

Athena SWAN Silver Department award renewal application

Name of institution: **Imperial College London**

Date of application: **April 2014**

Department: **National Heart and Lung Institute**

Contact for application:

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Date of previous award: **2009 Silver, 2012 Silver Extension**

Date of university Bronze and/or Silver SWAN award: **Silver 2012**

Level of award applied for: **Renewal of Silver**

Athena SWAN **Silver Department** award renewals recognise that in addition to university-wide policies the department has made progress in promoting gender equality and addressing challenges particular to the discipline. It is expected that after three years Athena SWAN Bronze Department award holders should be at the stage to make a new application for a Silver Department award. However, in exceptional circumstances a Bronze Department renewal award submission can be made.

Not all institutions use the term 'department' and there are many equivalent academic groupings with different names, sizes and compositions. The definition of a 'department' for SWAN purposes can be found on the Athena SWAN website. Where the department unit that made the original application has changed, it is up to the new unit for submission to decide whether a renewal application is appropriate or whether a new award application should be made. If in doubt, contact the Athena SWAN Charter Coordinator well in advance to check eligibility.

It is essential that the contact person for the application is based in the department.

At the end of each section state the number of words used.

Click [here](#) for additional guidance on completing this template.



List of abbreviations

BRC	NIHR Biomedical Research Centre
BRU	NIHR Biomedical Research Unit
Hol	Head of Institute
HoS	Head of Section
DIC	Diploma of Imperial College
DPS	Director of Postgraduate Research Studies
FTE	Full-time
HDRC	Higher Degrees Research Committee
ILW	Institute Lead for Women
MAC	Management Advisory Committee
MSc	Master of Science
MRes	Master of Research
NHLI	National Heart and Lung Institute
NIHR	National Institute of Health Research
PD	Postdoctoral Research Associates or Fellows
PRDP	Personal Review Development Plan
PGT	Postgraduate Taught
PGR	Postgraduate Research
PRES	Postgraduate Research Experience Survey
RBH	Royal Brompton Hospital
RBHFT	Royal Brompton and Harefield NHS Foundation Trust
SAT	Self-Assessment Team
UG	Undergraduate
WISE	Women in Science and Engineering

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Letter of endorsement from the Head of Department – maximum 500 words

An accompanying letter of endorsement from the Head of Department should explain how the SWAN action plan and activities in the department have and will in future contribute to the overall department strategy and academic mission.

The letter is an opportunity for the Head of Department to confirm their support for the renewal application and to endorse and commend any women and SET activities that have made a significant contribution to the achievement of the departmental mission.

Dear Ms Dickinson,

I whole-heartedly endorse this application for renewal of the National Heart and Lung Institute's (NHLI) Athena SWAN Award. I consider that the sentiment underpinning Athena SWAN provides the essential governance principles that every department must achieve to enable all staff to develop their careers.

As Professor of Clinical Cardiology and Consultant Cardiologist, juggling a dual career household with a young family, I feel well placed to understand the challenges faced by NHLI academics. An initial priority as Institute Head was to affirm my commitment to staff career development and specifically, women and to understand the barriers to implementing our Athena Action Plan.

A particular issue centred on transparency of Institute management and the role of Section Heads; all were male at the time of our 2009 application, despite NHLI being one of College's departments with the most female professors. I am delighted to report that 4 out of 13 Section Heads are now female. Moreover, feedback from our Silver Renewal application in 2012 commented on a lack of support from our Senior Management; which I can confirm was a perception based on omission of details in our application.

I set up a monthly Management Advisory Committee (MAC), of key administrators and academics including Institute Leads, Heads of Sections and Heads of the BRC and BRUs.

Athena is now embedded within our management culture with Athena as a standing agenda item at our MAC and Section meetings. Our Self-Assessment Team includes several Heads of Section and the Action Plan and Application were reviewed by the Senior Management team who will be leading many of the actions within their Sections. Senior staff are active in our consultation processes and in activities such as Bring Your Child To Work Day and the New Scientists Day.

We now have a role descriptor for Section Heads which has been written and approved in consultation with Senior Management. It includes responsibility for providing an environment for staff to develop their talent for fulfilling careers and one that encourages participation and eliminates discrimination.

Our first Athena application in 2009 enabled us to identify internal and external factors that were hindering staff development through extensive staff and student consultation. Over the years, we have worked to tackle these issues, implementing improved processes and consolidating real culture change. Going forward, we are developing a long-term recruitment strategy. Female recruitment is limited by external factors such as the clinical training pathway (figure 2) and availability of external funding. We aim to review gender parity in the clinical pathway; liaising with clinical training bodies and compare with our data. My long

term goal would be to match our percentage of female clinical academics to the percentage in CCT acquisition.

Acknowledging the need for career breaks, we are sponsoring two Daphne Jackson fellowships, to be launched this year to maximise recruitment of basic scientists.

Achieving Athena SWAN status is important ultimately as recognition that NHLI is working towards its aim in being the best place to develop our careers irrespective of gender.

Best wishes,

A handwritten signature in black ink, appearing to read 'Kim Fox', with a small horizontal line underneath the 'x'.

Kim Fox
Head, National Heart and Lung Institute

500 words

2. The self-assessment process – maximum 1000 words

Describe the Self-Assessment Process. This should include:

- a) A description of the self assessment team: members' roles (both within the department and as part of the team) and their experiences of work-life balance, parental leave, flexible working etc;

The current SAT contains both recent and more long-serving members. It encompasses the diversity of NHLI both in its clinical and non-clinical scientists as well as its widespread geography. The team includes individuals with a wide range of professional and personal experiences, key decision makers and is composed of men and women at different stages of their scientific careers from PhD students to Heads of Section, including senior administrative staff.

Professor Clare Lloyd (Chair): Clare is Institute Lead for Women, Head of Leukocyte Biology Section; Professor of Respiratory Immunology and Wellcome Trust Senior Research Fellow in Basic Biomedical Science. She joined NHLI in October 1999; has a dual career family and two children, both born while working at Imperial.



Dr Vania Braga: Vania is South Kensington Campus Dean, Deputy-Head of Molecular Medicine Section, NHLI Postgraduate Tutor and Reader in Cell-Cell Adhesion Signalling. She has two children and two grandchildren, caring responsibilities and works flexibly.



Dr Charlotte Dean

(Case Study 2): Charlotte joined NHLI in September 2011 as an Imperial Lecturer. She has a dual career family with two young children and works flexibly to accommodate childcare.

Dr Jane Evers: Jane is NHLI Institute Manager. She has worked in research and for the MRC, amassing significant higher education and charity experience. She has two children and is now involved in supporting her elderly parents.



Dr Louise Fleming: Louise joined NHLI in 2011 as a Clinical Senior Lecturer in Respiratory Paediatrics, combining a clinical job as a Paediatric Respiratory Consultant at the Royal Brompton Hospital with academic work. She has a dual career family with two young children and was supported by an Elsie Widdowson Fellowship upon her recent return from maternity.



Dr Uta Griesenbach: Uta joined Imperial for her first Post-doctoral Research Fellow position in 1997. She is Undergraduate and Postgraduate Tutor and was awarded a Rector's Award for Excellence in Teaching in 2013. She is Reader in Molecular Medicine and has first-hand experience of a supportive environment which accommodates the needs of women, including flexible working and the positive attitude of line managers and Heads of Departments to employees who also raise children or have other caring responsibilities.

Professor Tony Magee: Tony is Professor of Membrane Biology, Head of Molecular Medicine Section and Director of Postgraduate Studies with overall responsibility for ~200 postgraduate research students. He works flexibly and has a dual career family with two young children.



Dr Ruth O'Donnell: Ruth was recruited in April 2012 as our Communications and Events Administrator including specific responsibility for NHLI's Athena SWAN activities. Originally from a background in Media Arts, she is committed to the rolling out of good practice across NHLI and to making a contribution to cultural change in our research institution.

Mark is a personal tutor for MBBS and BMS courses. He has a dual career family and is primary carer for his 3 children, which requires taking advantage of the Imperial nursery and flexible working.

Dr Mark Paul-Clark: Mark is Lecturer in Cardiothoracic Pharmacology and joined the NHLI for his second post doc.



Dr Anna Randi: Anna is Reader in Cardiovascular Medicine. Anna is passionate about promoting women's equality. A long-standing member of WISE, she has mentored and supported women in science and is involved in activities aimed at promoting gender equality, such as the Association of Academic Women of Imperial College, the Faculty of Medicine Opportunities Committee and networking meetings for Academic women. Anna also engages with women from other professional backgrounds to share experiences and best practice.



Professor Sara Rankin: Sara is Institute Lead for Outreach, Deputy Director of Postgraduate Studies, NHLI Tutor and Professor of Leukocyte and Stem Cell Biology. In 2010, Sara was awarded a Rector's Award for Excellence in Pastoral Care and has recent experience of the promotion process. Sara has caring responsibilities and a dual career family with two children.

Dr Claire Raphael: Claire is an academic clinical cardiology trainee and second year PhD student at NHLI. She is the SAT's clinical postgraduate student representative. As medical graduates typically undertake their PhDs in their 30s, she is particularly keen to ensure equality and support for female trainees who have families or are considering starting a family while building an academic career and/or completing a higher degree.



Mr Neil Saad: Neil is a PhD student in Epidemiology and the SAT's non-clinical postgraduate student representative.

Dr Tanya Tolmachova: Tanya was recruited by Imperial College as a Research Associate in 1997 and was promoted to Research Fellow after joining NHLI. She is a personal Tutor for undergraduate medical students. Tanya has two daughters, the youngest was born during Tanya's time at Imperial College and attended Imperial College nursery.



Ms Eleanor Tucker: Eleanor is Operations Manager, Respiratory Science and manages NHLI's respiratory administrative team.



Dr Emma Watson: Emma is Research Manager. Emma came to NHLI in 2006 where her role has developed over the years to include a strong emphasis on career development. In 2011, she was awarded a Rectors' Award for Excellence in Supporting the Student Experience. Emma brings to the team knowledge of juggling caring responsibilities for the elderly with the demands of her job.

Dr Vania Braga	Action 2.9.1. Action 2.9.5.	Women Series NHLI women visibility
Dr Charlotte Dean	Action 4.4.7.	New Scientists Day Newcomers Feedback
Dr Jane Evers	Organisation and Culture; Procedures, including: Action 2.2.3./2.3.2. Action 2.9.8. Action 4.1.1. Action 4.4.1. Action 5.1.1.	HoS role descriptor Committee and Management Roles Annual appraisals Academic probation review Flexible working
Dr Louise Fleming	Action 4.4.7.	New Scientists Day Newcomers Feedback
Dr Uta Griesenbach	Action 2.9.1 Action 2.9.5.	Women Series NHLI women visibility
Professor Clare Lloyd	Special interest in publicity of Athena: Action 1.1.1. Action 1.1.2.	Publicise gender issues e.g. Q&A with students and postdocs
Professor Tony Magee	Action 2.6.3.	Inter-campus transport lobby
Dr Ruth O'Donnell	Events and Comms, .e.g.: Action 2.8.2. Action 2.10.2 Action 2.10.3. Action 4.4.7. Action 3.3.1	Celebrating Success Reception Alternative Newsletter Bring Your Child to Work Day New Scientists Day London Information Pack

Dr Mark Paul-Clark	Action 2.10.1. Action 5.4.1.	Carer Profiles Parent and carer network
Dr Anna Randi	Action 1.1.1. Action 2.9.1. Action 2.9.5.	Publicity of gender issues Women Series NHLI women visibility
Professor Sara Rankin	Action 2.8.1. Action 3.4.1.	Public Engagement Celebration Dinner School Outreach activities
Dr Claire Raphael	Action 3.4.6. Action 3.4.7. Action 1.1.2. Action 4.6.3.	Workshops and support for female clinical PhD students Liaise with female clinicians no longer in research Student engagement incl. Q&As Championing of Mentoring
Mr Neil Saad	Action 1.1.2. Action 4.6.3.	Student engagement incl. Q&As Championing of Mentoring
Dr Tanya Tolmachova	Action 2.9.3.	National and International Women's Events
Ms Eleanor Tucker	Organisation and Culture; Procedures: Action 2.2.3./2.3.2. Action 4.4.1.	HoS role descriptor Academic probation review
Dr Emma Watson	Special interest in targeting clinical academic Actions: 3.4.2.-3.4.7.	Student and Clinical Academia Liaison

Table 1: Snapshot of roles of SAT with regards to specific action points in Action Plan

781 words

- b) an account of the self assessment process, with reference to year-on-year activities since the original Department award application, details of the self assessment team meetings, including any consultation with staff or individuals inside or outside of the university, and how these have fed into the submission;

NHLI's self-assessment process started in 2007 with a break-out session with staff and students invited to provide feedback directly to the Head of Institute, providing insights into some of the areas that needed development throughout the Institute. Subsequently, our first Athena SWAN good practice workshops were held in January 2009 and The Athena Project Good Practice Checklist completed. Further workshops, led by an independent Organisational Development Consultant, were held in March 2012 for all staff groups for our first Silver renewal application (November 2012) and in September 2013, specifically targeted to all NHLI women.

The NHLI Self-Assessment Team (SAT) was formed in January 2009, to prepare our first Athena SWAN submission (May 2009) resulting in a Silver award. Feedback from SAT was originally mainly electronically with few meetings. Over the years, the SAT has become integral to NHLI business and management and now meets quarterly, increasing to monthly in the lead up to this submission.

Several SAT members sit on key external committees such as the Faculty of Medicine Opportunities Committee or the College's Athena Committee and provide feedback to others either via its email distribution list or SAT meetings.

The self-assessment process has also benefited from extensive discussions and knowledge sharing with other departments via attendance at Athena-led workshops and the Athena distribution list. NHLI has close links with other Silver Imperial departments as well as Imperial's Chemistry Gold Department, who presented their experience of Athena Gold to NHLI's MAC in October 2013.

Since 2008, the Head of Institute (HoI) has held an annual Open Meeting which provides an opportunity for all staff to discuss current issues. Staff submit discussion topics in advance which are incorporated into the meeting. Originally held at one location, direct feedback from staff and SAT has led to meetings held at two sites in 2013 and at each of NHLI's five locations from 2014 onwards (Action 2.1.2.).

We held an Athena presentation for all NHLI in May 2009, now incorporated into HoI Open Meeting and constitutes an annual update on our progress against our Action Plan, as well as an opportunity for further feedback.

The College Staff Survey, held in 2011, informed our Good Practice Workshops and Action Plans. NHLI's response rate was ~40% in 2011 and 48% in 2014 (Action 6.6.1.). Results of the latter will be available in Summer 2014 and will continue to provide the framework for future workshops and Action Plans.

In March 2014, we initiated Q&A sessions with Postgraduates and Postdoctoral, our least engaged target group, and will to run these regularly (Action 1.1.2.).

NHLI has an online confidential feedback form set up in November 2011 which staff are directed to regularly and to which students are directed to upon graduation by our HoI in a personal email congratulating them on their degree (Action 2.1.3.).

All information gathering initiatives are reported back to the SAT and MAC, discussed, and feed into our Athena Action plans, present and future.

Finally, we follow up with those who have taken part in surveys or workshops informing them of actions undertaken following their feedback, or to gather further feedback (Action 6.1.4.). This helps monitor the implementation and dissemination of actions undertaken following their feedback and closes the feedback loop.

Year-by-year summary of consultations with staff and students since 2007 are summarised in Table 2.

541 words
322 from allowance

- c) Plans for the future of the self assessment team, such as how often the team will continue to meet, any reporting mechanisms and in particular how the self assessment team intends to monitor implementation of the action plan.

The SAT meets quarterly, increasing to monthly in the lead up to an application. Meetings will be making use of NHLI's new videoconferencing facilities to facilitate attendance (Action 2.6.1.).

Professor Clare Lloyd, or Dr Emma Watson, report on progress to Senior Management via MAC, with Athena being a standing agenda item. Athena is also a standing item at Section meetings (Action 2.3.1.).

SAT also reports to other relevant committees within the Institute when necessary, such as the Student Committee, Strategic Education Committee or Higher Degrees Committee. SAT reports to College's Athena Committee and the Faculty Opportunities Committee as well as to Faculty Management via our Head of Institute.

SAT provides feedback to the whole Institute via the monthly NHLI Newsletter and annual HoI Open Meeting.

Progress on implementation of actions is discussed at SAT meetings, led by the member responsible or reported back by the Chairperson if not led by a SAT member. Minutes of SAT meetings are made available.

156 words
156 from allowance

TOTAL: 1478 words (1000 allowed)
478 from allowance

Type of event	Location	Date	Target group
2007			
Hol Break Out session	Royal Brompton Campus	14/08/2007	Invitation following break out session with Sir Richard Sykes, Rector
2008			
Hol Open Meeting	Royal Brompton Campus	02/12/2008	NHLI
2009			
Athena Good Practice Workshops	Royal Brompton Campus	07/01/2009	NHLI
HoD Athena Address	South Kensington Campus	12/05/2009	NHLI
Postgraduate Research Experience Survey	Online Survey		NHLI PGRs
Hol Open Meeting	South Kensington Campus	23/07/2009	NHLI
2010			
DPS Open Meeting	South Kensington Campus	26/05/2010	NHLI PGRs
Hol Open Meeting	South Kensington Campus	24/09/2010	NHLI
2011			
DPS Open Meeting	Royal Brompton Campus	21/07/2011	NHLI PGRs
Postgraduate Research Experience Survey	Online Survey		NHLI PGRs
Staff Survey	Online Survey		NHLI Staff
Hol Open Meeting	Royal Brompton Campus	28/11/2011	NHLI
Staff Survey results	Royal Brompton Campus	28/11/2011	NHLI
2012			
Athena Good Practice Workshops	Royal Brompton Campus	26 and 27/03/2012	All NHLI staff
DPS Open Meeting	Royal Brompton Campus		NHLI PGR Students
Hol Open Meeting	Royal Brompton Campus	09/10/2012	NHLI

2013			
Postgraduate Research Experience Survey	Online Survey		NHLI PGRs
DPS Open Meeting	Hammersmith Campus	03/06/2013	NHLI PGR Students
Senior Management Presentation	Royal Brompton Campus	17/06/2013	MAC
Hol Open Meeting	Royal Brompton Campus	04/07/2013	NHLI
Hol Open Meeting	Hammersmith Campus	12/07/2013	NHLI
Athena Good Practice Workshops	Royal Brompton	19/09/2013	NHLI female staff, students
Prof. Tom Welton MAC Presentation	Royal Brompton Campus	08/10/2013	MAC
2014			
Senior Management Presentation	Royal Brompton Campus	11/02/2014	MAC
Staff Survey	Online Survey	February 2014	NHLI Employees
Q&A Session	Hammersmith	26/03/2014	PGRs & Postdocs
Q&A Session	Royal Brompton	26/03/2014	PGRs & Postdocs
Follow up Survey to Workshops Attendees		March 2014	Workshop attendees
Hol Open Meeting	Royal Brompton Campus	2 July 2014	NHLI
Hol Open Meeting	Hammersmith Campus	2 July 2014	NHLI
Hol Open Meeting	St Mary's Campus	4 July 2014	NHLI
Hol Open Meeting	Harefield	2 July 2014	NHLI
Hol Open Meeting	South Kensington Campus	4 July 2014	NHLI

Table 2: Year-by-year summary of consultations with staff and students since 2007.

3. A picture of the department – maximum 2000 words

- a) Provide a pen-picture of the department to set the context for the application, outlining in particular any significant changes since the original award.

NHLI was initially established as an independent research institute based at the Royal Brompton Campus and subsequently incorporated into Imperial's School of Medicine (1998).

It is one of the largest departments of Imperial's Faculty of Medicine, employing more than 503 academic; research and professional staff, hosting more than 240 taught and research students and having more than 320 honorary members of staff; including those with conferred titles of Reader and Professor. Institute Head is Professor Kim Fox, appointed September 2011.

NHLI has its scientific interests in cardiovascular and respiratory research including both clinical and basic science. A particular **challenge** to NHLI is its geographic spread as it is currently located across five campuses, locations and associated hospitals, some as far as 25km apart (Figure 1). In 2012 relocation of most of the cardiovascular research groups to the Hammersmith Campus took place, resulting in an enriched environment for collaboration, networking and scientific exchange.

The Institute is divided into 13 sections, all led by a Head of Section who reports to the Hol. Each section is administered by a Section Administrator who reports to the Respiratory and Cardiovascular Operations Managers. As of 2012 Heads of Sections have increased financial and management responsibilities and accountabilities. Significantly, prior to NHLI's Silver Award in 2009, *all* Heads of Sections were male at the time of NHLI's Silver Award in 2009, currently four out of 13 are female; as well as both subsection unit heads.

One of NHLI's strengths is mix of clinical and non-clinical research which leads to another of NHLI's greatest challenges of working across both the university and several NHS Trusts and the different training and employment challenges that these pose; many of which we can only hope to influence (Figures 2. and 3.).

NHLI is associated with Imperial's Comprehensive Biomedical Research Centre (BRC) and the Royal Brompton Hospital's Cardiovascular and Respiratory Biomedical Research Units (BRU).

A number of development and leadership roles have recently been created, including the Institute Lead of Outreach, the appointment of an assigned Outreach Officer, Institute Lead for Postdocs and Head of Research and Development.

Institute Leads, Heads of Sections and Heads of the BRC and BRUs are all members of the Management Advisory Committee that meets on a monthly basis and is chaired by the Hol.

