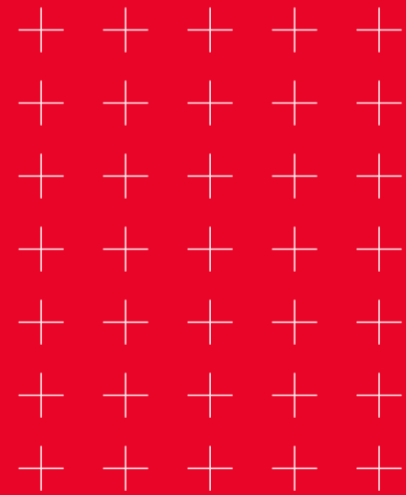




2023 Workforce Equity Audit and Progress Report

January 2024



The Royal
Melbourne
Hospital

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Executive Summary

The Royal Melbourne Hospital is committed to promoting inclusion and equality for all our communities. This is fundamental to achieving our vision of '*advancing health for everyone every day*'.

The second RMH Workforce Equity Audit has been completed to help identify strengths and areas for improvement in the experience of diversity, equity, and inclusion (DEI) for those who work at RMH. The audit measures our progress against the gender equality indicators set out in the Gender Equality Act. It also quantifies the impact of our DEI efforts through our DEI Action Plan and related action plans.

This paper includes:

A. A summary of findings from the Workforce Equity Audit 2023:

- Insights from the indicators as outlined in the *Gender Equality Act, 2020*
- Insights from analysis of the 2023 People Matter Survey (PMS) and workforce pay data
- Comparison of data with the results of our 2021 audit and previous PMS data

B. A summary of the progress report to be submitted to The Commission for Gender Equality in the Public Sector (the Commission) including:

- a. Gender Impact Assessments
- b. Progress against the DEI Action Plan
- c. Resourcing of this work
- d. Progress against the 7 Gender Equality Indicators

RMH will finalise the Workforce Equity Audit and Progress Report for submission to the Commission by 20 Feb 2024 as required under the *Gender Equality Act 2020*.

A - Workforce Equity Audit 2023 findings

This report covers a large amount of data and can be a dense read. High level information will be presented at key committees and forums. An infographic will also be developed and distributed across the organisation.

An infographic will also be created to relay key information to staff.

Strengths and progress:

- ✓ Improved pay gap for analysis of 15 levels
- ✓ Improved representation of non-binary/gender diverse people in our workforce
- ✓ Increased reporting of sexual harassment to manager, and improved satisfaction of handling of sexual harassment complaints
- ✓ Younger staff more positive perceptions of fairness, opportunities to develop and progress, and inclusive culture
- ✓ Improved perception of cultural safety and inclusion, especially for diverse sexualities
- ✓ Improved perception of inclusive communication
- ✓ Improved perception that RMH is taking action to address problematic behaviour
- ✓ Increased use of Family Violence Leave by people all genders

Challenges and opportunities:

- Still relatively low perception of fairness of opportunities compared to other employee experiences
- Disparities in workplace cultural safety for staff who are Aboriginal and/or Torres Strait Islander, non-binary, and people with disability
- Need to enhance efforts regarding cultural diversity
- Low rates of reporting sexual harassment to People and Culture (P&C)
- Low rates of reporting bullying, and discrimination to managers or P&C
- Low rates of satisfaction with handling of bullying and discrimination complaints
- Pay gaps most evident in part-time, fixed term roles
- Women and non-binary people more likely to work part-time
- Low numbers of men using Parental Leave, particularly the unpaid portion

B - Commission Progress Report summary:

The Commission's Progress Report template has 4 sections to be completed. Key information is provided here, and the report is further outlined in section 9 of this report:

a - Overview of Gender Impact Assessments (GIAs) completed within the two-year reporting period

- RMH has committed to an Equitable Impact Assessments (EIA) process as opposed to GIAs.
- RMH completed eight EIAs in the reporting period. Four of the eight have considered diversity beyond gender.
- The design of the new Arden St facility, and the development of the new Strategic Plan should include an EIA lens or process.

b - Update on progress against our DEI Action Plan

- Of the 27 actions in our four-year Action Plan only three are not yet started, and should be actioned in 2024.
- Three are complete, while all the others are in progress or ongoing.
- This action plan is regularly monitored and reported on each quarter to executive via The Melbourne Way Steering Committee.

c - Summary of resources available to enable DEI work

- RMH has a dedicated DEI Consultant at a senior level.
- RMH efforts are supported by executive as leaders and sponsors, as well as senior leaders who chair committees, staff who participate in committees or lead actions, and our specific patient facing roles such as the Disability and LGBTIQ+ Liaison Services, and our First Nations Health Unit.
- Feedback was provided to Commission on the resource-intensive requirements of undertaking the audit using the required templates and platforms.

d - Progress against the seven Gender Equity Indicators

- RMH can demonstrate clear progress against six of the seven indicators, with evidence drawn from this Audit Report.
- Factors which inhibit progress were highlighted including:
 - External control over many recruitment and progression decisions and processes, such as the matching process for graduate nurses, or the training constraints of various medical colleges.
 - Industry wide staff shortages.
 - The service delivery demands on our staff, and other competing priorities.

Workforce Equity Audit 2023

Our second Workplace Equity Audit was completed as a requirement of the *Gender Equity Act* (2020). It assessed performance against seven broad indicators as outlined by the Commission. (Full details provided in **Appendix 1**).

Audit indicators:

1. Gender composition of all levels of the workforce
2. Gender composition of governing bodies
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender
4. Sexual harassment in the workplace
5. Recruitment and promotion practices in the workplace
6. Availability and utilisation of terms, conditions and practices relating to family violence leave, flexible working arrangements and working arrangements supporting workers with family or caring responsibilities
7. Gendered segregation within the workplace

This paper provides a summary of audit findings to date. The full audit and a progress report must be submitted to the Commission by 20 February 2023.

These biannual audits allow analysis and insight of trends, strengths, and opportunities for improvement. The audit also allows us to measure our progress against the gender equality indicators set out in the Gender Equality Act, and the impact of our DEI efforts through our DEI Action Plan and related action plans.

Data considerations and challenges

A number of data sources are referred to throughout this paper. Details of these are provided in **Appendix 2**.

Only active employees were included in the data supplied to the Commission. Employees who had not worked a paid shift during the year were excluded. A new report was built in SAP to allow for simpler data reporting. However, a series of errors were discovered, and the data was only finalised in December. Some further smaller errors have been identified, (e.g. Medical director numbers) but these will need to be considered in future analysis given the tight reporting deadlines.

The Commission only allows for the workforce to be split into 15 levels for analysis. This does not allow for more nuanced analysis of our large and complex organisation. As such we developed a model where we have 29 levels for internal analysis which are collapsed into 15 for reporting purposes. See table in **Appendix 3**.

While this provides more useful data for internal gender pay gap and segregation analysis, the data published by the Commission will be based on 15 levels and based on calculations in the Commission portal that are invisible, so may differ slightly to our 29 level data. At the time of writing

this report, some issues remain with the 29 level figures. Further analysis will be provided when available.

The changes in the Commission's template and required data format make some comparisons with the 2021 audit difficult or impossible.

A further challenge that has emerged is the variance in the People Matter Survey (PMS) questions used each year. Some of the PMS questions identified as indicators in our Action Plan are no longer available. In these cases, alternate data has been identified. See Appendix 4 for further detail. Much of the PMS analysis has been made against 2022 data as there was greater similarity in data available.

Data extraction and analysis remains a very manual task, to extract and allow comparison across time and diversity cohorts, which is not supported by the data platforms. It would be worth building a stronger system to allow for ongoing tracking of data, and some initial progress towards this has been made while undertaking this audit. A data analyst specialist would be helpful to prepare for future audits.

A final note on data, smaller data groups are more subject to influence and variation from one or two outliers. Our PMS groups with the lowest scores are often also smallest in number. For this reason, trends overall are helpful to consider.

1. Workforce composition and segregation

Themes:

- Feminised workforce
- Highest proportion of women in nursing and allied health
- Higher percentage of senior medical staff are men
- Increase in non-binary/gender diverse workforce
- High proportion of culturally diverse staff
- Almost half have caring responsibilities
- Small proportion of Aboriginal and/or Torres Strait Islander, non-binary, and staff living with disability

Gender

Like most health organisations, RMH has a feminised workforce with women representing 71% of the workforce, this has remained steady in the 2 years since the last audit (see table 1). Women make up 63% or more of all employee groups except doctors and doctors in training (see figure 2).

RMH employee groups with the largest representation of women remained as nursing and allied health:

- Directors of Nursing and registered nurses with additional responsibilities
- Clinical heads of discipline, allied health and other clinical professionals with additional responsibilities, qualified professionals

Employee groups at RMH with the highest representation of men were in medical roles, particularly in leadership:

- Medical directors
- Head of Unit or equivalent
- SMOs with additional responsibilities

We continue to see women enter medicine at similar rates to men, but the balance decreases with seniority.

