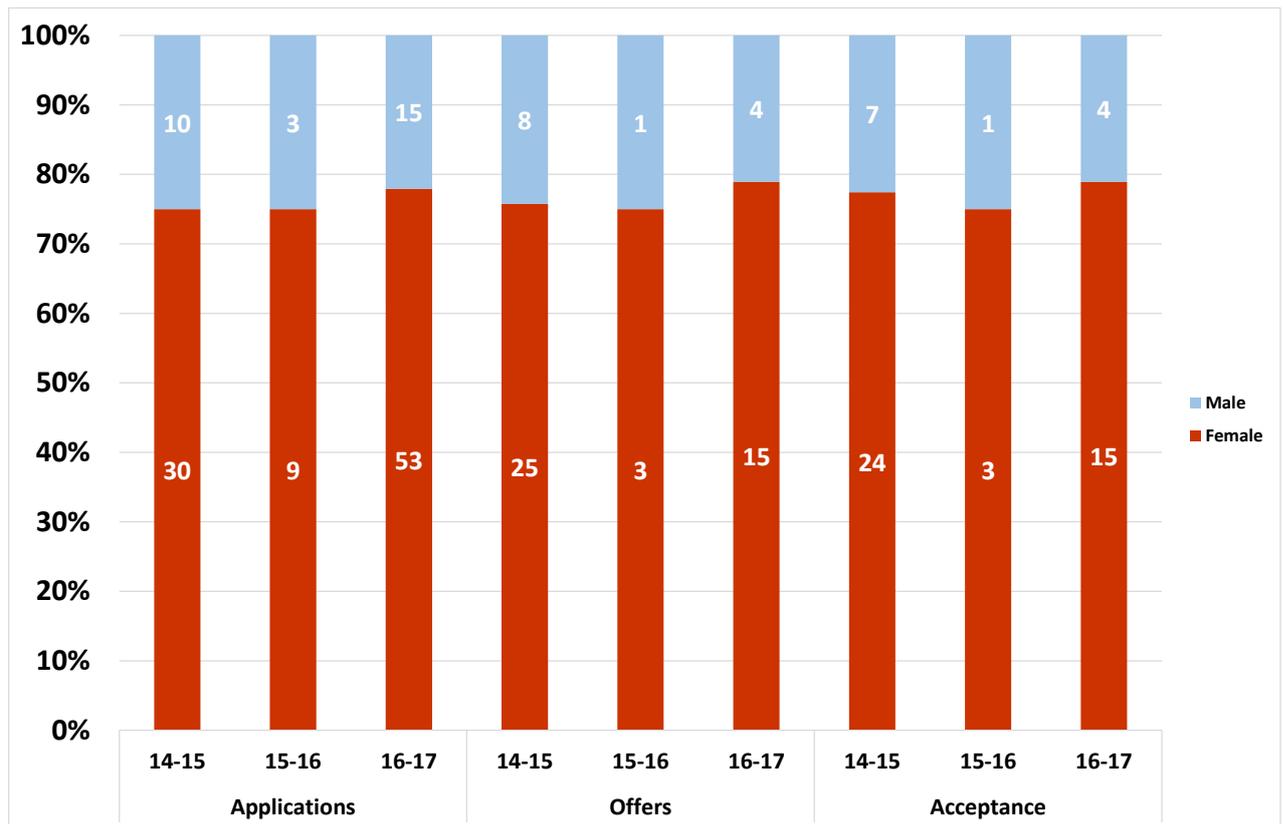
Whilst numbers are small, and hence variability is high, the clinical masters has accepted fewer males, proportionally, than applied. This fully funded (including fees and backfill of staff in practise) programme will not run in the same format from 2018 (as the HEE will not commission the programme in the same way).

**Figure 4.10 Gender breakdown for FT MSc in Leadership and Management in Health and Social Care by applications, offers and acceptance**



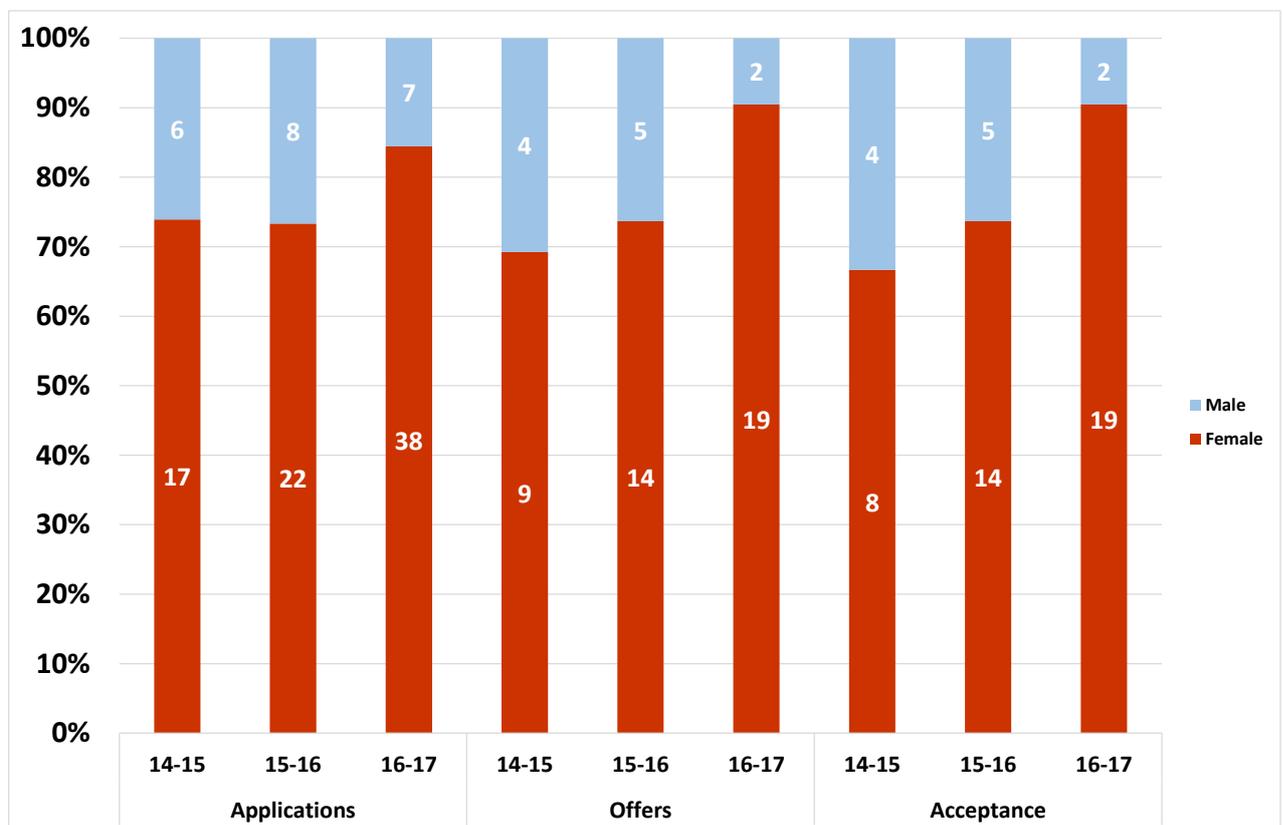
Due to withdrawal of bursaries, this course was discontinued in 2016.

**Figure 4.11 Gender breakdown for PT MSc Nursing with Registration (Adult) by applications, offers and acceptance**



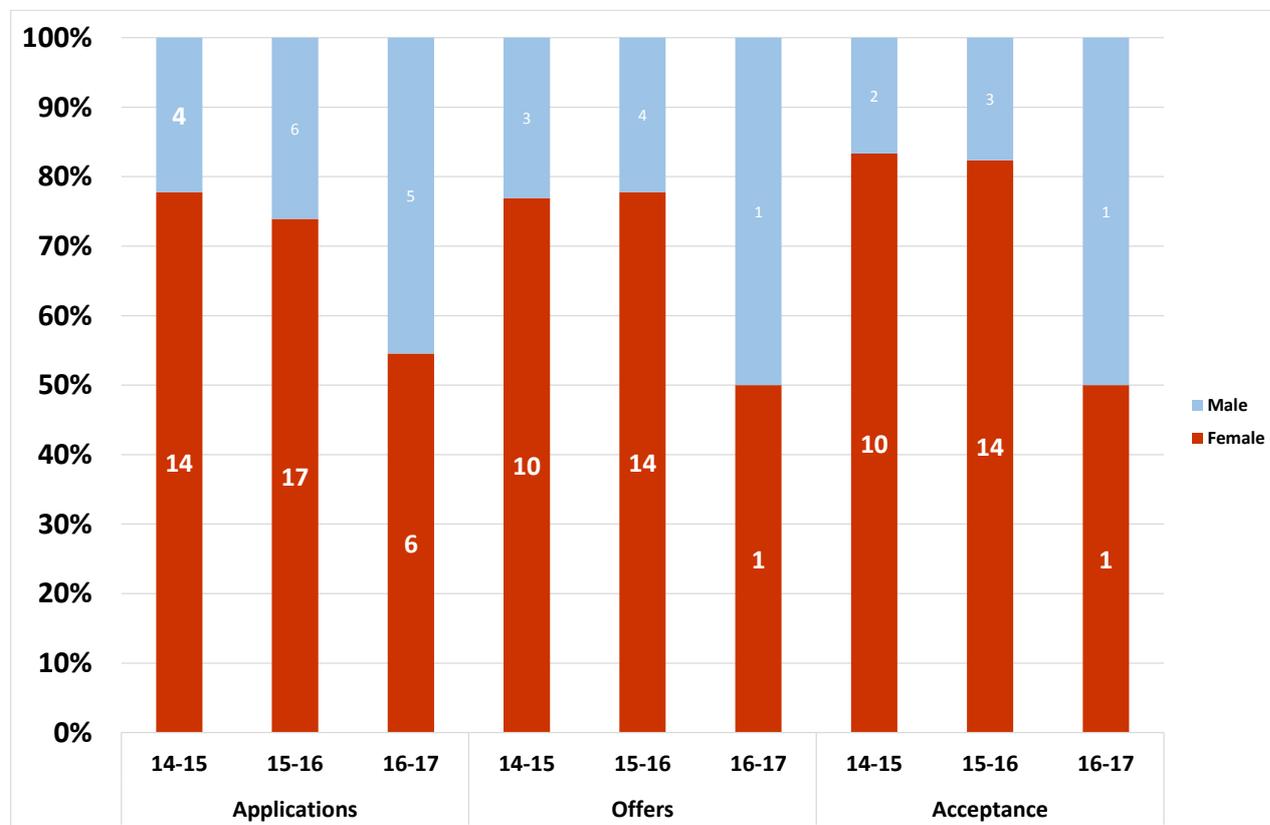
In this programme we have recruited males in the same proportion in which they applied.

**Figure 4.12 Gender breakdown for PT MA Psychotherapy and Counselling by applications, offers and acceptance**



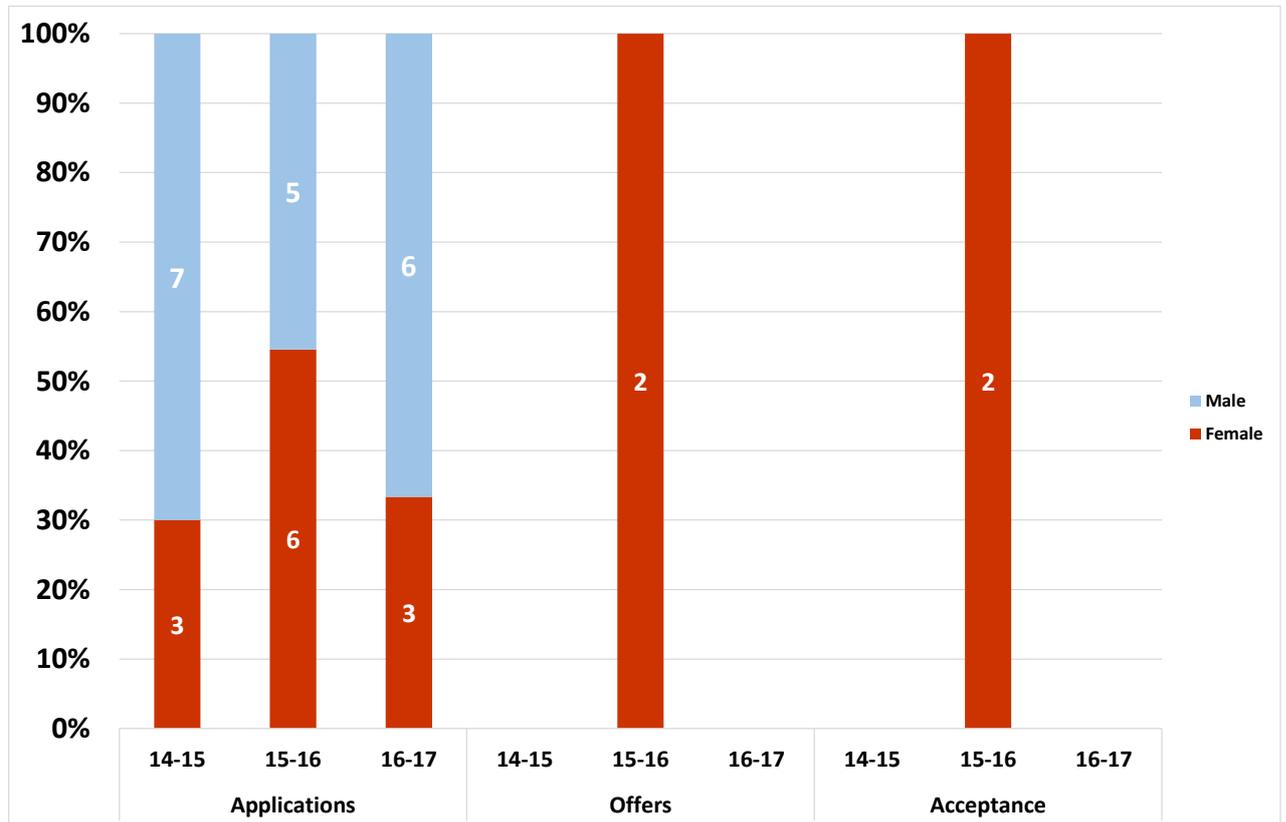
The MA Psychotherapy and Counselling has seen a reduction in the proportion of male applicants, the acceptance rate for males is much smaller than in previous years and we need to (Silver AP ) identify reasons for non-offer and non-acceptance onto programme.

**Figure 4.13 Gender breakdown for PT MSc in Leadership and Management in Health and Social Care by applications, offers and acceptance**



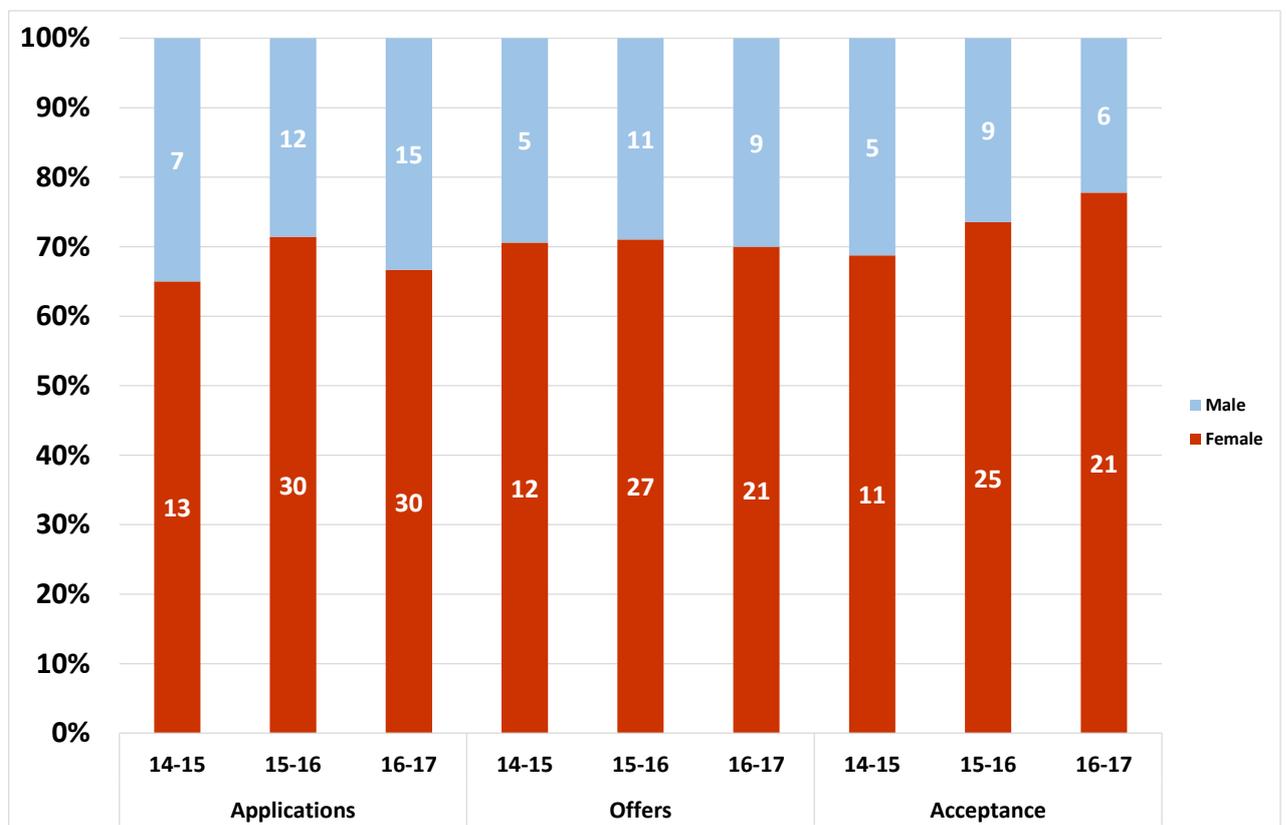
Male recruitment mirrors application rates although numbers are very small.