379 words



Figure 1: Geographical spread of NHLI campuses and locations. NHLI is based at the South Kensington, Royal Brompton, St Mary's and Hammersmith Campuses as well as at Harefield hospital

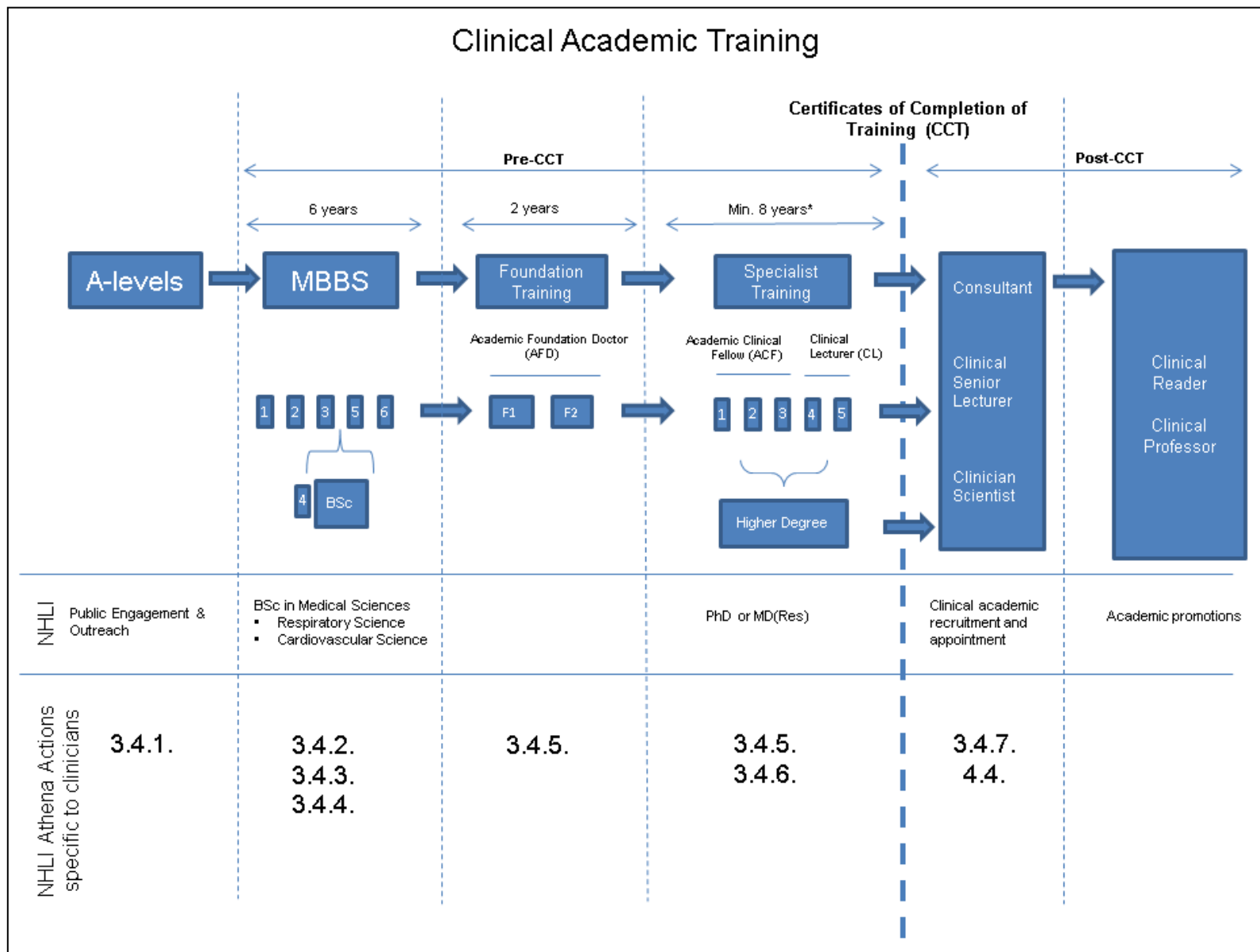


Figure 2: Clinical Academic Training pathway. * Specialist Training can range from 5 to 8 years depending on clinical speciality.

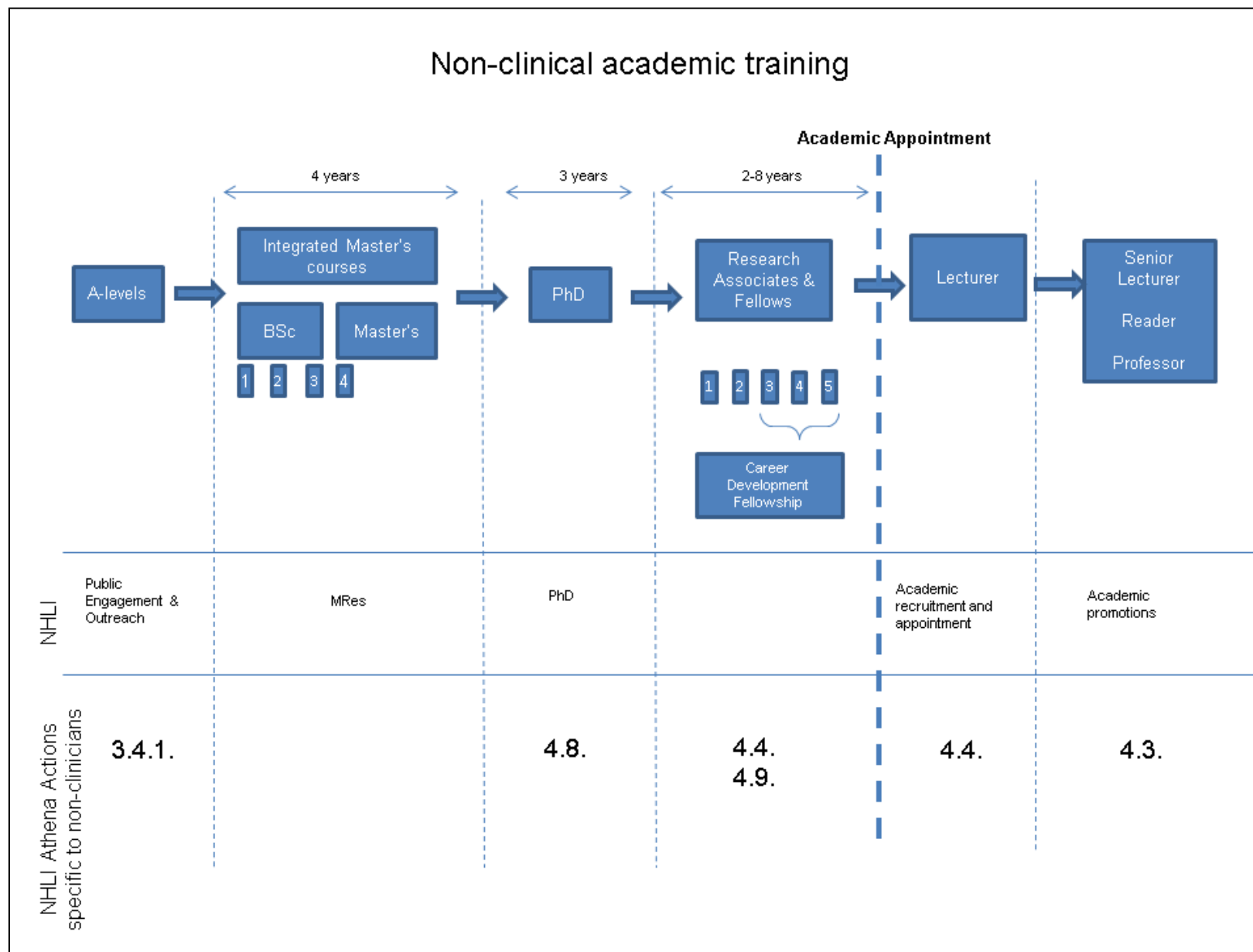


Figure 3: Non-Clinical Academic Training pathway.

- b) Provide data and a short analysis for at least the last five years (where possible with clearly labelled graphical illustrations) on the following, commenting on changes and progress made against the original action plan and application, and initiatives intended for the action plan going forward.

Student data

- (i) **Access and foundation male and female numbers** – full and part time.

N/A

(ii) **Undergraduate male and female numbers** – full and part-time.

NHLI does not offer an undergraduate course but is responsible for the Cardiovascular and Respiratory Science BSc taken by MBBS medical students during their fourth year (of six) or Biomedical Sciences students in their third (final) year. Courses are available across the Faculty of Medicine and students choose which BSc to take in ~February of year 3 (Figure 2.).

The number of students on these courses is relatively small (39-61) making it difficult to identify any clear trends for each course. However, to note, the female percentage on BSc courses run by NHLI is below the female percentage of total Medical BSc students at Imperial (Figure 4.).

Academic year	Cardiovascular Sciences BSc				Respiratory Science BSc				NHLI BSc Total				Imperial BSc Total			
	Female	Male	Total	Female %	Female	Male	Total	Female %	Female	Male	Total	Female %	Female	Male	Total	Female %
2009-10	15	22	37	40.5%	11	13	24	45.8%	26	35	61	42.6%	200	205	405	49.4%
2010-11	10	15	25	40.0%	9	20	29	31.0%	19	35	54	35.2%	186	220	406	45.8%
2011-12	13	17	30	43.3%	7	11	18	38.9%	20	28	48	41.7%	192	221	413	46.5%
2012-13	9	17	26	34.6%	11	18	29	37.9%	20	35	55	36.4%	220	196	416	52.9%
2013-14	7	11	18	38.9%	11	17	28	39.3%	18	28	46	39.1%	205	190	395	51.9%

Table 3: Undergraduate student numbers and female percentages for NHLI BSc courses, compared to total Imperial BSc courses

Pursuing its 2009 and 2012 Action Plans, NHLI will continue to monitor uptake of female undergraduates on these courses (Action 3.4.3.), integrate the students fully into NHLI (Action 3.4.4.) and increase visibility of female role models (Action 3.4.2.). The combination of which will hopefully affect the uptake positively.

155 words

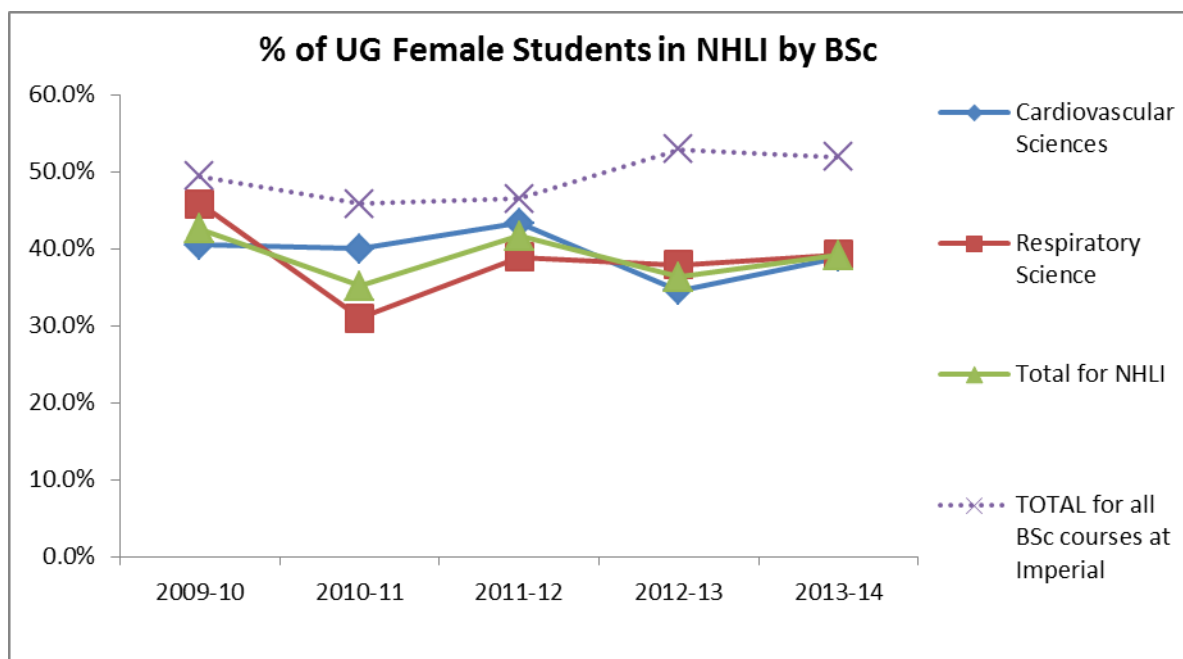


Figure 4: Percentage of female undergraduate students in NHLI by BSc

(iii) **Postgraduate male and female numbers on and completing taught courses** – full and part-time.

NHLI has run a variety of taught courses over the years, with new ones starting and others completing over the described period – such as the MSc in Adult Critical Care which closed from 11/12 onwards. We currently run the following:

- Cardio-Respiratory Nursing – MSc – Part-time
- Medical Ultrasound – MSc – Part-time or Full-time
- Preventive Cardiology – MSc, PG Dip and PG Cert – Part-time or Full-time

NHLI courses aimed at allied health professionals (e.g. Cardio-Respiratory Nursing) show high female percentage.

Academic year	Medical Ultrasound	Preventive Cardiology	Adult Critical Care	Cardio-Respiratory Nursing
2009-10	58.8%	48.0%	100.0%	94.4%
2010-11	55.6%	52.8%	100.0%	80.0%
2011-12	69.6%	63.6%	N/A	73.9%
2012-13	52.2%	64.7%	N/A	90.5%
2013-14	55.6%	48.0%	N/A	100.0%

Table 4: Female percentages per course per academic year. The Adult Critical Care MSc was discontinued.

The number of students on these courses is relatively small (58-79 total) making it difficult to identify any trends for each course (Tables 4. and 5.). However, for the last five years, the total percentage of female PGTs in NHLI has been on or above the national average from HEIDI (Table 6.) and female percentages have consistently been above their male counterparts (Figure 6.).

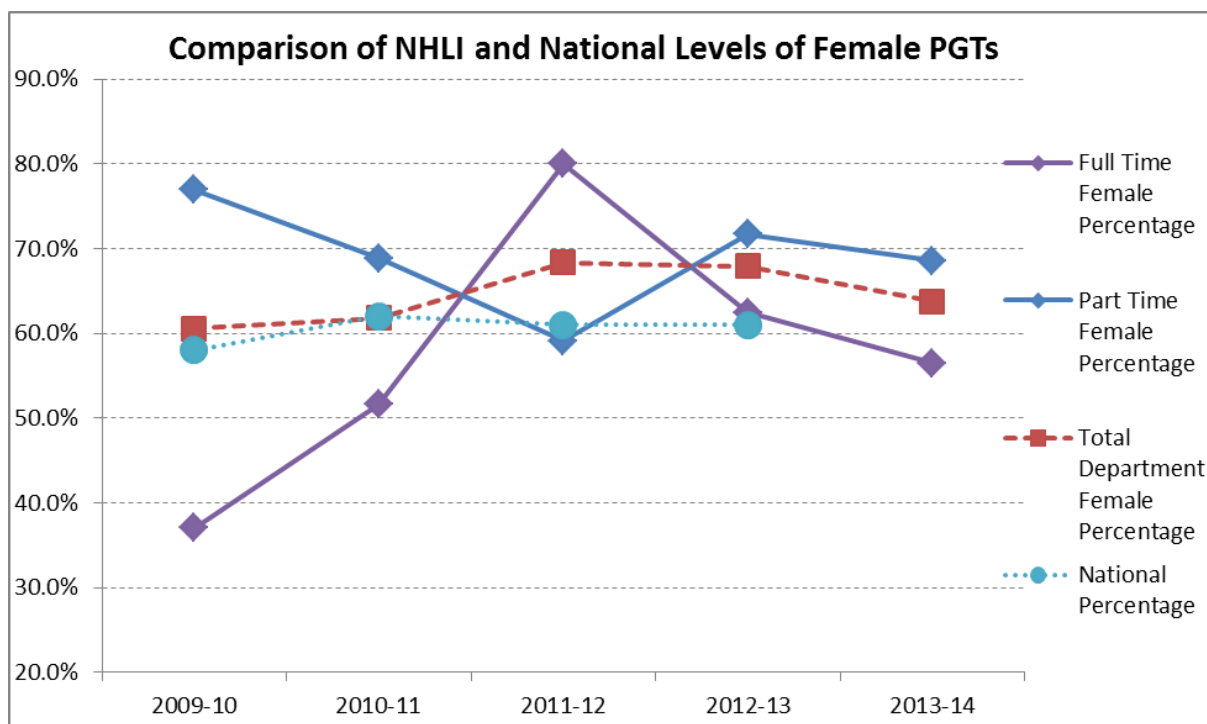


Figure 5: Comparison of NHLI and National Levels of Female PGTs

Academic year	Postgraduates Taught, Full-Time				Postgraduates Taught, Part-time			
	Female	Male	Total	Female Percentage	Female	Male	Total	Female Percentage
2009-10	10	17	27	37.0%	30	9	39	76.9%
2010-11	16	15	31	51.6%	31	14	45	68.9%
2011-12	28	7	35	80.0%	26	18	44	59.1%
2012-13	20	12	32	62.5%	33	13	46	71.7%
2013-14	13	10	23	56.5%	24	11	35	68.6%

Table 5: Aggregate of Part-time and Full-Time PGT students per academic year.

Academic year	Postgraduates Taught, Total				National Picture (heidi data)
	Female	Male	Total	Female Percentage	(A3) Clinical medicine, PGT, FPE
2009-10	40	26	66	60.6%	58%
2010-11	47	29	76	61.8%	62%
2011-12	54	25	79	68.4%	61%
2012-13	53	25	78	67.9%	61%
2013-14	37	21	58	63.8%	

Table 6: Total PGT male and female students and female percentages in comparison to HEIDI data

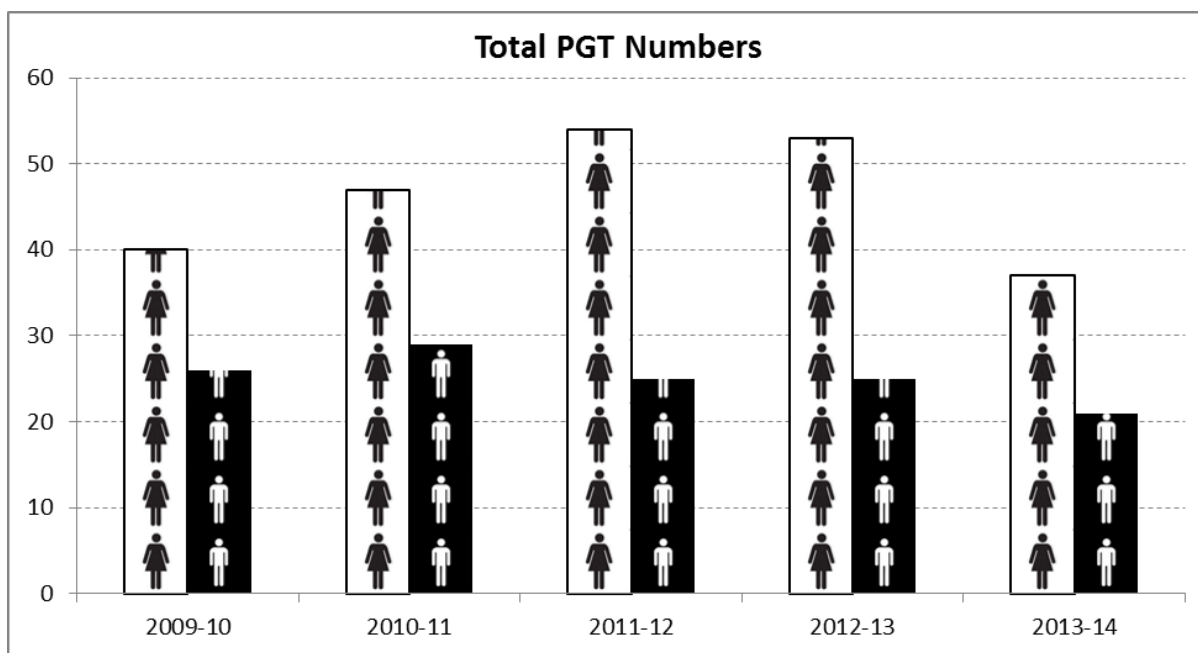


Figure 6: Total PGT numbers, comparing female and male percentages.

139 words

(iv) **Postgraduate male and female numbers on research degrees and completion times – full and part-time.**

We have had a number of MRes students since 2008 who are always Full-Time non-clinical students (Table 7.). NHLI MRes numbers are very small (9-11) and female students have often been higher than their male counterparts (Figure 7.) with a higher proportion of female students achieving a Pass with Distinction than their male counterparts (Table 8.).

	Female	Male	Total	Female %
2008-09	4	5	9	44.4%
2009-10	5	4	9	55.6%
2010-11	8	1	9	88.9%
2011-12	5	3	8	62.5%
2012-13	4	7	11	36.4%
2013-14	8	2	10	80.0%

Table 7: MRes student numbers and female percentages

MRes result	Female	Male	Female %
Fail	0	0	0.0%
Pass	0	0	0.0%
Merit	6	6	50.0%
Distinction	20	14	58.8%

Table 8: Aggregate of MRes student grades 2008-09 to 2012-13

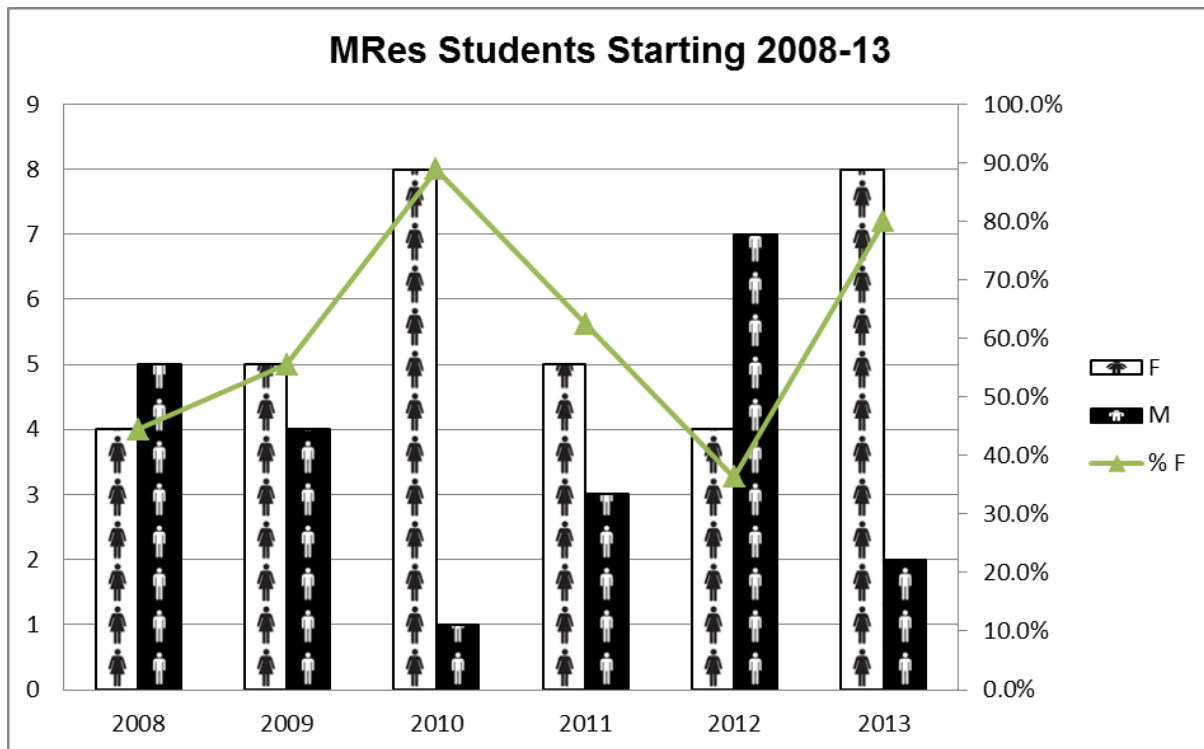


Figure 7: MRes students starting in each calendar year. The left axis shows student headcount and the right axis female percentages over the years.