Analysis of occupations using Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes provides minimal value to RMH, but is provided below for reference (see table 2 and figure 1).

There has been a notable increase in the number of RMH staff identifying as non-binary. Up from 92 to 165 people in 2 years. Pleasingly, non-binary staff, while still concentrated in more junior roles, are now represented in more senior levels than last audit. We have over 5% within our Doctors in Training and some new senior medical recruits as well (see table 1 and figure 2).

Table 1: Gender composition of RMH workforce June 2021 and 2023

	Total head count 2021	Total head count 2023	Percentage of workforce 2021	Percentage of workforce 2023
Women	7768	7873	71%	71%
Men	3054	3022	28%	27.5%
Non-binary/ Gender Diverse	92	165	0.8%	1.5%
Total	10914	11060	-	-

Table 2: Gender composition by ANZSCO occupation code grouping at RMH - headcount

Occupational category	Women	Men	Self-described
0 - Uncodable	0	0	0
1 - Managers	38	4	0
2 - Professionals	5798	2127	130
3 - Technicians and Trades Workers	133	113	2
4 - Community and Personal Service Workers	439	180	14
5 - Clerical and Administrative Workers	1080	321	12
6 - Sales Workers	0	0	0
7 - Machinery Operators and Drivers	3	11	0
8 - Labourers	382	266	7

Figure 1: Gender composition by ANZSCO occupation code grouping at RMH 2023 (%)

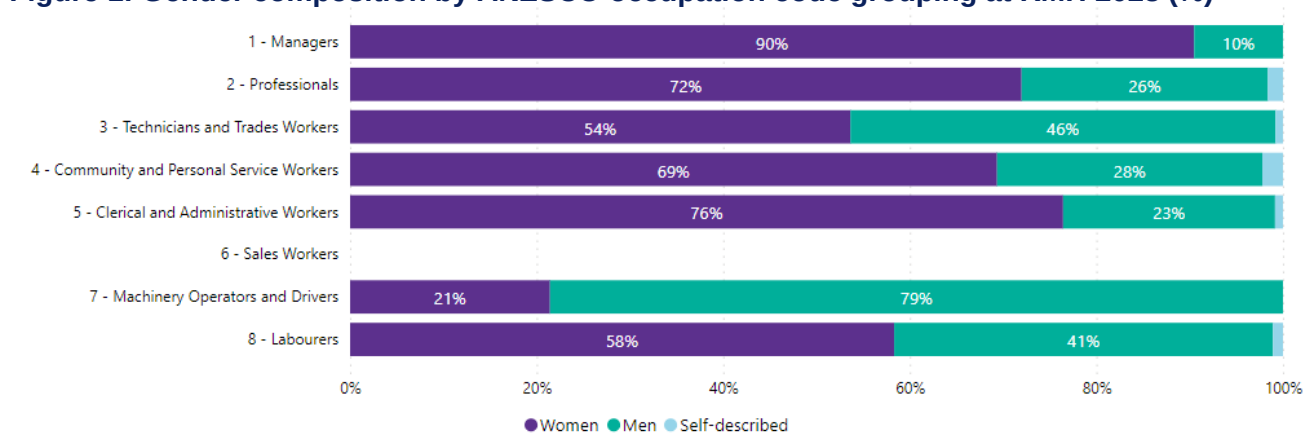
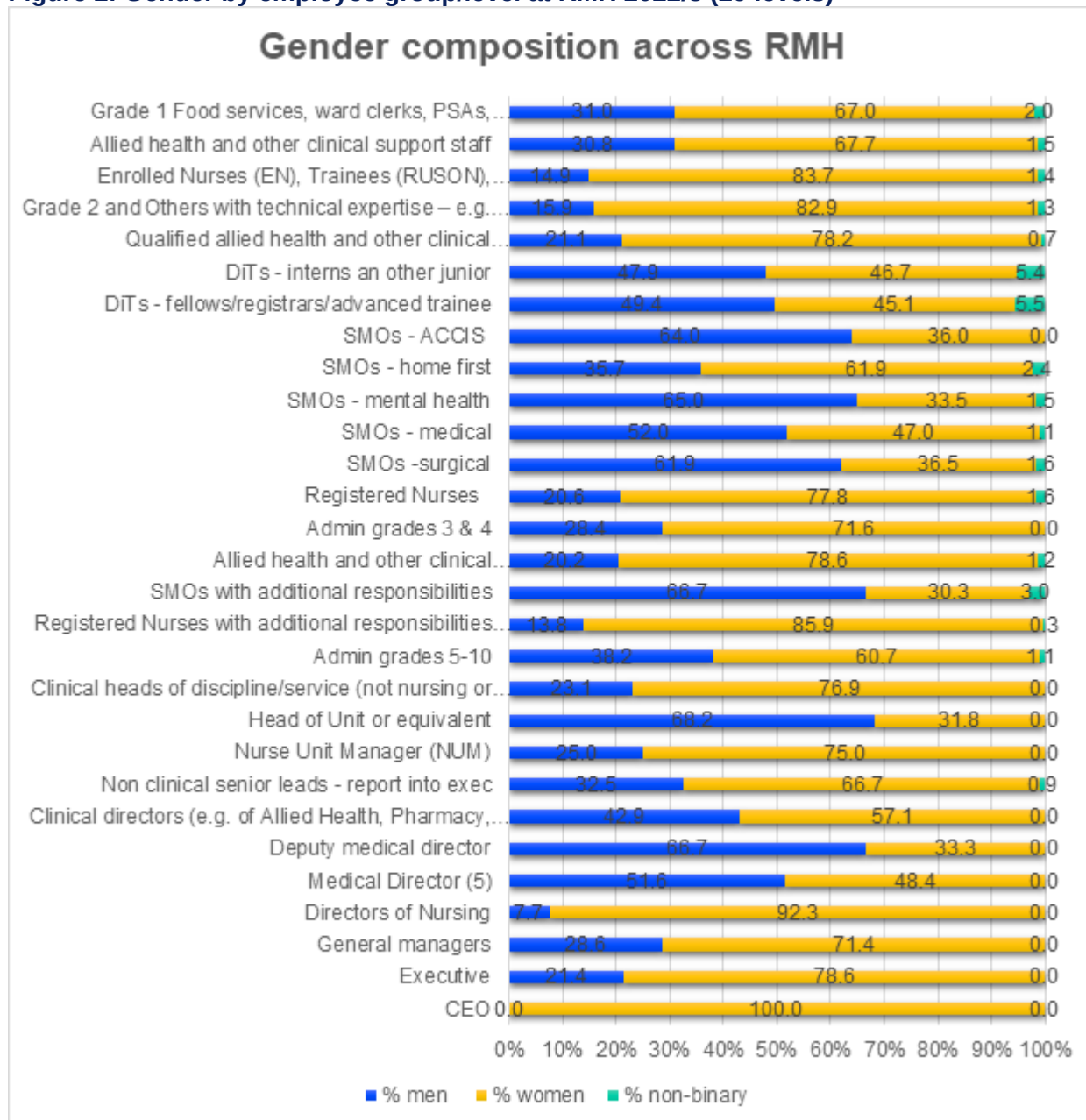


Figure 2: Gender by employee group/level at RMH 2022/3 (29 levels)



Age and other intersectional factors

Age is the main intersectional data point we can currently report on from our workforce data. Our new HRIS should enable us to capture and report on other demographic data, if people feel safe to share it.

There is a slightly more even distribution of staff across each age group when compared to 2021, though much of our workforce are still aged 25-44 years (see table 4).

The workforce group with larger numbers of older employees was Senior Medical Staff with additional responsibilities.

The areas with the largest numbers of younger employees (under 45 years) were Doctors in Training (DiTs - 72%), support staff operations (47% - this includes clinical assistants, environmental services etc.) and registered nurses (46%).