Figure 4.14 Gender breakdown for PT MSc in Pharmacy Practice by applications, offers and acceptance



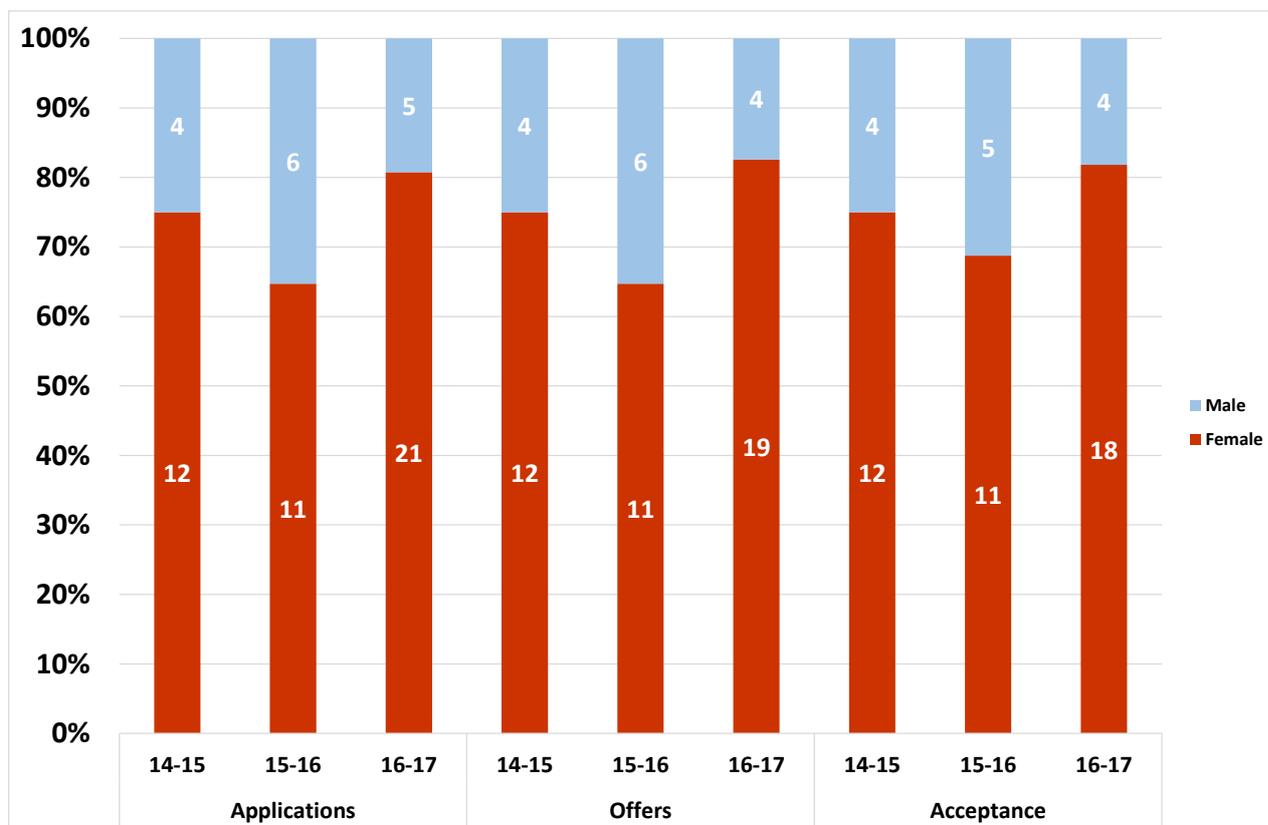
Our data reflects the withdrawal of NHS bursaries for the Masters programme, instead focussing on the PG Cert for progression.

Figure 4.15 Gender breakdown for PT PGCert in Clinical Assessment by applications, offers acceptance and attainment



While we have more males in the PGT programme compared to the UG nursing, the rate of application, offer and acceptance follows a slightly upward trend.

**Figure 4.16 Gender breakdown for PT for PGDip c in Pharmacy Practice by applications, offers and acceptance**



Our PGT courses have a larger proportion of females who apply, are offered places and accept, yet this is less than in our nursing UG courses, which may indicate that PGT courses are more attractive to males compared to UG entry. Furthermore, while the School has a larger proportion of females undertaking PGT courses, this nevertheless represents a substantial attrition of females between professional PGT where there is UG related course. We believe that this may be related to female NHS workers being less likely to consider themselves for PG study; less likely to put themselves forward. As part of the Bronze AP 1.3, we targeted UG students and provided them with support to consider PT study and provided information packs to graduates in the workplace on opportunities: the impact of this is unclear and we have still much work to do. As part of our Silver AP, working with our Trust partners, we will establish a marketing strategy to promote PGT opportunities to the local workforce, with an emphasis on profiling successful female graduates (Silver AP8).

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

Our School has a dynamic and emerging PGR programme: a key element of our School’s strategy and the AS Bronze AP was to increase females in our PGR cohort which we have done: from three full time students (all female) in 2014/15 to nine in 2016/17 (seven females, two males, Figure 4.17). PT PGR remained static over the three years. Much of this may be attributed to the increased conversion between offers and acceptance that was highlighted as poor in our last application. As a result of Bronze AP1.4 in which we reviewed conversion rates for females, we (i) updated our guidance for overseas students to clarify acceptance criteria, (ii) provided improved feedback to unsuccessful applicants and (iii) aligned PGR research to SoH research strategy. Furthermore, we reviewed our studentship selection processes to ensure gender balanced representation and ensured that our approach to E&I was discussed

during interviews and embedded in the induction process. The increase of males from 0 to 2 is also positive.

**IMPACT: We have both grown the volume of PGR and the diversity: we have more than doubled the number of PGR female students from 3 to 7 and males from zero to 2.**

**Figure 4.17 Gender breakdown for FT PGR students by applications, offers and acceptance**

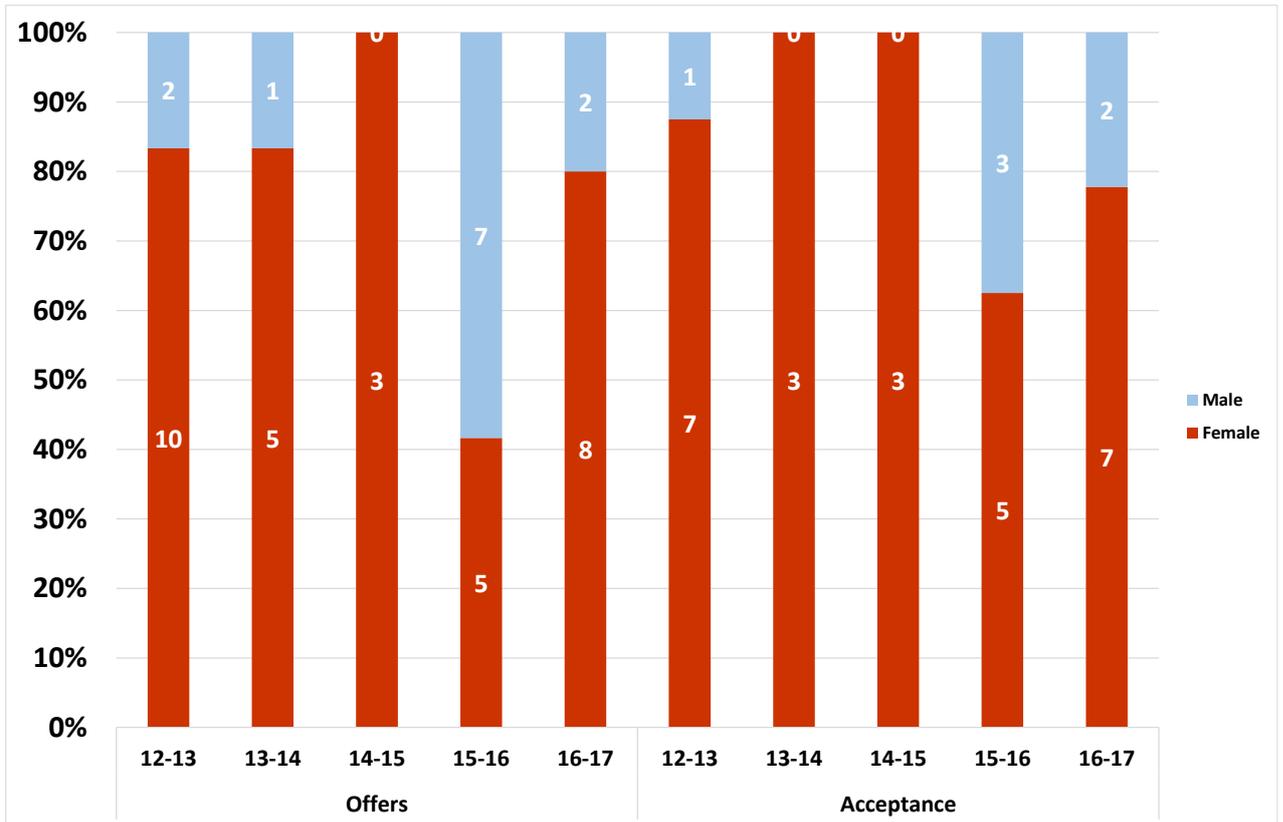
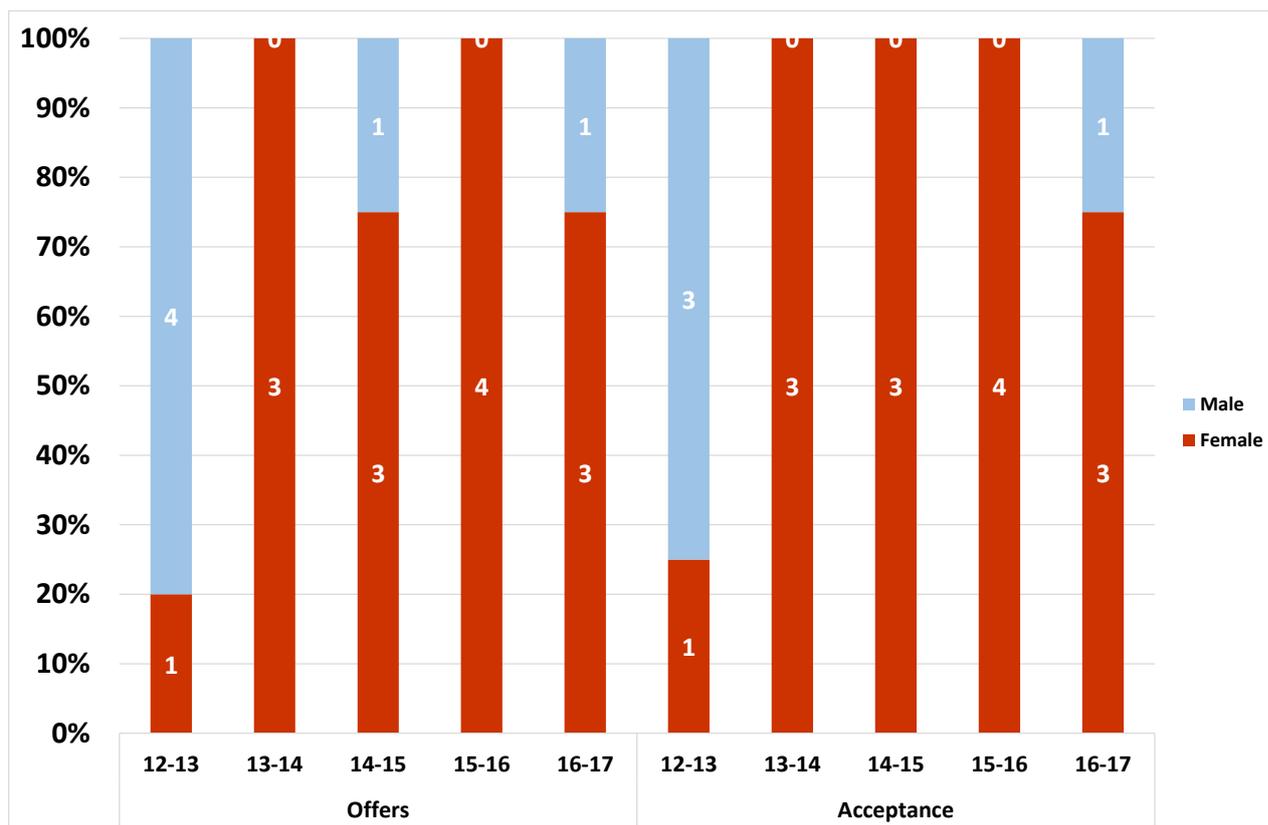


Figure 4.18 Gender breakdown for PT PGR students by applications, offers and acceptance



While the numbers of PT PGR students are small, we again see a larger proportion of females applying, being offered and accepting offers. Of note, as part of our Bronze AP to increase the number of females undertaking PGR, we have developed a clinical academic pathway for those early career clinicians wishing to start the development of a clinical academic career and have already appointed two clinical academic posts for midwifery with our major NHS partner, the Leeds Teaching Hospitals Teaching Trust, with further posts in Nursing in planning phases. These sector leading posts are joint positions, with a clear clinical and academic training pathway, supported through joint appraisals and job plans. These are the first such posts for the Leeds partnership: two appointments (both female) were made in September 2017 (See also Section 5).

**DRIVING POSITIVE CHANGE:** Established the first UK clinical academic pathway for early career academics and appointed two midwifery posts with joint Trust and University training and academic pathway

**IMPACT:** Attracting high quality applicants for clinical academic midwifery posts, developing clear and progression joint job plans and embedding the dual partnership approach within the School and the Trust and increasing access for female clinical academics

In order to promote women into research, the SoH is leading on a joint initiative with the School of Medicine to establish a Clinical Academic Training Office between the UoL and LTHT to provide information on career planning, academic careers, recruitment, funding opportunities and mentoring opportunities (Silver AP4). With the National Institute for Health’s recent review of training, there are unparalleled opportunities for nurses, midwives and health professionals to develop careers that combine clinical research and research leadership with continued clinical practice and clinical development, this integrated approach is essential to ensure that our clinical academics can move seamlessly between Trust

and University posts. One of the main barriers to changing employers was the impact on terms and conditions of service as effectively a change of employer meant the loss of service related benefits. As a direct result of feedback, the Leeds partnership has established the first reciprocal agreement in the UK between a SoH and local NHS to honour Terms & Conditions for nurses, midwives and allied health professionals on an integrated training pathway. Our first health professional to take up this agreement in July 2017 has recently been promoted to Consultant Practitioner within the Trust and Honorary Associate Professor within the University, facilitating a new academic career path which will particularly support females.

**IMPACT: We have led on the first reciprocal agreement to honour local terms and condition for nurses, midwives and allied health professionals between an NHS organisation and an HEI, which has resulted in career development opportunities.**

In order to continue to attract and support our clinical academics, working with the LTHT, we will create a business plan to develop senior posts to support the ongoing development of our clinical academic midwives, and translate into adult nursing as a priority (Silver AP6). We will provide annual updates on uptake of PGT programmes by gender to the Research and Education Training Committee of the Trust. On a national level, we will contribute to the development of NIHR opportunities associated with the recent review of Training, of which Professor Anne-Maree Keenan (F) is a member of the implementation party. We will work nationally with innovations to develop new and exciting pathways, specifically the NHS Clinical PhD Apprenticeship Trailblazer group, of which Keenan (F) and Marshall (M) are members (Silver AP6).

(v) **Progression pipeline between undergraduate and postgraduate student levels**

Given the vocational nature of our courses and the clinical practice component, we do not expect a high proportion of our UG to move into PGT or PGR immediately, but instead move into practice roles. We are also experiencing the impact of the 2015 removal of Health Education England funding within our disciplines which supported PGT course registration fees: this is a national issue. Furthermore, staffing pressures in the NHS (where the vast majority of PGT students work whilst completing study) has reduced the ability for students to be away from the clinical setting for study. There is a higher proportion of women who transition from our UG courses in to our PGT, with only one male out of 30 (3%) immediately after finishing, and only one female progressing from UG to PGR and two female progressing from PGT to PGR (Table 4.3). If we look at those who come back after a period in clinical practice (Table 4.4) 44 female and six males returned to complete their PGT, with one female undertaking a PGR after her UG and two students (1 female and one male) undertaking a PGR following their PGT.