MD(Res) students must have a clinical background, while MPhil/PhD; PhD; MPhil and DIC students can be either clinical or non-clinical. Students with a clinical background undertake both clinical and non-clinical projects.

Students are categorised according to the following:

- Full-Time Student
 - 80-100% of time spent on degree
 - Minimum Registration period:
 - 24 months for MD(Res)
 - 36 months for PhD
 - 48 Months thesis submission deadline
- Part-Time Students:
 - Minimum Registration period:
 - Minimum 50% time spent on degree
 - 48 Months for MD(Res) and PhD
 - 72 Months thesis submission deadline

We present the data for students incoming per calendar year as students start throughout the year within NHLI (Table 9.). All research degrees have been grouped as one but we present data for clinical students separate to non-clinical students as they follow different career paths (Figure 2. and 3.). We have very few students undertaking their degree on a true part-time basis and we present these data as an aggregate of clinical and non-clinical.

	Non-Clinical Students			National Picture (heidi data)	Clinical Students		
	F	M	F %	(A3) Clinical medicine, PGR, FPE	F	M	F %
2007	11	17	39.3%	55%	11	13	45.8%
2008	26	19	57.8%	56%	7	10	41.2%
2009	25	10	71.4%	56%	12	22	35.3%
2010	17	16	51.5%	55%	5	14	26.3%
2011	22	8	73.3%	56%	7	22	24.1%
2012	12	16	42.9%	57%	6	19	24.0%
2013	13	11	54.2%		10	22	31.3%

Table 9: Non-Clinical and Clinical Students starting MPhil/PhD (pre-2010); PhD (post-2010), DIC or MD(Res) degrees; comparison with HEIDI data. Data presented by calendar year and compared to HEIDI data.

Our **non-clinical students** usually have a higher percentage female students than male and mostly align to HEIDI data (Table 9. and Figure 8.). We aim to increase recruitment (Action 3.2.3.); understand gender disparity (Action 3.2.1.) and stabilise it. Annual intake come via a variety of routes:

- Overseas self-funded student who individually approach supervisors
- College-wide Masters/PhD studentship programmes. Students choose their department following College recruitment
- NHLI-wide Masters/PhD studentship programmes (e.g. NHLI Foundation Studentship scheme, Table 10. and Figure 9.)
- Individual recruitments by supervisors on externally funded studentships (Action 3.2.1.).

	F	M	Total	F %	National Picture (heidi data) A3) Clinical medicine, PGR, FPE
2007	1	3	4	25.0%	55%
2008	5	3	8	62.5%	56%
2009	5	1	6	83.3%	56%
2010	4	2	6	66.7%	55%
2011	4	2	6	66.7%	56%
2012	4	2	6	66.7%	57%
2013	3	3	6	50.0%	

Table 10: NHLI Foundation student starters 2007-13; comparing favourably to HEIDI data

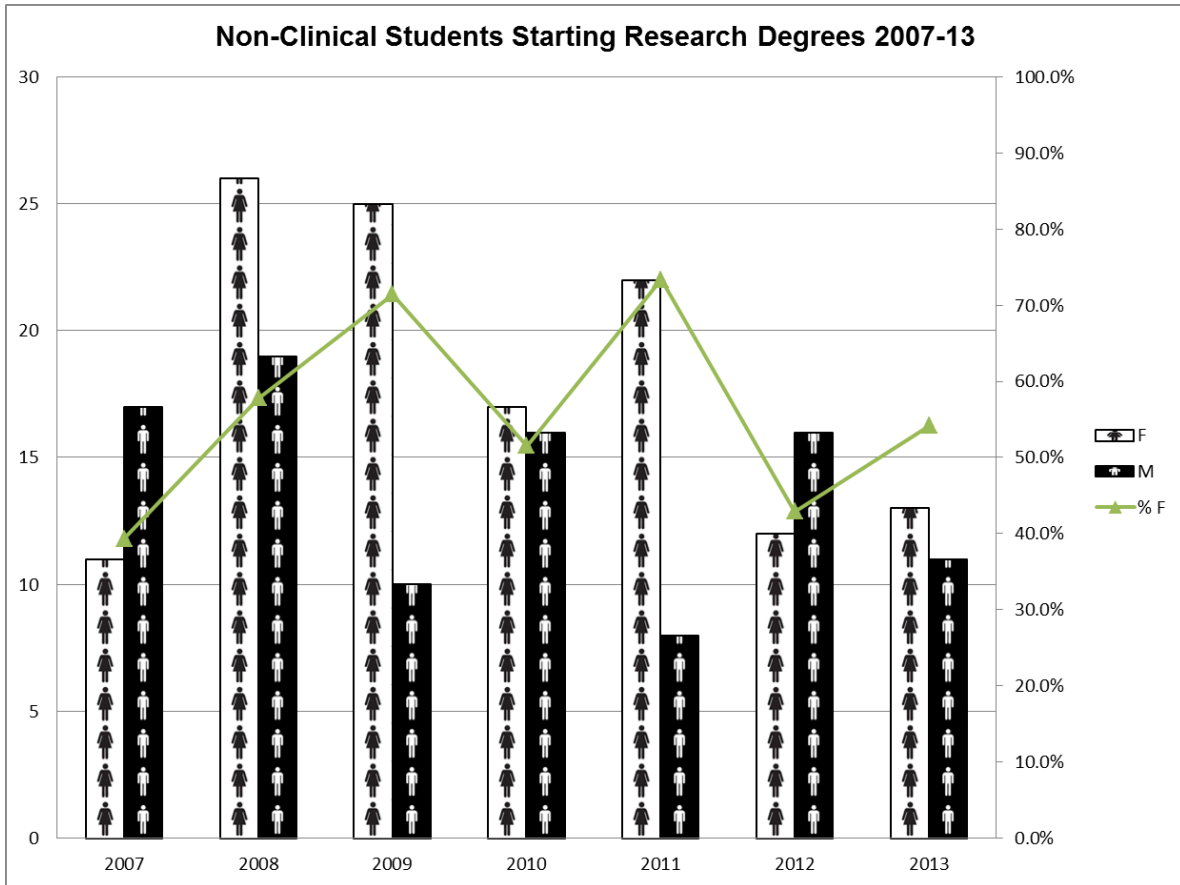


Figure 8: Non-Clinical students starting in each calendar year. The left axis shows student headcount and the right axis female percentages over the years.

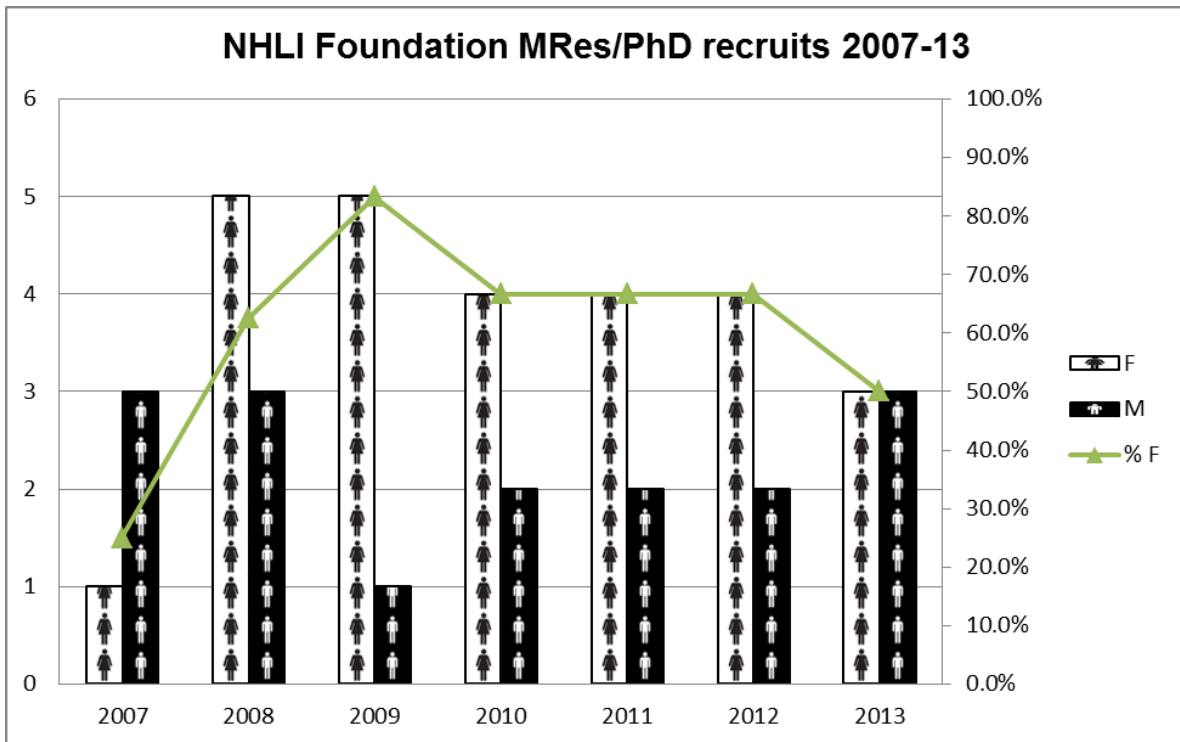


Figure 9: NHLI Foundation students starting in each calendar year. The left axis shows student headcount and the right axis female percentages over the years.

Clinical students have the opportunity to leave their clinical training for a set period to undertake an MD(Res) or PhD (Figure 2.). They will often undertake their degree close to their deanery clinical training with some deaneries only allowing a particular percentage of trainees out of training in any particular year or particular region or particular specialty. Percentages of female:male trainees on research degrees will be dependent on our recruitment strategies but also on the relative ratio in clinical training specialties.

NHLI's variation in clinical trainees undertaking research degrees is directly linked to the variation in Clinical Research staff numbers seen in Section 3.b (vi) as such students are employees registered for degrees. They will usually be employed by the university or the associated hospital and as such numbers of clinical students and clinical research students are not exactly matched as not all are Imperial members of staff.

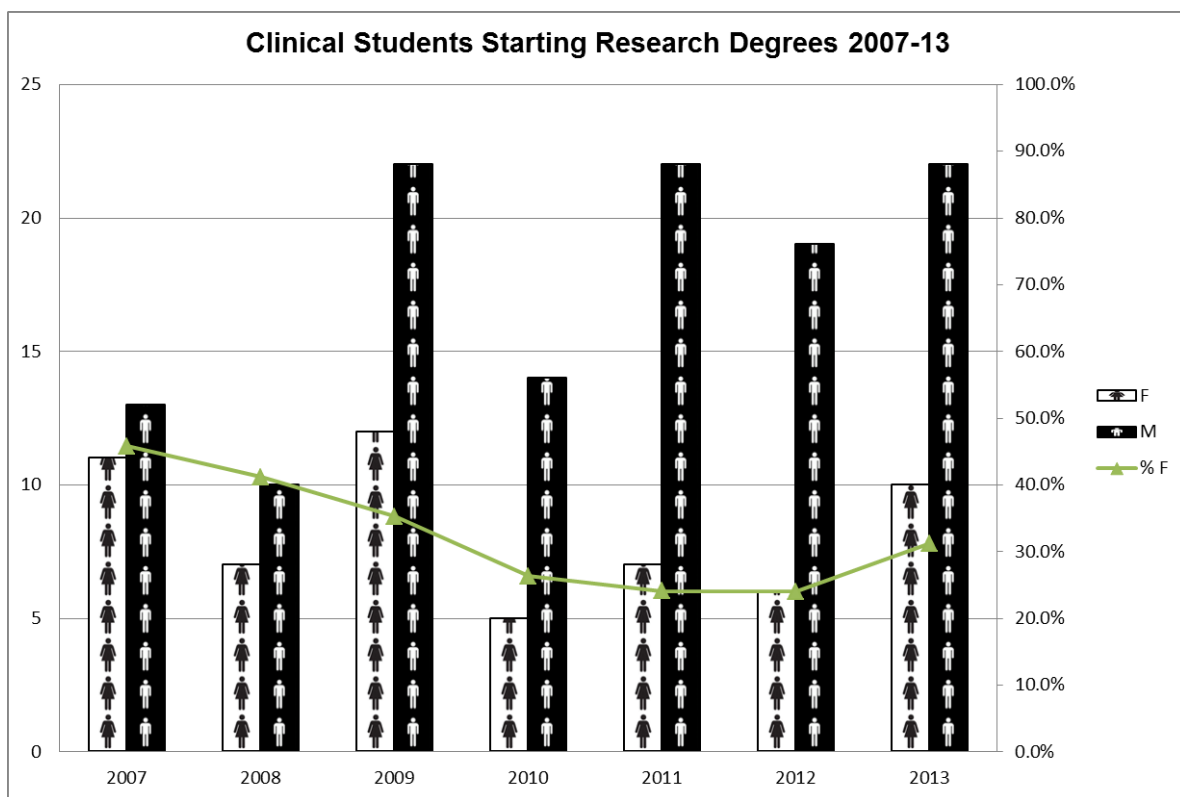


Figure 10: Clinical students starting in each calendar year. The left axis shows student headcount and the right axis female percentages over the years.

To fully understand the issues relating to clinical student recruitments, we must compare to national training data in our specialities.

We have a very small number of students following part-time milestones (Table 11. and Figure 11.) Numbers are so small that trends cannot be identified.

	Female	Male	Total	Female %
2007	1	1	2	50.0%
2008	1	3	4	25.0%
2009	2	1	3	66.7%
2010	0	0	0	0.0%
2011	2	3	5	40.0%
2012	1	2	3	33.3%
2013	1	1	2	50.0%

Table 11: Students studying part-time 2007-13; data presented per calendar year.

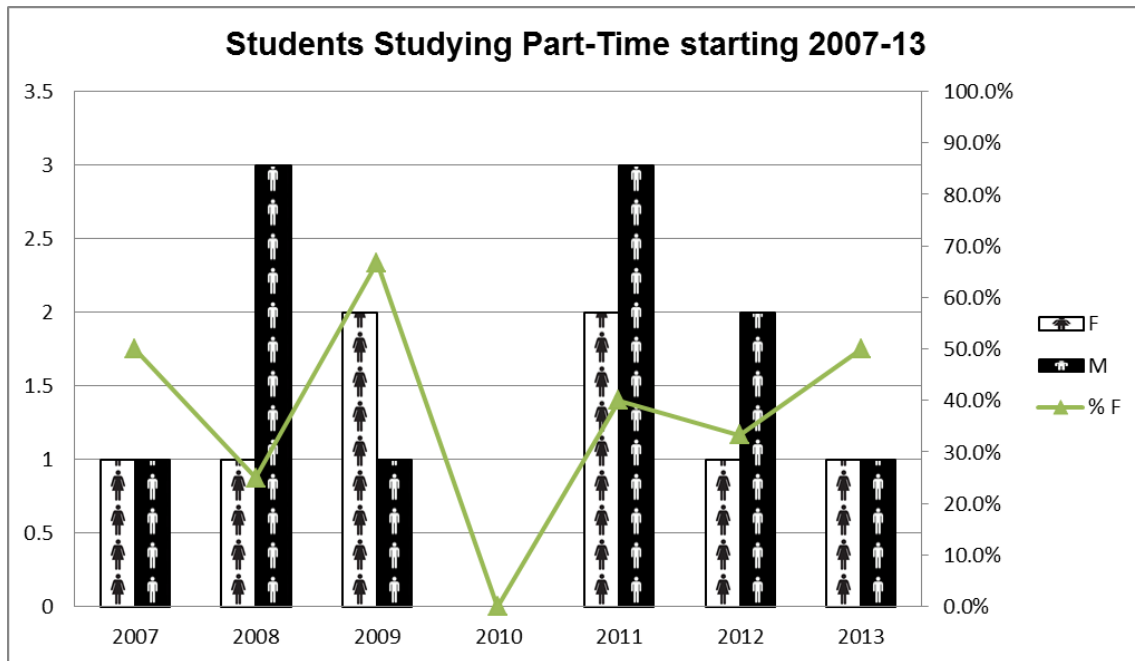


Figure 11: Part-time students starting in each calendar year. The left axis shows student headcount and the right axis female percentages over the years.

Thanks to a series of process, pastoral care and training initiatives, our timely thesis submission rate has increased dramatically from 30% timely submission in 2004 up to 100% in 2011/12 and current standing at 94% (Table 12.). Our data shows that we have been consistently above the College's overall submission rates since at least 2008/09.

In recent years, non-clinical students who have missed their deadline have had extenuating circumstances (e.g. ill health) and we have supported them for a deadline extension and late thesis submission request.

583 words

	Total due to submit	Number submitting on time	Submission rate	Submission rates in previous years			
Department Name	2012/13	2012/13	2012/13	2011/12	2010/11	2009/10	2008/09
Faculty of Engineering	259	202	78.0%	81.8%	88.4%	86.2%	88.2%
Department of Medicine	68	54	79.4%	85.5%	88.5%	95.3%	83.7%
Department of Surgery and Cancer	33	27	81.8%	90.2%	81.8%	100.0%	93.1%
Institute of Clinical Science	18	18	100.0%	88.2%	100.0%	100.0%	100.0%
National Heart and Lung Institute	33	31	93.9%	100.0%	95.8%	89.5%	90.7%
School of Public Health	22	19	86.4%	72.7%	93.8%	100.0%	100.0%
Faculty of Medicine	174	149	85.6%	88.5%	90.5%	96.5%	92.5%
Faculty of Natural Sciences	203	169	83.3%	87.2%	94.2%	86.6%	89.4%
Academic Non-Faculty	18	12	66.7%	72.2%	80.0%	89.4%	85.7%
	654	532	81.3%	84.9%	90.4%	88.7%	89.5%

Table 12: Submission data for last five years. Data covers all full-time non-clinical students submitting for PhD or MPhil degree with thesis submission deadline between 1 February 2012 - 31 January 2013. Students withdrawing within 12 months of starting their research degree have been excluded.

(v) **Ratio of course applications to offers and acceptances by gender for undergraduate, postgraduate taught and postgraduate research degrees**

		Female	Male	Unknown	Total	Female Percentage
Applications	2004-05	32	115		147	21.8%
	2005-06	31	104	1	136	22.8%
	2006-07	51	107	3	161	31.7%
	2007-08	42	57	1	100	42.0%
	2008-09	53	48		101	52.5%
	2009-10	48	45		93	51.6%
	2010-11	103	92	1	196	52.6%
	2011-12	124	91	1	216	57.4%
	2012-13	125	87		212	59.0%
2013-14	92	83		175	52.6%	
Offers	2004-05	25	54		79	31.6%
	2005-06	23	62	1	86	26.7%
	2006-07	28	56	1	85	32.9%
	2007-08	23	21	1	45	51.1%
	2008-09	34	18		52	65.4%
	2009-10	30	27		57	52.6%
	2010-11	48	35		83	57.8%
	2011-12	61	29		90	67.8%
	2012-13	50	26		76	65.8%
2013-14	29	22		51	56.9%	
Acceptances	2004-05	20	21		41	48.8%
	2005-06	16	30		46	34.8%
	2006-07	15	23		38	39.5%
	2007-08	15	10		25	60.0%
	2008-09	27	13		40	67.5%
	2009-10	27	21		48	56.3%
	2010-11	29	24		53	54.7%
	2011-12	41	18		59	69.5%
	2012-13	42	17		59	71.2%
2013-14	19	17		36	52.8%	

Table 13: PGT numbers and female percentages of Applications, Offers and Acceptances

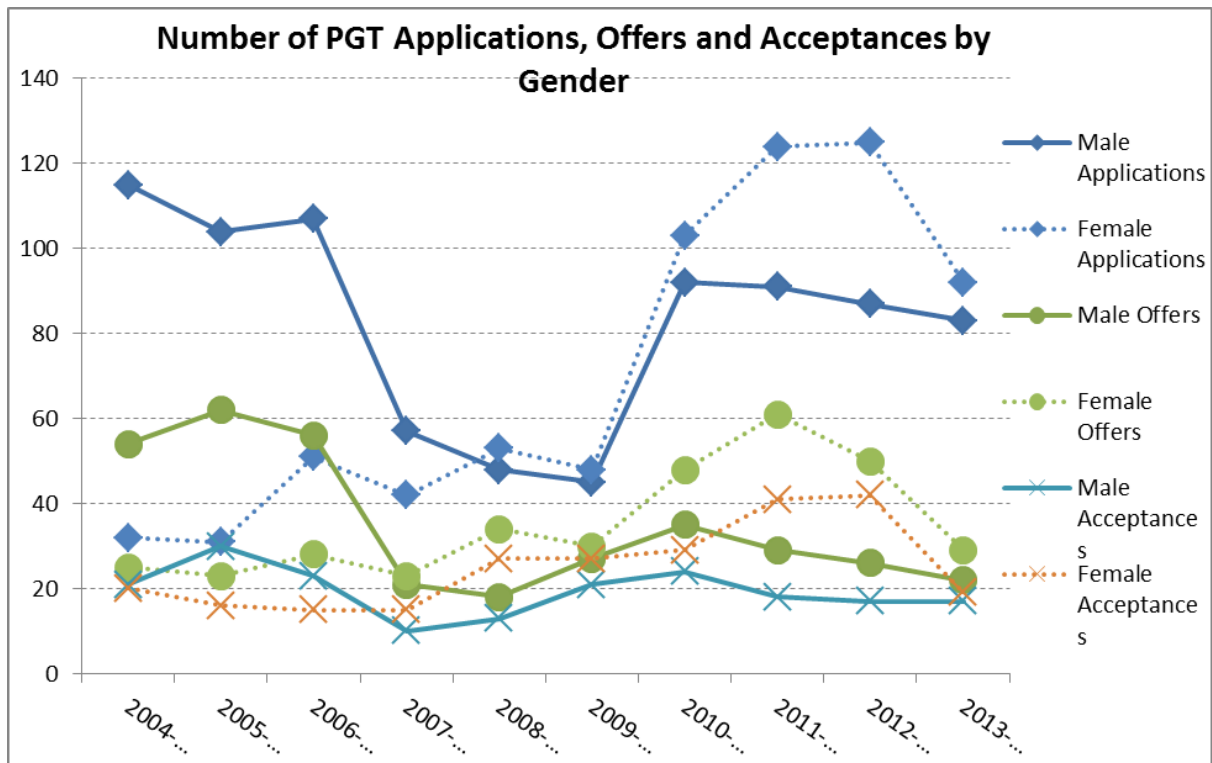


Figure 12: Number of PGT Applications, Offers and Acceptances by Gender

	Applications		Offers Made, As Percentage of Applications		Acceptances, as Percentage of Offers	
	Female	Male	Female	Male	Female	Male
2004-05	21.8%	78.2%	78.1%	47.0%	80.0%	38.9%
2005-06	22.8%	77.2%	74.2%	59.6%	69.6%	48.4%
2006-07	31.7%	68.3%	54.9%	52.3%	53.6%	41.1%
2007-08	42.0%	58.0%	54.8%	36.8%	65.2%	47.6%
2008-09	52.5%	47.5%	64.2%	37.5%	79.4%	72.2%
2009-10	51.6%	48.4%	62.5%	60.0%	90.0%	77.8%
2010-11	52.6%	47.4%	46.6%	38.0%	60.4%	68.6%
2011-12	57.4%	42.6%	49.2%	31.9%	67.2%	62.1%
2012-13	59.0%	41.0%	40.0%	29.9%	84.0%	65.4%
2013-14	52.6%	47.4%	31.5%	26.5%	65.5%	77.3%

Table 14: Applications, Offers made as percentages of applications and acceptances as percentages of offers for female and male PGT students.