Table 4: RMH employees by workgroup levels and age – 15 levels (CEO removed)

	Level 15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
<i>Executive</i>	0%	0%	29%	36%	29%	7%
<i>General Managers, and Directors (non-medical)</i>	2%	19%	26%	24%	22%	7%
<i>Medical Directors incl Deputy and HoU</i>	0%	13%	11%	43%	24%	9%
<i>Unit Managers - non-medical</i>	0%	11%	39%	28%	19%	3%
<i>RNs with added responsibilities</i>	0%	30%	33%	22%	11%	4%
<i>SMS with additional resp.</i>	0%	0%	28%	31%	28%	13%
<i>Allied Health with added resp. and operations managers</i>	3%	22%	26%	25%	19%	4%
<i>Corporate and support leaders/with additional resp.</i>	4%	22%	29%	20%	18%	7%
<i>RNs</i>	6%	40%	25%	17%	9%	3%
<i>SMS</i>	0%	9%	40%	31%	13%	7%
<i>DiTs</i>	1%	72%	24%	3%	0%	0%
<i>Allied Health professionals</i>	3%	40%	31%	14%	10%	3%
<i>Corporate and support professionals</i>	5%	25%	18%	20%	26%	5%
<i>ENs and allied health support</i>	13%	31%	22%	16%	12%	6%
<i>Support staff - operations</i>	17%	30%	16%	17%	15%	7%
<i>Total workforce 2023</i>	6%	35%	26%	17%	11%	4%
<i>Total workforce 2021</i>	5%	32%	25%	19%	13%	4%

Red shading highlights >25% of this workgroup level in this age group

Analysis of demographic data provided by staff in the PMS indicated we have a diverse workforce (see table 5). For example:

- A small proportion of our staff identify as Aboriginal, non-binary/gender diverse, or living with a disability
- One in 10 are not straight (i.e. gay, lesbian, bi/pansexual, or asexual)
- A third speak a language other than English at home – with Filipino and Mandarin being the two most common.
- While nearly half of our workforce are not religious, we do have a large Christian community and smaller numbers of other religions like Buddhism, Hinduism, and Islam

Table 5: 2021 & 2023 PMS results – RMH workforce demographics (41% response rate)

Identity aspect	Proportion of survey respondents 2021 and 2023	Metropolitan Melbourne estimates	Notes
Aboriginal and/or Torres Strait Islander	1% (unchanged)	0.7% (ABS 2021)	We estimate between 40 – 60 staff but don't currently have accurate records to identify this. 6→5% prefer not to say
Diverse sexualities	10% (unchanged)	4% (ABS 2020)	Not straight (combined Gay, Lesbian, Bi, Pan etc) 14% prefer not to say in both years
Disability	4% (unchanged)	12% Australians aged 0 – 64years (ABS 2020)	8→5% prefer not to say
Speak language other than English at home	27% - 31%	39% (Most common Mandarin, Vietnamese and Greek) (ABS 2021)	Varied languages most common Filipino (12% both years) and Mandarin (11%-12%)
Religion	40% -45% No religion 30% Christian (unchanged) 3% Buddhism (unchanged) 2%-3% Hindu 1%-2% Islam	37% No religion 51% Christian	14%→12% prefer not to say
Born overseas	42%	36%	12% prefer not to say both years
Caring responsibilities	46% - 44% Includes children, frail aged, and people living with disability or mental illness	28% provided care for children 12% provided care to people with a disability or long-term illness or problems related to age (ABS 2021)	10% prefer not to say. Primary school – 15% Secondary school – 12% Frail or aged person 9% Younger than pre-school 9%

2. Recruitment and promotion

Themes:

- Lower perception of fairness of opportunities compared to other employee experiences
- First Nations, non-binary and disabled staff lowest scoring group for recruitment and promotion and manager support and feedback
- Younger staff more positive perceptions of fairness and opportunities to develop and progress
- Need to enhance consistency of approach across RMH
- Some data gaps remaining

Reporting context

Recruitment and cessation data is shaped by a significant workforce change in the disaggregation of our NorthWestern Mental Health Services, showing more exits than recruitment. Insights show that recruitment by gender aligned roughly with existing composition in most areas. There were no glaring areas with unexpected levels of exits by gender. Senior Medical Staff (SMS) had more women recruited than exited, which is pleasing given the known issue in retaining women in medicine compared to men (see table 7).

Currently RMH is unable to report on higher duties, secondments, or promotions, though this is being considered in the new HRIS build. The ability to track professional development remains an issue for many defined entities under the act, including RMH.

Areas for consideration

Relevant PMS questions related to the recruitment and promotion include professional development, opportunities to progress and the fairness of our recruitment processes (table 6). While there has been an improvement since 2022, positive responses in this domain are low when compared to many other PMS areas. In fact, two of our lowest PMS scores in 2023 were from this indicator. This aligns with PMS free text suggestions on areas where RMH could improve.

"Friends have promoted friends. There is not [a] strive to be better at your job - just better as a friend".

"Fair and equitable hiring to more senior positions"

"Equal promotion opportunities - without bias".

First Nations, non-binary and staff with disability scored lowest on these questions, while younger staff scored higher. This pattern continues when questions regarding manager support and feedback are considered.

A review and revamp of our recruitment processes is underway, which will be supported in 2024 by a partnership with JobAccess in the disability space. However, one of the challenges highlighted during consultation for that project is the inconsistency in practice across RMH and the limited oversight possible for the many hiring decisions that occur throughout our organisation. Furthermore, the literature review highlighted that more equitable recruitment processes take longer or require more resources (e.g. two people reviewing each application), which is clearly an issue for our context.

The project stakeholder group will need to consider how to support and promote changes once introduced, and leaders should be encouraged to interrogate recruitment decisions for bias and equity. Recruitment training is listed as an action for 2024.

Given the low PMS scores, this issue requires further consideration and monitoring, and a concerted effort to increase visibly diverse representation in leadership. The creation of a director of First Nations Health is a start. Other existing diversity could be uncovered and highlighted, and leadership recruitment could consider diversity as a key strength in applicants.

Table 6: PMS responses to recruitment and promotion questions for 2022 and by diversity cohort in 2023

Question	All 2022	All 2023	First Nations 2023	Men 2023	Women 2023	Non- binary 2023	disability 2023	LGBQA 2023	Born OS 2023	Language 2023	Religion 2023	Older >55 2023	Younger <25 2023
Satisfied with L&D needs addressed	64	68	57	70	70	55	59	66	70	75	67	71	75
Satisfied with opps to progress	58	62	49	63	63	46	44	60	63	67	61	62	70
Fair recruitment processes	69	71	53	74	72	52	58	66	70	75	70	71	78
Fair promotion processes	53	56	41	59	58	36	41	51	55	61	55	59	62
Equal chance at promotion	57	58	40	62	59	40	43	55	57	61	57	59	64
Manager feedback	71	72	57	75	73	56	61	68	74	79	70	79	76
Manager support when needed	80	80	63	83	82	61	68	74	80	84	78	84	81

- Red = 5% or more less than RMH all in 2023
- Green = 5% or more positive than RMH all in 2023
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

Table 7: Gender composition by level of new recruitments and cessations over 2022/23

Level description		Total	Women total	Women %	Men total	Men &	Non-binary total	Non-binary %
CEO	recruit	0	0	0	0	0	0	0
	exits	0	0	0	0	0	0	0
Executive	recruit	4	2	50	2	50	0	0
	exits	0	0	0	0	0	0	0
General Managers, and Directors (non-medical)	recruit	22	17	77	5	23	0	0
	exits	189	122	65	65	34	2	1
Medical Directors incl Deputy & HoU	recruit	3	2	67	1	33	0	0
	exits	22	17	77	24	109	0	0
Unit Managers - non-medical	recruit	45	29	64	16	36	0	0
	exits	28	21	75	7	25	0	0
RNs with added responsibilities	recruit	22	32	145	9	41	0	0
	exits	162	140	86	21	13	1	1
SMS with additional resp.	recruit	0	0	0	0	0	1	0
	exits	5	1	20	3	60	1	20
Allied Health with added resp. and operations managers	recruit	5	4	80	3	60	0	0
	exits	26	23	88	2	8	1	4
Corporate and support leaders/with additional resp.	recruit	53	38	72	15	28	0	0
	exits	5	15	300	3	60	0	0
RNs	recruit	543	421	78	117	22	5	1
	exits	637	459	72	173	27	5	1
SMS	recruit	89	40	45	43	48	6	7
	exits	94	37	39	55	59	2	2
DiTs	recruit	502	229	46	226	45	47	9
	exits	383	163	43	201	52	19	5
Allied Health professionals	recruit	303	221	73	78	26	4	1
	exits	367	290	79	76	21	1	0
Corporate and support professionals	recruit	87	65	75	19	22	3	3
	exits	32	27	84	4	23	1	3
ENs and allied health support	recruit	853	683	80	158	19	12	1
	exits	748	585	78	148	20	15	2
Support staff - operations	recruit	186	120	65	64	34	2	1
	exits	324	206	64	111	34	7	2

3. Cultural safety and inclusion

Themes:

- Some improvements made over time, especially for diverse sexualities
- Improved perception of inclusive communication
- Disparities in workplace cultural safety for staff who are Aboriginal and/or Torres Strait Islander, non-binary, and people with disability
- Younger staff more positive than other groups
- Need to enhance efforts regarding cultural diversity

Reporting context

The 2021 PMS survey included questions on the inclusion, safety, and progression opportunities for identified diverse cohorts (First Nations, women, disability etc.). This allowed for clear analysis and comparison of the perceptions and experiences pertaining to these groups. These are no longer included in the PMS. Instead, 76 PMS questions related to inclusion were examined for this report, including those identified by the Commission. For this, inclusion was conceptualised in alignment with the evidence-based Diversity Council Australia model of inclusion comprising belonging, respect, progression, and contribution. Many of these questions were also considered in the 2021 audit and/or in the 2022 PMS analysis.