**Table 4.3 Transition of Students between courses in the immediate preceding academic year**

Programme	2013/14*		2014/15		2015/16	
	F	M	F	M	F	M
UG to PGT	17	0	9	1	3	0
UG to PGR	0	0	1	0	0	0
PGT to PGR	1	0	1	0	0	0

\*Data not available for 2016/17, so previous three years presented

**Table 4.4 Transition of Students between courses not within the first 12 months**

Programme	2013/14*		2014/15		2015/16	
	F	M	F	M	F	M
UG to PGT	25	3	10	3	3	0
UG to PGR	0	0	1	0	0	0
PGT to PGR	1	0	1	1	0	0

\*Data not available for 2016/17, so previous three years presented

There has been a graduate reduction in those taking up PG opportunities associated with the withdrawal of funded opportunities through HEE and the NHS. The number of graduates transitioning to study has fallen hugely as the numbers moving into fulltime employment has increased over this period; this is likely associated with aggressive recruitment campaigns from the NHS and private sectors to fill shortages of staff, and a high demand for Leeds graduates. It is also associated with significant reductions in funding for PG study for NHS staff over the period.

#### 4.2. Academic and research staff data

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

Not including zero hour contracts, at August 1<sup>st</sup> 2017, we had 102 academic staff, 80 (78%) of whom were female. For Fellows, Senior Fellows and Lecturers, the percentage female staff was between 80 and 85%, reducing to 55% female for Senior Lecturers/Associate Professors but rising to 63% female at Professorial level. While this still represents considerable female attrition for senior posts, the increase in female Professorial posts represents a steady increase over the past three years from 50% to 63.6%: however, this did not equate to an actual increase in female members of the Professoriate which remained stable at 7 (Table 4.5).

**Table 4.5 Gender breakdown of academic staff by grade and job title<sup>1</sup>**

Academic Role	2015			2016			2017		
	F	M	%F	F	M	%F	F	M	%F
Teaching Assistants							2	2	50.0
Grade 7 Research Fellow	7	1	87.5	10	3	76.9	8	2	80.0
Grade 8 Senior Research Fellow	3	1	75.0	3	1	75.0	1	0	100.0
Grade 7/8 T&S	32	11	74.4	34	10	77.3	30	7	81.1
Grade 7/8 TS&R	12	4	75.0	18	3	85.7	23	3	88.5
Grade 8 University Academic Fellow	0	1	50.0	0	1	50.0	0	1	50.0
Grade 9 Principal Research Fellow	1	0	100.0	1	0	100.0	1	0	100.0
Grade 9 T&S	5	0	100.0	4	1	80.0	5	1	83.3
Grade 9 TS&R	7	7	50.0	7	5	58.3	5	4	55.6
Grade 10	7	7	50.0	7	6	53.8	7	4	63.6
<b>Total</b>	74	32	69.8	84	30	73.7	80	22	78.4

<sup>1</sup> Staff on zero hours contract not captured consistently in this data

As described in Section 2, a key element of the strategic review was to increase research activity by enlarging the professoriate, recruiting staff to academic roles that included research, and providing additional support staff to develop their research: Bronze AP 3.2 was to encourage career pathway progression routes to enable movement from T&S to T&R roles. As a result, the Post Review Academic Development Strategy (Section 2) was produced, to encourage staff to develop careers in line with their skills ambitions and the needs of the School. For some staff this meant moving from a teaching and scholarship to a teaching, scholarship and research post and vice versa. All academic staff were invited to meet with the Head of School, their Academic Unit Director and the HR manager to develop a 5 year plan, exploring aspirations to develop within their role, identifying aspirations for promotion and individual development needs. Career support, including mentorship, protected study leave for doctoral students and funding for research development activities, including access to pump priming and a school fund 'Funding for Investment in Excellence', were developed. A profile of the academic roles within the school was developed in order to inform discussions on individual's career planning (Table 4.5).

Instrumental to this planning was articulating a clear career pathway for all academic staff, establishing the parity of TS&R and T&S roles; reflecting our commitment to both sector leading education and impactful research. We tabulated career paths (Table 4.6) highlighting both opportunities for changes in focus (from teaching only to teaching and scholarship and to teaching, scholarship and research, as well as promotions) and refreshed all job descriptions with HR to clarify roles, expectations and promotion opportunities.

In order to support staff to develop their research portfolio, six staff (all female) have been given study leave to undertake PhDs. We have also supported the transition to early career academic by creating flexible working arrangements for two staff appointed at the transition from PhD submission to award (Gore, Hunter) in order for them to successfully submit their PhDs

**Table 4.6 Academic development staffing profile of the School to inform discussions regarding development aspirations. The vast majority of staff will be academic (ACAD) (centre two columns). Blue arrows depict the University promotion pathway.**

<b>GRADE</b> ↓	<b>Teaching Role</b> <i>(including clinical teaching)</i>	<b>Academic - Teaching &amp; scholarship Role (TS)</b>	<b>Academic - Teaching, scholarship &amp; research role (TSR)</b>	<b>Research role</b>
<b>Type of role</b>	<b>Teaching (TEAC)</b>	<b>Academic (ACAD)</b>		<b>Research (RESE)</b>
<b>10</b>	No G10 roles anticipated	<b>Professor<sup>2</sup></b>		No G10 roles anticipated
		<i>Promotion pathway</i> ↑ ↑		
<b>9</b>	<i>We are unlikely to have School funded Principal teaching fellows</i>	<b>Senior Lecturer / Associate Professor (TS)</b>	<b>Senior Lecturer / Associate Professor (TS&amp;R)</b>	<i>We are unlikely to have School funded Principal research fellows</i>
		<i>Promotion</i> ↑ ↑		
<b>8</b>	<b>Senior teaching fellow</b>	<b>Lecturer (TS)</b>	<b>Lecturer (TS&amp;R)</b>	<b>Senior research fellow</b>
	<i>Promotion</i> ↑	<i>Promotion</i> ↑ ↑		<i>Promotion</i> ↑
<b>7</b>	<b>Teaching fellow</b>	<b>Lecturer (TS)</b>	<b>Lecturer (TS&amp;R)</b>	<b>Research fellow</b>
<b>6</b>	<b>Tutor</b>			<b>Research assistant</b>
<b>Other pathways</b>	A. School academic fellowship – (aka training lectureship) Pathway to permanent Grade 7 role (TS&R) with PhD support and ULTRA (Grade7) B. Clinical academic / practice academic post with jointly agreed expectations of post developed with practice partners			

As a result of the articulated career pathway to move between T&S and TS&R roles, targeted SRDS and funded opportunities to support research development by the school, we have achieved our Bronze AP 2.4a of increasing the number of women in TS&R roles from 26 (59%) to 35 (74%). This is important as it is more in line with our school gender balance, hence we are not pigeon holing females in T&S roles and proportionately having more males in TS&R roles, which have traditionally been seen as having higher status.

**IMPACT: We have increased the number of females undertaking TS&R roles by one third in order to facilitate a more flexible career and wider opportunities within the research sphere**

In line with our strategic review, we have only a small proportion of staff who are research only or teaching only as indicated in Table 4.7.

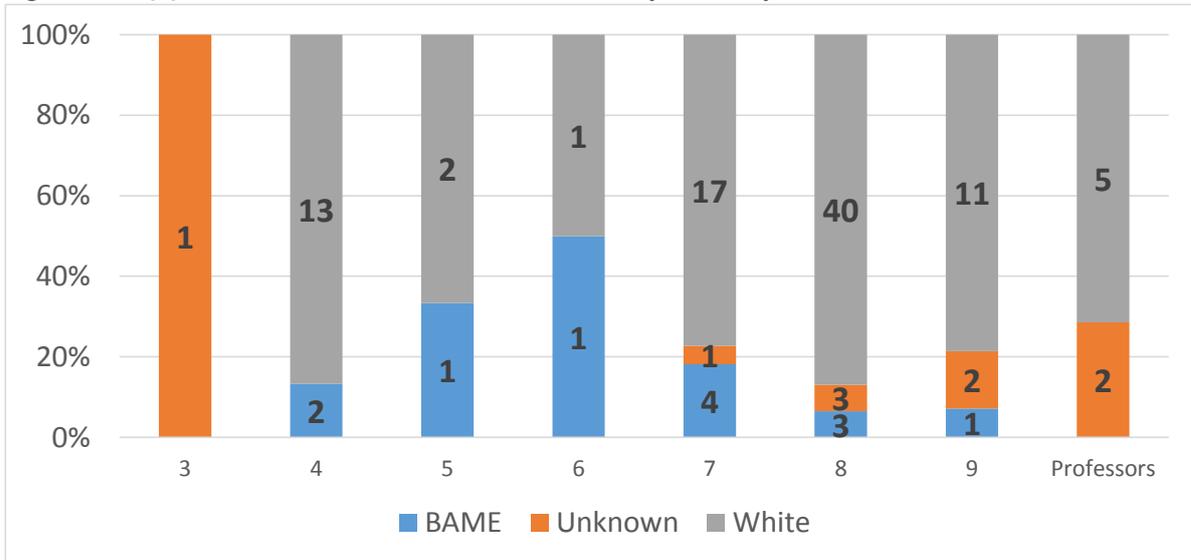
**Table 4.7 Research and Teaching only staff by gender**

	2015		2016		2017	
	F	M	F	M	F	M
<b>Research Fellow</b>	7	1	10	3	8	2
<b>Senior Research Fellow</b>	3	1	3	1	1	0
<b>Senior Teaching Fellow</b>	5	0	4	1	5	1

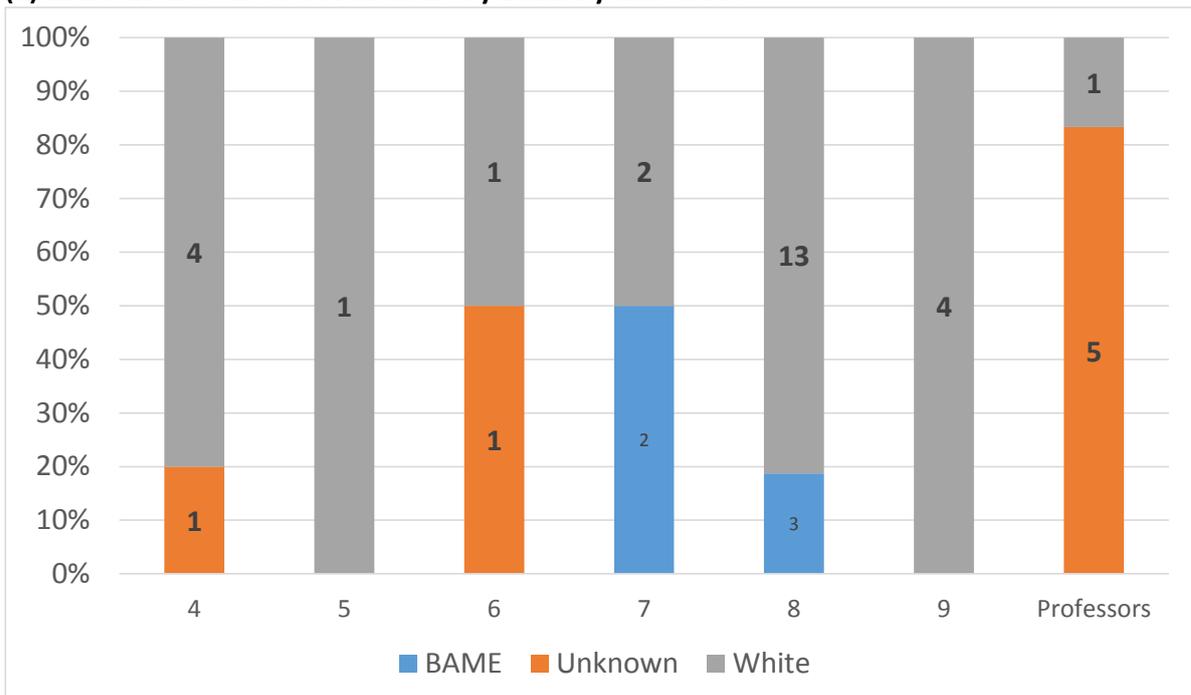
As part of our AS data collection, we have identified a small group of staff (3M, including 1 pharmacy, 1 social work, 1 adult nursing and 4 F, 3 pharmacy and 1 midwifery) who are seconded to the University from the Trust and the city council. While these are often short term opportunities, some have been extended for a number of years. We recognise that such staff, although not our employees are impacted by the culture of the School. We will therefore develop a working party to address identify issues related these clinical secondees in relationship to the AS and E&I strategy, (Silver AP7).

For the first time, in order to explore issues of intersectionality, we have collected information on ethnicity within the School. Figure 4.19 (a7b) presents data on gender by ethnicity and grade for all staff. We acknowledge that the data is limited and will work towards more comprehensive data collection. The majority of School staff are white, although a significant number remains unknown: consultation with Dr Stacey Johnston who specialises in ethnicity issue in nursing, suggest that this may be related to many factors, including the reduced immigration of nurses from the Commonwealth. We will work to appropriate further explore this issue, ensure credible data collection, review and analysis to ensure equality across different ethnicities (Silver AP8).

**Figure 4.19 (a) Females in the School of Healthcare by Ethnicity and Grade**



**(b) Males in the School of Healthcare by Ethnicity and Grade**



## SILVER APPLICATIONS ONLY

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

We have one technician in the School (Information Technology remit) and do not foresee progression into health and social care education or research being likely.

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

As at 1 August 2017 there are 102 academic and research staff on permanent contract 82% of the total academic and research staff: 79% are female, which represents an increase of 9% over the census period. The proportion of men on permanent contracts reduced over the same period, from 29% to 21%.

The University aims to retain talent. As a School we are aware of the impact on security and career planning for staff on FTC, in particular the challenges for grant funded research staff and we carefully review all requests for FTC appointments. University policy is that FTC will only be used for periods of up to 3 years other than where posts are funded by programme grants where 5 years is the maximum period.

Formal consultation with staff on FTCs begins 6 months before the expiry of the fixed term contract with the line manager and HR. Staff profiles are placed on the University's redeployment register, which gives staff first access to vacant posts before external advert and appointment to roles for redeployees is based on a 70% matched to the role. Within the school managers provide additional support to those coming to the end of their contract by offering guidance on CVs, sharing information about possible grant opportunities and forthcoming posts within the School where a small amount of bridging funding could help someone move onto another grant, or suggesting links with LTHT and other local partnerships. We have a good success rate in redeploying staff within and outside the school.

My experience of redeployment at the School of Healthcare has been excellent. I have worked on research projects for almost a decade now, across different Universities. No-one of them had offered me the opportunity of going into redeployment at the end of the research funding. The system of redeployment at the University of Leeds seems to be quite unique. I was able to consult with HR about this uncertainty and be placed on redeployment over the summer. This was really fortuitous as at the time the Business School was advertising a lectureship I had all the required criteria to apply for. The School of Healthcare demonstrated to be extremely flexible and facilitated my move to the Business School by agreeing I could give a small two weeks' notice. In the meantime, my research award was also confirmed and the School made the necessary arrangements for me to transfer the funding to the Business School, so that I could also continue my research.

Lecturer, now with Business School

**Table 4.8 Gender breakdown of academic staff by contract type**

	2015		2016		2017	
	F	M	F	M	F	M
<b>Fixed Term</b>	7	5	12	8	11	6
<b>Permanent</b>	64	27	70	22	69	18
<b>Permanent Fixed Funding</b>	2	0	1	0	1	0

We have recruited more fixed term research fellows to support delivery of research (from 12 in 2015 to 17 in 2017) and the majority of this increase has been in recruitment of female RFs. In addition, the loss of permanent staff through voluntary severance was disproportionately male leavers (13 males and 13 females) – hence the change in the proportion of male permanent employees.

We have two long-term staff who are on open ended contracts for historical reasons; we have offered each the opportunity to change their status, but both have requested to remain with their current contract for personal reasons

**IMPACT: We have increased the number of females on permanent contracts from 70% to 78%, thereby providing greater long term security for career progression**

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

Over the census date, we have had 45 staff leave: the data is presented in Table 4.9. Given the juxtaposition of the Strategic Review, it is apparent that there were some gendered differences in that there were a greater proportion of males leaving compared to females across the three years.