Table 14. and Figure 12. show that female PGT students are usually more successful at obtaining offers than their male counterparts even when initial applications are lower. The picture is similar for female PGR students (Table 16. and Figure 13.).

		Female	Male	Unknown	Total	Female Percentage
Applications	2004-05	22	32		54	40.7%
	2005-06	21	25		46	45.7%
	2006-07	20	25		45	44.4%
	2007-08	27	36		63	42.9%
	2008-09	33	35		68	48.5%
	2009-10	36	33		69	52.2%
	2010-11	34	35		69	49.3%
	2011-12	37	39		76	48.7%
	2012-13	45	58		103	43.7%
Offers	2004-05	17	21		38	44.7%
	2005-06	19	21		40	47.5%
	2006-07	13	12		25	52.0%
	2007-08	17	26		43	39.5%
	2008-09	23	21		44	52.3%
	2009-10	26	12		38	68.4%
	2010-11	17	23		40	42.5%
	2011-12	26	24		50	52.0%
	2012-13	33	47		80	41.3%
Acceptances	2004-05	16	18		34	47.1%
	2005-06	17	17		34	50.0%
	2006-07	11	10		21	52.4%
	2007-08	16	26		42	38.1%
	2008-09	23	20		43	53.5%
	2009-10	21	9		30	70.0%
	2010-11	15	21		36	41.7%
	2011-12	25	22		47	53.2%
	2012-13	32	43		75	42.7%

Table 15: PGR numbers and female percentages of Applications, Offers and Acceptances

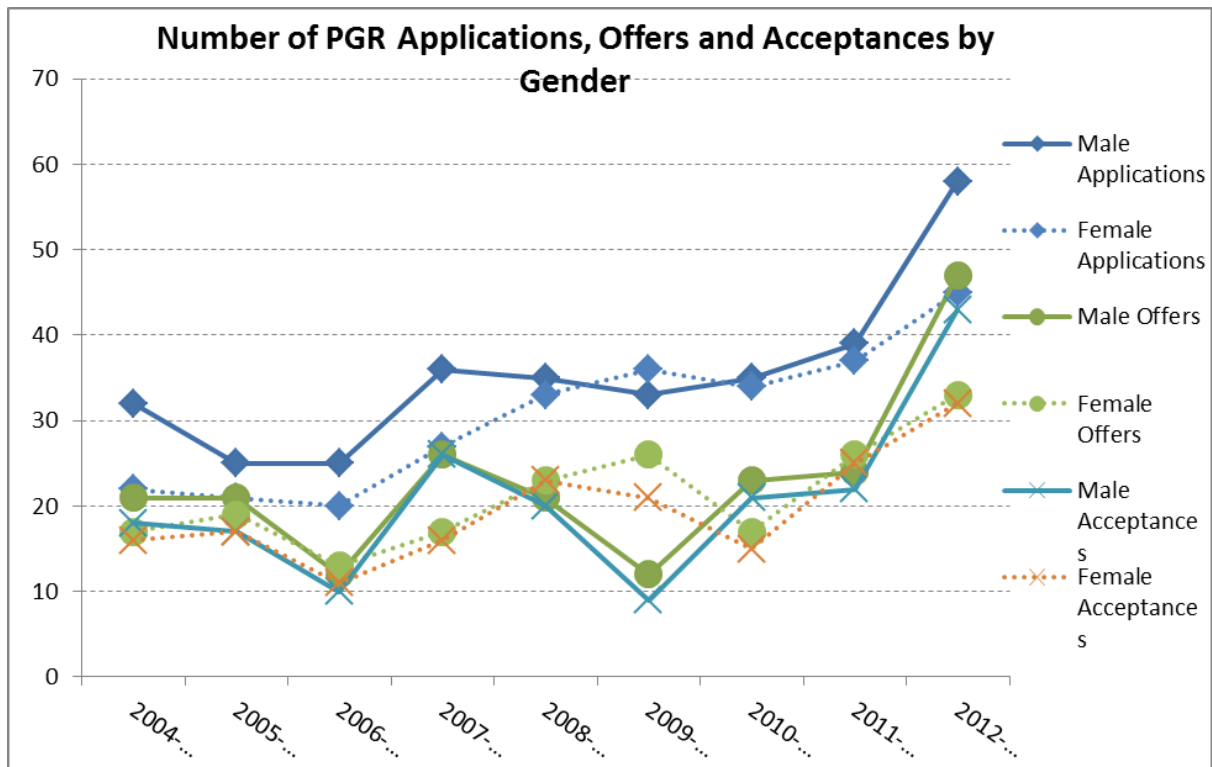


Figure 13: Number of PGR Applications, Offers and Acceptances by Gender

	Applications		Offers Made, As Percentage of Applications		Acceptances, as Percentage of Offers	
	Female	Male	Female	Male	Female	Male
2004-05	40.7%	59.3%	77.3%	65.6%	94.1%	85.7%
2005-06	45.7%	54.3%	90.5%	84.0%	89.5%	81.0%
2006-07	44.4%	55.6%	65.0%	48.0%	84.6%	83.3%
2007-08	42.9%	57.1%	63.0%	72.2%	94.1%	100.0%
2008-09	48.5%	51.5%	69.7%	60.0%	100.0%	95.2%
2009-10	52.2%	47.8%	72.2%	36.4%	80.8%	75.0%
2010-11	49.3%	50.7%	50.0%	65.7%	88.2%	91.3%
2011-12	48.7%	51.3%	70.3%	61.5%	96.2%	91.7%
2012-13	43.7%	56.3%	73.3%	81.0%	97.0%	91.5%

Table 16: Applications, Offers made as percentages of applications and acceptances as percentages of offers for female and male PGR students.

40 words

Staff data

(vi) **Female:male ratio of academic staff and research staff** – researcher, lecturer, senior lecturer, reader, professor (or equivalent).

	2009				2010				2011				2012				2013			
	F	M	F%	Ratio F:M	F	M	F%	Ratio F:M	F	M	F%	Ratio F:M	F	M	F%	Ratio F:M	F	M	F%	Ratio F:M
Non-Clinical	119	105	53.1%	1.1	121	100	54.8%	1.2	116	98	54.2%	1.2	112	103	52.1%	1.1	108	108	50.0%	1.0
Research A-D	93	65	58.9%	1.4	97	67	59.1%	1.4	93	70	57.1%	1.3	90	72	55.6%	1.3	87	68	56.1%	1.3
Lecturer	5	8	38.5%	0.6	3	4	42.9%	0.8	2	4	33.3%	0.5	2	6	25.0%	0.3	2	7	22.2%	0.3
Senior Lecturer	3	4	42.9%	0.8	3	4	42.9%	0.8	2	4	33.3%	0.5	2	5	28.6%	0.4	2	7	22.2%	0.3
Reader	7	7	50.0%	1.0	5	7	41.7%	0.7	6	4	60.0%	1.5	4	4	50.0%	1.0	4	4	50.0%	1.0
Professor	11	12	47.8%	0.9	12	10	54.5%	1.2	12	10	54.5%	1.2	13	10	56.5%	1.3	13	16	44.8%	0.8
Senior Research Investigator	0	9	0.0%	0.0	1	8	11.1%	0.1	1	6	14.3%	0.2	1	6	14.3%	0.2	0	6	0.0%	0.0
Clinical	34	72	32.1%	0.5	35	79	30.7%	0.4	29	80	26.6%	0.4	29	79	26.9%	0.4	21	82	20.4%	0.3
Clinical Research	25	32	43.9%	0.8	27	40	40.3%	0.7	20	39	33.9%	0.5	18	39	31.6%	0.5	13	39	25.0%	0.3
Clinical Lecturer	1	3	25.0%	0.3	1	3	25.0%	0.3	2	3	40.0%	0.7	2	3	40.0%	0.7	1	5	16.7%	0.2
Clinical Senior Lecturer	4	8	33.3%	0.5	4	7	36.4%	0.6	4	8	33.3%	0.5	6	6	50.0%	1.0	4	6	40.0%	0.7
Clinical Reader	2	2	50.0%	1.0	2	2	50.0%	1.0	2	2	50.0%	1.0	1	2	33.3%	0.5	1	2	33.3%	0.5
Clinical Professor	2	27	6.9%	0.1	1	27	3.6%	0.0	1	28	3.4%	0.0	2	29	6.5%	0.1	2	30	6.3%	0.1

Table 17: Female & male staff numbers, percentage female and ratio of Female:Male academic and research staff from 2009-2013. Data is captured on 1st November each year.

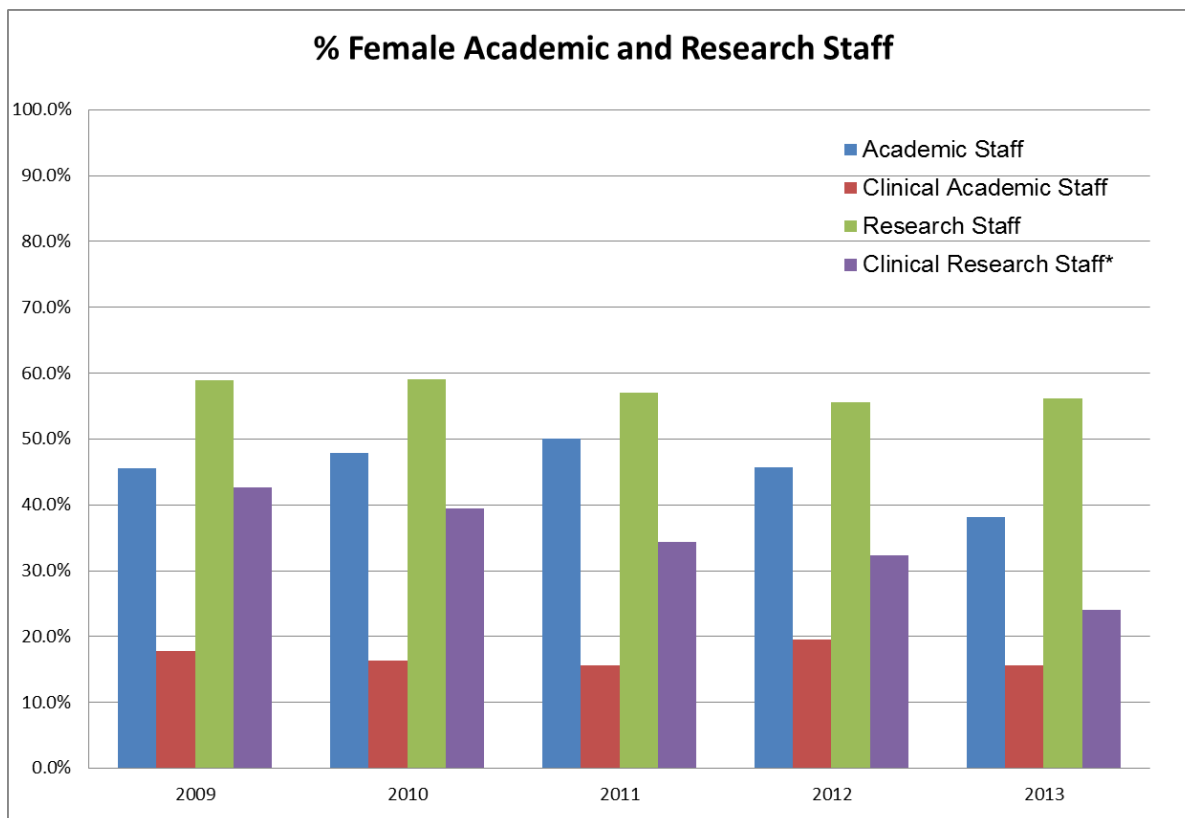


Figure 14: Data shows Female Academic and Research Staff by Job family. *clinical Research Staff include Clinical Lecturers.

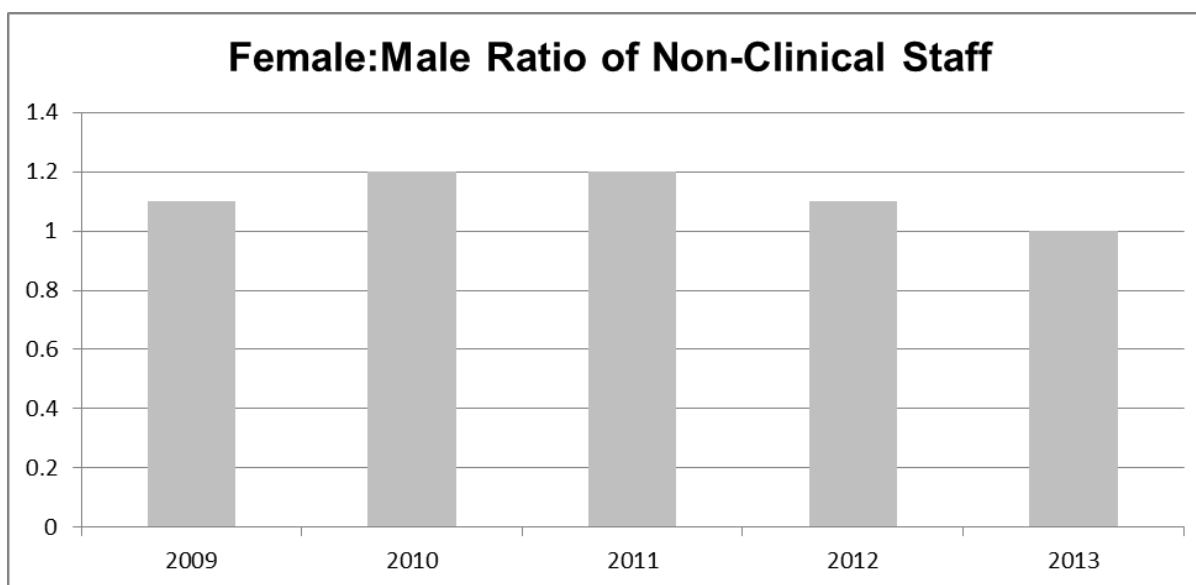


Figure 15: Female:Male Ratio of Non-Clinical Staff.

Research Staff A-D are our most stable group of staff, ranging from 58.9% female in 2009 to 56.1% in 2013.

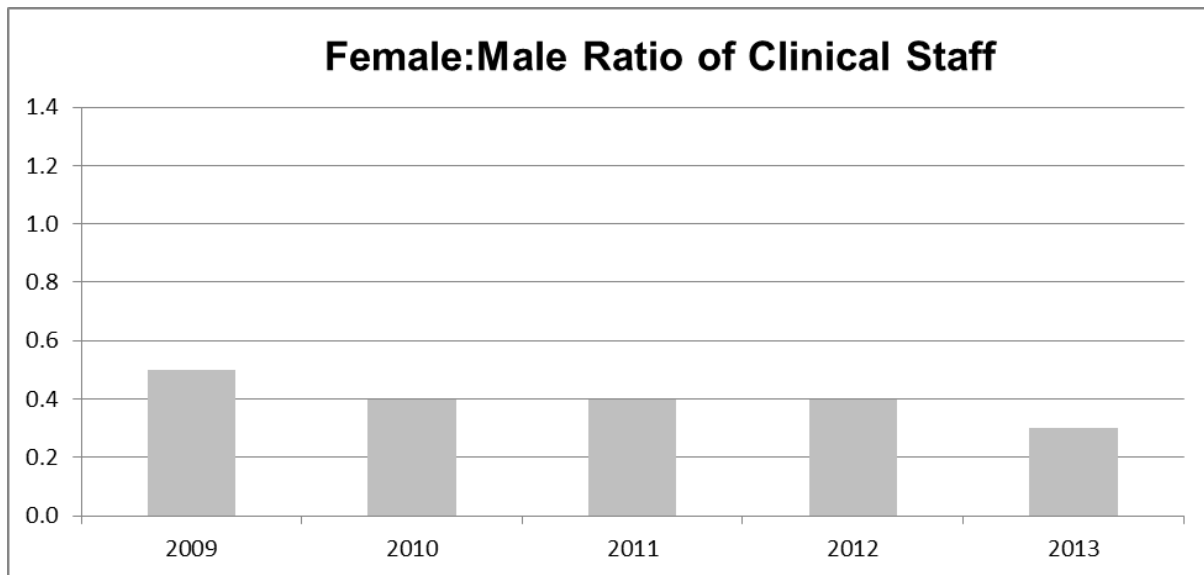


Figure 16: Female:Male Ratio of Clinical Staff.

Our focus since 2009 has been to understand our demographics and how the Institute can ensure that we are providing the best environment for all our current and incoming staff to develop their career.

Although at face value, the data show decreasing numbers of female academic staff, knowledge and analysis of the data indicates some successes in retention, promotion and recruitment of female academic staff such as:

- A 100% increase in female clinical Professors – those in 2009 are not the same as 2013; one retiring and one moving to UCL. NHLI’s two clinical professors were promoted within the detailed period.
- A 20% increase in female non-clinical Professors. The increase is due to two academic promotions and two external recruitments (four new female professors) but percentage is decreased by two retirements and one move to industry in the same period. The percentage has also reduced relative to male counterparts due to the 2013 scientific strategic recruitment of six 0.2FTE cardiology professors where female cardiologists are sparse.

It is important to note that while we are aiming for 50% equality in female:male research and academic staff; such a percentage is not achievable in clinical academia. Clinical Academic staff are linked to their speciality training (Figure 2.) and our aim is that NHLI's female clinical academic data is comparable to or better than national data in NHLI's clinical specialities.

Going forward, we will be focusing on consolidating the work undertaken so far and importantly putting in place a recruitment drive aligned to our developing scientific strategy. Due to restrictions in funding, this drive will initially focus on the recruitment of individuals on fellowships, providing them with all the resources necessary for successful applications and relocations to NHLI (Action 3.3.2.). An important factor in this will be ensuring that our commitment to women in science is clearly visible externally along with high visibility of NHLI women (Objective 2.9).

330 words

(vii) **Turnover by grade and gender** – where numbers are small, comment why individuals left

Research and Clinical Research staff leave NHLI either upon completion of their contract or appointment to another position within the College or the UK as part of their career progression whilst Academic staff have left the Institute through retirement and taking up of prestigious positions nationally and internationally.

During the 2009-2013, nine academics were made redundant following a College restructure as well as due to termination of funding.

Leaving Reason	Position	Next destination
End of Contract	Professor	NHLI Emeritus Professor
Redundancy	Lecturer	
Redundancy	Lecturer	
Redundancy	Professor	NHLI Emeritus Professor
Resignation	Lecturer	Research Fellow in Health Services Research, University of Bristol
Resignation	Reader	Professor in Biomedical Sciences, University of Reading
Resignation	Professor	Director, Manchester Collaborative Centre for Inflammation Research (MCCIR)
Resignation	Clinical Senior Lecturer	University Lecturer, University of Cambridge
Resignation	Clinical Professor	Professor of Clinical Epidemiology, UCL
Retirement	Professor	NHLI Emeritus Professor
Retirement	Professor	NHLI Emeritus Professor
Retirement	Clinical Professor	NHLI Emeritus Professor

Table 18: Female academic staff reasons for leaving 2009-2013; along with next destination if not redundant.