These data points were analysed in two ways. Firstly, to see which groups fared better or worse than the 'all staff' scores in 2023 alone, and secondly to consider changes over time across, most frequently 2022-2023. Scores 5 points higher or lower were noted and tallied (see table 8). There have been some improvements over time, including for key cohorts such as First Nations, disability, non-binary, and staff of diverse sexualities (i.e. who are not 'straight').

Areas for consideration

Overall, RMH performs well in this area, with three of our top 10 PMS scores found here. When we consider diverse cohorts, the greatest advancement has been for staff of diverse sexualities, who improved for 16 questions and only worsened in 2. Non-binary staff improved in 15 questions but worsened in 22. Of note is the PMS question around RMH delivering inclusive communication, with language and images. Scores for that question went up across all diversity cohorts.

Free text comments regarding RMH strengths suggest that many employees value the work we are doing to enhance DEI at RMH. Pleasingly, the alignment with RMH values seems well understood by those who support the efforts.

"My organisation is really promoting psychological safety and inclusivity at the workplace. This makes me proud and hopeful for the future generations to come"

"Promoting and adhering to the Melbourne Way Values and Investing in diversity and inclusion"

"I feel like a human being as opposed to a number on the roster here. It's a new and incredible feeling after all my years of experience in other institutions"

"The investment in additional multidisciplinary teams and the additional support that they provide (DLO, Flying Squad and LGBTQIA+ liaisons) is invaluable and supports the service provision at RMH"

This is supported by feedback we receive from new graduates who note that the inclusive messaging and behaviour they experience during placements and information nights are key factors when selecting RMH as their preferred workplace.

However, some concerning patterns remain. Disabled, First Nations and non-binary staff continue to have worse experiences at RMH than others. Interestingly, staff born in non-Anglo countries, and who practice a religion other than Christianity scored lower this year than last, though not significantly worse than the general group in 2023.

Over the last two years they have trended higher than average. This may be a reaction to global issues, or a sense that their needs are not gaining the same attention as other groups; possibly a combination of the two. Some free text comments regarding possible improvements suggest that there is a desire to see cultural diversity and racism considered more visibly.

"The cultural diversity in senior positions. We are LGBTI / gender diverse friendly and actively working on reconciliation with first nations [sic] but people who are not white are poorly represented in the senior leadership positions at this hospital".

"Acceptance of people from cultural and ethnics [sic] backgrounds. Inclusive of immigrants"

"I have witnessed patients being racist towards colleagues and have not seen this recognised"

This is an area in which RMH could mature, and efforts have begun with an everyday racism campaign planned for March 2024. It is hoped this will build awareness and the confidence to engage in more nuanced conversations.

Some free text comments suggest there remains a cohort who do not see the value of DEI efforts in creating a safe and effective workplace, that translates to better healthcare outcomes.

"Less focus on what staff like to do in bed or in their free time. The gender and sexuality nonsense has gone too far".

"Stop sending political emails they should remain neutral i.e. lots of emails about referendum it should be politically neutral".

This suggests we need to continue to highlight the value of DEI work in key messaging and build the capability of middle management to have these conversations with their teams and address any concerns raised.

When considering the relevant PMS questions identified by Commission, we see small improvements in most over the last 2 years (see table 9). Feeling culturally safe at work has increased 7% while workgroup treating people with respect and inclusive communications have both increased 3%. Given the scores were all relatively high to begin with, this is pleasing. Once again, however, scores are lower for First Nations, non-binary, and staff with disability.

Table 8: PMS 2022 &3 results: number of PMS questions where diversity cohort performed better than all staff in the same year (2023) or than their group in the previous year.

	All	First Nations	Men	Women	Non-binary	Disability	LGBQA	Born OS*	Language*	Religion*	Older >55	Younger <25
2023 only - worse	NA	61	2	1	74	72	33	4	0	1	0	7
2023 only - better	NA	5	11	2	0	0	0	10	31	7	23	30
2022-23 comparison - worse	0	45	3	0	22	26	2	39	2	35	0	10
2022-23 comparison - better	10	16	11	6	15	9	16	1	7	3	16	20

- Red = 10 or more indicators worsened by 5% or more
- Green = 10 or more indicators improved by 5% or more
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

Table 9: PMS scores for question associated with the gender segregation indicator.

Question	All 2021	All 2022	All 2023	First Nations 2023	Men 2023	Women 2023	Non-binary 2023	disability 2023	LGBQA 2023	Born OS* 2023	Language* 2023	Religion* 2023	Older >55 2023	Younger <25 2023
Be myself at work		83	84	79	84	85	73	73	84	85	85	84	86	85
I feel culturally safe at work	80	75	87	76	87	89	65	76	88	89	87	88	89	80
Feel like I belong		78	79	91	80	81	60	65	78	84	84	84	84	81
Inclusive comms	85	85	88	88	89	89	73	82	88	91	91	89	88	90
Fair allocation of work by gender		82	82	85	83	83	75	75	83	85	84	88	85	90
Workgroup treat with respect	81	81	84	72	85	85	72	72	79	83	86	83	85	91
Manager treats with dignity & respect	85	86	86	67	88	88	69	74	82	85	89	85	88	91

- Red = 5% or more less than RMH all in 2023
- Green = 5% or more positive than RMH all in 2023
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

4. Workplace sexual harassment

Themes:

- Instances instigated by both patients and colleagues
- Increased reporting to manager
- Low rates of reporting to People and Culture (P&C)
- Significant increase in satisfaction of handling
- Ongoing data challenges

Reporting context

This year we only included incidents where a staff member was the target of sexual harassment (i.e., we excluded incidents where a patient/consumer reported sexual harassment from another patient/consumer). This is a change from our last audit but is more in line with the purpose of the audit, which aims to highlight employee experiences. This change may explain the slight reduction in overall number of reports in comparison with the 2021 audit.

It is important to note that neither *Riskman*, nor the HR system capture the complete data set required by the Commission, meaning data collection and analysis is manual and time consuming. Significant data gaps remain, including staff satisfaction of incident response. Data has been flagged as an issue for discussion with the sexual assault and sexual harassment (SASH) working group that has been established.

Reporting overview

In 2022/23, a total of 211 instances of sexual harassment were reported via *RiskMan* or to People and Culture (P&C). The overwhelming majority of these were reported through *RiskMan* and documented staff experiences of sexual harassment from patients / visitors. Only 8 instances of sexual harassment between colleagues were reported to P&C.

The large majority of incidents targeted women, were instigated by men, and were self-reported. Only 6 reports were made by bystanders/witnesses. It is hoped that the rollout of bystander training and principles related to speaking up for safety will improve this in future and build the confidence of people to speak up for their colleagues and report sexual harassment.

When the PMS questions identified by the Commission for sexual harassment are considered separately (see table 11), we see a positive shift in each, people feel more confident to challenge inappropriate behaviour and feel that RMH takes steps to eliminate such behaviour.

Similar patterns around the groups who fare worse can be found here too; First Nations, non-binary, and staff with disability fare worse. Older staff have more positive scores.

PMS data indicates an increase in reports of workplace sexual harassment since the 2021 audit (see table 10). Some groups reported higher than average rates of sexual harassment including:

- Staff under 25 years of age
- Staff who live with a disability
- Non-binary/gender diverse staff (though this was a significant decrease from last audit)
- Aboriginal and Torres Strait Islander staff

Higher reporting rates may seem concerning, however there is evidence that increased attention and awareness leads to an initial uptick in reporting as people feel empowered to identify and address the behaviours. Therefore, an uptick can be seen as positive.

Perpetrators and Reporting Trends

68% of staff who indicated they had experienced sexual harassment stated the perpetrator was a patient or consumer. The number of staff indicating it was a colleague or group of colleagues has reduced from 48% in 2021, to 27%. The majority of this group (64%) had experienced it within their workgroup. The low reporting to P&C renders this harder to address from an organisational perspective.

Suggestive comments or jokes and intrusive questions remained the most common form of sexual harassment. (NB: some staff indicated multiple events),

Responses to Harassment and Reporting

A reported 6% increase of people who "told the person it was not ok" indicates increased confidence in the organisations' support of speaking up.

However, a large number pretended it didn't bother them (38%), tried to laugh it off or forget about it (36%) or avoided the person (30%)

Reporting to managers increased slightly, but remains low at only 31% with only 2% of all incidents being reported to P&C. The proportion of people who told their manager, when compared with HR data suggests middle managers are not engaging with P&C when sexual harassment occurs. Efforts to shift this practice should continue and require messaging from senior leaders.

The most common reasons for not submitting a formal complaint were:

- "I didn't think it was serious enough" (52%)
- "I didn't think it would make a difference" (33% down from 41%).