**Table 4.9 All academic leavers by grade and gender**

	2014/15		2015/16		2016/17	
	F	M	F	M	F	M
<b>Research Fellows</b>	1	1	1		4	2
<b>Teaching Fellows</b>	5	6	1	3	1	1
<b>Senior Research Fellows</b>	2					
<b>Senior Teaching Fellows</b>						
<b>Lecturer</b>	1		1	1	2	1
<b>Senior Lecturer</b>			2	2		
<b>Professor</b>		2	1	1	1	2
<b>Total Leavers</b>	<b>9</b>	<b>9</b>	<b>5</b>	<b>7</b>	<b>7</b>	<b>4</b>
<b>Total Staff</b>	<b>73</b>	<b>32</b>	<b>110</b>	<b>40</b>	<b>108</b>	<b>34</b>
<b>% Leavers</b>	<b>12.33</b>	<b>28.13</b>	<b>4.55</b>	<b>17.50</b>	<b>6.48</b>	<b>11.76</b>

## 5. SUPPORTING AND ADVANCING WOMEN'S CAREERS

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

### WORD COUNT 6134

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

##### (i) Recruitment

Staff recruitment is managed by the Faculty HR team and Equality and Inclusion principles are integral to their recruitment practice. All job descriptions, person specifications and job advertisements are checked by the School Managers to ensure that they do not unfairly discriminate. Shortlisting is conducted independently using objective criteria and a shortlisting proforma built around the role specification. The School aims to have no single gender interview panels, however we are conscious of the impact on the workload of senior male colleagues; we therefore look for male representation from other areas of the University as representatives on interview panels

Historically, we have seen more females apply for and be successfully appointed at junior levels, with more males applying and being awarded senior roles, particularly at Professorial level. Over the census period we have seen a very clear trend towards a more gender balanced profile of applications, interviewed, offer and acceptance across the academic grades (Table 5.1).

**Table 5.1 (a) Applications, interviews and appointments for female staff categorised by grade**

	2014			2015			2016		
	Appl	Interv	Appoint	Appl	Interv	Appoint	Appl	Interv	Appoint
<b>Grade 6</b>	6 (86%)	4 (100%)	1 (100%)	14 (70%)	7 (88%)	3 (75%)	4 (31%)	3 (50%)	0
<b>Grade6/7</b>	0	0	0	13 (81%)	5 (71%)	3 (75%)	0	0	0
<b>Grade 7</b>	32 (68%)	19 (79%)	5 (83%)	40 (59%)	17 (68%)	6 (86%)	29 (59%)	1 (50%)	6 (100%)
<b>Grade 7/8</b>	40 (66%)	22 (69%)	8 (67%)	37 (60%)	17 (68%)	6 (86%)	5 (83%)	3 (100%)	2 (100%)
<b>Grade 8</b>	0	0	0	12 (50%)	2 (67%)	1 (100%)	0	0	0
<b>Grade 8/9</b>	0	0	0	6 (50%)	3 (50%)	1 (100%)	5 (31%)	2 (100%)	1 (100%)
<b>Grade 9</b>	10 (83%)	12 (83%)	2 (67%)	4 (57%)	0	0	0	0	0
<b>Grade 10</b>	0	5 (45%)	1 (20%)	18 (55%)	5 (71%)	2 (67%)	3 (100%)	3 (100%)	1 (100%)

**(b) Applications, interviews and appointments for male staff categorised by grade**

	2014			2015			2016		
	Appl	Interv	Appoint	Appl	Interv	Appoint	Appl	Interv	Appoint
<b>Grade 6</b>	1 (14%)	0	0	6 (30%)	1 (13%)	1 (25%)	4 (31%)	2 (33%)	1 (50%)
<b>Grade6/7</b>	0	0	0	3 (19%)	2 (29%)	1 (25%)	0	0	0
<b>Grade 7</b>	14 (30%)	4 (17%)	1 (17%)	28 (41%)	8 (32%)	1 (14%)	20 (41%)	1 (50%)	0
<b>Grade 7/8</b>	20 (33%)	9 (28%)	3 (25%)	25 (40%)	8 (32%)	1 (14%)	1 (17%)	0	0
<b>Grade 8</b>	0	0	0	11 (46%)	0	0	0	0	0
<b>Grade 8/9</b>	0	0	0	6 (50%)	3 (50%)	0	3 (19%)	0	0
<b>Grade 9</b>	4 (24%)	2 (17%)	1 (33%)	3 (43%)	1 (100%)	1 (100%)	0	0	0
<b>Grade 10</b>	0	2 (18%)	2 (40%)	11 (33%)	2 (29%)	1 (33%)	0	0	0

From this data, we can see a slight trend to increasing the number of males applying for and being appointed at junior levels, an increase in females applying for and being appointed to the Grade 7/8 roles (a pivotal time in career development) and more women applying for more senior positions.

**IMPACT: We are seeing a trend toward more women applying for and being successfully appointed at Grade 7/8 and above posts**

#### (ii) Induction

Comprehensive induction and support is provided for all staff and accessed on-line and supported by face to face meetings with the line manager. The SoH has developed bespoke Induction Guides for all new staff which includes policies that are essential to our AS strategy, including information on flexible working, maternity/paternity leave, E&I policies and opportunities/expectations for career progression. The guide is updated as new initiatives are implemented, in conjunction with the SoH HR website. Line managers are guided to discuss personal, professional and promotion issues as a part of the probation process. All new staff are allocated a Probation Advisor. Development plans for all new staff are recorded as part of the probation process.

All senior managers and any staff engaged with recruitment of staff and students are required to complete on-line E&I training every three years. Probation advisors are line managers. New staff are guided through the Induction information and specific points relevant to their role highlighted for action and may be added to probation plan e.g. H&S training specifically Fire. Induction guidelines are not routinely 'signed-off' amongst academics as individuals are responsible for using the guide. Feedback from our discussion group indicated that while the Induction Packs were comprehensive, there was a sense of information overload. As a result we have refreshed and reviewed all induction materials (Silver AP9) and are utilising our SharePoint site as a better signposted resource for locating appropriate materials.

#### (iii) Promotion

University promotions processes and criteria for promotions were revised in 2016, in which the School provided strategic leadership through membership of focussed discussion groups (Holt) and feedback via Senate (Nelson, Hirst). The aim of the review was to remove barriers, both real and perceived from the promotion process and to open up broader pathways to promotion. Promotion and progression is part of the SRDS process, and it is a requirement to discuss promotion with anyone who is at the top of their grade. Training has been offered both to those interested in applying for promotion and to Promotion advisors. Promotions decisions are made by Faculty panels and gender balance is mandatory. Our Bronze AP 2.2 was developed specifically to encourage women to apply for promotion given the proportionally fewer females at senior level, for which our successful mentorship programme was also developed. We increased and targeted use of SRDS training and development plans and promoted the use of Pump Priming and Funding for Investment in Excellence (FIFE) to include activities to enhance promotion: over the census period, £73K of pump priming funding has been offered to support staff development since 2014, with £63 (86.3%) going to women; £141K for FIFE with £115K (82%) funded for females.

We have had five academic staff (4 female and 1 male) apply for promotion over the past three years (Table 5.2), which is a slight increase in the number of women applying in the previous

submission of 3 female and 1 male, an important step given the reduction of women in senior posts. Although small numbers, the success rate for both men and women increased.

**Table 5.2 School promotions by gender, contract and success rate from 2014/15 to 2016/17**

Grade	Gender	Contract type	Outcome
Grade 7 to 8	Female	Part time	Unsuccessful
Grade 8 to 9	Female	Full-time	Successful
Grade 9 to 10	Female	Full-time	Unsuccessful
Grade 9 to 10	Male	Full-time	Successful
Grade 9 to 10	Female	Full-time	Successful

Professorial progression is through three zones (entry is Zone1), and over the period we successfully supported and encouraged 2 female professors to apply for rezoning from zone 1 to zone 2.

**IMPACT: We have supported our female staff with £214K from FIFE and Pump Priming available for scholarship activity to enhance career development opportunities, of which 83% was allocated to females and broadly increased the number of women applying and being successful in promotion**

As part of the Silver AP9, we will undertake a targeted campaign to increase the profile of promotions advisors. We will also encourage shadowing of senior staff on committees, within and outside the School and University.

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

In RAE 2008, the School submitted 37% of eligible staff, including 9 females and 10 males; with selection by RAE lead and research leads, following external review of nominated outputs. In REF 2014, potential candidates were asked to select potential publications that were then rated by a panel of assessors within the school and results shared with candidates; part-time and leave of absence were taken into account and one on one meetings were conducted to discuss result. Locally, this was led by Prof Nelson, (HoS) who was also Deputy REF Lead for Unit of Assessment 3, which included Allied Health Professions, Dentistry, Nursing and Pharmacy. Despite a reduction in the number of eligible staff, we had a greater proportion of women submitted in 2014 compared to 2008: 14 out of 27 (51%) of eligible staff were submitted, with 9 females and 5 males. Of note, we improved our grade point average from 2.68 in 2008 to 3.27 in 2014, with 91% of our research activity considered internationally excellent or world leading.

## SILVER APPLICATIONS ONLY

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

#### (i) Induction

Professional and support staff follow the School's online induction process, hosted on SharePoint, supported by their probation adviser (line manager). The induction covers core areas, such as health and safety, security, equality and inclusion, university benefits and working/leave arrangements, signposting to School policies (e.g. flexible working), university support and welfare, IT access, and training and development. Additionally a detailed specific training plan is developed to support the job requirements, based on the job description, to enable the post holder to successfully transition into their new role; this includes information about free OD&PL courses to attend (ranging from IT/system courses, personal resilience workshops to supervisory/leaderships/management development) and key people to meet. OD&PL courses not only support the immediate need of the job role but also offer skills and professional development that will help with future career ambitions. Probation plans are monitored regularly by the probation adviser to assess progress against probation objectives and completion of key induction activities e.g. mandatory training requirements; staff wellbeing etc.

Feedback from our workshops suggest however that we seem to lack consistency in our approach across all professional and support staff teams, with varied experiences of the induction process. Improving the quality and consistency of the induction experience for professional and support staff is therefore a key action for the School.

Silver AP10: Through co-production with staff we will develop new induction guidance by July 2018 to improve the quality, consistency and satisfaction of the induction experience for professional and support staff

#### (ii) Promotion

There has been a steady stream of professional and support staff promotions in the last few years with staff gaining experience to support their promotion prospects through a variety of pathways. For example, taking up secondment opportunities to gain new skills, undertaking training to increase knowledge and becoming members of School committees to build confidence, increase visibility and take advantage of networking opportunities. Supported through the line management structure, professional and support staff have developed transferable skills which has offered cross-University promotional routes, as well as the ability to successfully apply for higher grade posts in the School. There is no evidence of gender or contract bias in the process with applications assessed on merit alone.



*“Due to the support, coaching and guidance I received my temporary promotion contract was made permanent and I was able to further my career”*  
Research Manager (F)  
(Grade 6 to 7)

**Table 5.3 Professional and Support Staff Promotions**

	Applications (F)	Successes (F)	Applications (M)	Successes (M)	% of all staff
2014	1 (PT)	1 (PT)			2.0%
2015	2 (FT)	2 (FT)	1 (PT)	1 (PT)	7.5%
2016	2 (FT)	2 (FT)	1 (FT)	1 (FT)	8.1%

Applications for promotion over the period are broadly in line with gender representation of the professional and support service group demographic, with 16% of staff achieving a promotion when averaged over the period.

The School has supported workshops to raise awareness and understanding of the promotion process, with access to both School and Faculty based promotions advisers (male and female) with career development and promotion-readiness being discussed at SRDS and incorporated into training plans, which are reviewed and supported by the Head of School. Consultation with professional and support staff (Away Day, Oct 17) however indicates there is still more work to do with further “support” and “encouragement” required to aid career progression, with training not only supporting the current role but future career development pathways.

Silver AP9: – Hold promotions workshop in 2018 with professional and support services staff with ‘real life’ examples of promotion successes and promotional pathways.

The School also offers other ways to recognise and reward staff through the contribution pay exercise and professional and support staff have a successful track-record in being recognised through this route, the outcome of which is not affected by gender or contract status (Table 5.4)

**Table 5.4**

PMTA	Female	Success rate	Male	Success rate
2014	8	100%	2	100%
2015	7	100%	2	100%
2016	5	80%	3	100%

### 5.3. Career development: academic staff

Training needs and opportunities are discussed in the SRDS process. Over the past three years, the School has provided more £214K to fund training activities for staff, including attendance at external courses. Of note, we have supported participation at national/international conferences in order to promote staff’s external profile and provide strategic networking opportunities. Applications are made and considered on a case by case basis. In the past three years, £178K (82%) has been allocated to female staff, which is slightly higher than our staff proportion, but represent an investment to halt the leaky pipelines in the development of senior female academics.

We are fortunate to have an excellent Organisational Development and Professional Learning Programme, which provide a wide range courses to promote personal and professional development. Since 2014, 110 academic staff, 82% of whom are female, have undertaken over 230 courses: which are optimistic that this activity has assisted in our increased female promotion and leadership opportunities.

The school offers great opportunities to develop and great training opportunities  
Academic Staff, F

We have supported staff to undertake PhD within the School, and in the last 3 years this has been taken up by six females (one male), predominantly to support those staff who wish to transition from T&S contracts to TSR.

Our staff consider that our training opportunities are good and have improved since our previous application: 77 out of 83 (92%) of respondents to the PMF survey agreed that they were able to access appropriate training and development opportunities, up from 74.5% in 2015.

**IMPACT: More staff agree that they have access to and are supported in applying for training and development and leadership opportunities**

#### (v) Appraisal/development review

Appraisal and development review is undertaken through the University's annual appraisal scheme, the SRDS. This scheme commences upon completion of probation: individual's progress against their objectives, training and promotion (discussion mandatory at the top of scale) and leadership responsibilities are discussed. The SRDS report is completed by both the staff and the reviewer and all SRDSs are reviewed by the Head of School promoting oversight and the opportunity to provide additional support. Line managers are the reviewers and must undertake SRDS and Equality & Inclusivity training and senior managers also complete Unconscious Bias Training. Effectiveness monitoring of the SRDS process is undertaken annually, including the HoS allocating 'reviewers' each year to ensure that reviewers have appropriate line management authority to review and amend workloads, discuss performance and career development. In addition, academic meetings (AMs) were introduced for all academic staff in 2017. Staff meet with the Head of School (or deputy) and Directors to discuss their academic profiles and ambitions. Personalised objectives are set and support mechanisms implemented, where needed.

Our school is proud of a historically high SRDS completion rate, with 100% completion rates for 2015; 99.98% for 2016 and 85.5% in 2017. On interrogation of our 2017 data, we have found that the lower completion rate this year was mainly associated with the Student Education Service staff, although there were a small number of academic staff who did not complete their SRDS: feedback indicates that this may be associated with the Faculty wide introduction this year of a new bi-annual academic meeting, which focuses on performance targets rather than personal development. Furthermore, this year Student Education Services (SES) staff were integrated within the University structure and this additional complexity of line reporting (within the school and to the University Student education service) had temporarily reduced capacity to complete SES staff reviews in a timely manner.

As part of AS Silver AP11, we will investigate the impact of the new annual academic meeting on SRDS compliance and satisfaction and increase training for SRDS reviewers, as per the STEM survey.

#### (vi) Support given to academic staff for career progression

Key to the development of our academics who are involved with clinical research is supporting their transition from 'early' to 'established' researcher. Our previous application found that our PGR and early research staff were not embedded into the School and as a result, we have developed a number of initiatives which are designed to support the development of early career

researchers, providing networking opportunities and promoting diverse role models. A summary of the newly developed activities is presented in Table 5.5.

**Table 5.5 Initiatives implemented to assist in supporting early career researchers**

Activity	Description	Target Audience
<b>Early Career Researcher Network (ECRN)</b>	The group is co-ordinated by an Early Career Researcher. The ECRN meets once a month. The aim of the group is to provide a forum for people to share their experiences and discuss any issues relating to developing a research career	Open to anyone who is at an early stage in their research career or who may wish to get involved in research in the School. The group welcomes participation from anyone who self-identifies as an early career researcher. Gender data not captured.
<b>Research Box</b>	Co-ordinated by an early career research, PGR student and member of the professoriate, Research Box is an informal monthly meeting, where research-active staff nominate any issues that they may have around their research. Senior researchers are encouraged to attend in order to share their experiences/knowledge. Established 2015.	Open to all, but early career researchers are a target audience. Gender data not captured.
<b>SHED Talks</b>	The School of Healthcare Education and Debate (SHED) talks are organised each semester where external speakers are invited to cover a wide range of topics aimed at improving healthcare. The aim is to provide early researchers with an opportunity to help drive health and social innovation. Established 2016.	Open to all, members of the public, but early career researchers are encouraged to attend. Gender breakdown for speakers for last 3 years: 3F; 4M.
<b>Leeds Nurses, Midwives and Allied Health Professional Conference</b>	Organised by LTHT, this annual event looks at show casing research that is going on within the Leeds partnership: early career researchers are encouraged to present their work, with prizes given for the best poster and best oral presentation. Established in 2016.	Open to all. Gender representation for last 2 years: 8F; 5M invited speakers; 40F; 7M selected abstracts.