68 words

**TOTAL: 1694 words
(2000 allowed)**

Female Non-Clinical Academic Staff Leaving Reasons 2009-13

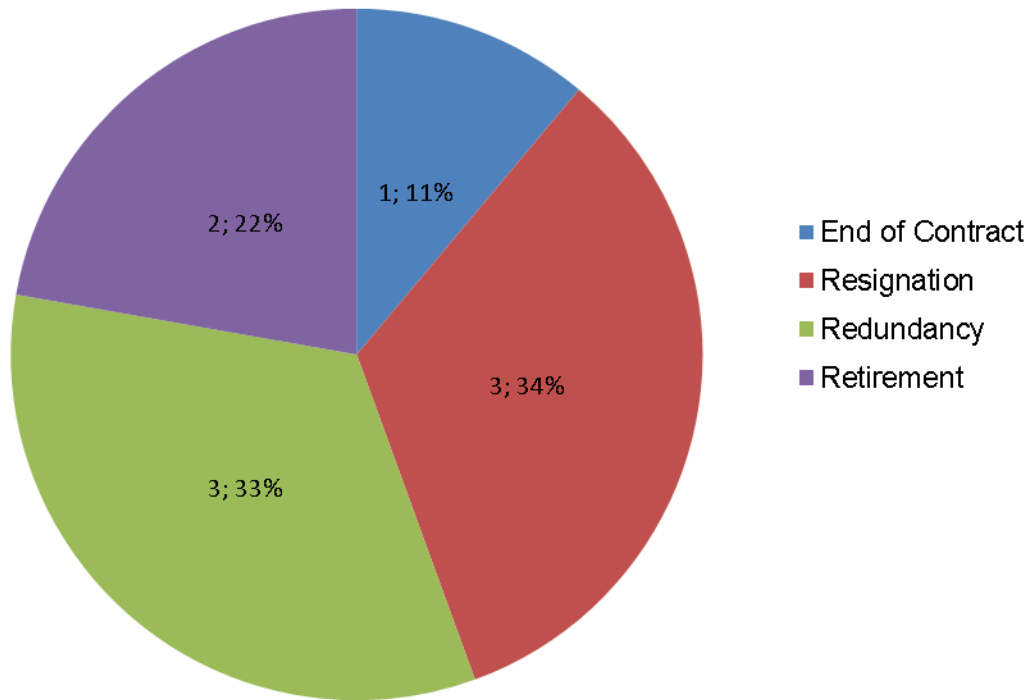


Figure 17: Female non-clinical academic staff leaving reasons 2009-13

Male Non-Clinical Academic Staff Leaving Reasons 2009-13

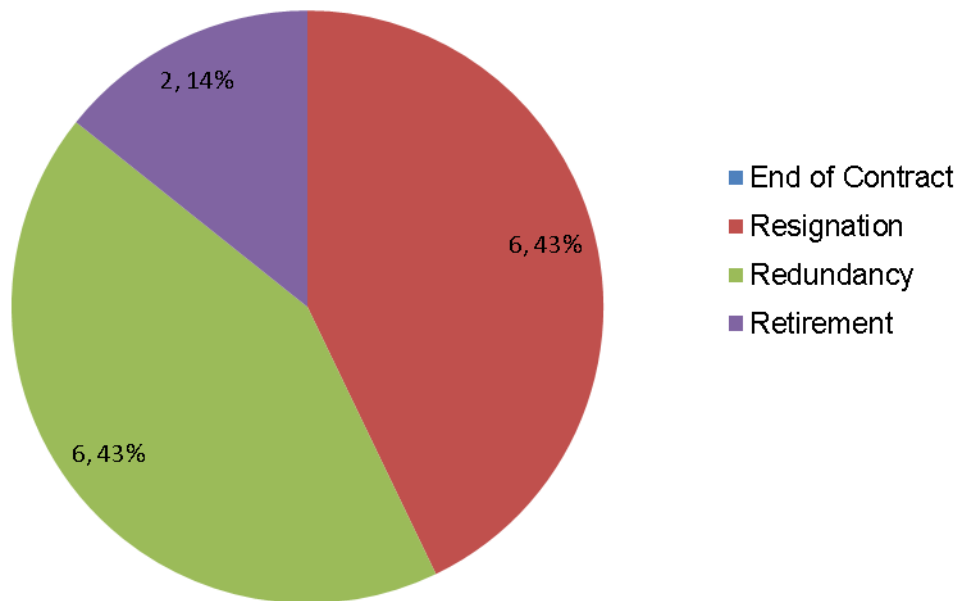


Figure 18: Male non-clinical academic staff leaving reasons 2009-13

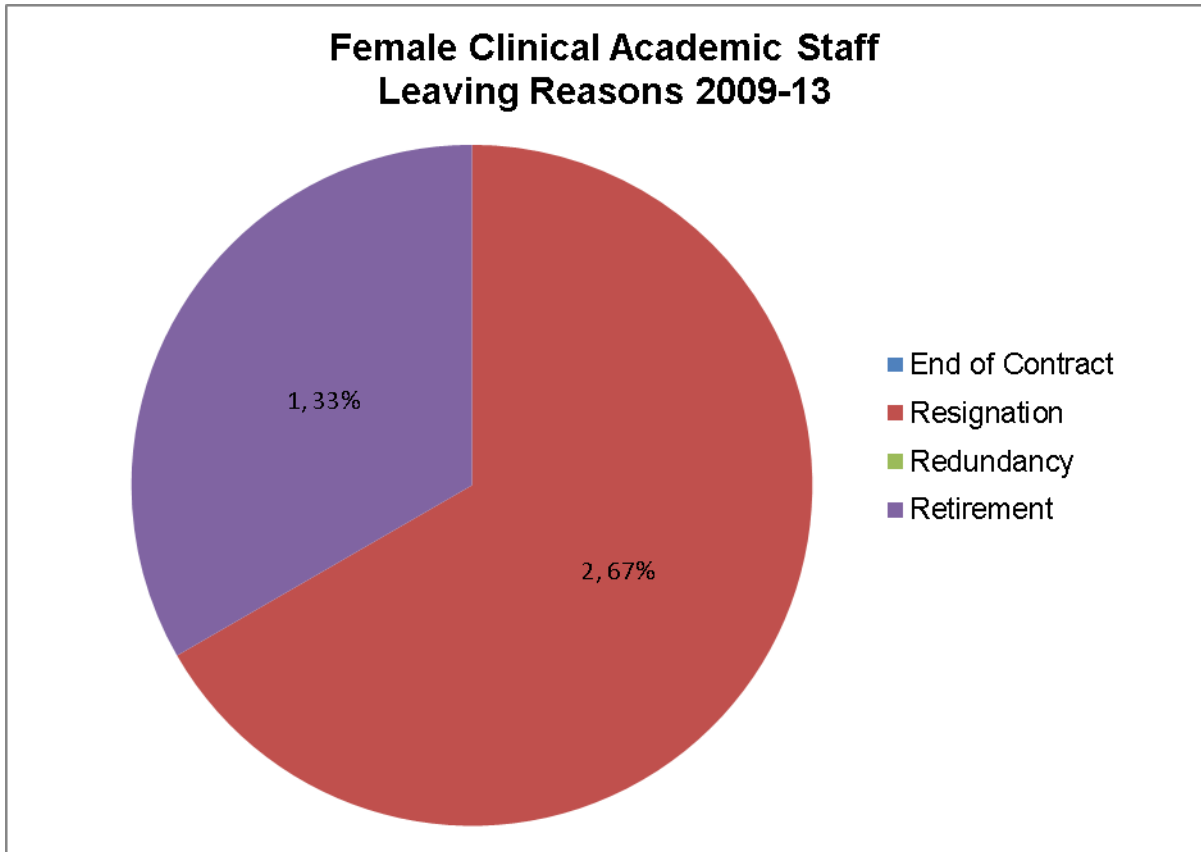


Figure 19: Female clinical academic staff leaving reasons 2009-13

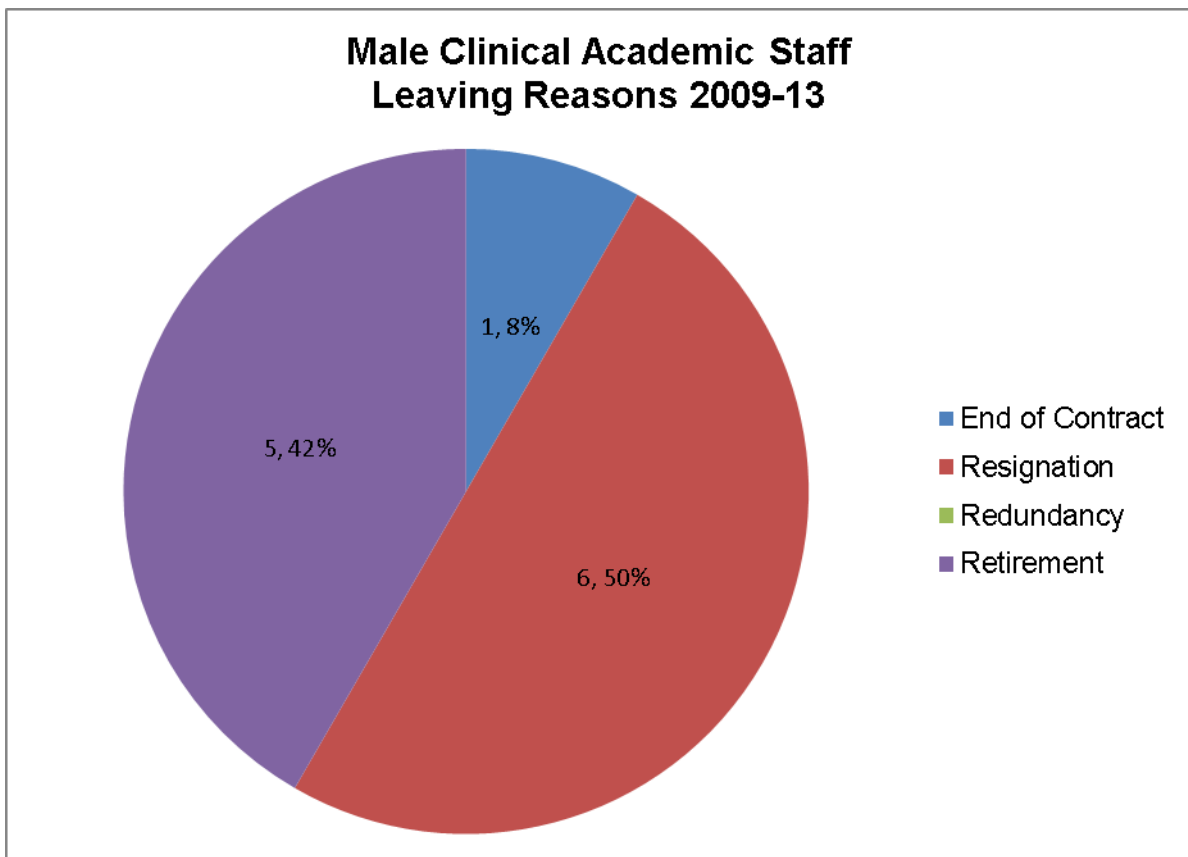


Figure 20: Male clinical academic staff leaving reasons 2009-13

Leaving Reason	Position	Next destination
End of Contract	Clinical Professor	NHLI Emeritus Professor
Redundancy	Lecturer	
Redundancy	Senior Lecturer	
Redundancy	Reader	
Redundancy	Reader	
Redundancy	Professor	
Redundancy	Professor	
Resignation	Lecturer	Senior Lecturer in Medical Statistics, Barts and The London School of Medicine and Dentistry
Resignation	Lecturer	Group Leader (Research Leader) Respiratory In vivo and Translational Biology, Inflammation DTA, Hoffmann-La Roche Inc
Resignation	Senior Lecturer	Research Institution, Overseas
Resignation	Reader	Director of the Center for Allergy and Environment (ZAUM), Munich, Germany
Resignation	Reader	Professor of Cardiovascular Science, University of Sheffield, UK.
Resignation	Professor	Professor in Biomedical Sciences, University of Reading
Resignation	Clinical Senior Lecturer	Consultant cardiologist and reader in clinical cardiac electrophysiology, Guy's and St Thomas'
Resignation	Clinical Senior Lecturer	Professor of Respiratory Epidemiology at Barts and The London School of Medicine and Dentistry, Queen Mary University of London
Resignation	Clinical Senior Lecturer	Consultant, National University Heart Centre, Singapore
Resignation	Clinical Senior Lecturer	Consultant Thoracic Medical Oncologist, The Royal Marsden, NHLI Honorary Clinical Senior Lecturer
Resignation	Clinical Professor	Honorary Professor
Resignation	Clinical Professor	Professor of Cardiovascular Physiology and Pharmacology, UCL
Retirement	Professor	NHLI Emeritus Professor
Retirement	Professor	NHLI Visiting Professor
Retirement	Clinical Professor	NHLI Clinical Professor
Retirement	Clinical Professor	NHLI Clinical Professor
Retirement	Clinical Professor	NHLI Clinical Professor
Retirement	Clinical Professor	NHLI Clinical Professor
Retirement	Clinical Professor	NHLI Clinical Professor

Table 19: Male academic staff reasons for leaving 2009-2013; along with next destination if not redundant.

	Turnover Rates									
	2008-09		2009-10		2010-11		2011-12		2012-13	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Non-Clinical Academic Staff	0.0%	3.6%	15.4%	25.8%	13.0%	12.0%	10.0%	9.1%	5.0%	4.3%
Non-Clinical Research Staff	32.5%	28.6%	30.1%	27.7%	27.8%	25.4%	36.6%	21.4%	41.0%	26.4%
Clinical Academic Staff	0.0%	2.4%	22.2%	7.5%	0.0%	5.1%	0.0%	9.8%	18.2%	7.7%
Research - Clinical	31.8%	32.0%	24.0%	31.3%	48.1%	25.0%	40.9%	28.2%	47.4%	20.5%

Table 20: Turnover Rates per grade for 2008-09 to 12-13. Female research staff numbers are higher than their male counterparts, as are their turnover rates

	2009		2010		2011		2012		2013	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
End of Contract	0	0	0	0	1	0	0	0	0	0
Resignation	0	2	2	3	0	1	1	0	0	0
Redundancy	2	0	1	4	0	2	0	0	0	0
Retirement	1	0	0	1	1	0	0	1	0	0

Table 21: Academic Staff leaving NHLI and reasons why 2009-2013

	2009		2010		2011		2012		2013	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
End of Contract	0	1	0	0	0	0	0	0	0	0
Resignation	0	1	0	1	0	0	1	3	1	1
Redundancy	0	0	0	0	0	0	0	0	0	0
Retirement	0	0	1	1	0	2	0	2	0	0

Table 22: Clinical Academic Staff leaving NHLI and reasons why 2009-2013

Supporting and advancing women's careers – maximum 5000 words

Please provide a report covering the following sections 4 – 7. Within each section provide data and a short analysis for at least the last three years (including clearly labelled graphical illustrations where possible) on the data sets listed, commenting on changes and progress made since the original application, and including details of successes and where actions have not worked and planned initiatives going forward.

Please also attach the action plan from your last application with an additional column indicating the level of progress achieved (e.g. zero, limited, excellent, completed).

4. Key career transition points

(i) Job application and success rates by gender and grade

During the past five years the majority of job opportunities in the Institute were research posts (282 posts) with fewer academic positions (32 posts).

Our non-clinical research data show that an increasing majority of women apply, are shortlisted and are appointed to positions, as reflected by NHLI's research staff data (Table 23.).

In contrast, our clinical research staff applications show a lower application rate than their male counterparts but are more successful in being shortlisted and appointed.

Since 2009, we have had 32 academic appointments, of which 7 were female. The majority of academic recruitments are usually undertaken by open advertising (Tables 24. and 25.). Some instances allow departments to recruit by nomination (Tables 26. and 27.) so long as reasons why a nomination is the best method of recruitment and why the department believes that a better applicant cannot be found via advertisement is fully justified.

Our academic data appears to show a low female applicant rate. A relative higher percentage is invited to interview but data suggest that they are then not as successful as their male counterparts.

Our actions to increase visibility of women (Objective 2.9.) and our culture changes (Theme 2.) will incite more female applicants.

196 words

	Number of Posts	Total Applicants					Shortlisted/Interviewed					Appointed				
		No Data / Did Not Want to Disclose	Female	Male	TOTAL	% Female	No Data / Did Not Want to Disclose	Female	Male	TOTAL	% Female	No Data / Did Not Want to Disclose	Female	Male	TOTAL	% Female
Non-Clinical Research	235	142	2028	1578	3748	54%	11	233	159	403	58%	2	50	26	78	64%
Clinical Research	47	31	66	113	210	31%	4	25	38	67	37%	2	9	12	23	39%

Table 23: Research applicants, shortlists and appointed

Year	Post Title	Applicants				Shortlisted				Appointed			
		F	M	Total	F %	F	M	Total	F %	F	M	Total	F %
2011	Clinical Chair in Asthma UK	0	2	2	0%	0	2	2	0%	0	1	1	0%
2011	Clinical Senior Lecturer in Paediatric Respiratory Medicine and Honorary Consultant	1	0	1	100%					1		1	100%
2012	Clinical Senior Lecturer in Respiratory Medicine	1	1	2	50%	1	1	2	50%	0	1	1	0%
2013	Clinical Chair in Cardiology	0	3	3	0%	0	1	1	0%	0	1	1	0%
2013	Clinical Chair in Respiratory Medicine	1	0	1	100%	1	0	1	100%	1	0	1	100%
	Total	3	6	9	33%	2	4	6	33%	2	3	5	40%

Table 24: Clinical Academic positions applicants, shortlists and appointed

Year	Post Title	Applicants					Shortlisted					Appointed			
		No Data	F	M	Total	F %	No Data	F	M	Total	F %	F	M	Total	F %
2009	Chair in Myocardial Genetics	0	0	2	2	0%	0	0	1	1	0%	0	1	1	0%
2011	Lecturer (non-clinical) in Respiratory Medicine	1	0	4	5	0%	1	0	2	3	0%	0	1	1	0%
2012	Lecturer (non-clinical) in Molecular Embryology and Stem Cell Research	0	0	1	1	0%	0	1	1	2	50%	0	1	1	0%
2012	Senior Lecturer in Medical Statistics	0	1	2	3	33%	0	1	2	3	33%	1	0	1	100%
2013	Lecturer/Senior Lecturer/Reader in Respiratory Science (2 posts)	0	3	4	7	43%	0	1	2	3	33%	0	2	2	0%
2013	Lecturer, Senior Lecturer, Reader in Vascular Sciences	0	1	12	13	8%	0	0	1	1	0%	0	1	1	0%
2013	Reader in Airway Disease	0	0	1	1	0%	0	0	1	1	0%	0	1	1	0%
	Total	1	5	26	32	16%	1	3	10	14	21%	1	7	8	13%

Table 25: Non-Clinical Academic positions applicants, shortlists and appointed

Year	Post Title	Female	Male	Total	%female
2010	Clinical Chair in Cardiothoracic Surgery	0	1	1	0%
2010	Clinical Senior Lecturer		1	1	0%
2012	Clinical Senior Lecturer in Heart Failure	1		1	100%
2012	Clinical Senior Lecturer ACHD	1	0	1	100%
2012	Clinical Senior Lecturer		1	1	0%
	Total	2	3	5	40%

Table 26: Clinical Academic positions by nomination

Year	Post Title	Female	Male	Total	%female
2009	Chair in Developmental Dynamics	0	1	1	0%
2010	Chair in Cardiac Biophysics and Systems Biology	0	1	1	0%
2011	Chair in Infection Immunology*	1	0	1	100%
2012	Chair in Systems Biology	0	1	1	0%
2012	Chair in Cancer Genomics	1	0	1	100%
2012	Lecturer	0	1	1	0%
2012	Lecturer (non-clinical) in Respiratory Genomics	0	1	1	0%
2013	Professor of Cardiology*	0	1	1	0%
2013	Professor of Cardiology*	0	1	1	0%
2013	Professor of Cardiology*	0	1	1	0%
2013	Professor of Cardiology*	0	1	1	0%
2013	Professor of Cardiology*	0	1	1	0%
2013	Professor of Cardiology*	0	1	1	0%
2013	Senior Lecturer in Heart Disease*	0	1	1	0%
	Total	2	12	14	14%

Table 27: Non-Clinical Academic positions by nomination. *0.2FTE Appointments

(ii) **Applications for promotion and success rates by gender and grade**

NHLI female academics tend to put themselves forward for promotion more than their male counterparts, and they are either as or more successful in achieving promotion (Tables 28. and 29. and Figures 28. and 29.).

Action 4.4.8. aims to follow NHLI academics from academic appointment to promotion to Professor to identify whether there are gender differences in progress from academic appointment to Professor.

Table 30. shows data for promotions for honorary Academic Staff and Senior Research Staff. Numbers are very small but show that women have an equal or higher success rate than their male counterparts.

95 words

Non-Clinical Academic Promotions 2009 - 2013

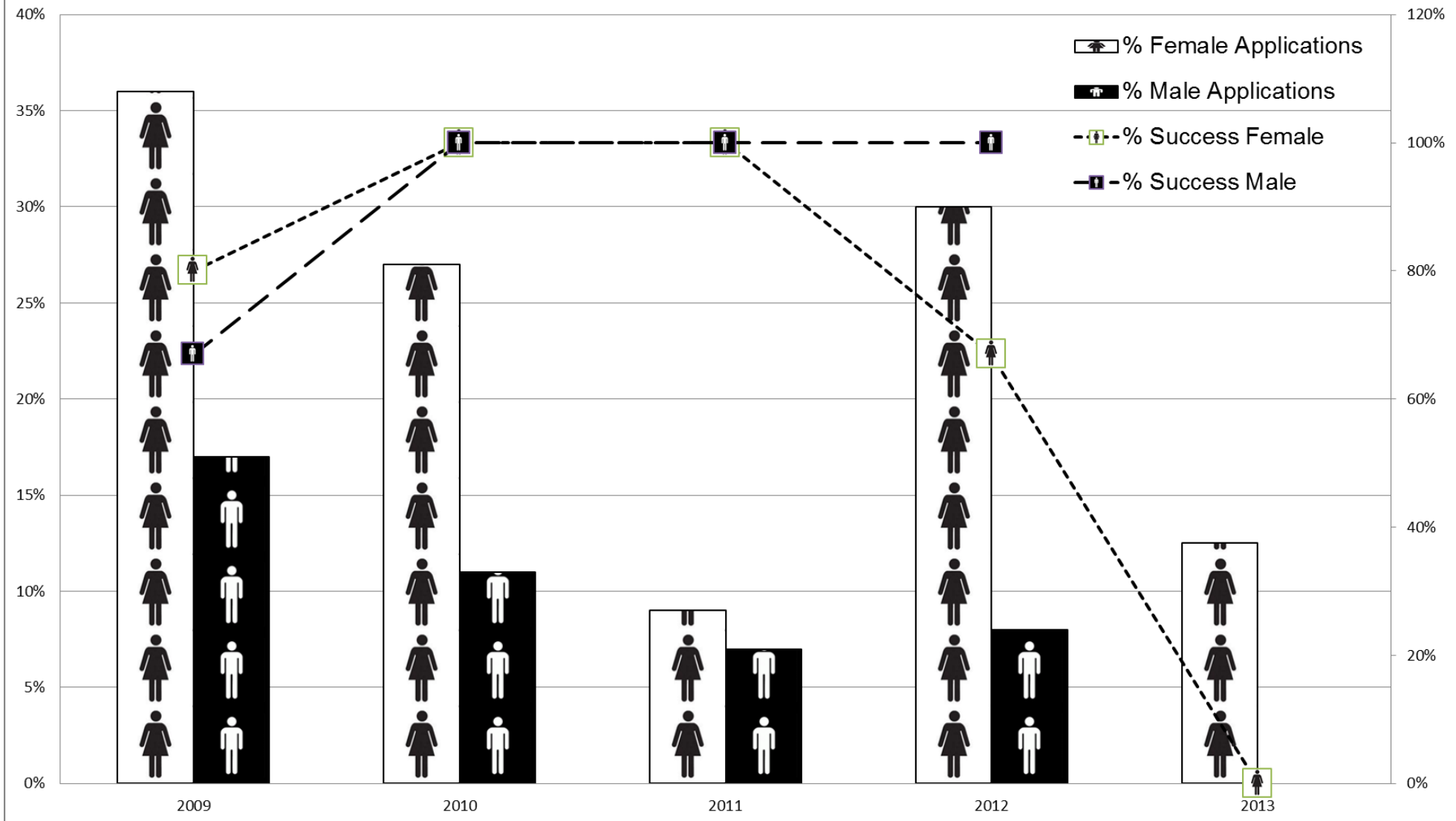


Figure 21: Aggregate of Non-Clinical Academic Staff Promotions 2009-2013. Data show that a higher percentage of female academic staff than their male counterparts go forward for promotion and they are generally more successful. In 2012, 3 women went for promotion with 2 being successful versus 1 man being successful. Small data changes affect % greatly as numbers year on year are small.