Pleasingly there was a significant increase in the satisfaction with outcomes from those who did report it, at 72% compared to 53% in 2021. This would suggest the efforts of the Sexual Safety Nurse Consultant, among others, have been effective, and some PMS comments regarding RMH strengths support this.

"Increased sexual safety education & awareness"

"Support for employees experiencing sexual harassment"

Table 10: PMS 2021 & 2023– percentage of respondents who reported that they had experienced sexual harassment in the last 12 months by demographic group

Year	RMH All	Aboriginal and Torres Strait Islander	People with disability	Gender diverse	LGBQA	Men	Women	Born OS*	Language other than English at home	Religion*	Older (>55yo)	Younger (<25yo)
2021	10	18	26	41	23	4	11	3	10	10	3	23
2023	14	21	28	23	16	6	17	9	9	10	13	33

- Red/green text= 5% more or less than RMH all in the same year
- Red/Green shading = 5% more or less positive than 2021 score
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

Table 11: PMS scores for question associated with the sexual harassment indicator

Table 227: The scores for question associated with the sexual harassment indicator														
Question	All	All	All	First			Non-		Born			Older	Younger	
	2021	2022	2023	Nations	Men	Women	binary	disability	LGBQ	AOS	Language	Religion	>55	<25
Feel safe to challenge poor behaviour	68	71	73	53	78	73	56	54	68	70	74	72	81	70
RMH takes steps to eliminate bullying/harass	69	71	73	58	76	74	57	59	69	74	78	72	81	78
Experienced sexual harassment	10	13	14	21	6	17	23	28	16	9	9	10	13	33

- Red = 5% or more less than RMH all in 2023
- Green = 5% or more positive than RMH all in 2023
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

5. Experiences of bullying and discrimination

Themes:

- Improved perception that RMH is taking action to address problematic behaviour
- Higher rates of problematic behaviour for staff who are non-binary, Aboriginal and Torres Strait islander or live with disability
- Low rates of reporting to managers or P&C
- Low rates of satisfaction with handling of complaints

Reporting context and overview

A range of PMS questions related to bullying, harassment and a culture of inclusion were considered (table 12). Overall scores have increased in each which is pleasing. Many of these questions were not asked in 2021. Of interest in this section is increase in agreement with the notion that that RMH doesn't tolerate improper conduct, and that RMH has taken steps to eliminate bullying, harassment & discrimination. This is reflected in some of the strengths identified in PMS free text responses.

"Promoting respect and change when problems arise"

"Focusing on [RMH] values and leading the way"

This indicates that messages regarding speaking up for respect have had impact, and that people see that action is being taken. Continued efforts, alongside the enhancement to managing complaints should ensure these scores continue to rise.

However, some groups score lower than others. In this case First Nations, disabled, and non-binary staff had lower scores, which suggest ongoing targeted efforts are required.

There is also low satisfaction with handling of these complaints. Some efforts are underway to improve our managing of complaints such as discrimination. Clearly, there is more work to do in this area, so that middle managers are better able to support their teams.

Bullying

The number PMS respondents who reported workplace bullying over the last 12 months has decreased since 2021 (see table 12). Some groups reported particularly high rates:

- Staff with disability
- Staff who are non-binary (though this has decreased since last audit)
- Aboriginal/Torres Strait Islander staff

Perpetrators and reporting trends:

The kinds of bullying most frequently experienced included:

- Incivility (72%)
- Exclusion or isolation (36%)
- Intimidation or threats (30%)

Most commonly, the behaviour came from people within the same workgroup (62%).

Responses to bullying and reporting:

The number 46% of respondents who told their manager increased slightly to 46% but only 8% reported the issue to HR. 11% told no one.

Reasons given for not submitting a formal complaint included:

- Not thinking it would make a difference (49%)
- Believing there would be negative consequences (45%).

PMS results indicated that 27% of those who submitted a formal complaint regarding an incidence of bullying were satisfied with the way the complaint was handled, which is similar to 2021.

Discrimination

The number of PMS respondents who reported workplace discrimination over the last 12 months, has remained low.

Again, specific groups scored worse than others:

- First Nations staff
- Staff who are non-binary
- Staff with disability

Perpetrators and reporting trends:

The range of behaviours reported have remained similar to previous years with the most common **being denied:**

- Opportunities such as promotion (36%)
- Professional development (30%)
- Flexibility (29%)

Managers were most likely to be identified as the discriminatory person, (59%), followed by a single colleague (24%) and senior leader (23%).

Responses to Harassment and Reporting

People were most likely to tell a friend or family member (41%) or a colleague (41%) about the issue. 12 % of people addressed the behaviour and “told the person it wasn’t ok.”

Only 12% submitted a formal complaint.

Reasons given for not submitting a formal complaint included:

- Not thinking it would make a difference (51%)
- Believing there would be negative consequences for their reputation (44%) or their career (38%),
- Didn’t feel safe to do so (20%).

Of those who did submit a formal complaint, only 7% were satisfied with how it was handled, 80% were not.

Table 12: PMS scores for question associated with bullying, harassment, and a culture of inclusion

Question	All 2021												
	All 2022	All 2023	First Nations 2023	Men 2023	Women 2023	Non-binary 2023	disability 2023	LGBQA 2023	Born OS 2023	Language 2023	Religion 2023	Older >55 2023	Younger <25 2023
I can be myself at work	-	83	84	79	84	85	73	73	79	79	85	85	82
I feel as if I belong at RMH	-	78	79	91	80	81	60	65	72	84	83	83	78
I feel culturally safe at work	80	75	87	76	87	89	65	76	88	89	87	88	80
Takes steps to eliminate bullying/harass	69	71	73	58	76	74	57	59	69	74	78	72	78
Human rights alignment	84	84	88	71	87	90	73	75	84	86	90	87	93
Encourages respectful behaviours	85	85	87	72	87	89	74	74	83	86	90	88	90
Doesn't tolerate improper conduct	70	74	77	59	78	78	63	59	72	79	84	75	88
Snr leaders consider psych wellbeing as important	-	62	64	49	67	65	45	51	59	64	70	62	69
Good comms about psych safety	-	54	58	46	61	59	43	44	55	61	66	56	66
Workgroup acts without bias	-	70	73	57	79	73	54	61	67	68	73	72	76
Workgroup members can bring up issues	-	70	72	53	77	73	55	56	66	70	76	70	77
Feel safe to challenge poor behaviour	68	71	73	53	78	73	56	54	68	70	74	72	70
Experienced bullying	18	16	14	24	12	14	25	33	18	15	13	17	10
Experienced discrimination	7	7	6	21	6	5	20	16	8	7	6	7	8

- Red = 5% or more less than RMH all 2023
- Green = 5% or more positive than RMH all 2023
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

6. Pay Equity

Themes:

- Reported pay gap remains for women and self-described gender in comparison to men but has decreased since 2021.
- Gaps were most evident in part-time, fixed term roles.
- Largest pay gaps were found for executive women, and for non-binary non-medical managers and registered nurses.
- Further analysis is required to understand respond to pay equity data.

Reporting context

Depending on the source Australia's pay gap between women and men is estimated to be 13% (ABS sample, base salary, full time employees only) or 21.7% (WGEA employer data, total remuneration, all staff) ([WGEA, 2023](#)). The national gap for healthcare and social assistance is the second highest industry gap 21% ([WGEA, 2023](#)).

There are several ways in which the Commission conceptualise and calculate pay gaps. Annualised base salary calculates the full-time equivalent pay, based on the hourly rate, while total remuneration includes all loading, overtime, and other payments that an employee is paid each year.

The average across gender and seniority level is calculated by both mean and median methods. Median tends reduce the impact of outlying data points.

Since the last audit, some efforts have been made to improve our identification and categorisation of staff. As mentioned RMH has submitted 15 levels to the Commission but is working to analyse 29 levels for internal consideration. At the time of writing this report, some issues remain with the 29 level calculations. The DEI consultant is continuing to work with payroll to understand and address these issues. As a result, the analysis provided below is based on the 15 levels submitted to the Commission. Further analysis will be provided when available.

Analysis shows an improved gender pay gap for both women and non-binary staff across all the pay gap measures (see table 13). This is likely to be due partly to improved data collection, as well as concerted efforts. For example, Medical Workforce reviewing Heads of Unit salaries. The pay gap for women ranges from 8.7% (median annualised base) to 27.1% (mean total remuneration). For non-binary staff it ranges from 13.4% (median annualised base) to 22.9% (mean total remuneration).

Reporting overview

Pay gaps are higher for mean versus median which indicates there are some outliers to identify and address where possible.

Gaps were also higher for fixed term contracts, particularly part-time contracts, where all calculations resulted in a gender pay gap above 43% for women and 49% for non-binary staff. This contract type should be a focus for leaders moving forward. These contracts are largely found in Registered Nurses with or without additional responsibilities, Senior Medical Staff, Allied Health professionals, and Enrolled Nurses and Allied Health support.