Our AS Strategy appears to be working: response to our PGR Experience Survey in 2017 (n=21, response rate of 62%) was that 80% of students think that the SoH has a good research culture, an improvement from 65% since 2015 and much higher than Faculty (72%) and the University (69%) benchmarking. Access to resources within the SoH was up from 81% to 95% in 2017 and access to professional development opportunities up from 75% in 2015 to 96% in 2017.

**IMPACT: More of our PGR students feel that the School has a strong research culture, with access to good resources and professional development opportunities compared to 2015**

As our Silver S11 AP, we will embed the capture of attendance at early career events by gender and role.

Within a School of Healthcare, identifying those who consider themselves early researchers can be difficult: we often have those who may be established teachers or clinicians but who are at the early stages of their research career. As such, we have directed mentors and line managers to encourage everyone to engage in our early career activities.

Our previous submission identified that while there were mentorship schemes available for staff (such as the central university scheme), the uptake and satisfaction with these was poor. Feedback indicated the desire for mentors with experience more related to the specific needs of healthcare and in 2015, the School implemented its bespoke Mentorship Scheme. Led by Prof Gretl McHugh, a one to one voluntary mentorship scheme was developed, with readily accessible links to resources for mentors and mentees. As a result of Bronze AP, have increased the number of staff who want mentors and the number of mentors (see Table 5.6), from ten in 2014 before the local scheme was developed) and feedback suggests that this is valued: the STEM survey indicated that over 60% of staff had useful mentoring opportunities, compared to 42% in 2015. Over 90% of those accessing mentorship are female, slightly higher than the proportion of females in the academic staff.

**Table 5.6 Mentorship scheme uptake**

	2014	2015	2016	2017	N (%) Women
<b>SoH Mentorship Scheme</b>	NA	27	33	35	32 (91%)
<b>Other Mentors</b>	10	7	8	8	7 (88%)
<b>Total</b>	10	34	41	43	91%

**IMPACT: By implementing a School Mentorship Scheme, we have increased the number of staff who have had useful mentoring opportunities since 2015: feedback from the discussion groups suggest that this has given people more confidence to apply for promotion and leadership opportunities**

Of note, most of the staff who have taken up mentorship are TS&R: even though it is open to all staff, it was not promoted as widely to T&S staff.

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

The School of Healthcare is committed to providing student centred education. We provide a variety of learning experiences to address individual need and aspirations. All UG students are involved with ‘Leeds for Life’, an on-line system for supporting students’ personal and academic development, communication with personal tutors and co-curricular activities. This is part of a University policy on personal tutoring which includes face to face meetings and seeks to develop and support resilience skills for students, recognising strengths and areas for development.

Personal tutors are supported to develop this role through a forum which meets each Semester and a Yammer (Outlook 365) communication group which shares good practice e.g. training on

developing inclusive teaching practice. Personal tutors provide academic support but also feed into the School policy on supporting learners in practice alongside other roles including Professional Mentors, Practice Learning Facilitators, Liaison Lecturers, Academic Lead for Students and the Disability Contact.

Student feedback is sought through Programme Management Groups, placement evaluations and module evaluations, as well as local and national surveys. The student voice is an integral part of the School. The University virtual learning environment (VLE) 'Minerva' is used as a communication channel with students.

Our staff-student forum leads on student engagement activities. In October 2017 student representatives facilitated a 'Citizenship Fayre' to highlight the opportunities for student engagement in the School, the wider University and the local health and social care sector.

The 2017 intake of students were introduced to Peer Assisted Learning. They have a second-year mentor as a point of contact and support in developing their learning experience.

We acknowledge the need to promote research opportunities early. In order to promote research career opportunities, the UG students are able to apply for a research internship. We wish to extend and formalise this: Silver AP14 we will develop a new and exciting programme to provide links with the main research themes of the School. We will provide undergraduate clinical academic career workshops, a research conference for the UG students and the opportunities for short term placements with established research teams.

#### (viii) Support offered to those applying for research grant applications

In alignment with our Strategic review, research-active academic staff at grades 8-10 are expected to secure external income to support their research activities, and Grade 7 staff are supported to attract income to undertake research, as part of a team or lead investigator for small projects. Support for such activities is provided through the SoH Research Office and includes comprehensive induction for new staff, advice and signposting for processes/services, budget monitoring, recruitment guidance, liaison with various Faculty based services (including Legal, Purchasing, Finance, HR) and liaison with external collaborators or suppliers. As part of our Bronze AP, we instituted a peer review grant process in 2010, revised in 2016, where by independent senior staff review all grant applications.

## SILVER APPLICATIONS ONLY

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

#### (i) Training

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

Training is available to all staff, to support staff within their current roles and also provide CPD opportunities, whatever the grade or job role. This may take the form of formal training courses through Organisational Development and Professional Learning (OD&PL), IT and Health and Safety Services, local job specific training, online learning, informal shadowing within the department to better understand roles, or externally to the department to understand wider University processes. External courses are also supported where there is a requirement. Training opportunities are discussed at annual appraisal meetings where job progress and training is discussed with future formal and informal training opportunities identified and participation encouraged. Since 2014 there has been 113 PPS attendees at OD&PL courses, 82% of whom were female, have undertaken over 62 unique courses. Courses usefulness and effectiveness is reviewed through the SRDS process, with feedback informing future course choices with identified gaps or needs not met resulting in bespoke courses development, such as resilience through organisational change – developed for staff by OD&PL in response to identified need. Staff also take advantage of professional networks to broaden their horizons to support both their working practice and career ambitions, for example the 'PA network', 'University Technicians network', Leeds Female Leaders Network and 'Women at Leeds'.

*"The School supported me in undertaking the National General Certificate in Occupational Health and Safety. This was an intensive course with a requirement to spend my own time revising and working through the course material. The knowledge (and confidence) the course gave me has been extremely useful for my work, as well as being useful for my future career prospects as it is a globally recognised qualification. I worked incredibly hard on the course to ensure I passed and the School supported me by allowing me time away from the office to attend and revise which helped me balance undertaking the course with my family commitments."*

*Business & Facilities Co-ordinator (M)  
Grade 6*

(vi) Appraisal/development review

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

Professional and support staff are appraised by their line manager annually via the University's SRDS scheme, once probation has been completed. Our historical completion rates are high (circa. 99%) in 2015 and 2016, with no gendered differences apparent. Training is offered each year both for reviewers and reviewees with School specific guidance produced to support PSS engagement. Although our completion rates are high, our focus group feedback suggests there is still room for improvement, with SRDS experience being variable; it was felt to be particularly challenging for grades 4 and 5 where there was less variety in the job role.



*"The SRDS process is helpful as it is good to see my achievements properly documented and having an agreed record of development and training plans is very empowering, as you can just go ahead and book courses/arrange shadowing etc. for yourself, knowing that your manager fully supports you".*

*Operations Manager (M)  
Grade 8*

Silver Action AP9 – Clarify SRDS expectations and refresh professional and support local guidance.

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

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

*“When my son was diagnosed with a long-term medical condition, the emotional and practical support I received from this organisation e.g. flexible working to attend hospital appointments, a safe space to talk with my line manager, enabled me to continue working effectively in my role and achieve promotion”*

Business Manager (F)  
Grade 9

Support offered for career progression includes internal secondments, ‘acting up’ into a role and work experience to diversify skills. Internal secondments or ‘acting up’ opportunities generally occur when a short-term higher graded role needs to be filled to ensure continuing business. Existing staff are ideal because they have existing knowledge of University processes whilst additionally providing skills and knowledge experiences that can support future career progression. Opportunities can range from 6 months to two years and staff who have taken up these roles can gain promotion into the substantive post – for examples the Practice Placement Manager initially ‘acted up’ into the Manager role and was subsequently successful in gaining promotion into the role. Additionally at SRDS staff can

request work experience in a new area to enhance their skills portfolio. This can be provided internally in the School, for example an SES Officer (Grade 4) was internally seconded to the Information Management team to develop new skills in system development; or externally across the Faculty or wider University, for example the Business Manager was seconded to the centre of the University to lead the development of the University’s Equality & Inclusion strategy, gaining skills on public consultation and policy development.

To ensure that PSS staff feel valued members of the School we have developed several initiatives (Silver AP11), including encouraging staff to attend graduation, enhance and signpost training opportunities for PSS staff that is related not only to their current role, but also personal development, Escalate to Senate the inconsistencies with part-time academic and PSS staff in annual holidays, Provide visible role models of PSS staff who have been supported by AS/E&I strategy (e.g. flexible working) and as part of our action plan (Silver AP12), introduce ten hours per year citizenship activities to encourage staff to engage in University activities, such as mental health initiatives

### 5.5 Flexible working and managing career breaks

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

The Faculty HR co-ordinates support for maternity, paternity / shared parental and adoption leave through our School’s HR Manager, Judith Bell, which is introduced at induction and then available as personalised support to staff and managers. This utilises a checklist is used to highlight key

points, and the engagement with managers ensures that line-managers are equipped to support staff taking maternity / adoption leave. Time off for ante-natal appointments, flexible working, cover while on maternity leave and extension of probation are also discussed.

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

The University has clear maternity and adoption leave policies. Faculty guidance is available to managers and individuals to support staff returning to work after a long term absence including maternity and adoption leave. Feedback from previous application indicated that lack of clarity for cover was a source of stress for those on maternity leave. We confirm that we provide cover for all maternity and adoption leave and that staff and managers are made aware of this. During leave, line managers have a light touch contact with their staff the arrangements for which are agreed with the individual staff members: all staff are encouraged the use of ten paid “Keep in Touch” and ‘Shared Parental Leave in Touch’ (SPLIT) days to attend meetings and events.

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

We are mindful of the need to support staff when they return to work and how this is best supported is negotiated between the member of staff and the line manager: we have developed guidance to support this process. Flexible working, phased return to work and paid carer days are offered to all staff. During a recent refurbishment of the Baines Wing we have prioritised the development of a well-being room with provision for breastfeeding (appropriate seating, lockable, with fridge in adjacent kitchen) Once again, as a result of the AS initiative, the Faculty has introduced two important new initiatives: first, a scheme which facilitates all staff to reduce their hours with a guaranteed return to their original hours within five years; and second, an Academic Development Fund of up to £15,000 which can be used flexibly to support maintaining their academic and research trajectory. These initiatives were promoted in the School via the School Newsletter and at the School Meetings, which we promote to staff across the Faculty (no SoH academics have returned from maternity leave since this was introduced, however).

(iv) Maternity return rate

The School has a low number of staff taking up maternity and adoption leave. This may be related to the age of our staff: we have a much greater proportion of staff over 40 years compared to the rest of the University, and half of academic staff are over 50 years of age (Table 5.5). We believe that this is related to the vocational nature of our professions in which staff often have significant clinical experience prior to taking up an academic role.

Only two academic members of staff took maternity leave over the past three years: a Lecturer TSR who was full time pre-maternity leave and returned 12 months later to a full time post; and one part-time Research Fellow, who commenced her maternity leave in July 2017. Four members of PSS took maternity leave over the past three years, all full-time staff. One returned to work FT, one PT, one took voluntary severance and one remains on maternity leave.

As a direct result of the Athena SWAN strategy, the Faculty has introduced an automatic extension to fixed term contracts that end during the statutory maternity period. This is a sector leading initiative with the aim of retaining talent within the Faculty by giving women greater opportunity to engage with redeployment at a time when they are managing parenthood.

**Table 5.7 Age range of academic staff in SoH compared to the University at July 2017**

	Proportion of Age range					Total
	20 – 29 yrs	30 – 39 yrs	40 – 49 yrs	50-65 yrs	>65	
<b>University of Leeds</b>	9.7%	38.6%	28.1%	23.2	0.5	100
<b>School of Healthcare</b>	2.5%	18.5%	25.9%	53.1	0	100

#### **SILVER APPLICATIONS ONLY**

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

Extending our census data back to 2012, all three academic staff who had maternity leave currently remain in post within the School: one (Research Fellow) was previously FT and returned PT.

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

We promote and share policies for the several different parenting schemes that are available to all staff: the schemes are highlighted as part of the SoH induction process and they are clearly signposted on our HR website.

Once again, we have low rates of maternity, paternity, shared parental, adoption, and parental leave, which we again believe is related to our staff profile. One male technician has applied for paternity leave and a female academic staff member applied for shared parental leave.

Given our low parental leave uptake, we conducted one to one interviews (4F, 3M) with those who were thinking of or who had applied and discovered a bias in the UoL application for shared parental leave. While the form offers a number of categories to define the care relationship (adoption etc), it does not include the category mother and thereby discriminates against lesbian mothers. As a result of our AS structures, we were able to escalate this to the University HR to have the wording amended.

**IMPACT: Our AS School reporting mechanisms identified an intersectional bias against lesbian mothers which was escalated to and currently being changed at University level**

(vi) Flexible working

The University has clear policies on flexible working for all staff, which is implemented at the School through both formal and informal mechanisms. Table 5.7 indicates the staff who applied for formal flexible working arrangements: all were successful except one member (F) of the PSS. The School also promotes informal flexible working arrangements for short-term caring responsibilities: by its nature, this is not captured.

The Faculty provides regular workshops on flexible working for staff and managers.

**Table 5.8 Formal Flexible Working Applications for Staff. Note, formal applications for new arrangements only commenced in 2015/16**

As a parent to a secondary school age child, it was not possible for me to relocate to Leeds to take up the offer of employment in the School of Healthcare. My only option was to commute from Sheffield to Leeds. In order to support me to accept the job, the School of Healthcare team creatively used the budget for relocation costs to instead support rail travel for a year. This enabled me to adjust to the additional financial burden of the commute. Having an annual rail pass also made my journey to and from work more time efficient and convenient, further supporting me as a working parent.

Academic Grade 8, F

	2015/16		2016/17	
	F	M	F	M
<b>Academic Staff</b>				
<b>Research Fellows</b>	3		2	
<b>Teaching Fellows</b>	1			
<b>Senior Research Fellows</b>				
<b>Senior Teaching Fellows</b>				
<b>Lecturer</b>	1		1	
<b>Senior Lecturer</b>				1
<b>Professor</b>				1
<b>PSS</b>	3	1	2	

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

Over the census period, we have one female academic who has taken a career break: this is ongoing. While a Faculty policy allowing all staff to reduce their hours with a guaranteed return to their original hours was introduced in 2016, no-one within the SoH has taken this up. We assume that this may be that it thought to relate only to maternity leave, when clearly it does not. Flexible working and phased return to work are promoted to all staff and as part of our Silver AP15, we will promote these opportunities. There is Faculty guidance to help managers support staff who are returning from extended periods of leave.

## 5.6 Organisation and culture

### (i) Culture

Our School aims to promote gender equality and inclusivity across all activities and that it is a welcoming environment for all. Care is taken to promote and adhere to the University's policy of Dignity and Mutual Respect and that ethical and fair minded practice underpins all working practices within the School. Our activities promote gender equality and inclusivity both within and outside the School. We are committed to providing a supportive environment for all staff and students, free from harassment, bullying and victimisation. Our website presents inclusive images in its external publicity; there is a direct link to the Athena SWAN pages and all publicity and marketing materials have positive female and male role models. Our Bronze AP 4.2 was to improve the understanding of gender policies including featuring news items and information are being embedded in School communications, such as in the 'Baines Wing Briefing', School's Twitter Feed and the School intranet: results from the STEMM survey indicated that 84% of staff was aware of the AS initiative and 74.9 % agree (compared to 64% in 2015) that the school has made it clear what the policies are relating to gender equality.

**DRIVING POSITIVE CHANGE:** Through a targeted communications plan, we have improved the staff's understanding on supporting gender equality.

Many members of staff in the School work PT and many of those with FT contracts have caring commitments and hence work flexibly: both can make attendance at meetings difficult, hence we schedule staff meetings for different days, and record them on the VLE platform (through lecture capture) so that they are accessible to all. Many PT staff with caring responsibilities spoke forcefully of valuing the opportunity to work flexibly, starting early or leaving late in order to accommodate caring responsibilities.

Flexible working requires flexible practice and we encourage staff to use their time to encourage a good work-life balance. We have acknowledged the consequence that sending emails in unsociable hours may unintentionally create pressure on staff to read and respond. We have therefore strongly recommended that staff delay sending emails until normal business hours. Where circumstances make this difficult, staff are also recommended to include a message in their email signature to remind the recipient that there is no expectation to read nor respond to the email outside of AS friendly hours.

**DRIVING POSITIVE CHANGE:** Change of culture of sending out of hours emails

### (ii) HR policies

The University has strict guidelines for the application of HR policies for equality, dignity at work, bullying, harassment, grievance and disciplinary processes, which are operationalised at the School level through induction and embedded through the culture of the SoH. We are fortunate that there have been few instances where practice has deviated from policy: where this happens, Faculty HR liaises with the Head of School and relevant line managers. Bearing in mind need for confidentiality of some of these conversations, themes are picked up during monthly meetings between HoS and HRM.