	FEMALE					MALE				
	Female Headcount	Female Applications	% of F Total	Female Promoted	% Success	Male Headcount	Male Applications	% of M Total	Male Promoted	% Success
	2013									
Lecturer (L-SL)	2	0	0%	0	0%	6	0	0%	0	0%
Senior Lecturer (SL-R)	2	0	0%	0	0%	5	0	0%	0	0%
Reader (R-P)	4	1	25%	0	0%	4	0	0%	0	0%
2013 Total	8	1	13%	0	0%	15	0	0%	0	0%
	2012									
Lecturer (L-SL)	2	0	0%	0	0%	4	1	25%	1	100%
Senior Lecturer (SL-R)	2	0	0%	0	0%	4	0	0%	0	0%
Reader (R-P)	6	3	50%	2	67%	4	0	0%	0	0%
2012 Total	10	3	30%	2	67%	12	1	8%	1	100%
	2011									
Lecturer (L-SL)	3	0	0%	0	0%	4	1	25%	1	100%
Senior Lecturer (SL-R)	3	1	33%	1	100%	4	0	0%	0	0%
Reader (R-P)	5	0	0%	0	0%	7	0	0%	0	0%
2011 Total	11	1	9%	1	100%	15	1	7%	1	100%
	2010									
Lecturer (L-SL)	5	1	20%	1	100%	8	1	13%	1	100%
Senior Lecturer (SL-R)	3	1	33%	1	100%	4	1	25%	1	100%
Reader (R-P)	7	2	29%	2	100%	7	0	0%	0	0%
2010 Total	15	4	27%	4	100%	19	2	11%	2	100%
	2009									
Lecturer (L-SL)	7	2	29%	2	100%	7	0	0%	0	0%
Senior Lecturer (SL-R)	2	2	100%	2	100%	6	2	33%	2	100%
Reader (R-P)	5	1	20%	0	0%	5	1	20%	0	0%
2009 Total	14	5	36%	4	80%	18	3	17%	2	67%

Table 28: 2009-13 Academic promotions for non-clinical academic staff. L=Lecturer; SL=Senior Lecturer; R=Reader; P=Professor

Clinical Academic Promotions 2009 - 2013

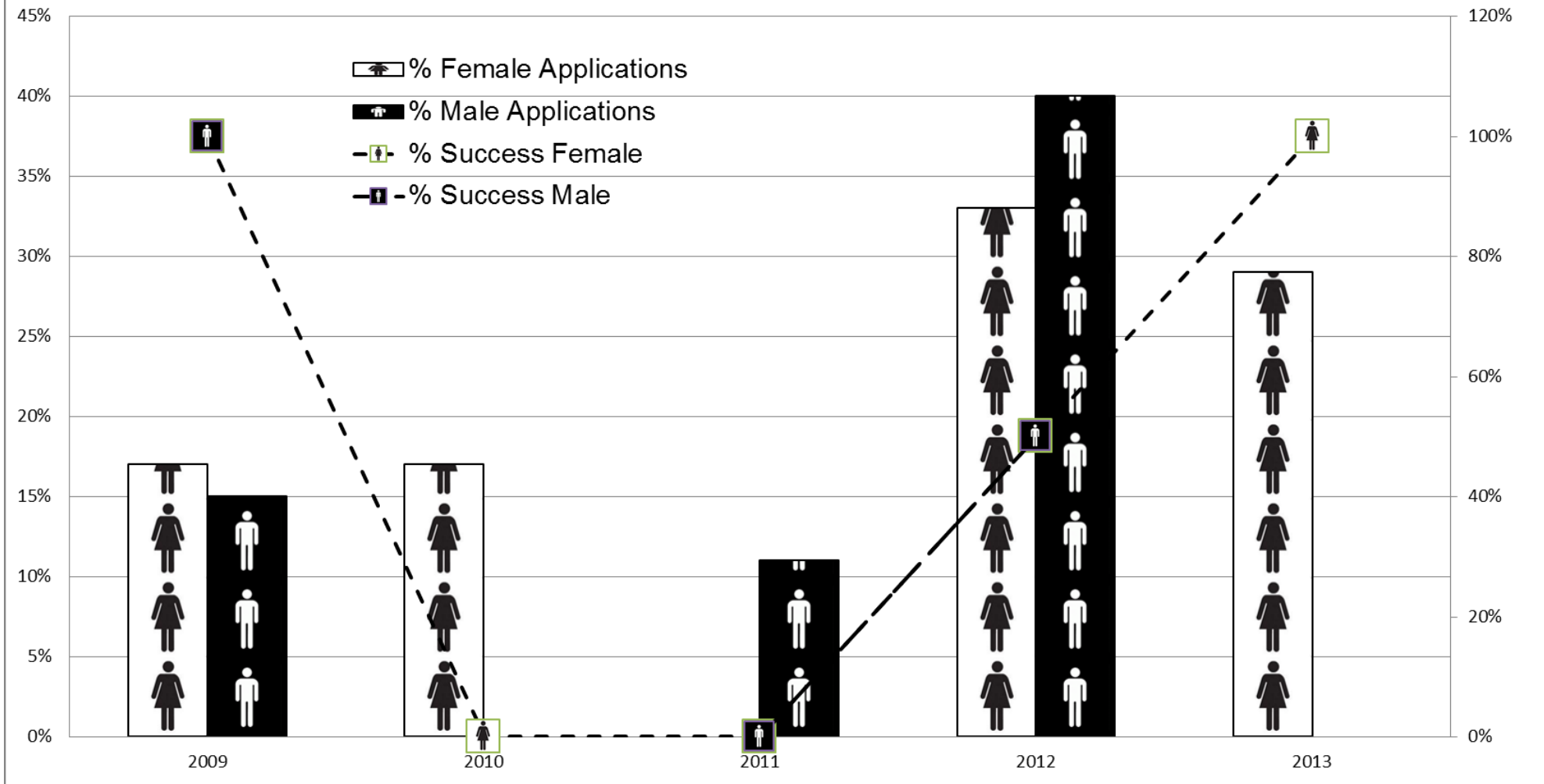


Figure 22: Aggregate of Clinical Academic Staff Promotions 2009-2013. Data show that in 3 out of the 5 years, a higher percentage of female academic staff than their male counterparts go forward for promotion and they are as successful.

	FEMALE					MALE				
	Female Headcount	Female Appl.	% of F Total	Female Promoted	% Success	Male Headcount	Male Appl.	% of M Total	Male Promoted	% Success
	2013									
Clinical Senior Lecturer (CSL-R)	6	1	17%	1	100%	6	0	0%	0	0%
Clinical Reader (R-P)	1	1	100%	1	100%	2	0	0%	0	0%
2013 Total	7	2	29%	2	100%	8	0	0%	0	0%
	2012									
Clinical Senior Lecturer (CSL-R)	4	1	25%	0	0%	8	3	38%	1	33%
Clinical Reader (R-P)	2	1	50%	1	100%	2	1	50%	1	100%
2012 Total	6	2	33%	1	50%	10	4	40%	2	50%
	2011									
Clinical Senior Lecturer (CSL-R)	4	0	0%	0	0%	7	1	14%	0	0%
Clinical Reader (R-P)	2	0	0%	0	0%	2	0	0%	0	0%
2011 Total	6	0	0%	0	0%	9	1	11%	0	0%
	2010									
Clinical Senior Lecturer (CSL-R)	4	0	0%	0	0%	8	0	0%	0	0%
CSL - P	4	1	25%	0	0%	8	0	0%	0	0%
Clinical Reader (R-P)	2	0	0%	0	0%	2	0	0%	0	0%
2010 Total*	6	1	17%	0	0%	10	0	0%	0	0%
	2009									
Clinical Senior Lecturer (CSL-R)	5	1	20%	1	100%	11	0	0%	0	0%
CSL - P (Reader awarded)	5	0	0%	0	0%	11	1	9%	1	100%
Clinical Reader (R-P)	1	0	0%	0	0%	2	1	50%	1	100%
2009 Total*	6	1	17%	1	100%	13	2	15%	2	100%

Table 29: 2009-2013 Academic promotions for clinical academic staff. CSL=Clinical Senior Lecturer; R=Reader; P=Professor. *2009 and 2010 saw two individuals requesting promotion from CSL to Professor which was not awarded in 2010 and awarded to Reader in 2009.

	FEMALE			MALE		
	Female Applications	Female Promoted	% Success	Male Applications	Male Promoted	% Success
	2013					
None						
	2012					
Honorary CSL (Hon CLS-R)	1	1	100%	2	2	100%
Honorary Reader (Hon R-P)	0	0	0%	1	0	0%
2012 Honorary Staff Total	1	1	100%	3	2	67%
Research Fellow (RF-SRF)	0	0	0%	0	0	0%
Senior Research Fellow (SRF-PRF)	1	0	0%	0	0	0%
2012 Senior Research Staff Total	1	0	0%	0	0	0%
	2011					
Honorary CSL (Hon CLS-R)	0	0	0%	0	0	0%
Honorary Reader (Hon R-P)	1	1	100%	1	1	100%
2011 Honorary Staff Total	1	1	100%	1	1	100%
	2010					
Honorary CSL (Hon CLS-R)	1	1	100%	1	1	100%
Hon CLS - P	0	0	0%	1	1	100%
Honorary Reader (Hon R-P)	0	0	0%	1	1	100%
2010 Honorary Staff Total	1	0	100%	2	2	100%
	2009					
Honorary CSL (Hon CLS-R)	0	0	0%	3	2	67%
Hon CLS - P (Reader awarded)	0	0	0%	3	2	67%
Honorary Reader (Hon R-P)	0	0	0%	1	0	0%
2010 Honorary Staff Total	0	0	0%	7	4	57%

Table 30: 2009-13 Promotions for honorary Academic Staff and Senior Research Staff. Total headcount are not available for these data. Numbers are very small but show that women have an equal or higher success rate than their male counterparts.

- (iii) Impact of activities to support the **recruitment of staff** – how the department’s recruitment processes ensure that female candidates are attracted to apply, and how the department ensures its short listing, selection processes and criteria comply with the university’s equal opportunities policies

All NHLI staff involved in recruitment must abide by the College’s policy and training, for example Recruitment and Selection (Action 3.1.1.) and Equality and Diversity Training (Action 3.1.2.). A record of this is held centrally and new academic staff and career development fellows are expected to attend within 12 months of starting at NHLI.

All NHLI job and studentship adverts include details of its Athena Silver SWAN status; images of staff and NHLI’s webpages reflect the Institute’s gender balance; taking advantage of the bespoke photography we have undertaken over the last few years (Action 2.9.4).

We have a number of new initiatives that we are developing to ensure that NHLI encourages applications from female candidates. This includes a higher profile of our Athena activities on the website (Action 1.2.2.), such as our Women Series (Action 2.9.1), Bring Your Child to Work Day (Action 2.10.3.) and visible support for flexible working (Objective 5.1.). We are organising a pack with information about relocating to London, incorporating family support information (Action 3.3.2.). We are also sponsoring two NHLI Daphne Jackson Fellowships (Action 4.5.1.).

Additionally, we are putting together a fellowship recruitment strategy, with the principal aim of attracting outstanding scientists to the Institute and providing them with support to apply for fellowships to join the Institute, including help with grant writing and mock interviews.

203 words

- (iv) Impact of activities to **support staff at key career transition points** – interventions, programmes and activities that support women at the crucial stages, such as personal development training, opportunities for networking, mentoring programmes and leadership training.

The NHLI Athena Workshops identified the need for clear, independent mentoring at every level. Stepping up our 2009 Action Plan, the NHLI mentoring scheme is now open to all staff and students, including those in the professional and support services job families. Tailoring mentor provision to the particular requirements of the mentee has been established and we run biannual training workshops for both mentor and mentee on how to get the most out of the mentoring relationship (Action 4.6.1.). We have so far fulfilled each mentor request and have provided training for 33 new mentors and 34 new mentees since the training workshops were commenced in March 2013. NHLI Mentoring will be complemented by the maternity mentoring scheme that will be rolled out at a College level in 2014.

The HoI appointed an NHLI Lead for Postdocs (January 2012) to facilitate career progression for this key stage (Action 4.9.1.).

Research staff are encouraged to consider and apply for fellowships and are able to discuss applications with the two NHLI Research Managers. A funding bulletin detailing all upcoming or recurring funding opportunities is circulated monthly to all research and academic staff.

Research Associates are provided with advice on careers and opportunities through activities such as the Postdoc Research Day and the College Postdoc Development Centre; the only dedicated centre to supporting postdocs and fellows in UK universities.

The NHLI Postdoc Research Day, led by the NHLI Postdoc Committee, is held on a two-yearly basis and brings in speakers from the academic and non-academic sectors, providing postdocs with a variety of networking opportunities and inspirational role-models (Action 4.10.1). The feedback from the Research Day has indicated to postdocs the value of hearing from people who have experience in securing funding and fellowships.

Female Research Associates are encouraged to attend female-specific developmental workshops such as Springboard (Action 4.7.1.); NHLI uptake of which is tabulated (Table 31.) relative to other attendees.

	2008	2009	2010	2011	2012	2013
Springboard attendance - College	14	48	19	50	89	87
Springboard attendance - NHLI	1	15	2	8	8	7
% of workshop are NHLI Staff	7%	31%	11%	16%	9%	8%

Table 31: Springboard attendance throughout College since 2008 showing high percentage of NHLI uptake per workshops.

NHLI is developing a database to monitor training, mentoring and PRDPs of postdocs (Action 4.9.4.) with the aim to specifically target those eligible for fellowships and other funding opportunities.

We continue to run our internal Postdoctoral Travel Award scheme, established in 2009, enabling our NHLI's Research Associates and Fellows, as well as newly appointed Lecturers, to apply for funding to attend national and international conferences and meetings. We have awarded over £14,500 of funds awarded so far to 27 staff members; including extra funds for caring responsibilities (Action 5.3.1.).

On a more senior level, we encourage academics to take part in the Senior Academic Development Programme and have recently nominated four female and two male academics to take part. We encourage all staff to take up the opportunity for Coaching at College level (Action 4.7.2.) and intend on developing a programme of shadowing, in collaboration with other departments (Action 4.7.3.). Finally, we encourage staff to take part in targeted training such as chairing meetings, etc (Action 4.7.1.)

467 words

5. Career development

- (i) Impact of activities to support **promotion and career development** – appraisal, career development process, promotion criteria.

In the College's 2011 Staff Survey, only 57% of NHLI respondents undertook an annual PRDP - significantly lower than the College or FoM average.

The HoI has addressed this by encouragement for the scheme as well as leading by example - ensuring all PRDPs he is responsible for are undertaken in a timely fashion.

HoS must now ensure PRDPs within their sections are undertaken prior to having their own with the HoI (Action 4.1.2.). PRDP uptake has risen from 69% for 11/12 to 92% for 12/13 and 100% for 13/14.

We aim for a 100% return rate by NHLI staff and will in future assess the quality of the process (Action 4.1.3.).

A Science Committee is currently being set up, headed by the Head of Research and Development, with the objective of ensuring greater success in securing grant funding. The primary goal will also be to promote and facilitate fellowship applications for junior and intermediate researchers.

We actively put forward our staff for the College President's awards in recognition of pastoral care, work within equality and diversity; research supervision and teaching and celebrate their achievements widely across NHLI and on our website (Table 32.).

	Female Nominations	Male Nominations	Female Awarded	Male Awarded	% F Success	% M Success
Teaching	2	4	2	2	100%	50%
NHS Teachers	0	2	0	2	N/A	100%
Pastoral Care	4	1	3	1	75%	100%
Research Supervision	3	6	3	5	100%	83%
Student Experience	1	0	1	0	100%	N/A

Table 32: 2009-13 Nominations and success for the President's Award for Excellence for the categories listed. 2014 saw the nomination of 3 female academics for the Research Supervision award and 1 female and 1 male academic for the Teaching award. Results pending.

We have increased communication regarding the promotion process to ensure that all staff have the opportunity to discuss their eligibility for promotion with their line manager (Action 4.3.1.). HoS are emailed separately and asked to review their staff and highlight potential candidates for promotion. Candidates for promotion are discussed internally by Senior management and Professorial staff. The date for this

meeting is set as soon as dates for the promotion process are announced by College to ensure fair and open discussion of candidates. These measures have seen an increase in women coming forward for consideration for promotion.

285 words

- (ii) Impact of activities to support **induction and training** – support provided to new staff at all levels, and any gender equality training.

Imperial's 2011 Staff Survey showed that 76% of NHLI respondents were satisfied with their access to training and development opportunities, but Athena workshops highlighted the need to focus on new starters in order to maximise their chances of success. NHLI set up a range of tailored initiatives which complement Imperial's induction programme but go above and beyond what is already in place (2012 Action Plan).

Research Students

Our postgraduate research training was externally reviewed in June 2013 and our induction programme was assessed as '*working well*' with the information provided '*excellent and comprehensive*' including the '*exemplary postgraduate handbook*'.

The review also identified that a substantial quantity of information was provided and that students would benefit from a refresher to avoid information overload. Consequently, we have restructured the induction programme and are working with the Graduate School to provide year-2 follow-up induction training (Action 4.8.2.).

NHLI's 2013 Postgraduate Research Experience Survey (PRES) showed that 75% of research students mostly or definitely agreed that they received an appropriate induction to their research degree programme with 89% of students responding that they mostly or definitely understood the requirements and deadline for formal monitoring of their progress.

Staff

NHLI has parallel induction and training programmes tailored to various career groups to ensure that all are provided with equal opportunities for career development.

New Research Associates and Fellows receive focussed information on NHLI organisational structure, internal and external funding opportunities, key administrative and academic contacts, mentoring opportunities and recommended and required workshops (Action 4.9.3.).

For career development fellows and new academics, the induction programme includes a one-to-one meeting with the Head of Institute (Action 4.4.2.), a targeted seminar that is delivered as part of our '*NHLI New Scientists Meeting*' (Action 4.4.7.), to introduce them to the whole Institute, as well as promote new collaborations within the NHLI and College and the greater academic community. For our new 2014 Action Plan, we aim for this to include a pre-event 'New Scientist' cohort networking meeting (Action 4.4.7.). The impact of such events has already been felt, with a number of the speakers for these events reporting that new collaborations have been forged as a result of presenting at this meeting (e.g. Case Study 2).

Training

Focusing inductions in this way has proven to be successful within the Institute with pro-active targeting of postdocs and new academics for future supervisory roles.

Historically, uptake of the supervision workshops was low and required strong encouragement. However, we have increased the voluntary uptake of the workshops (Table 33.), with staff attending following their introductory email with very little following up. Over 40 postdocs and 120 academics attending the relevant supervision workshops.

Year	2009	2010	2011	2012	2013
Attendance	10	17	29	23	16

Table33: Attendance at the ‘Introduction to PhD supervision Workshop’ 2009-13.

NHLI’s results from the College’s 2011 survey showed a higher incidence of discrimination, harassment or bullying witnessed per capita in the previous 36 months than College or Faculty. The Athena workshops in March 2012 tackled these issues of discrimination, bullying and culture. When specifically questioned, no gender discrimination was reported.

Due to the size of the Institute, we can have over 100 new employees in any calendar year. We have therefore organised a number of ‘*Promoting Equality and Diversity*’, ‘*Harassment – Confronting Inappropriate Behaviour*’ and ‘*Harassment – The Management Perspective*’ workshops above those provided by College to ensure that all new staff, regardless of job family, level or gender are able to attend within 12 months of starting (Actions 2.5.). All NHLI senior management have attended and we are aiming for all NHLI academics to have attended by end 2015 (Action 2.4.1.). Currently, 38% of NHLI’s academics have attended (based on 1st November 2013 snapshot of academic staff). We expect all new Career Development Fellows and Academics to attend this training within 12 months of starting; along with other workshops such as Recruitment & Selection; Introduction to Line Management and Research Supervision and this is monitored centrally (Action 2.4.2.). New members of MAC are expected to attend within three months of joining the committee if they have not already done so (Actions 2.4.1.).

We have not made equality training compulsory for research students, although they are encouraged to attend and several already have and commented positively on the usefulness of the course.

674 words

- (iii) Impact of activities that **support female students** – support (formal and informal) provided for female students to enable them to make the transition to a sustainable academic career, particularly from postgraduate to researcher, such as mentoring, seminars and pastoral support and the right to request a female personal tutor.

Equal support is provided for all students within NHLI. All students benefit from a formalised structure of support which includes each student having up to three supervisors, two degree assessors and a mentor.

We will start year-2 career workshops and Q&A sessions specifically for women (Action 4.8.2.). We will launch the first of these workshops in 2014, building on the knowledge of NHLI's clinical and non-clinical academic women who, in participating, will not only guide NHLI's students but also provide direct interaction with female role models across the specialties.

Students have access to the mentoring workshops and the NHLI-wide mentoring network (Action 4.6.1.) and we encourage them to meet their mentor at least three times during their degree, helping to build the mentor-mentee relationship (Action 4.6.6.).

NHLI has several Tutors, both female and male, clinical and non-clinical who are campus based and provide further support to all students. At least one tutor attends each postgraduate induction. Students are free to contact whichever tutor they wish and three of NHLI's female tutors sit on the SAT and are therefore acutely aware of the issues surrounding career progression for women.

Students are closely monitored so that any problems can be identified quickly and final thesis submission is not jeopardised. An Interruption of Studies is put in place when appropriate. The overhaul of postgraduate research student procedures, monitoring and mentoring has resulted in dramatically improved thesis submission rates from 30% timely submission in 2004 up to 100% in 2011/12 and current standing at 94% (Table 12.).

NHLI holds an annual Postgraduate Research Day where all students take an active role in chairing sessions, reviewing presentations or presenting their work. The day gives all students experience of scientific meetings (Action 4.10.2).

Final year students are encouraged to apply for early career fellowships where appropriate.

Particularly noteworthy was the support given to two female students who were considering withdrawing from their PhD programme offer due to changing personal circumstances. Each needed to return home to care for a family member. We negotiated deferral of their funding and each were able to start their PhD with us a year later.

348 words

6. Organisation and culture

- (i) **Male and female representation on committees** – provide a breakdown by committee.