Gaps were largest for:

- Executive level women (>25%)
- Non-binary non-medical unit managers – includes nursing, allied health, and corporate (>30%)
- Non-binary Registered Nurses (>20%)

The number of staff who were included in the executive grouping is higher than the number who sit on the executive committee. This needs further investigation.

The smaller number of non-binary staff will influence the statistics somewhat, as there are fewer data points to average. This could also explain the significant decrease for non-binary pay gaps from last audit given we have nearly doubled the number of non-binary staff.

Table 13: Pay gap for staff who are women and self-described gender when compared to men 2020/21

	Median annualised base salary women	Median annualised base salary non-binary	Mean annualised base salary women	Mean annualised base salary non-binary	Median total remuneration women	Median total remuneration non-binary	Mean total remuneration women	Mean total remuneration non-binary
All staff 2021	3.8%	100%	31.7%	56.2%	18.6%	70.5%	31.1%	78.8%
All staff 2023	8.7%	13.4%	26.1%	22.8%	10%	14.9%	27.1%	22.9%
Full-time ongoing	-1.5%	5.5%	3.9%	12.1%	0.8%	3.9%	4.8%	10.1%
Full-time fixed term	15.9%	-1.9%	26.1%	10.5%	17.1%	-1.2%	27.1%	11%
Part-time ongoing	-1.7%	8.7%	0.3%	12.3%	0.3%	11.3%	1.2%	13%
Part-time fixed term	66.1%	67.6%	43.2%	49.6%	65.8%	68.4%	43.3%	50%
Casual	-5%	8.9%	0.7%	4.5%	-4%	9.7%	1.3%	4.7%
Executive	26.0%	-	29.8%	-	25.9%	-	29.3%	-
General Managers, and Directors (non-medical)	13.4%	-	18.5%	-	14.1%	-	17.6%	-
Medical Directors incl Deputy & HoU	0.3%	-	8.3%	-	4.7%	-	11.3%	-
Unit Managers - non-medical	7.1%	30.6%	9.9%	34.9%	3.3%	31.2%	8.8%	36.6%
RNs with added responsibilities	2.3%	-0.9%	1.0%	-2.2%	2.7%	0.9%	2.5%	0.8%
SMS with additional responsibilities	0.8%	-	6.9%	-	3.8%	-	8.8%	-
Allied Health with added resp. & operations managers	7.0%	-	8.4%	-	11.1%	-	10.8%	-
Corporate & support leaders/with additional resp.	8.6%	-	10.3%	-	8.6%	-	10.6%	-
RNs	7.0%	21.1%	6.5%	17.5%	7.1%	20.9%	7.1%	17.5%
SMS	3.1%	16.9%	8.1%	14.9%	3.5%	17.1%	8.6%	16.4%
DITs	2.6%	1.0%	2.9%	-3.6%	3.5%	-1.6%	4.6%	0.2%
Allied Health professionals	2.0%	10.1%	3.1%	1.1%	2.8%	9.2%	3.9%	1.8%
Corporate & support professionals	-0.3%	3.9%	2.2%	8.3%	0.4%	8.9%	3.9%	14.1%
ENs and allied health support	-7.7%	-13.3%	-11.0%	-9.5%	-4.3%	-8.4%	-7.3%	-5.1%
Support staff - operations	9.3%	-1.9%	6.9%	-0.6%	8.2%	2.9%	9.4%	1.9%

* Squares highlighted red indicate a pay gap of 20% or higher, and orange between 15-20%

7. Workplace adjustments, flexible work arrangements and leave

Themes:

- Women and non-binary people more likely to work part-time
- Women more likely to be in permanent/ongoing roles
- Non-binary staff better represented in full time, ongoing positions than 2021
- Women use longer periods of parental leave
- Increased use of family violence leave by people of all genders

Reporting overview

Two of the three PMS questions associated with this indicator show positive progress. Agreement that a flexible work application would be considered fairly rose 4%, and expectation that people could access family violence leave rose 6%. The third, that their manager supports flexible working remained steady. Staff with disability and non-binary staff had lower scores than all staff. Tailored information sessions to promote entitlements, and campaigns like the 16 Day of Activism support these results. Further work is needed to challenge gender stereotypes around caring roles parental leave uptake.

Workplace adjustments

27% of PMS respondents requested workplace adjustments, up from 24% in 2021. The most common form request was once again flexible work, followed by a small number of physical modifications.

Requests were most commonly to aimed at supporting work-life balance followed by caring and family responsibilities, or to manage health.

Pleasingly, most respondents (73%) were given the adjustments needed and happy with the process. 10% got the adjustment but were unsatisfied with the process, while 18% did not get the adjustments they requested.

Flexible work

Access to flexible work increased, with only 27% of respondents indicating they did not access flexible work, down from 36% in 2021. The most common forms of flexible work arrangements used remained part-time work and shift swapping.

Overall, 68% of respondents thought that a flex work application would be considered fairly (see table 17), which is a small increase from last year, though this was lower for First Nations, non-binary, and disabled staff.

In the last audit, data revealed perceptions that flexible work requests for caring for children were treated more favourably than caring for other people, or for other reasons such as managing disability. This question was not asked again so cannot be compared but may account in part for the difference in scores.

The PMS data was unable to be separated into different caring types such as school aged children, or frail adults. However, carers, when grouped together, did show lower scores than all staff together regarding flexible work, with the fair consideration of their flexible work application being 5 points lower.

Part time work

Analysis shows that, while there has been improvement for non-binary staff, women and non-binary people continue to be more likely to work part-time than men (see table 14 and figure 3). However, women are more likely to have permanent positions than men. Pleasingly, non-binary staff are less

casualised and hold more permanent positions in 2023 than in 2021, but still have the highest proportion of fixed-term contracts.

Leave - Carers, Parental, and Family Violence

The number of staff who took carers leave increased across the board from 2020/1 to this 2022/3 (see table 15). Women were still more likely than men to take carers leave but the difference remains only a few percent. The biggest change was for non-binary staff where the increase was over 10% of that cohort. This may be because of our efforts to increase awareness and inclusion, and to challenge stereotypes.

Men were still less likely to access parental leave than women at RMH (see table 16). This year some 2% of our non-binary workforce took parental leave. Men also took significantly less leave, both paid and unpaid, than women and non-binary staff. Women took the greatest amount of unpaid leave – which is a key contributor to the overall gender pay gap.

No staff left during parental leave, which is a significant drop from the 48 women in the last audit. 60 staff utilised Family Violence leave in 2022/3, comprising 55 women, 3 men and 2 non-binary people. This is a significant increase from 2020/21, with the biggest increase being with women (table 17). Furthermore, an increasingly high proportion of PMS respondents were confident that RMH would support them to access Family Violence Leave if required (see table 18). However, scores were still lower for nonbinary staff and those with disability.

Table 14: Payroll data – employment basis for RMH staff by gender 2021 & 2023

Gender/Employment basis	Women 2021	Women 2023	Men 2021	Men 2023	Non-Binary 2021	Non-Binary 2023
Full-time	33%	34%	52%	52%	11%	39%
Part-time	52%	52%	36%	38%	57%	46%
Casual	15%	14%	12%	11%	32%	15%
permanent	56%	56%	44%	45%	5%	36%
fixed term	29%	30%	44%	45%	63%	49%

Figure 3: Payroll data – employment basis for RMH staff by gender

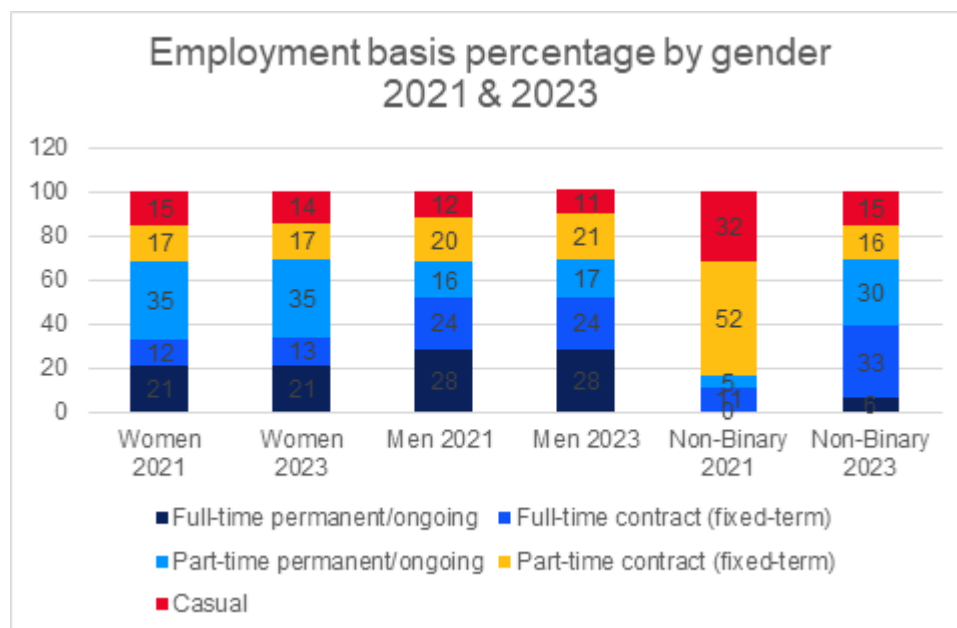


Table 15: RMH employees who took carers leave 2020/21 and 2022/3

	Women 2021	Women 2023	Men 2021	Men 2023	Non-binary 21	Non-binary 23
Number of staff who utilised carers leave by gender	1658	1880	583	645	1	20
% of all staff who took carers leave	74%	17%	26%	6%	<1%	<1%
% of RMH employees of this gender who took carers leave	21%	24%	19%	21%	1%	12%