### (iii) Representation of men and women on committees

The majority of staff on School committees are *ex-officio* so membership is via taking up particular roles, as such we encourage all academic staff to consider these roles as part of annual SRDS (bronze action 2.13). All senior roles such as Director of Research and Innovation, Director of Student Education, Director of Practice, Academic Unit Directors are appointed through open internal recruitment against specific job specifications (and include panel members external to the School). These roles are rotated every three years to ensure equality of opportunity and have deputy / associate roles to aid succession planning. Other leadership roles (including Course and Module Leadership) are always advertised to all members of the School.

The gender representation of the Committees within the School are presented in Table 5.9 (with the most influential committees starred) and a broadly representative of the gender representation within the School. We are now rotating attendance by Professional leads at SEC each month so that colleagues can both contribute to SEC directly and have visibility of SEC roles.

**Table 5.9 Gender profile of School Committees**

Committee	Female	Male	% Female	Chair
<b>*School Executive Committee</b>	9	1	90%	F
*School Research and Innovation Committee	8	2	80%	M
*Taught Student Education Committee	23	4	85%	F
*Equality & Inclusion Committee	13	2	86%	F
*School Health & Safety Committee	9	4	69%	F
*Workload Model Group	9	1	90%	F
Curriculum and Evaluation Standing Group	6	1	88%	M
Student Staff Forum	7	1	88%	F
Academic Management Group for Adult, Child and Mental Health Nursing	4	1	80%	F
Academic Management Group Midwifery, Social Work, Pharmacy & Counselling & Psychotherapy	2	3	40%	F

As part of our Silver AP7, we will encourage staff to shadow senior staff on committees within and outside the School.

### (iv) Participation on influential external committees

Staff are encouraged to participate in external committees explicitly through their annual appraisal and mentorship scheme. Table As a result of our Bronze AP 3.1, we have changed the SRDS guide to specifically include line managers encouraging committee representation to be discussed at appraisal, promoted OPPL courses on chairing committees and encouraged people to identify such opportunities as part of their citizenship activities in the WLM. Over half of all staff in the STEMM survey (56%) agreed that they were encouraged and given support to take on such roles: we

would like to see this increased and to further encourage this, our Silver AP9 will promote a shadowing scheme, encouraging staff to shadow more senior staff in their committee activities.

A list of our staff's external committee representation is in Table 5.10: both genders are represented. We improved promotion of opportunities to staff through SRDS reviewers encourage staff to apply for senior committees (internal and external).

**Table 5.10 A selection of external committees with female representation from the School (2017)**

Staff	Committee	Role
<b>Andrea Nelson</b>	West Yorkshire & Harrogate Local Workforce Action Board	Member
	Leeds Academic Health Partnership	Member
	LTHT Research Leadership Development Forum	Member
	Leeds Clinical Senate	Member
	Council of Deans of Health	Member
	Research Sub-Committee of Council of Deans of Health	Member
	Tissue Viability Society	Trustee
<b>Janet Hirst</b>	University Senate	
	Council of Deans, Health Future Midwife	Member
	Leeds & Wakefield Social Work Teaching Partnership Board	Member
	Council of Deans of Health	Member
	Council of Deans of Health, Health Future Midwife	Member
	Nursing & Midwifery Council: Thought Leadership Group	Member
<b>Carl Thompson</b>	Leeds Primary & Social Care Transformation Board – Workforce Workstream	Member
	Leeds York Partnership NHS Foundation Trust Board	Non-Executive Director
<b>Veronica Swallow</b>	NIHR HS&DR Panel (Commissioned)	Member
	The Board of Directors, International Family Nursing Association (IFNA)	Member
<b>Gretl McHugh</b>	NIHR Doctoral Fellowship Panel	Member
	Carnegie Trust Scotland	Member
<b>Rebecca Randall</b>	NIHR Health Services & Delivery Research Researcher-Led Panel	Member
	Council of the European Federation for Medical Informatics	
	American Medical Informatics Association (AMIA) Diana Forsythe Award Committee	Member
<b>John Baker</b>	Trust Board (LYPFT)	Non-Executive Director
	Quality Committee (LYPFT)	Chair
	Clinical Senate (Yorkshire and Humber)	Member
	Funding Panel (NIHR RfPB Yorkshire and Humber)	Member
	Funding Panel (NIHR post-doctoral panel)	Member
<b>Anne-Maree Keenan</b>	NIHR Infrastructure Training Forum	Deputy Chair
	NIHR Advocates Committee	Deputy Chair
	NIHR Strategic Review of Training	Member
	NIHR Implementation of the Strategic Review of Training	Member
<b>Angela Hewett</b>	University Senate	Member
<b>Julia Turner</b>	Citywide Nursing Workforce Group (Pan Leeds Nursing Group)	Member
	HEE - PPQA Working Group	Member
	Regional Nursing Practice Network	

	Leeds Hospitals Charitable Foundation: Training & Education Special Advisory Committee	Member
<b>Jo Lay</b>	Nursing Midwifery Council - Fitness to Practice Committee	Panel Member
	Strengthening the Commitment - UK Steering Group (Learning Disability Nursing) - Managed through Chief Nurses Office	Member
	Strengthening the Commitment - England Steering Group - Managed through Public Health England	Member
	LIDNAN (Learning & Intellectual Disability Nursing Academic Network)	Chair
<b>Karen Spielsbury</b>	NIHR Research Health Services & Delivery Research Programme Commissioning Board for the combined Researcher-Led & Commissioned Workstreams	Board Member
	Independent Scrutiny Group for the Nursing Associate Programme, Health Education, England	Member
	NIHR HSDR Project - Identifying nurse staffing requirements using the Safer Nursing Care Tool	Chair
	RCN International Nursing Research Conference	Scientific Advisory Panel
	University Impact Acceleration Account Review Panel	Panel Member
	Leeds Social Science Institute Steering Group	Committee Member
<b>Janet Holt</b>	University Senate	Member
	Royal College of Nursing Ethics Committee	Chair
	British Medical Association Ethics Committee	RCN representative
	International Philosophy of Nursing Society	Chair
<b>Zoe Darwin</b>	National Association of Educators in Practice Committee	Treasurer
	Society for Reproductive & Infant Psychology	Member/Deputy Chair
<b>Una Adderley</b>	Tissue Viability Society	Trustee/Member
	Nursing In Practice Advisory Panel	Member
	NIHR HTA Topic Identification, Development and Evaluation Primary Care Panel	
<b>Clare Harley</b>	NIHR Research for Patient Benefit Yorkshire & North East Regional Advisory Committee (grant funding committee)	Member
<b>Alison Malecki-Ketchell</b>	CCNAP Education Committee on behalf of European Society of Cardiology	Member
<b>Jo Smith</b>	Children and Young People's Educational Partnerships	Member
	Yorkshire & Humber Young People and Children Patient and Public Involvement Group (Yorkshire & Humber Clinical Research Network)	Member
<b>Theo Raynor</b>	Expert Advisory Board, Royal Pharmaceutical Society	Member
	Advisory Board, the Information Standard, NHS England	Vice-Chair
	Patient Safety Communication Advisory Panel, Bayer Pharmaceuticals	Chair
	NIHR C-DRF Panel	Member
<b>Tomasina Stacey</b>	Stillbirth Steering Group (NHS England Yorkshire & Humber Clinical Network)	Chair
<b>Veronica Swallow</b>	International Family Nursing Association	Member
	NIHR INVOLVE Advisory Group for Patient and Public Involvement in Health and Social Care	Member
	UK Kidney Quality Improvement Programme	Member
	British Association for Paediatric Cephalology	Member
<b>Gillian Proctor</b>	Association for the Development of the Person Centred Approach UK	Chair

<b>Zoe Gilchrist</b>	Cross Institutional Functional Management Group (Programme Support)	Member
	Attendance Monitoring Project Delivery Group	Member
	Faculty SES Management Group	Member
	Faculty Technology Enhanced Learning (TEL) Working Group	Member
	Faculty SES IT Group	Member
	West Yorkshire HEI / HE Y&H Network Group	Member
<b>Kath Bowes</b>	HEI Nursing Network	Member
	West Yorkshire HEYH Network Group	Member
	HEE / PPQA Website Working Group	Member
	Leeds & Wakefield Social Work Teaching Partnership	Member
	European Nursing Network Module Management	Member

Staff within the School have the opportunity to participate in several leadership and networking programmes. As part of Bronze AP, we identified the need to promote networks such as WiSET (Women in Science, Engineering and Technology) Network which we did: our STEM survey revealed that there was little uptake in this. Staff fed back that they thought WiSET was focussed around more lab based activities. As a result, we developed the UoL/LTHT driven Leeds Female

Leaders Network, (LFLN) launched in 2014 and co-founded by Dr Jacqueline Andrews (LTHT) and Professor Anne-Maree Keenan (SoH). This joint partnership brings together like-minded people across the healthcare sector in Leeds with the long term aim to develop, build and maintain strong female leaders across the health care and academic sectors in Leeds. The network continues to grow: membership is now above 800.

Great venue; great setup, great presentations on such a topical area for women- mixed tables worked well; rotational days are appreciated; brilliant network - real privilege to be able to attend  
(Feedback from July 2017 Network Meeting)

We have also identified several different schemes that are available in order to promote different activities for different requirements and have been taken up by SoH staff. As part of our Silver AP16, we will disseminate the details of each and monitor uptake and impact.

**Table 5.11 Opportunities to support the development of men and women at the SoH**

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Emerging Academics (Early Career)</b></p>	<p><b>WiSET (Women in Science, Engineering and Technology) Network</b></p> <ul style="list-style-type: none"> <li>▪ A UoL network for women in STEM disciplines. As it is targeted particularly at early career staff based in science, engineering and technology, it is particularly relevance to our early females on the non-clinical pathway (Bronze Action 3.4). WiSET and LFLN work closely together to publicise and support one another’s activities.</li> </ul> <p><b>Springboard Programme</b></p> <ul style="list-style-type: none"> <li>▪ Three month development programme to enable women to achieve greater recognition and influence.</li> </ul> <p><b>SoH Mentorship Programme</b></p> <ul style="list-style-type: none"> <li>▪ Launched in 2015, this has been popular, with more than 40 School staff now accessing and valuing mentorship.</li> </ul> <p><b>Post Doc Academy</b></p> <ul style="list-style-type: none"> <li>▪ An initiative by the Faculty and led by Professor Gretl McHugh from SoH this provides support and career development of our post-doctoral researchers (see Bronze Action 2.1).</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Established Academics (mid-Career)</b></p>	<p><b>Organisational Development Unit</b></p> <ul style="list-style-type: none"> <li>▪ Variety of courses offered on Leadership Programmes</li> </ul> <p><b>Aurora Programme</b></p> <ul style="list-style-type: none"> <li>▪ Aurora is a national, women only leadership development programme for HE. It aims to encourage women in academic and professional roles to think of themselves as leaders.</li> </ul>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Women in Leadership Roles</b></p>	<p><b>Senior Academic Development Network</b></p> <ul style="list-style-type: none"> <li>▪ The Senior Academic Development Network has been designed as an informal network specifically to help with peer mentoring of women in senior leadership with decision making responsibilities. Initially a SoM initiative, it now includes Faculty of Medicine and Health and Leeds Teaching Hospitals members</li> </ul> <p><b>Women in Leadership Forum</b></p> <ul style="list-style-type: none"> <li>▪ A forum for women in senior executive roles across the University; for those who can influence change at a local level. It is a University wide extension of the Senior Academic Development Network.</li> </ul> <p><b>White Rose Women in Leadership Initiatives</b></p> <ul style="list-style-type: none"> <li>▪ A collaboration between UoL, Sheffield and York, this programme aims to support women across the White Rose consortium.</li> </ul> <p><b>Leeds Female Leaders Network</b></p> <ul style="list-style-type: none"> <li>▪ Established in 2014, this Faculty of Medicine and Health and Leeds Teaching Hospitals Teaching initiative brings together like minded people with the long term aim to develop, build and maintain strong female leaders across the health care and academic sectors in Leeds. The aims of the network are to:             <ol style="list-style-type: none"> <li>i. Hold regular events where inspirational positive role models will speak of their experience (or a specific brief that we identify as important to the Network) and for attendees will have a chance to informally network</li> <li>ii. Facilitate enhanced availability of mentoring/sponsorship and other career development tools such as coaching</li> <li>iii. Provide a platform for networking opportunities and shared resources through a variety of media, including a virtual network.</li> </ol> </li> </ul>

#### (v) Workload model

The School has an established, systematic and effective academic workload model (WLM) model.. This was developed by the School Workload Model Group (SWMG) through staff consultation and is fully operational, comprehensively populated and applies to all academic staff. A WLM Group (Chaired by HoS) meets quarterly to refine any changes in WLM or consider requests for changes in allocation (e.g. increasing the load attached to assessment to reflect School strategy to increase quality of student feedback).

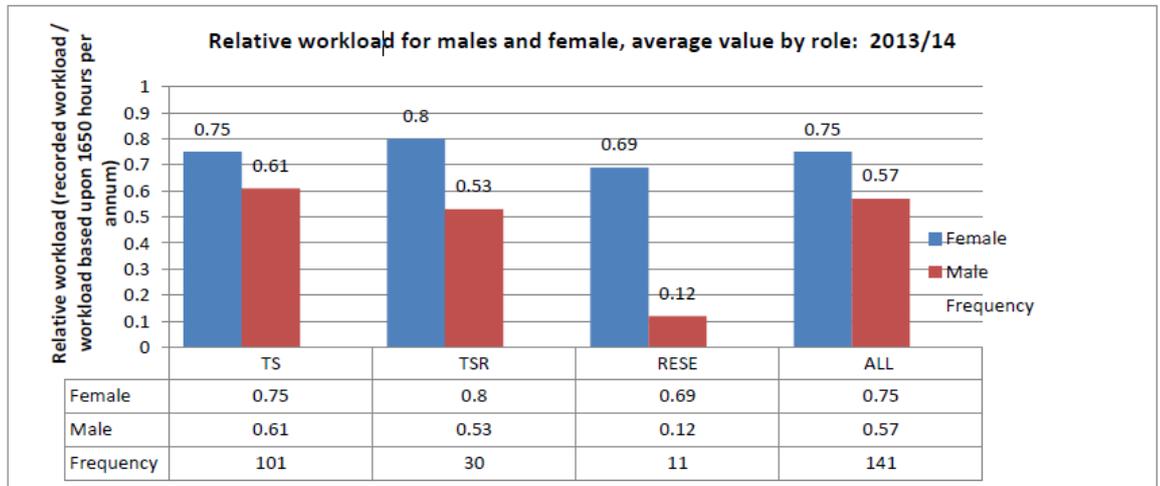
Workload is discussed at the SRDS (Staff review and development scheme) with all staff, full and part time. All aspects of an individual's role are discussed including 'administrative' and citizenship duties with annual objectives being agreed. Personal development and promotion opportunities are agreed where appropriate. An individuals' workload is discussed through the SRDS process and concerns about workload can be addressed at any time with line managers or senior management. Staff receive support to actively engage with the WLM via a WLM manual, e-learning guide, e-mail support and one-to-one assistance. WLM reports are generated by individual academic staff for verification and discussion at SRDS meetings. WLM data is available to designated senior academic leaders/SEC for analysis at individual, group, institution or school levels providing regular review periods and proactive detection and management of variances, ensuring both a fair distribution of work across the School and strategic allocation of roles and responsibilities to enable the School to conduct its business efficiently. In our previous application, we identified a gender disparity between workloads, with female staff carrying a higher workload which we have investigated.

From Bronze Action 4.1, an analysis of the WLM data identified disparity in workload between female and male members of staff, with females carrying a higher workload. As part of our Bronze plan, we shared this data with the Academic Unit Directors to inform the Post Review Academic Meetings to promote negotiation of appropriate workload. While care needs to be taken when reviewing the data, as it only includes those people who had a complete 12 month workload information Running the analysis again in 2017, Figure xxx demonstrates that for teaching staff, the workload has become equivalent, with males now reporting higher workloads in the research staff.

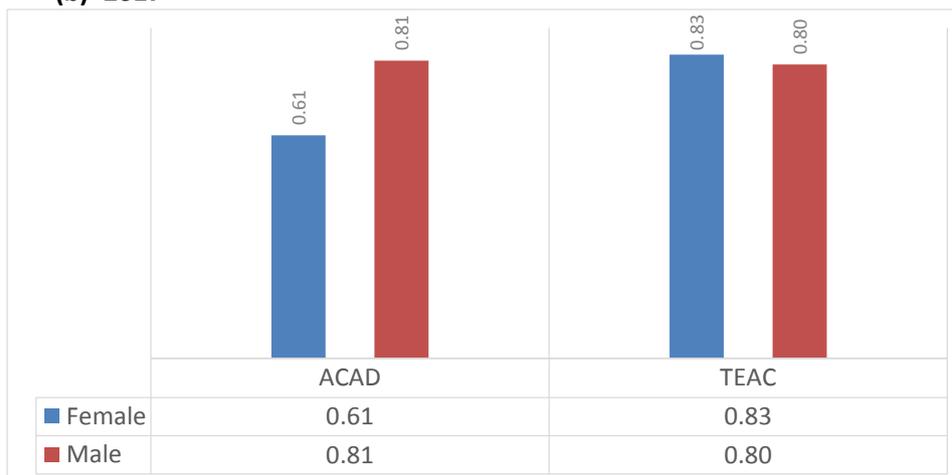
Our STEM survey results suggest that only two thirds of staff (64%) thought that work was allocated on a clear and fair basis, down from 76% in 2014. Therefore, while our analysis of the WLM says that we have improved, this is not the perception: this may be driven by the previous AS identification of this as an issue (the analysis of progress of the 2017 data was not available at the time of the STEM survey, we need to address this. We are now making the workload reports open across the School to improve the transparency of workload.