NHLI has eight Institute committees in operation:

NHLI Committee	2014			2012			2009		
	Total	F	F %	Total	F	F %	Total	F	F%
Divisional Advisory Group	N/A			N/A			31	10	32%
Management Advisory Committee	30	12	40%	28	11	39%	N/A		
NHLI and Royal Brompton Campus Health & Safety Committee	19	14	74%	19	11	58%	15	6	40%
NHLI Higher Degrees Committee	28	11	39%	32	14	44%	25	5	20%
Strategic Education Committee	13	7	54%	12	7	58%	N/A		
NHLI Athena Self-Assessment Team	16	14	88%	19	15	79%	10	5	50%
Postgraduate Research Student Committee	7	2	29%	5	4	80%	11	7	64%
Postdoctoral Committee	5	2	40%	3	2	67%	10	7	70%

Table 34: Details of NHLI committees since our original application in 2009.

Since our original application, the Divisional Advisory Group has been superseded by the Management Advisory Committee. The postdoc and postgraduate committees fluctuates over the years.

32 words

(ii) **Female:male ratio of academic and research staff on fixed-term contracts and open-ended (permanent) contracts**

Following our 2012 renewal application, the Athena SWAN panel were disappointed that there was no data or analysis provided around the issue of fixed-term contracts beyond what is required by law. We have therefore explicitly expanded this section.

Imperial has a legal obligation to convert staff on fixed-term contracts to open ended after four years' continuous service.

New academic staff at Lecturer or Clinical Senior Lecturer grade on the first level of academic appointment, receive a fixed-term contract in line with their period of academic probation in the first instance unless their funder insists on open-ended contract or unless they already have service with College that means they would qualify for open-ended status as above.

Other levels of new academic staff would normally receive an open-ended contract unless their funding was time limited, in which case they would receive fixed-term for the duration of the available funding unless they already had four or more years' continuous service with College.

Research staff normally depend on fixed funding from research grants and would typically be employed on fixed-term contracts.

Senior Research Investigators (SRIs) are typically appointed on fixed-term contracts as their association with College is expected to be for a specific limited period. These are senior academic staff who have retired but retain a collaborative relationship with the College or who are research active. All NHLI SRIs employed 2010-2013 were on fixed-term contracts.

Academic staff who are re-employed following voluntary retirement are offered fixed term contracts only.

The Equality Challenge Unit '*Equality in higher education: statistical report 2013*' reports that a lower proportion of female academic staff were on open-ended contracts (60.6%) than male academic staff (66.3%) in their higher education workforce snapshot for the academic year 2011/12 (Ratio 0.91). These data do not differentiate between academic and research staff. The equivalent research and academic data for NHLI indicates 35% of female staff on open-ended contracts versus 45% male counterparts (Ratio 0.77). Dissection by grade is provided below.

Academic Staff

Very few NHLI academics are employed on fixed-term contracts, as seen in Table 35 (non-clinical academics) and Table 36 (clinical academics).

	2010		2011		2012		2013	
	F	M	F	M	F	M	F	M
Professor	1/11	0/10	1/10	0/10	0/13	0/10	0/12	6/10
Reader	0/4	0/7	0/5	0/4	0/3	0/4	0/3	0/3
Senior Lecturer	0/4	0/4	0/3	0/4	0/2	0/3	0/2	1/3
Lecturer	0/3	0/4	0/2	0/4	0/2	1/5	0/2	2/5

Table 35: Non-clinical academics on Fixed Term/Open-ended contracts in 2010-2013

Upon their request, arrangements were made to enable one female professor (2010/2011) and several male clinical professors (2010-2013) to retire from their positions and return following retirement. They were employed on fixed-term contracts due to the funding associated with their return.

We appointed one new male academic in 2012 and another in 2013; and several clinical senior lecturers over the period, all of whom were initially on fixed-term contracts as discussed above.

In 2013, limited funding enabled us to recruit 7 academics (6 professors, 1 senior lecturer) on a part-time, fixed-term basis to strategically develop cardiovascular science (0.2FTE).

	2010		2011		2012		2013	
	F	M	F	M	F	M	F	M
Clinical Professor	0/1	2/25	0/1	4/24	0/2	6/23	0/2	7/23
Clinical Reader	0/2	0/2	0/2	0/2	0/1	0/2	0/1	0/2
Clinical Senior Lecturer	1/3	1/6	1/3	2/6	2/4	0/6	2/2	1/5

Table 36: Clinical academics on Fixed Term/Open-ended contracts in 2010-2013

Clinical Lecturers

The Clinical Lecturer grade is a training post designed for clinicians who already hold a higher research degree and have speciality training (Figure 2.). Typically time is split 50:50 between specialist clinical training and research/education.

Funding is external to the university (e.g. Deanery, NIHR) and fixed. Staff are therefore employed on fixed-term contracts, unless they have already accumulated four years' continuous employment (e.g. as part of their higher degree).

	2009		2010		2011		2012		2013	
	F	M	F	M	F	M	F	M	F	M
Clinical Lecturer	1/0	2/1	1/0	2/1	2/0	2/1	2/0	2/1	1/0	4/1

Table 37: Clinical Lecturers on Fixed Term/Open-ended contracts in 2010-2013

Research Staff

Female research staff consistently hold a lower percentage of fixed-term contracts than their male counterparts at every level (Table 38.).

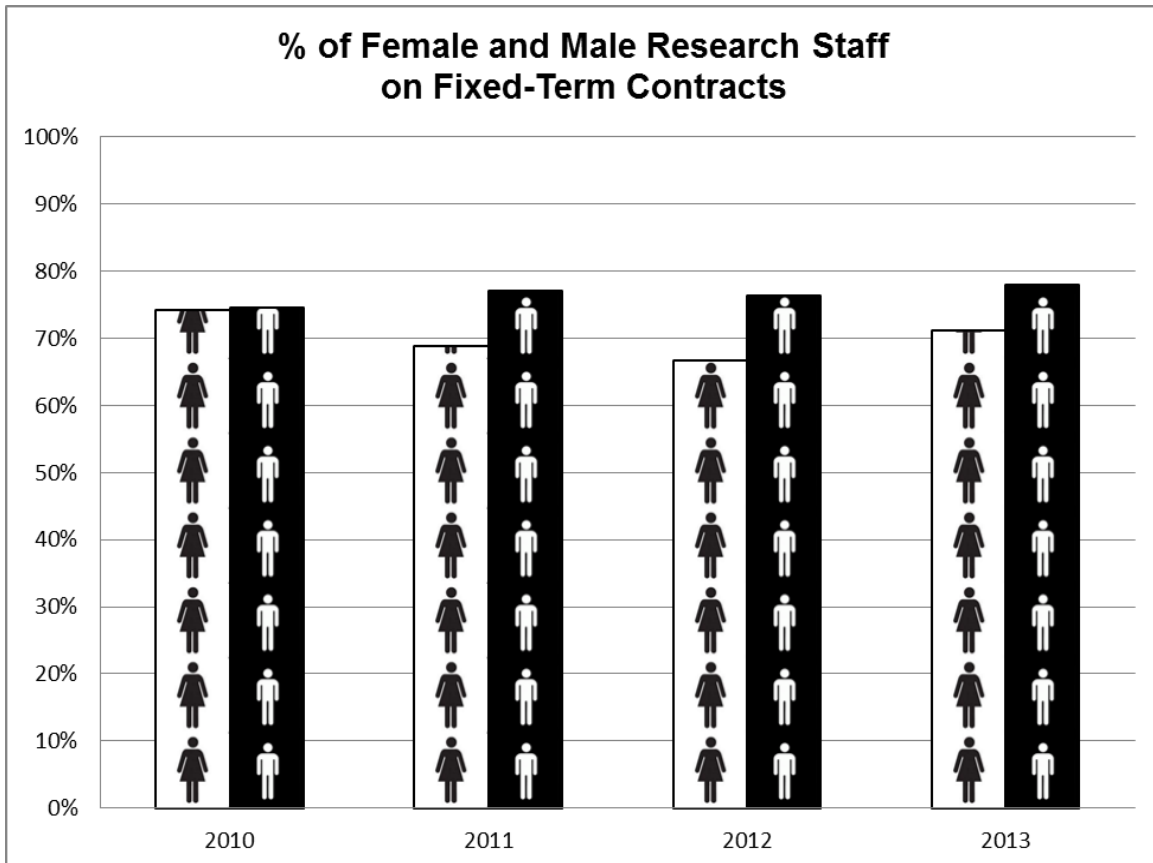


Figure 23: Total Research Staff Levels A-D showing % Female and Male on fixed-term contracts. Female research staff are consistently less on fixed-term contracts than their male counterparts.

Aggregated data for all Research Staff levels is represented in Figure 23. and in Figure 24.

For the period 2007-2011, the Russell Group data shows the ratio of females to males on fixed-term contract was 59:41; i.e. a ratio of 1.44. Our ratio is consistently below 1.0 since 2010 (Table 25.).

We have a number of initiatives in place (Overarching Theme 4) to enable research staff to progress in their career, either by obtaining further funding (e.g. fellowship applications or renewals), a further research position or obtaining a first academic appointment.

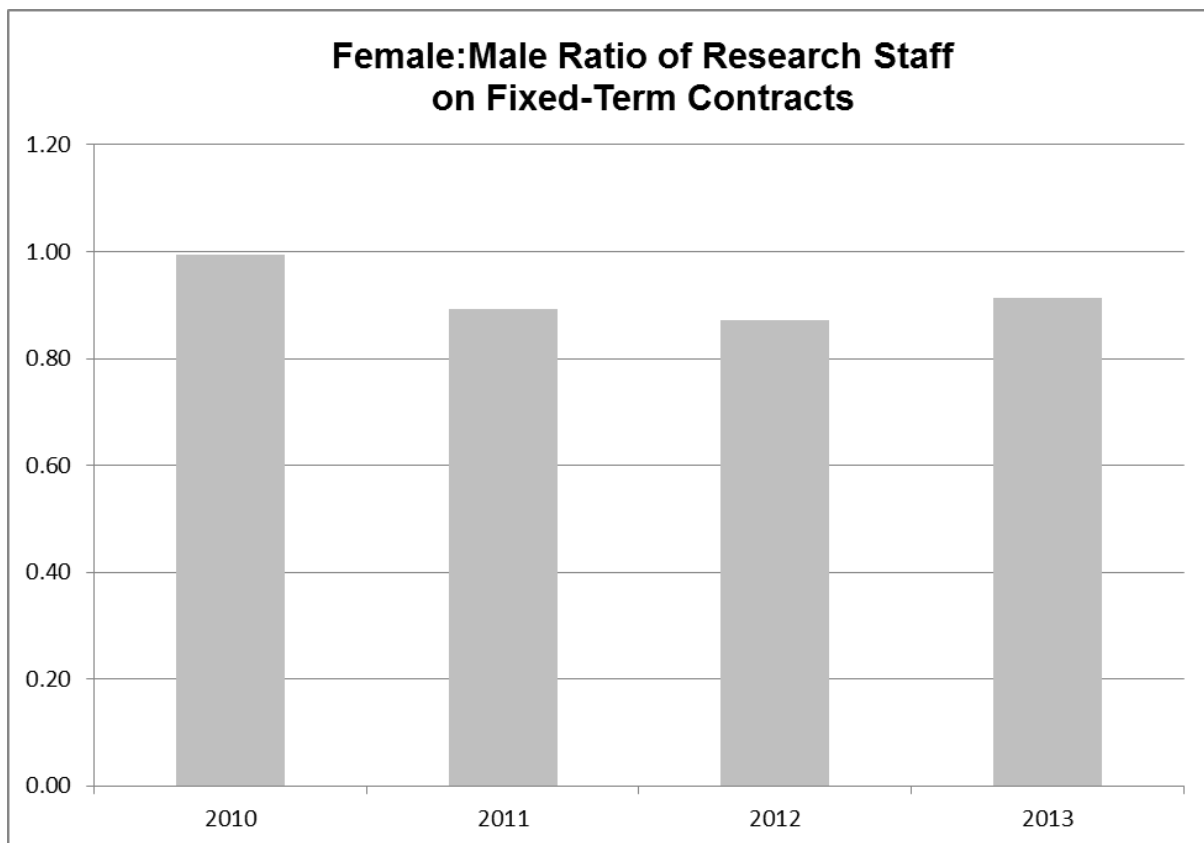


Figure 24: Ratio of female to male staff on fixed-term contracts based on percentages of staff on fixed-term contracts.

Clinical Research Staff

Most Clinical Research Fellows are registered for an NHLI higher degree. They usually exit their clinical training, with permission from their Deanery, for two or three years to undertake MD(Res) or PhD degrees (Figure 2.). Such fellows will typically be on fixed-term contracts that will match their funding and out-of-training dates with their Deaneries (Table 39.). Those that are on open-ended contracts have accumulated four years' continuous service (e.g. extended funding, maternity breaks).

Numbers for staff not undertaking a higher degree are low and thus percentages vary greatly and trends cannot be identified. Clinical Research Staff are offered the same initiatives and support as Research Staff (Overarching Theme 4) to progress in their career, including bridge funding for those coming to the end of their fellowships.

752 words

	2010				2011				2012				2013			
	F	M	% F Fixed	% M Fixed	F	M	% F Fixed	% M Fixed	F	M	% F Fixed	% M Fixed	F	M	% F Fixed	% M Fixed
Research A	11/2	9/0	85%	100%	11/2	10/0	85%	100%	13/1	10/0	93%	100%	17/1	11/0	94%	100%
Research B	57/13	33/8	81%	80%	48/18	33/7	73%	83%	44/20	36/9	69%	80%	42/15	35/9	74%	80%
Research C	4/9	6/7	31%	46%	5/8	9/7	38%	56%	3/9	6/7	25%	46%	3/8	6/4	27%	60%
Research D	0/1	2/2	0%	50%	0/1	2/2	0%	50%	0/0	3/1	0%	75%	0/1	1/2	0%	33%
Total A-D	72/25	50/17	74%	75%	64/29	54/16	69%	77%	60/30	55/17	67%	76%	62/25	53/15	71%	78%

Table 38: Research Staff on Fixed Term/Open-ended contracts in 2010-2013

	2010				2011				2012				2013			
	F	M	% F Fixed	% M Fixed	F	M	% F Fixed	% M Fixed	F	M	% F Fixed	% M Fixed	F	M	% F Fixed	% M Fixed
Clinical Research - Higher Degree	21/1	30/1	95%	97%	16/0	34/1	100%	97%	13/0	32/0	100%	100%	9/0	30/0	100%	100%
Clinical Research	4/0	6/3	100%	67%	4/1	2/2	80%	50%	5/1	1/4	83%	20%	2/2	4/4	50%	50%

Table 39: Clinical Research Staff on Fixed Term/Open-ended contracts in 2010-2013

- (iii) **Representation on decision-making committees** –evidence of gender equality in the mechanism for selecting representatives.

Adequate female representation based on NHLI's gender ratio of academics (including Readers and Professors holding honorary contracts) would equate to a 25% representation of female academics. This percentage is exceeded in all committees (Table 34.).

The geographical spread of NHLI necessitates consideration for location as well as scientific or administrative experience. Various NHLI committees are made up from set roles within the Institute (e.g. Head of Section) and thus gender representation can be dictated in cases by roles held by the members.

Since NHLI's 2009 submission, the percentage of Heads of Section who are female has risen from 0% to 30% which is now representative of the academic staff female percentage. This impacts on representation on committees requiring Heads of Sections.

Newly committees, such as the Science Committee, or those where the composition varies greatly year on year (e.g. postdoc and student committees) ensure adequate female representation, as well as junior representation whenever appropriate. This is achieved through a mix of open recruitment and encouragement of target individuals.

NHLI staff are encouraged to participate in activities beyond the Institute and many female staff sit on Faculty and College-wide committees including the, CBS Policy Committee and Education Sub-Committees. Imperial-wide roles held by NHLI female academics include Faculty Ambassador for Women, Director of Admissions, Equality and Diversity; Campus Dean and Senior Tutor.

Since our original submission in 2009, representation of female academics on external panels was actively targeted. Suitably qualified female academics were identified and encouraged to apply for key positions on national research boards. This process was proven successful within NHLI exemplified by one of our female academics being appointed to the MRC Populations, Systems and Medicine Board (Case Study 1).

280 words

- (iv) **Workload model** – describe the systems in place to ensure that workload allocations, including pastoral and administrative responsibilities (including the responsibility for work on women and science) are transparent, fairly applied and are taken into account at appraisal and in promotion criteria.

NHLI does not currently hold a formal workload model. Such a model within the Institute would be difficult to construct based on the different responsibilities required of clinical and non-clinical academics; as well as the variety of teaching, research, administrative and pastoral care activities undertaken by staff across the Institute.

The Hol has clearly stated and endorsed the importance and value of activities such as teaching, management, administration, professional activities, student welfare, development opportunities, outreach, Athena and mentoring. MAC is aware of NHLI and College roles other than formal teaching and research activity undertaken by the Institute staff. Individual workload is reviewed by Heads of Sections and Heads of Groups and all activities are taken into consideration during staff/ manager meetings, annual PRDPs and applications for promotion and documentation for the formal reviews includes a requirement for details of such activities.

NHLI has systems in place to monitor workload within postgraduate and undergraduate teaching. Teaching workload is maintained in an NHLI central database and provided by NHLI's Senior Undergraduate Administrator to each member of staff who teaches on an annual basis as a report which they can bring to their annual PRDP and is considered during academic promotion applications.

Expansion of our monitoring processes to include public engagement and outreach activities is underway.

213 words

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

NHLI does not have formal central core hours since NHLI's unique mix of clinical and non-clinical scientists based on several sites and their personal and professional commitments has to be considered and accommodated. Core hours are determined by the needs of the role on a case-by-case basis. However, flexibility in working hours is implemented where desired and when possible and it is expected that standard Management and Research Meetings are held between 9-5pm and not during school holidays or term breaks.

Exceptions include events such as our Annual and Inaugural Lectures, Christmas Party, Celebrating Success Evening, and some research or networking events which may continue beyond 5pm. Making our Christmas Party free of charge allowed staff choosing to attend even for a short period to benefit from this networking and social opportunity (Action 2.7.1.).

To ensure these events are accessible to as many as possible, we communicate details on events, both social and scientific, in sufficient time to enable any caring arrangements or clinical rotations to be put in place. We are setting up a SharePoint calendar for all NHLI to view all events organised as soon as they are available (Action 2.7.2.).

Staff and students are encouraged to inform us of caring responsibilities affecting timetabling of key research events. We record Inaugural Lectures (Action 2.7.3.) and are investing in video-conferencing to enable users to take part in meetings remotely (Action 2.6.1.).

NHLI's geographic spread has often been an obstacle to staff attending events and as such, NHLI organises and funds taxis or mini-buses for colleagues to travel together to such events (Action 2.6.2.).

The annual Head of Institute Open Meeting will be held at all NHLI locations from 2014 allowing all staff direct interaction with the HoI (Action 2.1.2.).

278 words

- (vi) **Culture** –demonstrate how the department is female-friendly and inclusive and ensures visibility of women, for example external speakers. ‘Culture’ refers to the language, behaviours and other informal interactions that characterise the atmosphere of the department, and includes all staff (academic, technical and support) and students.

NHLI is a large department spread across London in locations as far apart as 25km. Its >1050-strong staff, honorary staff and students come from a wide variety of backgrounds. As such, the Institute-wide culture is and has been a challenge but over the years, NHLI has put in place a number of initiatives to bring the Institute together and to break down these barriers including the annual Open Meeting.

At the March 2012 Athena workshops participants described NHLI as friendly, collaborative and as having positive female role models, but also as secretive, pocketed, non-celebratory, lacking in transparency and political. Importantly, many commented on how the recent changes in management structure (including the MAC and increased Section responsibility) were having a positive effect on NHLI (Actions 2.2.1. and 2.2.3.). Further surveys will continue to question the Institute on its culture.

One major success is the increase in female Heads of Sections. NHLI’s 2009 application expressed regret at having no female Heads of Sections and we are delighted to say that 31% are women (4:13). Since Heads of Sections are normally Professors, and 25% of NHLI professors being female, our HoS are reflective of this figure. NHLI’s senior administrative management also includes 3 women.

NHLI underwent a pay review to ensure pay parity: figures for February 2014 show that female non-clinical professors had a median salary higher than that of their male counterparts.

We ensure that Institute events and research days are gender-balanced, both in terms of speakers and chairs (Action 2.9.6). We continue to invest in professional photography to ensure female visibility across the board (Action 2.10.4).

NHLI continues to disseminate its monthly newsletter, which includes a letter from the HoI, as well as news items, prizes awarded, staff appointments and promotions as well as facilities, seminars and other opportunities available throughout the university (Actions 2.1.1. and 2.9.5.). We will continue to commend those that take part in charitable initiatives, within the NHLI Newsletter, and will take part at Institute level in gender-specific events such as International Women's Day (Action 2.9.3). In the 2011 staff survey, a higher percentage of NHLI staff than those in College or Faculty found the Institute’s communications useful.

Our alternative Newsletter will feature announcements of births personal and family achievements, parent profiles and useful tips for those embarking on parenthood (Action 2.10.2).

An annual Celebrating Success Evening, initiated in 2008, is organised to celebrate the achievements of NHLI's staff and students throughout the previous year, with the Hol congratulating all attendees personally (Action 2.8.2.). A similar event celebrates contribution to teaching (Action 2.8.3.), and we are instigating an event for celebrating contribution to Public Engagement and Outreach (Action 2.8.1).

Our annual Postgraduate Research Day enables all ~180 research students to come together to present their work, network and socialise together and at a reception following the event we announce winners of the NHLI Thesis Prize competition (Action 2.8.4.).

Our Hol personally emails each research student congratulating them following the award of their degree and requests feedback on their time at the Institute. He sends regular announcements to all NHLI staff with details of recently awarded research degrees.

Our most popular event, was our new Bring Your Child to Work Day launched in October 2013 where staff and students, regardless of job family, level or gender, were invited to bring their children to work for the day (Action 2.10.3.). Importantly the Hol clarified that the day did not constitute annual leave. The morning included a visit to their place of work within their Section in NHLI's various locations with scientific activities for children. After lunch, scientific activities were focussed at one site followed by Halloween Tea Party and face painting. Parents and children aged 2-17 were entertained by their colleagues, from students to Heads of Sections, who put together over 20 activities. The event was the first of its kind at Imperial and was extremely successful. It received acclaim throughout College and will be run annually; some of the feedback is captured in Table 40.

Along with these Institute-wide events, Sections hosts their own networking, research and social events, led by their Heads of Section.