Table 16: Use of parental leave at RMH by gender 2022/3

Employment basis	Women			Men			Non-binary		
	Number of parental leave takers	Average number of paid weeks taken	Average number of unpaid weeks taken	Number of parental leave takers	Average number of paid weeks taken	Average number of unpaid weeks taken	Number of parental leave takers	Average number of paid weeks taken	Average number of unpaid weeks taken
Full-time permanent/ongoing	74	7.7	20.9	17	2.6	0.5	0	0	0
Full-time contract (fixed-term)	44	9.1	18.5	35	2.2	0.0	2	7.2	0.0
Part-time permanent/ongoing	216	8.0	24.7	26	2.0	0.9	0	0.0	0.0
Part-time contract (fixed-term)	170	6.9	26.4	27	2.0	1.0	1	14.7	15.9
Casual	28	7.3	22.2	5	1.5	0.2	0	0.0	0.0
2023 Totals	532 (7%)	7.65	24.07	110 (4%)	2.14	0.55	3 (2%)	9.71	5.29
2021 Totals	640 (8%)	11.36	22.26	96 (3%)	1.21	1.75	0	0	0

Table 17: RMH employees who took family violence leave by gender 2020/21 and 2022/3

	2021	2023
Women	12	55
Men	1	3
Non-binary	1	2
Total	14	60

Table 18: PMS scores for question associated with the terms, conditions, and leave indicator

	All 2021	All 2021/2	All 2023	First Nations 2023	Men 2023	Women 2023	Non-binary 2023	disability 2023	LGBQA 2023	Born OS 2023	Language 2023	Religion 2023	Older >55 2023	Younger <25 2023	Carers grouped 2023
Question															
Flex work app fairly considered	64	64	68	51	70	69	54	56	63	69	75	66	76	72	63
FV leave accessible	75	75	81	85	78	83	75	76	78	78	80	80	81	83	78
Manager supports working flex		77	77	82	79	79	73	71	79	83	82	81	82	81	74

- Red = 5% or more less than RMH all 2023
- Green = 5% or more positive than RMH all 2023
- *Born OS – born in countries that were not Anglo-European
- *Languages – that were not Anglo-European
- *Religion – religions other than Christianity

8. Data gaps

Themes:

- Data gaps remain for this audit, some of which should be addressed at least in part by the new HRIS.
- Systems do not collect data regarding access to training and professional development, promotions, and secondment.
- Sexual harassment, bullying, and discrimination incident data is not consistently captured across RMH.

The audit drew on data from payroll systems (SAP), a local HR reporting system, RiskMan, PMS from 2021, 2022 and 2023. Payroll data was taken as a snapshot as at 30 June 2023.

In completing the Workforce Equity Audit, we identified several challenges in accessing the data required.

As such, not all data required under the Act is captured, for example:

- Our current payroll system was updated to be able to capture diversity data such as LGBTIQ+, disability or ethnicity right at the end of the reporting period. Given the timelines, it was not completed by any staff. These data fields will be included the new HRIS, though we will need to support staff to feel confident to share the information, and for existing staff to update it themselves.
- Ability to track promotions, higher duties, and secondments should be addressed by the new HRIS.
- Access to training or professional development, and the ability to cross reference this with staff diversity data remains a gap. No solution has been identified to date, as the focus has been on the new HRIS. This remains a gap for many defined entities.
- Sexual harassment data as discussed earlier is captured in two places and does not meet Commission requirements in either. Given that *RiskMan* is not owned by RMH, advocacy could focus on updating the system to better align. HR systems should be internally reviewed and updated. The Sexual Safety Nurse Consultant does keep their own data for incidents they have been involved with. This was structured to align with the 2021 report, which, unfortunately, was different to the 2023 report.
- Bullying, harassment, and discrimination is not regularly reported to HR. PMS data provides insight but does not allow P&C to work proactively with leaders and teams where there are issues.

RMH should continue to work towards data capture that is consistent and aligned with Commission requirements.

Progress Report overview

As well as completing an audit, and analysing the results, RMH must complete and submit a progress report to the Commission.

The progress report has 4 sections:

- a. Overview of Gender Impact Assessments (GIAs) completed within the 2-year reporting period.
- b. Update on progress against our DEI Action Plan
- c. Summary of resources available to enable DEI work
- d. Progress against the 7 Gender Equity Indicators

A copy of the progress report can be found on SharePoint [here](#) for reference and review. Below is a summary of the contents of each section.

Equitable Impact Assessments

RMH has committed to an Equitable Impact Assessments (EIA) process as opposed to GIAs, which encourages staff to consider equitable impacts of our policies, programs, and services beyond gender. RMH completed 8 EIAs in the reporting period. Four of the 8 have considered diversity beyond gender. This is more than some other defined entities who have yet to complete one. However, this will be insufficient for future reports as outlined by the Commissioner at a recent forum.

Some work is underway to embed EIAs within quality processes, and leadership will need to agree on other key areas and projects to focus on beyond these. It can be assumed relevant work is happening already across RMH, but these are not always known about and therefore not supported nor recorded for reporting.

The design of the new Arden St facility, and the development of the new Strategic Plan should include an EIA lens or process.

Action Plan

Of the 27 actions in our four-year Action Plan only three are not yet started. These are board induction, examining the impact of leave and flexibility on career progression, and embedding inclusion in the new strategic plan. These actions were planned for the second half of the reporting period. Three are complete, while all the other are in progress or ongoing.

This action plan is regularly monitored and reported on each quarter to the executive team.

Resources

This section requires RMH to reflect on the resources allocated to support efforts under the GE Act, including the key staff supporting DEI efforts and their seniority.

That RMH has a DEI Consultant reporting into executive is a positive thing, though we have less EFT than some similar organisations. We do have significant engagement with senior leadership which is critical to support progress.

This section of the report highlights the role of executive as leaders and sponsors, as well as senior leaders who chair committees, staff who participate in committees or lead actions, and our specific patient facing roles such as the Disability and LGBTIQ+ Liaison Services, and our First Nations Health Unit.

It will be interesting to consider benchmarking of resourcing within the sector when this is shared. The section was also used to provide some feedback on the resource-intensive task of undertaking the bi-annual audit, and opportunities for the Commission to improve this.

Indicators

This section requires defined entities to confirm if progress was made against each of the indicators, then outline evidence of improvement, efforts made, and any factors that have affected progress.

RMH can demonstrate progress against six of the seven indicators, with evidence drawn from this Audit Report. The one exception is the gender composition of the governing body. The RMH Board remains gender-balanced with men and women, no non-binary people are known at this stage, nor do we have much information about other diversity aspects of the board. Obviously, board members are appointed by the Victorian Government, and this is noted as a contributing factor.