**Figure 5.12 Comparison of Work Load Model Analysis of Average Relative Workloads**

**(a) 2014**



**(b) 2017**



This shows that since the last AS submission we have, for 44 academic staff for whom full year data is available (TEAC = T&S focussed) seen a rebalance in workload (this was higher for women than men in the last application). For the other 46 ACAD (TS&R) staff for whom a full year of data is available, it appears that males have a higher workload than women. ACTION: we will implement transparent workload reporting across the School, and review the workload by gender to identify if there is an issue of imbalance (for example by confirming data completeness prior to identification of sources of increased workload amongst ACAD males). It is noteworthy that all groups. 17 / 74 (23%) women and 3 of 17 (18%) of men had recorded workloads of > 100% (all workloads prorated for part time staff).

Silver AP17 will be to make the workload model more effective in supporting and monitoring progress against the AS agenda.

(vi) Timing of departmental meetings and social gatherings

The School has always considered carefully the appropriate timing of social gatherings and departmental meetings. Results from the STEMM survey 2017 indicated that 85% agreed that work related social activities within the school are likely to be welcoming to both men and women. All business and core committees the School uses the “core hours” of 10.00 to 16.00. We require committees and events to be rotated to different days, thereby not disadvantaging those who work part-time. Indeed, in the two years since we have rotated Research Box to different days within the AS hours, our attendance figures have doubled our attendance rate.

We are mindful of being sensitive to engaging all staff to attend social activities. In the past twelve months we have changed our end of term celebration from an evening event to an afternoon tea.

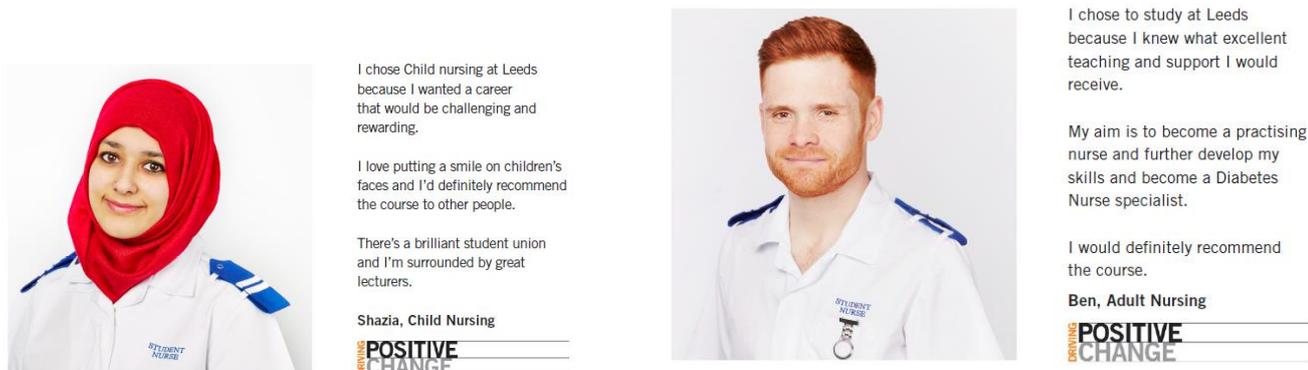
**DRIVING POSITIVE CHANGE:** Business and Core Committees are rotated through days of the week and conducted through the core hours, which had increased participation for early career researchers.

(vii) Visibility of role models

We have worked hard with our marketing team to produce visible role models which include male and female both within the School (See Figure 5.2) and in all externally facing materials, including webpages, job descriptions and brochures. Over the past three years, we have had seven external speakers: three female and four male presenters. We worked with the Alumni Office and set up an on-line career networking service for new potential students who were thinking about starting a career in Leeds. The network includes narratives of 13 past students’ experiences as students and their early careers development (12 female) across 4 of our professional groups. 176 potential students viewed the narratives and 8 different network members were contacted for further guidance. We will continue to update these narratives.

We worked with the Alumni Office and set up an on-line career networking service for new potential students who were thinking about starting a career in Leeds. The network includes narratives of 13 past students’ experiences as students and their early careers development (12 female) across 4 of our professional groups. 176 potential students viewed the narratives and 8 different network members were contacted for further guidance.

**Figure 5.2 Examples of posters within the School**



#### (viii) Outreach activities

We promote our undergraduate courses using a values based approach, based on insight from current and former students to identify what attributes a good school of healthcare graduate needs. An example of this approach was in the 'We Care' campaigns that promoted our change to all degree nursing, which focussed on empathy, inclusivity, engagement, and compassion using personas to build relatable narratives for prospective students. The images we used were of an ethnically and gender diverse cohort relative to the mix of students across the cohorts.

Descriptions of the School include a focus on diverse, vibrant community, with emphasis on personal support, pastoral care and the 'six Cs': care, compassion, competence, communication, courage and commitment. Print brochures are designed to present a diverse cohort mix, using real students, with case studies and personalised quotes. Covers reflect the gender and ethnic mix and interior pages are balanced and respectful.

We promote Postgraduate study using a quality and outcomes based approach, targeted to a more broadly experience audience, typically employed by the NHS. Generally, PG marketing and promotion uses more direct advertising, both print and digital with a focus on the course portfolio. The diversity is illustrated in the photography which focuses on small group photos which show the gender and ethnic mix (Figure 5.3). This is carried through to online promotion and digital and social. Social media offers multi advert campaigns which can be refreshed easily.

**Figure 5.3: Posters to advertise post graduate programmes within the School**



Programme specific advertising uses smaller group shots, which are gender and ethnically balanced. Messaging is limited due to the platform, though landing pages discuss the PG, community, its quality and benefits. Overall our approach to inclusivity and diversity has been to be visible and nuanced. We show a balanced mix of students and emphasise 'our School of Healthcare community'. Our values based approach has been in effect for 8 years, in which time the 6 Cs has been introduced and Values Based Recruitment which has been embraced by the NHS.

In terms of changes over the last 5-8 years, the key change has been increased availability of digital channels, particularly social media, has allowed us to target our

marketing in a way which was impossible five years ago and ethnicity and gender are one of many segments we can focus on. This means our message can reach a more diverse range of potential students, regionally, nationally or internationally. Video has become more widely used, particularly on mobile media, and audiences have become more tech savvy and visually literate, often using voice searches to research courses and institutions.

Our open days are a target to widening participation in our courses, particularly in attracting males to our UG courses and promoting women in science. Open days are run by the academic programme leaders, supported by a diversity of staff and students who are encouraged to act as ambassadors for the School, to listen and talk positively and openly about their course and their wider experiences of Healthcare, placements, University and City. Students are paid £8 PH and we provide lunch, free parking and childcare through the UoL Nursery Bright Beginnings.

## 6 FURTHER INFORMATION

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

We have spread our word count over the previous sections of the document.

## 7 ACTION PLAN

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

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

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

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



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## LANDSCAPE PAGE



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### School of Healthcare Silver Action Plan 2017-2021

#### *Supporting our students, enhancing their development, supporting their careers*

Ref	Action and Objectives	Responsible Officer and named individuals	Priority	Success Measure and deliverables	Timeline
S1	<p><b>Embed our Athena Swan Strategy into the Staff : Student Forum AS into the SSF</b></p> <p>Objective: To enhance student awareness and engagement in AS strategy, to encourage participation in innovative solutions to support gender equality.</p>	<p>DoSE</p> <p>DoSE and Chair ASWG</p> <p>DoSE and Chair ASWG</p>	High	<p><b>Increased awareness of AS agenda and principles by all students through student survey and engagement with AS Activities</b></p> <ul style="list-style-type: none"> <li>We will develop a tailored Athena SWAN Action Plan for the SSF including an accountable feedback system for actions between the SSF, ASWG and E&amp;I Committee</li> <li>Introduce annual events to canvass innovative ideas of gender and intersectional issues for SOH, with a focus on student activity</li> </ul>	<p>April 2018</p> <p>April 2018</p> <p>International Women’s Day March 8<sup>th</sup> and International Men’s Day, November 19<sup>th</sup></p>
S2	<p><b>Understand why we have fewer men in our UG courses, particularly in social work, at a local and national level.</b></p> <p>Objective: Attract more men to our UG courses,</p>	<p>DoSE</p> <p>ADoSE &amp;</p>	High	<p><b>By understanding the reasons why we attract fewer men, we will take appropriate action to increase the number of males in our UG courses commensurate with Russell Group benchmarking.</b></p> <ul style="list-style-type: none"> <li>Focus on outreach activities to promote gender as well as widening participation,</li> </ul>	<p>April 2019</p> <p>May 2018</p>

	ensure they feel welcome and are provided with relevant and diverse role models	SoH Outreach Officer  DoSE  HoS and DoSE		targeting male clinical and academic role models for open day and outreach activities, organise outreach activities for male secondary schools and expanding our admission team to include more males <ul style="list-style-type: none"> <li>Working with our Trust partners, capitalising on the wider participation to increase the number of men in nursing apprenticeship programmes</li> <li>Working with the Council of Deans, we will look at developing national initiatives to profile and welcome men into the nursing workforce</li> </ul>	Sept 2018  Oct 2019
<b>S3</b>	<b>Understand reasons for low attainment in our male UG students</b>  Objective: To increase the attainment for all students, particularly male students, in order to increase high attainment	DoSE  DoSE & A Dir of SE (Quality)	<b>High</b>	<b>By investigating the factors that contribute to poor attainment of UG male nurses, we will increase attainment for all UG students to within 5% of Russell Group</b> <ul style="list-style-type: none"> <li>Explore relationships between attainment and access routes to degrees</li> <li>Interrogate data to explore relationship between gender, nursing course and UG modules</li> <li>Conduct regular focus groups with UG students to explore mechanisms to support higher attainment for males</li> <li>Prepare strategy to be provided to SEC for action and ratification</li> </ul>	April 2020  July 2018  July 2018  April 2018  October 2018
<b>S4</b>	<b>Understand reasons for low proportion of males in PGT social work and psychotherapy and counselling</b>	DoSE  DoSE & A Dir of SE (Quality)	<b>Medium</b>	<b>By understanding the barriers to men in PGT programmes, we will increase the number of men applying for and enrolling in programmes these programmes by 10%</b> <ul style="list-style-type: none"> <li>Conduct regular focus groups with NHS staff to understand barriers and enablers</li> </ul>	April 2020  June 2018

				<ul style="list-style-type: none"> <li>Working with Council and Trust partners, providing targeted marketing for our courses</li> </ul>	December 2018
<b>S5</b>	<p><b>Understand why we have proportionately fewer women in our PGT courses compared to our UG courses</b></p> <p>Objective: Attract more women to our PGT courses, with a particular emphasis on working with our Trust partners to promote career opportunities locally</p>	<p>DoSE</p> <p>DoSE &amp; A Dir of SE (Quality)</p>	High	<p><b>By understanding the barriers to women not taking up PGT programmes, we will increase the number of women applying for and enrolling in programmes by 15%</b></p> <ul style="list-style-type: none"> <li>Conduct regular focus groups with NHS staff to understand barriers and enablers</li> <li>Working with our Trust partners, providing targeted marketing for our courses to include role models which are both male and female</li> <li>We will provide annual updates on uptake of PGT programmes by gender to the Research and Education Training Committee of the Trust.</li> </ul>	<p>April 2019</p> <p>June 2018</p> <p>December 2018</p>
<b>S6</b>	<p><b>Working with our Trust partners, develop an intelligent and sustainable clinical academic career pathways for nurses, midwives, pharmacists, social workers and health professionals locally and nationally</b></p> <p>Objective: To increase females in clinical academic career for our professional groups which will increase the patient focussed applied research portfolio</p>	<p>PGRT</p> <p>Dame Kathleen Raven Chair of Clinical Nursing &amp; PGRT</p> <p>Prof A Keenan</p> <p>Prof Keenan and Dr Marshall</p>	High	<p><b>We will double the number of female clinical academics affiliated with the School with conjoint Trust/HEI appointments.</b></p> <ul style="list-style-type: none"> <li>Working with the LTHT, we will create a business plan to develop senior posts to support the ongoing development of our clinical academic midwives, and translate into adult nursing as a priority</li> <li>On a national level, we will contribute to the development of NIHR opportunities associated with the recent review of Training, promoting opportunities for clinical academic careers.</li> <li>We will work nationally with innovations to develop new and exciting pathways,</li> </ul>	<p>April 2020</p> <p>Sep 2019</p> <p>June 2018</p> <p>Dec 2018</p> <p>July 2018</p>

specifically the NHS Clinical PhD Apprenticeship Trailblazer group

**Staff Actions: valuing our people, supporting intelligent, flexible careers**

Ref	Description of Action	Responsible Officer and named individuals	Priority	Success Measure and deliverables	Timeline
S7	<p><b>Understand, engage and support Clinical Secondees in terms of the AS strategy</b></p> <p>Objective: To identify areas of desired support and personal development opportunities for Clinical Secondees working with the School</p>	HoS	Medium	<p><b>Working with our Secondees we will develop a strategy and plan to sign post and support appropriate personal development opportunities</b></p> <ul style="list-style-type: none"> <li>Working party established to identify issues related to Clinical Secondees in relationship to the AS and E&amp;I strategy, identifying personal development opportunities</li> <li>Report submitted to SEC, Joint Clinical Academic Training Office and the Research Education and Training Board of LTHT</li> </ul>	<p>June 2019</p> <p>December 2018</p> <p>May 2019</p>
S8	<p><b>Understand, intersectional issues between gender and ethnicity for the School</b></p> <p>Objective: To provide robust data collection in order to explore potential intersectional issues</p>	HoS	High	<p><b>We will embed the process of robust data collection around ethnicity for students and staff within the School</b></p> <ul style="list-style-type: none"> <li>Encourage self-reporting of ethnicity and other protected characteristics by staff, to be refreshed annually</li> <li>Explore the intersection of ethnicity with gender and the effects of other protected characteristics on staff recruitment, development and retention in the School, with an appropriate strategy and action plan.</li> </ul>	<p>December 2018</p> <p>April 2018</p> <p>Dec 2019</p>

<b>S9</b>	<b>Improve application and success rate of promotion for female staff</b>	<b>HoS</b>	<b>High</b>	<b>We will increase the number and success rate of females applying for promotion by 20%.</b>	<b>April 2020</b>
	Objective: To improve the number of females in senior academic posts	HoS and SoH HR		<ul style="list-style-type: none"> <li>We will increase the profile of promotions advisors through a targeted communications plan.</li> <li>We will encourage shadowing of senior staff on committees, within and outside the School and University.</li> </ul>	July 2018
		HoS, AUD			July 2018
<b>S10</b>	<b>Embed a consistent approach to induction for all staff</b>	<b>SoH BM</b>	<b>Medium</b>	<b>We will improve the satisfaction of the induction experience and increased awareness of AS</b>	<b>July 2019</b>
	Objective: to improve the quality and consistency of the induction experience	SoH HR		<ul style="list-style-type: none"> <li>We will establish a working party to provide targeted line manager training, updated induction material which reinforces the need to refresh induction content throughout the probation period, particularly targeting PS staff</li> </ul>	July 2018
<b>S11</b>	<b>Embed principles for a consistent and meaningful SRDS programme for PS staff</b>	<b>SoH BM</b>	<b>High</b>	<b>We will improve the uptake and satisfaction of the SRDS experience for PS staff by 15%</b>	<b>April 2020</b>
	Objective: Improve SRDS experience for SES staff	SoH HR		<ul style="list-style-type: none"> <li>We will establish a working party to review and refresh PS SRDS guidelines. We will produce an SRDS handbook for PMTA staff and provide targeted training for line managers</li> </ul>	Dec 2018
<b>S12</b>	<b>Valuing our PS staff as essential and equal contributors to the work of the School</b>	<b>SoH BM</b>	<b>High</b>	<b>We will embed process within the School to value the contribution of PS staff as measured through increased response to</b>	<b>April 2020</b>