666 words

Clinical Senior Lecturer, Female	<i>For the first time in more than 11 years, it made me feel that my children were an approved part of my life at Imperial. I cannot begin to say how much that meant. (...) quite apart from supporting the parents, this really has encouraged future scientists</i>
Lab Manager, Female	<i>Thank you very much for this brilliant event. My three year old had so much fun and now knows what Macrophages are! Thanks again and we look forward to participating again next year.</i>
Laboratory Research Technician, Female	<i>I'd like to thank you and EVERYONE that took part and set up yesterday's activities.</i> <i>I enjoyed it, and Chanel (who traumatised me by talking about it all the way home and most of this morning like I wasn't there) clearly enjoyed the day. She diagnosed a man with a cough on the bus last night with COPD (thankfully said quietly enough that only I could hear) !!!!</i>
Reader, Male	<i>Pippa and I had a great time and I am very happy to help out at the next occasion.</i>
Research Fellow, Male	<i>My kids enjoyed all activities they experienced today. Personally, I enjoyed sputum smoothie that looked very real!</i>
Girl, aged 11 Daughter of Reader, Male	<i>I thought all the activities were very imaginative and enjoyable. I particularly enjoyed painting the hearts on our hands and decorating the biscuits like lungs. The sputum activity was a little gross, and I was put off tasting the fake samples although they were apparently very tasty</i>
Anonymous	<i>I thought it was great and I liked the biscuits best because they were really fun making and I would like to eat them!</i>
Administrator, female	<i>It was a great day and the children (aged 4 & 5) really enjoyed it. Their favourite part was the board game they played, they thought that was amazing and have not stopped talking about it.</i>

Table 40: Selection of feedback following BYCTWD 2013

- (vii) **Outreach activities** – level of participation by female and male staff in outreach activities with schools and colleges and other centres, and how the department ensures that this is recognised and rewarded (e.g. in appraisal and promotion).

A varied selection of examples of activities and gender participation is summarised in Table 41. The data indicates a higher percentage of women across NHLI and its associated hospitals are engaging in such activities. NHLI does not yet hold records of participation in public engagement by staff and students, primarily due to the size of the Institute and the large range of differing activities undertaken by our staff and students.

Following its 2009 Silver award, the Institute has appointed from its academic staff an Institute Lead for Outreach, who is part of the NHLI SAT. Three further members of administrative staff's roles include public engagement and outreach, including the specific appointment of a Public Engagement Officer. NHLI is closely associated with the NIHR Cardiovascular and Respiratory Biomedical Research Units and works with their Patient and Public Involvement leads who have provided us with the information of their outreach activities since 2010. These activities are often joint as the NIHR BRUs are an active collaboration between NHLI and the Royal Brompton and Harefield NHS Trust.

The increasing visibility of Public Engagement and Outreach within NHLI, reflects the Institute's strong commitment to these activities. Its importance is recognised in annual PRDPs; in the promotion process, as a standing item in the monthly Management Advisory Committee, our Research Student induction process and Postdoc Research Days. It has also recently been included as a regular slot in the monthly NHLI Newsletter.

237 words

Date	Event	Org Data	Total F	% F	Total M
Jul-09	AimHigher Year 10 students with an interest in STEM	CV BRU	1	50%	1
2010	Schools Outreach	CV BRU	1	33%	2
2010	Science Museum: Mystery Boxes film participation	CV BRU	0	0%	1
2010	6th Form Science Students: North Oxfordshire Academy Banbury	CV BRU	0	0%	1
Oct-10	CRY Annual Conference, Houses of Parliament	CV BRU	0	0%	1
Dec-10	Joint BRU Exhibition in Sydney Street hospital reception	CV BRU	2	100%	0
Mar-11	Big Bang	Resp. BRU	10	91%	1
May-11	Research Open Day	Resp. BRU	6	100%	0
May-11	Heart and Lung Research Open day - Royal Brompton Hospital Foundation Trust	CV BRU	2	25%	6
Oct-11	Age UK - Uxbridge Shopping Centre	CV BRU	2	100%	0
Nov-11	Café Scientifique	Resp. BRU	0	0%	1
Feb-12	Café Scientifique	CV BRU	0	0%	2
Feb-12	Pathology Museum - Valentine's Day - Mending Broken Hearts seminar	CV BRU	0	0%	1
Feb-12	CLARHC event - Market Area - Joint BRU stand: Café Scientifique	CV BRU	2	100%	0
Mar-12	Research Open Day	Resp. BRU	2	100%	0
Mar-12	Heart and lung research open day - Royal Brompton Hospital Foundation Trust	CV BRU	3	33%	6
Mar-12	School BRU visit	CV BRU	5	83%	1
May-12	Imperial Festival	Resp. BRU	3	100%	0
May-12	Imperial Festival	NHLI			
May-12	Café Scientifique	Resp. BRU	0	0%	1
May-12	Imperial Festival - Genetics stand	CV BRU	2	50%	2
Sep-12	London Cardiomyopathy Information Day: BRU stand	CV BRU	2	100%	0

Oct-12	Age Concern K&C event	Resp. BRU	2	100%	0
Oct-12	Kensington and Chelsea Age UK, Well-being for Life 2012: Annual Health Fair - CBRU Genetic and coronary heart disease stand	CV BRU	2	67%	1
Oct-12	Café Scientifique	CV BRU	1	33%	2
Nov-12	Imperial BRU Showcase Event - CBRU stand biobanking	CV BRU	2	100%	0
Jan-13	Café Scientifique	Resp. BRU	0	0%	1
May-13	Imperial Festival	Resp. BRU	4	100%	0
May-13	Imperial Festival	NHLI	16	67%	8
May-13	Research Open Day	Resp. BRU	4	80%	1
May-13	Imperial Festival: HeARTworks - Muscle Power	CV BRU	5	56%	4
May-13	Café Scientifique	CV BRU	1	50%	1
May-13	Heart and Lung Research Open day - Royal Brompton Hospital Foundation Trust	CV BRU	10	59%	7
Jun-13	The Haemochromatosis Society: annual conference, presentation on Imaging - measuring iron stores in the heart	CV BRU	0	0%	1
Aug-13	Einstein's Garden, The Green Man Festival	NHLI	0	0%	2
Aug-13	Joint BRU Stand at Harefield	CV BRU	3	100%	0
Sep-13	Imperial Fringe: What makes me me?	Resp. BRU	3	75%	1
Sep-13	Science Uncovered at the Natural History Museum	NHLI	9	100%	0
Sep-13	Reflections On Research - experiences of research participation in NW London - launch of video with patients and researchers	CV BRU	0	0%	1
Sep-13	Natural History Museum: Navigate the Heart	CV BRU	5	83%	1
Oct-13	Bring Your Child to Work Day - Parents	NHLI	32	73%	12
Oct-13	Bring Your Child to Work Day - Helpers	NHLI	31	76%	10
Oct-13	Science Weekend with GirlGuiding	NHLI	8	73%	3
Oct-13	Chelsea & Westminster AGE UK - Arrhythmia research stand	CV BRU	2	100%	0

Dec-13	Imperial Fringe: Fluid Thinking	NHLI	2	33%	4
Dec-13	Genetics lab opening ceremony	CV BRU	6	38%	10
Dec-13	Imperial College Fringe festival - Fluid thinking	CV BRU	0	0%	1
Feb-14	The Crick Institute Science Museum Late	NHLI	12	75%	4
Feb-14	Croydon High School - Careers convention	CV BRU	1	100%	0
Mar-14	School Science Conference	Resp. BRU	2	100%	0
Apr-14	3-Minute Thesis	NHLI	8	44%	10
	Total		213	66%	111

Table 41: Selection of activities undertaken by NHLI and BRU staff since 2009

7. Flexibility and managing career breaks

(i) Maternity return rate

NHLI's maternity return rate for female academics is 100%. NHLI has targeted staff eligible for the College's Elsie Widdowson Fellowship, gaining 6 successful applications since 2009 (Action 5.2.1.).

Staff Type	Instances of Maternity Leave	Number of Returns	Number of Leavers	Return Rate
Non-Clinical Academic	2	2	0	100.0%
Non-Clinical Research	54	44	10	81.5%
Clinical Academic	7	7	0	100.0%
Research - Clinical	27	24	3	88.9%
TOTAL	90	77	13	85.6%

Table 42: Aggregate of Maternity Data 2004-13

26 words

(ii) **Paternity, adoption and parental leave uptake**

We advertise and disseminate the parental leave process widely. Adherence to College leave policy forms part of our new Role Descriptor for Heads of Sections (Action 2.2.3.), so that it is not only recorded formally, but that all are encouraged to take the leave they are entitled to.

Since 2006, two staff took adoption leave; one in 2006 (male) and one in 2009 (female - Case Study, 2009).

Staff Type	2006	2007	2008	2009	2010	2011	2012	2013
Non-Clinical Academic	1	0	1	2	0	0	0	0
Non-Clinical Research	0	1	0	1	0	1	3	3
Clinical Academic	0	0	0	0	1	0	0	1
Research - Clinical	0	0	0	0	2	1	2	4
TOTAL	1	1	1	3	3	2	5	8

Table 43: Paternity data 2006-13

66 words

(iii) **Numbers of applications and success rates for flexible working by gender and grade**

Flexible working at NHLI includes:

- working part-time and
- working full-time but non-standard hours such as starting or finishing late or working from home.

Applications are arranged between individuals and their line managers and are available for discussion to all grades and genders within the Institute.

Part-time working is recorded centrally by Imperial's Human Resources department whereas full-time working but non-standard hours are an informal arrangement.

We do not currently have a formal way of recording applications for flexible working and will be implementing such a system in the coming year (Action 5.1.1.)

90 words

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

NHLI's 2009 application process revealed a disparity of openness and acceptance of flexible working which was heavily dependent on each individual's line manager, research group or Section (Action 5.2. in 2009; merging into an overarching theme for 2014). Recent workshops, Open Meetings and discussion with the SAT indicate that such a disparity may no longer exist.

In the 2011 Imperial College Staff Survey 83% of NHLI staff who responded were satisfied with their flexible working hours.

Awareness of flexible working arrangements is reinforced by the HoI at Open Meetings and at the MAC to Heads of Section who in turn raise awareness via their regular Section Meetings. Communications are sent to the whole NHLI regarding such policies as well as part of Athena updates within our NHLI Newsletter.

NHLI has implemented a role descriptor for Heads of Sections which includes support for Athena SWAN in order to ensure that policies such as flexible working are not only being considered but supported, each on a case by case basis (Action 2.2.3.).

Informal agreements for flexible working that do not reduce working hours are common within NHLI - enabled by provision of remote desktop and email access, and video-conference facilities (Action 2.6.1.) enabling remote meeting attendance.

The number of academic staff working part-time is relatively small but we believe they have been able to take up this opportunity without impacting on their careers (Table 44). The recent Research Excellence Framework has addressed part-time working with reduced outputs expected in university submissions, thus reducing the pressure on staff to work full-time.

Table 44. shows the headcount of staff across the Institute, genders and grades that work reduced hours.

271 words

	Total	Female				Male			
		Total	FT	PT	% PT	Total	FT	PT	% PT
Academic	52	19	17	2	10.5%	33	24	9	27.3%
Clinical Academic	49	10	10	0	0.0%	39	33	6	15.4%
Clinical Research	54	11	11	0	0.0%	43	40	3	7.0%
Learning & Teaching	6	3	1	2	66.7%	3	1	2	66.7%
NHS Nurses	20	17	13	4	23.5%	3	3	0	0.0%
Professional Services	88	69	57	12	17.4%	19	17	2	10.5%
Research A to D	156	89	79	10	11.2%	67	65	2	3.0%
Senior Research Investigator	6	0	0	0	0.0%	6	0	6	100.0%
Technical Services	69	51	44	7	13.7%	18	16	2	11.1%
Grand Total	500	269	232	37	13.8%	231	199	32	13.9%

Table 44: NHLI staff working full time and part time on 6 April 2014.

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

NHLI actively encourages participation in the College's activities and ensures that NHLI Staff are aware of and take up these opportunities.

Specific NHLI initiatives include funds for caring responsibilities incurred when travelling to a conference, meeting or workshop that are automatically granted under our Postdoctoral Travel Award scheme (Action 5.3.1.).

Our commitment to supporting fellows following career breaks is highlighted by our sponsorship of two Daphne Jackson Trust fellowships for individuals wishing to return to science on a part-time basis following a career break of two years or more. We expect to launch these by the end of 2014 (Action 4.5.1.).

Students' studies are interrupted for an equivalent time whilst they are on parental leave ensuring that their timed targets are moved accordingly. When returning from leave, they are helped with any part-time study arrangements required, which may be independent from their employment.

Research and teaching responsibilities are dealt with on an individual basis. Those supervising research students often do so with a co-supervisor who would take over full supervision while the staff member is on leave, while ensuring they are kept up-to-date and have the opportunity to meet up during their Keep-in-Touch days if so desired. Prospective parents with teaching responsibilities inform their course leads who backfill their teaching duties whilst they are on leave. The time of the return and when they pick up teaching duties again is normally by mutual agreement.

Staff and students on parental leave have continued access to their email and thus continue to receive Institute materials such as the NHLI Newsletter and Funding Bulletin, invitations to lectures as well as networking and social events which they may choose to attend during their Keep-in-Touch days.

We aim for NHLI parents at all levels to receive peer-to-peer support and advice. As such, we now host a 'Bring Your Child to Work Day' (Action 2.10.3) and are aiming to put together an alternative Newsletter (Action 2.10.2) and a Parent and Carer Network (Action 5.4.1.) which will include profiles of staff who are willing to be approached confidentially for advice (Action 2.10.1.).

333 words

**TOTAL: 5512 words (5000 allowed)
512 from the allowance**

8. Any other comments – maximum 500 words

Please comment here on any other elements which are relevant to the application, e.g. other SET-specific initiatives of special interest implemented since the original application that have not been covered in the previous sections.

The size, complexity and geographical locations of our Institute represent a challenge in establishing a sense of community and cohesion. We embraced the Athena process and we delighted to be awarded **Silver in 2009**. Following our renewal in 2012, we were disappointed to only receive an extension.

However, we have worked hard to address the acknowledged limitations that were highlighted by the panel. We firmly believe that the initiatives that were set in place have **changed the culture** within the Institute, making it a better and more enjoyable place to work.

We have implemented a number of measures to address poor communication – particularly how we communicate Athena plans and progress. Open Meetings and Workshops have helped and going forward a large part of our 2014 Action Plan is designed to continue and build on this process of communication and emphasize the clear commitment and understanding of the whole Institute towards the Athena principles. The cultural shift in understanding and communication has been embraced at all levels – from Senior Management to students. **We fully recognise that we have more to do.**

We have made progress in advancing promotion of female staff to more senior grades and positions within the Institute. We will now focus on recruitment to attract the very best scientists to the NHLI, regardless of gender.

Female recruitment is limited by a number of external factors such as the clinical training pathway (Figure 2) and the availability of external funding. We will review gender parity in the clinical pathway and liaise with clinical training bodies and compare with our data. Importantly, we cannot influence an external process to allow for gender parity. The ultimate long term goal would be to at least match our percentage of female clinical academics to the percentage in CCT acquisition (Figure 2). However, this process may take over and above ten years due to the clinical training timescale.

The appointment of a Head of Research and Career Development will facilitate our goal of attracting and retaining women into clinical academic posts. Moreover, NHLI Research Manager (Emma Watson) and Communications and Events Administrator (Ruth O'Donnell) both have responsibilities for implementing Athena activities embedded into their job descriptions. As part of SAT they are well placed to ensure that Action plan

progress is timely and Athena principles are entrenched into the culture of the Institute.

By addressing issues identified in workshops and surveys, by implementing and concentrating on consolidating the actions planned we will ensure that **NHLI is the best place to develop one's career.**

419 words (500 allowed)

9. Action plan

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

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

We have compiled one action plan which encapsulates the 2009 and 2012 action plans as well as incorporating our new 2014 action plan; showing the panel specifically which are previous (greyed out), and new items, as well as any carried forward or completed. To note, the new action plan is not organised as in the two previous ones, rather we have ensured the panel can map our Actions to our previous and current Action Plans. Feedback from our 2012 extension showed that we had not provided sufficient detail and have therefore increased our Action Plan to include these.

We organised our action plan into six overarching themes which were agreed based on our understanding of the Institute's needs (workshops, surveys, SAT) as well as mapping to main parts of the application form:

- NHLI and Athena SWAN
- Organisation and Culture
- Recruitment and Selection
- Career Support Development
- Flexible working and work-life balance
- Baseline Data and Supporting Evidence

Each theme has a number of Objectives. These Objectives are aspirational statements which we wish to embed into the culture of the Institute, and believe each will become factual statements within the next three years. Each Objective is supported by a series of Actions, some already completed, others in progress; with future actions in the planning.

10. Case study: impacting on individuals – maximum 1000 words

Describe how the department's SWAN activities have benefitted two individuals working in the department. One of these case studies should be a member of the self assessment team, the other someone else in the department. More information on case studies is available in the guidance.

We have chosen these two particular case studies specifically to highlight the significant change in culture within NHLI by contrasting one study of an academic who has been at NHLI over 30 years (Sian Harding) with a recent recruit who joined NHLI in 2011 (Charlotte Dean).

Sian Harding



I have been with NHLI from 1980, from postdoc to Professor, so am well placed to bear witness to the striking changes in culture during that time.

After the retirement of Dame Margaret Turner Warwick in 1987, none of the 40 NHLI professors was female and, in at least one case, a highly respected woman clinician had to leave to gain this rank at another institution. Similarly, there were no Heads of Departments (now known as Sections).

Since joining Imperial, with increased rigour and transparency of promotion processes, and particularly since the advent of Athena, the number of female Professors has increased markedly. There are also women heading up Sections (4 out of 13 Sections Heads are female), and I lead a Section of more than 100 researchers.

When my daughter was born I took only 3 months maternity leave, since this was all that was allowed. I negotiated to work at home one day a week, but this was highly unusual and a number of other women were forbidden from doing this. The increase in flexibility of working at all levels is one of the most striking changes to have occurred in the last five years since the advent of Athena.

I have both benefited from Athena initiatives and sought to help others benefit similarly. I believe that my Head of Section appointment was greatly aided by the encouragement to the NHLI management by Athena to consider women for senior roles. Certainly, the considerable pay rise I received was a direct result of the pay levelling exercise put in place by our initial Athena award. In another example, I have been mentored for application to Public Boards, via an RCUK scheme brought to Imperial through Athena projects. From this, I have been accepted onto the MRC Populations, Systems and Medicine

Board, the MRC Regenerative Research Council, the Nuffield Council for Bioethics and the British Heart Foundation Programme Grants and Chairs Board. Other women in NHLI have now followed this path, increasing our external profile.

I formed AWAIC, the Academic Women Association of Imperial College, which was part of the effort which gained me the Rector's Award for Equality and Diversity in 2010, and it contributed to the Dame Julia Higgins award to the NHLI in 2013.

My efforts to improve the career structure for other women have also included mentoring both within College and for the British Society of Pharmacology; gaining two Elsie Widdowson awards for staff and coaching women for the Daphne-Lott Taylor Lectureship, Rosalind Franklin Prize and Rector's Research Excellence Award, Imperial and British Heart Foundation Chairs.

In my outreach activities I have particularly targeted female participants, from post-doc groups to the Women's Institute. In the latest outreach initiative from the NHLI, the Heart and Lung Repair Shop (July 2014), I plan a specific female area "Sisters are Building it for Themselves". The new atmosphere that Athena has engendered is allowing all these, once marginalised, activities to be seen as a valuable and enriching part of the scientific life.



Sian (right) leading an activity at the BYCTWD 2013

Charlotte Dean



Alex, Charlotte and Nicholas on holiday

Dr **Charlotte Dean** joined NHLI in 2011 as a Lecturer in the Leukocyte Biology Section. She has two children aged 8 and 5 and is a member of the NHLI Athena SWAN Self-Assessment Team (SAT).

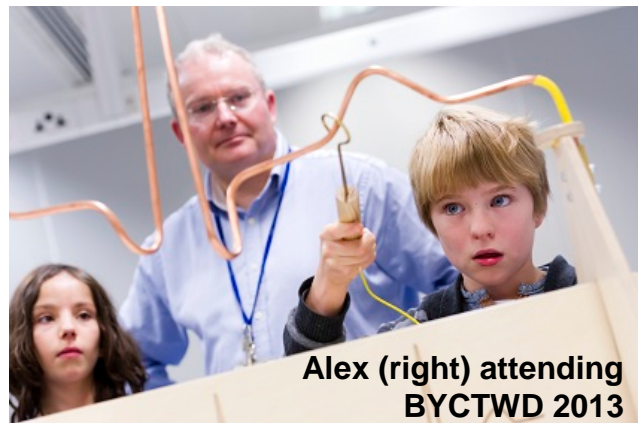
As a new lecturer joining NHLI, I was anxious how the culture of a medical department would be and in particular, how supportive they would be of a female

academic with young children. I am happy to say that the environment has been very accommodating both on a departmental and an Institute level. Importantly for me, I am able to work flexibly with agreement from my Head of Section. This allows me to drop off and/or pick up my children from school (sharing this responsibility with my husband). I have always been keen to encourage women to pursue scientific careers and I was pleased to join the NHLI SAT in 2012.

A number of Athena driven initiatives have been introduced to support newly appointed lecturers and fellows, such as me. These have helped me to feel highly supported and therefore able to make the most of my career and home life.

In particular, as part of the 'New Scientist Day' initiative the presenting scientists are encouraged to provide a list of people throughout NHLI, Imperial and the UK that they would like to invite to come along. These people then receive a personal invitation to the event from the Head of Research and Development - representing a true commitment from the Institute. I presented at the July 2013 meeting and it has already directly benefited my career by leading to two new collaborations with senior UK scientists.

Another recent event was a 'Bring Your Child to Work Day'. I took part in this fantastic event, both as a demonstrator, teaching children how to extract DNA from fruit, and as a Mum bringing both my children along. The whole day was wonderful and all the children really enjoyed the event. Importantly it



Alex (right) attending BYCTWD 2013

showcased the number of female scientists at NHLI - to such an extent that when I recently asked my younger son, Nicholas, what he would like to be when he grew up, he replied that he would like to be a scientist but then inquired whether they have boy scientists too! I reminded Nicholas that there were a number of male scientists that he had met during the event too.

Whilst many of the Athena initiatives are not female specific, they particularly benefit women by making them feel valued and supported as mothers rather than a burden. This is something I believe is key to retaining women in scientific careers.

988 words (1000 allowed)