	Objective: To ensure PS staff feel equal and valued members of the School	HoS and SoH BM		<p><b>“I feel valued” question on the PMF by 15%. Specifically, we will</b></p> <ul style="list-style-type: none"> <li>▪ Encourage PS staff to attend graduation</li> <li>▪ Escalate to Senate the inconsistencies with part-time academic and PMTA staff in annual holidays</li> <li>▪ Enhance and signpost training opportunities for PMTA staff that is related not only to their current role, but also personal development</li> <li>▪ Promote and enhance opportunities to shadow other staff in activities such as attending committees</li> <li>▪ Monitor the impact of the unification of services across the University for PS staff on promotion</li> <li>▪ Sign post staff to HR Promotions Advisors</li> <li>▪ Provide visible role models of PS staff who have been supported by AS/E&amp;I strategy (eg flexible working)</li> <li>▪ Introduce 10 hours per year Citizenship for PMTA staff to engage in University activities (such as mental health initiatives, LGBT activities, volunteering) and to monitor and review impact on widen activities</li> </ul>	December 2017
		Chair E&I			January 2018
		SoH BM			July 2018
		PS Line Managers			May 2018
		SoH HR			Dec 2018
		SoH HR			June 2018
		SoH BM and HR			Dec 2018
		SoH BM			June 2018
<b>S13</b>	<b>Embed data collection at early career research events</b>	<b>DoRI</b>	<b>High</b>	<b>We will embed register of attendees at research meetings</b>	<b>March 2018</b>
		ECR Co-ordinator			Jan 2018

	Objective: To monitor and evaluate gender uptake of early career research opportunities				
<b>S14</b>	<p><b>Promoting academic careers to our professional groups early</b></p> <p>Objective: To increase our PGR students from our UG cohort</p>	<p><b>DoRI</b></p> <p>DoSE DoRI Prof A Keenan</p>	<b>High</b>	<p><b>We will increase the number of UG students taking up internships and research placements by 20% and increase the number of our graduates who return as PGR students by 10%</b></p> <ul style="list-style-type: none"> <li>▪ Working with our Joint Clinical Academic Training Office, we will develop a new and exciting programme to provide links with the main research themes of the School. We will provide undergraduate clinical academic career workshops, a research conference for the UG students and the opportunities for short term placements with established research teams.</li> </ul>	<p><b>Dec 2019</b></p> <p><b>Dec 2023</b></p>
<b>S15</b>	<p><b>Pilot targeted flexible working practice for PS staff</b></p> <p>Objective: To understand the perceived and real barriers for PS staff being able to work flexibly</p>	<b>SoH BM</b>	<b>High</b>	<p><b>We will increase the number of PS staff who work flexibly</b></p> <ul style="list-style-type: none"> <li>▪ Establishing a task and finish group, we will explore reasons why PS staff feel that they are unable to take up flexible working, surveying staff and line managers</li> <li>▪ We will promote, increase and facilitate HR's flexible Working Roadshow, targeting those with line management responsibilities to attend</li> <li>▪ We will pilot a targeted flexible working scheme for PMTA staff, driven by University procedures but underpinned by a culture of values that respect the School's core business,</li> </ul>	<p><b>Dec 2020</b></p> <p>July 2018</p> <p>Dec 2018</p> <p>July 2019</p>

				core hours, consistency and respect for others.	
<b>S16</b>	<p><b>To embed AS principles in correspondence and correspondence practice</b></p> <p>Objective: To ensure that AS principles are upheld in terms of gendered titles and expectations of receiving correspondence out of business hours</p>	HoS		<p><b>We will change processes across the School to ensure</b></p> <p>i. The use of gendered title be discontinued from any School minutes, agendas and internal correspondence.</p> <p>ii. All staff are encouraged to delay sending emails outside business hours until the appropriate working time.</p> <p>iii. All SoH staff are encouraged to have a statement (or similar) in their email signature such as <i>"The School of Healthcare supports flexible working. Please be reassured that should you receive this email outside of normal office hours, I have <u>no expectation</u> for you to read or respond outside of regular Athena-SWAN friendly hours and until your workload permits.</i></p>	May 2018
<b>S17</b>	<p><b>Enhancing the workload model more effective in supporting the AS agenda</b></p> <p>Objective: to update the workload model to include prompts around AS issues</p>	HoS	Medium	<p><b>Working with the Workload Model Taskforce will increase the use of the workload model to monitor AS issues</b></p> <ul style="list-style-type: none"> <li>▪ Feeding into the Workload Model Task Force, we will explore citizenship activities for gender bias</li> </ul>	December 2020  May 2018
<b>S18</b>	<p><b>Embedding AS and E&amp;I strategy and engaging staff</b></p> <p>Objective: To ensure apposite resourcing and communication to promote and maintain staff engagement for the AS strategy</p>	HoS  HoS  Chair AWSG		<p><b>By December 2021, 100% of the Silver Plan is delivered by the SoH.</b> We will</p> <ul style="list-style-type: none"> <li>▪ Appoint a dedicated E&amp;I Officer to oversee the delivery and outcomes of the AP</li> </ul>	December 2021  May 2018  Mar 2018

		Faculty Marketing and Chair AWSG		<ul style="list-style-type: none"> <li>▪ Working with the Chair of E&amp;I and ASWG and the AS Project Officer, ensuring that the ASSWG is re-focussed on the delivery of the Silver plan</li> <li>▪ Working with the Faculty's Marketing team, continually updating external facing materials to support gender balance</li> <li>▪ Identify dedicated staff for updating the website in accordance with the AS strategy</li> </ul>	<p>May 2018</p> <p>Mar 2018</p>
<b>S19</b>	<p><b>Ongoing awareness of AS and celebration of the impact of our strategy</b></p> <p>Objectives: To ensure ongoing engagement through effective school communication of AS initiatives with our AS strategy and to keep staff up to date of AS developments, events, achievements and policies.</p>	Chair of ASWG	High	<p><b>100% of School staff have awareness of AS initiatives by the end of 2021.</b></p> <ul style="list-style-type: none"> <li>▪ Celebration of the completion of our Bronze Action Plan and submission of our Silver Application</li> <li>▪ A vibrant and continually updated library of staff case studies. Case studies are used on website, social media, communications collateral, internal communications and relevant documents to highlight staff experiences and how initiatives have supported them. A minimum of 1 new case study gathered and promoted per quarter.</li> <li>▪ Creation of new posters, banners etc. to promote the AS initiative and resources available and are visible across the building</li> </ul>	<p>December 2021</p> <p>January 2018</p> <p>July 2018</p> <p>July 2018</p>

## School of Healthcare, University of Leeds

### Bronze Action Plan Update 2014 to 2017

#### Summary of Outcome and Impact, November 2017

	Action Plan	Progress and Outcomes	Evidence and Impact	Sustainability
1. <u>Supporting students through the pipeline</u>	<p><u>Action 1.1</u></p> <p>Examine over representation of females in Social Work (SW) and Nursing programmes</p>	<p>Completed 2016: We examined recruitment processes for gender bias and refreshed all externally facing promotion material to include gender balanced representation. We changed to recruitment processes within SW to have it based on ability alone</p>	<p>We have achieved our goal to reach a gender profile within +/- 5% of national bench marks in Nursing by 2017 (94% compared to 92%) However, we did not achieve a gender profile within +/- 5% of national bench marks in SW by 2017 (95% compared to 89%).</p>	<p>Our recruitment rate for men remained steady, it sector benchmarking has increased the number of females. We will look at targeted outreach and WP programmes, increase the number of male admissions tutors.</p>
	<p><u>Action 1.2</u></p> <p>Embed PG students into School activity through invitation to School research.</p>	<p>Completed 2016: We developed several initiatives (Research Box, SHED Talks, Spotlight on....Seminars) and changed their timing to AS friendly hours. We have embedded PG representation on SoH Committees. We refurbished the PhD Suite, included the PGR in the refresh and review of the School's research themes.</p>	<p>Our PGR students are feeling more included: feedback from our 2017 PGR Experience Survey was that 80% of students think that the SoH has a good research culture, an improvement from 65% since 2015 and much higher than Faculty (72%) and the University (69%) benchmarking.</p>	<p>Engagement and information sharing is key to ensure all PG students: access for all PG students to shared information platforms such as Sharepoint will be reviewed.</p>

<p><u>Action1.3</u> Increase proportion of females undertaking and completing PG study</p>	<p>Completed 2017: We have developed a sector leading clinical academic pathway for people to undertake PhD whilst retaining clinical/practice placements, signposted students to University website for alumni role models and developed case studies illustrating the value of a PhD</p>	<p>While our proportion of female PGT students remained constant, we have more than doubled the number of PGR female students from 3 to 7 and males from zero to 2. We have appointed two high quality applicant to the joint clinical academic midwifery posts</p>	<p>The SoH Research and Innovation Committee will monitor these figures annually making recommendations to SEC as appropriate. We will also expansion of clinical academic pathway and introduce an innovative PGR roadshow to the UG students</p>
<p><u>Action 1.4</u> Analyse the reasons for non-offer for both male and female PG applications</p>	<p>Completed 2016: Audit conversion rate from application to acceptance. As a result we (i) updated our guidance for OS students to clarify acceptance criteria, (ii) provided improved feedback to unsuccessful applicants and (iii) aligned PGR research to SoH research strategy</p>	<p>As stated above, we have more than doubled the number of PGR female students from 3 to 7 and males from zero to 2.</p>	<p>The SoH Research and Innovation Committee discuss the figures annually, which forms part of the annual return for the school. We monitor data and make recommendations for any changes.</p>

	Action Plan	Progress and Outcomes	Evidence and Impact	Sustainability
2. <u>Key Transition Points</u>	<p><u>Action 2.2</u> Investigate the reasons for gender differences in applicant / appointment / conversion rates.</p>	<p>Completed 2016. We examined HR reports to investigate differential success rates and as a result and have reviewed local processes for short listing and interview. While the School aims to have no single gender interview panels, when we reviewed our practices, it became clear that there was an increased in the workload of senior male colleagues; we therefore look for male representation from other areas of the University as representatives on interview panels</p>	<p>Data indicates that there has been a slight trend in more males being shortlisted, interviewed and appointed to more junior grades, with an increase in women being shortlisted, interviewed and appointed at more senior grades,</p>	<p>The HoS and HR representative will continue to monitor gender rates for applications, short-listing and appointment rates across grades, reporting annually to SEC.</p>
	<p><u>Action 2.2</u> Increase the number of female staff aspiring for promotion</p>	<p>Completed 2017. We increased and targeted usage of SRDS training and development plans and applications for School Funding for Investing in Excellence (FFIE) training and development monies and developed local information and guidance on promotion process with exemplar answers from successful applications. We conducted promotion workshops</p>	<p>Over the past three years, we have increased the number of staff applying for promotion (4 female and 1 male). Although small numbers, the success rate for both men and women increased. We increased funding with £73K of pump priming funding to support staff development since 2014, with £63 (86.3%) going to women; £141K for FIFE with £115K (82%) funded for females.</p>	<p>As part of the Silver AP6, we will continue to support females applying for promotion. We will undertake a targeted campaign to increase the profile of promotions advisors and encourage leadership opportunities, such as of senior staff on committees, within and</p>

		with presentations by successful candidates. We introduced a novel mentorship scheme which quadrupled the number of staff who had mentors.		outside the School and University.
<u>Action 2.3</u> Pilot clinical academic contracts with local Trust for healthcare professionals (50/50 practice/academic), to support development of and transition to academic career pathways.		Completed 2017. We have developed a clinical academic pathway for midwifery with our major NHS partner, the Leeds Teaching Hospitals Teaching Trust, with further posts in Nursing in planning phases. These sector leading posts are joint positions, with a clear clinical and academic training pathway, supported through joint appraisals and job plans.	These sector leading posts are joint positions, with a clear clinical and academic training pathway, supported through joint appraisals and job plans. These are the first such posts for the Leeds partnership. Two appointments (both female) were made in September 2017.	We will continue to support and develop our innovative clinical academic pathway, developing joint business plans for more senior posts and expanding it to other clinical professions. Silver AP6
<u>Action 2.4</u> Improve mentorships scheme, uptake and experience		Completed 2015. Led by Prof Gretl McHugh, a one to one voluntary mentorship scheme was developed, with readily accessible links to resources for mentors and mentees.	We have increased the number of staff who want mentors and the number of mentors, from ten in 2014 before the local scheme was developed. Feedback suggests that this is valued: the STEMM survey indicated that over 60% of staff had useful mentoring opportunities, compared to 42% in 2015.	Building on this success, we will is to encourage under-represented groups accessing mentorship, this includes males, TS and PMTA staff who want mentorship to be provided with a valued experience (Silver AP16)
<u>Action 2.5</u> Support female academic staff to access key		Completed 2017: We reviewed the key transition points and mapped out	We advertise all internal School roles to include agreed statement on eligibility. We	We will develop new leadership opportunities such as

	leadership development opportunities	opportunities for development, publicised these and emphasised strategic inclusion of leadership development in SRDS.	have had an Increased expressions of interest applications for School roles at all levels by 2016, although we do not have this data yet by gender. .	shadowing on committees (Silver AP8)
	Action Plan	Progress and Outcomes	Evidence and Impact	Sustainability
Career Development	<u>Action 3.1</u> Encourage and support staff to apply for membership of School, Faculty, University and National committees	Ongoing: Discussions regarding committee opportunities taking place at individual academic meetings and evidenced at SRDS; we are capturing in the WL model staff involvement in regional and national committees with associated workload management.	We have increased number of staff on senior committees, but more needs to be done to provide opportunities.	Embedded within Silver Action 8
	<u>Action 3.2</u> Where appropriate support staff in changing pathways from a teaching only profile to a teaching and research profile	Completed 2017: We developed a career pathway progression routes to enable movement from T&S to TS&R, with clear progression pathways identified for individuals through SRDS and noted in development plans. We adjusted the workload model to support personal training and development.	We have achieved our Bronze AP 2.4a of increasing the number of women in TS&R roles from 26 (59%) to 35 (74%).	

<p><u>Action 3.4</u> Review scholarship in terms of role description and promotions criteria</p>	<p>Completed 2015: We appointed a Scholarship Lead (Holt) who oversaw a task force to review the role of scholarship in the School, developed a strategy to support a strategic vision and refreshed benchmarks for success.</p>	<p>Framework for development of scholarship is now published and included in SRDS. We have had an increase in the number of both men and women successfully applying for promotion.</p>	<p>The Scholarship Lead and Task Force will continue to monitor and develop the Scholarship Framework, reporting annually to SEC.</p>
<p><u>Action 3.4</u> Promote women's networks widely and increase attendance at women's network meetings.</p>	<p>Feedback from staff indicated that the existing Women in Science Network (WiSET) was useful, but targeted at early, lab based career academics. Working with the LTHT, we developed a health based network.</p>	<p>SoH staff led on the development of the Leeds Female Leaders, a joint initiative which brings together like-minded people across the healthcare sector in Leeds with the long term aim to develop, build and maintain strong female leaders across the health care and academic sectors in Leeds. The network continues to grow: membership is now above 800.</p>	<p>We will continue to work with the Trust and the University to develop opportunities around the LFLN</p>

	Action Plan	Progress and Outcomes	Evidence and Impact	Sustainability
<b>4. Organisation and Culture</b>	<u>Action 4.1</u> Use the Workload Model to identify and address work balance issues	Completed 2017: We identified a gender bias in workload allocation, which was reviewed at at E&I Committee. Circulating the finding and providing guidance to AUDs, we used the Post Review Academic Meetings to discuss workload distribution.	Over the census period, we have reduced the variance in WL between men and women and increased satisfaction of workload distribution in annual staff survey.	The Workload Model Taskforce Group will continue to monitor the gender distribution reporting annually to SEC.
	<u>Action 4.2</u> Improve awareness of equality and inclusion a)	Completed 2016: We have updated communication of E&I policies and practice through seminars, direct links from Athena Swan web pages. All leaders and managers are now mandated to undertake o undertake equality and inclusion training.	In addition to increased uptake of E7I Training, results from the STEMM survey indicated that 84% of staff was aware of the AS initiative and 74.9 % agree (compared to 64% in 2015) that the school has made it clear what the policies are relating to gender equality	The HoS and HR representative will continue to monitor E&I Training rates across grades, reporting annually to SEC.

	Action Plan	Progress and Outcomes	Evidence and Impact	Sustainability
Flexibility and managing Career Breaks	<u>Action 5.1</u> Pilot enhanced flexible working policy	Completed 2014: Implement new flexible working policy where staff can reduce their hours and retain the option to increase them at a later date. Provide a link to family friendly and flexible working policies from the SoH Athena Swan web pages.	We have captured new applications for flexible working, which has demonstrated an increase in formal applications. This does not, however, capture the many informal arrangements that are taken up.	The HoS and HR representative will continue to monitor, reporting annually to SEC.
	<u>Action 5.2</u> Dissemination of good managerial practice in managing leaves of absence	Completed 2015: We developed guidelines to (i) ensure formal cover of maternity leave when need identified and (ii) enhanced local guidance for staff taking leave of absence.	Process completed	