Other contributing factors highlighted include:

- Multiple Enterprise Agreements shaping staff leave and flexibility entitlements, which are negotiated with the Victorian Government
- External control over many recruitment and progression decisions and processes, such as the matching process for graduate nurses, or the training constraints of various medical colleges.
- Industry wide staff shortages
- Gendered talents pipelines
- The size and complexity of our organisation
- The service delivery demands on our staff, and other competing priorities

Appendices

Appendix 1: Workplace gender audit measures 2023

Workplace gender equality indicators	Workforce data measures
1. Gender composition of all levels of the workforce	Gender composition at each level by employment basis as at the end of the audit reporting period
	Gender composition at each level by employment basis, and by Aboriginal and/or Torres Strait Islander identity, age, cultural identity, disability, religion or sexual orientation as at the end of the audit reporting period
2. Gender composition of governing bodies	Gender composition of the governing body as at the end of the audit reporting period
	Gender composition of the governing body by Aboriginal and/or Torres Strait Islander identity, age, cultural identity, disability, religion or sexual orientation as at the end of the audit reporting period
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender	Mean and median base salary and total remuneration gender pay gap for the whole organisation, at each level, and for each employment basis, as at the end of the audit reporting period
	The average (mean and median) annualised full-time equivalent salary gap between genders (for both <u>annualised base salary</u> and <u>total remuneration</u>) by <u>classification</u> and <u>employment basis</u> across the whole defined entity, and by Aboriginal and/or Torres Strait Islander identity, age, cultural identity, disability, religion or sexual orientation
4. Sexual harassment in the workplace	Total number of sexual harassment complaints submitted during the audit reporting period
	The number of sexual harassment complainants recorded during the audit reporting period, by gender and type of complainant
	The number of sexual harassment complainants recorded during the audit reporting period, by gender and relationship to incident
	The number of sexual harassment complainants recorded during the audit reporting period, by gender and Aboriginal and/or Torres Strait Islander identity, age, cultural identity, disability, religion or sexual orientation
	The number of respondents to sexual harassment complaints submitted during the audit reporting period, by gender and workplace relationship to complainant
	The outcomes of any sexual harassment complaints submitted during the audit reporting period, including any settlement and/or non-disclosure agreements, by gender of complainant
	Actions your organisation has taken during the audit reporting period to prevent future incidents of sexual harassment in the workplace
	The number of sexual harassment complaints submitted during the audit reporting period that were handled internally, externally or both, by gender of complainant
	Level of complainant satisfaction with the outcomes of each complaint submitted during the audit reporting period, by gender of complainant
5. Recruitment and promotion practices in the workplace	Gender composition of people recruited during the audit reporting period, by level and employment basis
	Gender composition of employees who had a permanent promotion during the audit reporting period, by level and employment basis
	Gender composition of employees who participated in career development training during the audit reporting period, by level and employment basis

	Gender composition of employees who were awarded higher duties during the audit reporting period, by level and employment basis
	Gender composition of employees who were awarded internal secondments during the audit reporting period, by level and employment basis
	Gender composition of employees who exited the defined entity during the audit reporting period, by level and employment basis
	Gender composition of recruitment and promotion data by level, employment basis and Aboriginal and/or Torres Strait Islander identity, age, cultural identity, disability, religion or sexual orientation
6. Availability and utilisation of terms, conditions and practices relating to family violence leave, flexible working arrangements and working arrangements supporting workers with family or caring responsibilities	Gender composition of employees with and without formal flexible work arrangements, by level and employment basis, as at the end of the audit reporting period
	Gender composition of senior leaders working with flexible work arrangements, by type of flexible work arrangement, as at the end of the audit reporting period
	Gender composition of employees whose parental leave ended during the audit reporting period, by level, length of leave and by type of leave (paid or unpaid)
	Gender composition of employees who exited the defined entity during parental leave during the audit reporting period, by gender
	Gender composition of employees accessing family violence leave during the audit reporting period
	Gender composition of employees accessing carers leave during the audit reporting period
7. Gendered segregation within the workplace	Gender composition of ANZSCO occupation groups as at the end of the audit reporting period

Workplace gender equality indicators	PMS Survey questions
1. Gender composition of all levels of the workforce	How do you describe your gender?
	What is your age range?
	Are you trans, non-binary or gender diverse?
	How do you describe your sexual orientation?
	Are you a person with disability?
	In which country were you born?
	How would you describe your cultural identity?
	Do you identify as Aboriginal and/or Torres Strait Islander?
	Do you speak a language other than English with your family or community?
	What is your religion?
	What have been your main places of work over the last 3 months?
	How many years have you been employed in your current organisation?
	Do you work full-time or part-time?
	What is your current employment status?
	What is your gross annual salary (non-executive) or total annual remuneration package (executive)?
4. Sexual harassment in the workplace	Are you the manager of one or more employees?
	I feel safe to challenge inappropriate behaviour at work
	My organisation takes steps to eliminate bullying, harassment and discrimination
	My organisation encourages respectful workplace behaviours
	During the last 12 months in your current organisation, have you experienced any of the following behaviours at work?
	Who behaved in that way?
	How often have you experienced the behaviour(s)?
	How did you respond to the harassment?
	What was your reason for not submitting a formal complaint?
	Were you satisfied with the way your formal complaint was handled?
	I am satisfied with the way my learning and development needs have been addressed in the last 12 months

5. Recruitment and promotion practices in the workplace	I am satisfied with the opportunities to progress in my organisation
	During the last 12 months in your current organisation, have you experienced any barriers to your success at work due to any of the following
	During the last 12 months in your current organisation, have you witnessed any barriers to the success of other employees related to any of the following
	I believe the recruitment processes in my organisation are fair
	I believe the promotion processes in my organisation are fair
	I have an equal chance at promotion in my organisation
6. Availability and utilisation of terms, conditions and practices relating to family violence leave, flexible working arrangements and working arrangements supporting workers with family or caring responsibilities	I am confident that if I requested a flexible work arrangement, it would be given due consideration
	My organisation would support me if I needed to take family violence leave
	My manager supports working flexibly
	Do you have responsibility for caring for any of the following people?
	Do you use any of the following flexible work arrangements?
	Have you requested any of the following adjustments at work?
	Why did you make this request?
	What was your experience with making this request?
7. Gendered segregation within the workplace	I can be myself at work
	I feel culturally safe at work
	I feel as if I belong at this organisation
	My organisation uses inclusive and respectful images and language
	In my workgroup work is allocated fairly, regardless of gender
	People in my workgroup treat each other with respect
	My manager treats employees with dignity and respect
	During the last 12 months in your current organisation, have you personally experienced bullying at work?
	What type of bullying did you experience?
	Who behaved in that way?
	Did you tell anyone about the bullying?
	What was your reason for not submitting a formal complaint?
	Were you satisfied with the way your formal complaint was handled?
	During the last 12 months in your current organisation, have you personally experienced discrimination at work?
	What type of discrimination did you experience?
	Why were you discriminated against?
	Who behaved in that way?
	Did you tell anyone about the discrimination?
	Were you satisfied with the way your formal complaint was handled?
	What was your reason for not submitting a formal complaint?
	What is the single most important thing your organisation could do to create a more inclusive and respectful workplace?

Appendix 2: Audit Data Sources

Data source	Nature of source / data points used
People Matter Survey 2023	Open 16 Oct – 3 Nov 2023 3898 participants (41% RMH staff) Facilitated by Victorian Public Sector Commission (VPSC) – benchmarking with comparator health services available.
SAP Payroll Data (Pay and Leave management system)	Data relates to all staff employed in paid roles at RMH from 1 July 2022 – 30 June 2023 Data relating to salary, leave, employment status (full time, part time, ongoing, contract, casual), recruitment, cessation and employment numbers by ANZSCO codes.
HR Database	Performance management database – records of sexual harassment reported to Human Resources
Riskman	Reporting system for clinical and other risk management. Sexual harassment reports (primarily related to clinical care) recorded here. Some data kept by sexual safety nurse Consultant also informed this section.

Appendix 3: Gender audit employee level classification guide for RMH

1. **NB: These levels are not strictly hierarchical*

29 Level	15 Level	Snr leader y/n	Description of Level	Nursing	Medical	Allied Health and other and scientists*
0	0	Y	Chief Executive Officer			
-1	-1	Y	Executive team			
-2	-2	Y	General managers			
-3	-2	N	Directors	Directors of Nursing		
-4	-3	N			Medical Director (5)	
-5	-3	N			Deputy medical director	
-6	-2	N				Clinical Directors (e.g. of A pharmacy, Radiology, Path
-7	-2	N				
-8	-4	N	Heads of/Nurse Unit Managers/ Senior Managers	Nurse Unit Manager (NUM)		
-9	-3	N			Head of Unit or equivalent	
-10	-3	N			Deputy heads of unit or equivalent *note this list has not yet been provided so missed much of the analysis but may be retrospectively done with med workforce team	
-11	-4	N				Managers / Head of Discip Department/Service
-12	-4	N				
-13	-5	N	Registered Nurses with additional responsibilities (not included above)	Assistant NUM, Clinical Specialist (CNC or CNS), Nurse Educator, After Hours Supervisor, Nurse Practitioner		
-14	-6	N	Senior Medical Officers with additional responsibilities (not included above)		Heads of service, Specialty Lead	
-15	-7	N	Allied health and other clinical professionals/scientists with additional responsibilities (not included above)			Assistant Manager, Lead o Clinician
-16	-8	N	Other managers (not included above)			
-17	-9	N	Registered Nurses without additional responsibilities	Registered Nurse, Midwife & Psychiatric Nurse		
-18	-10	N	Senior medical staff without extra responsibilities		Surgical,	
-19	-10	N			medical,	
-20	-10	N			mental health,	
-21	-10	N			home first,	
-22	-10	N			ACCIS	
-23	-11	N	Doctors in training		Fellows / registrars / advanced trainees (HM25 and above)	
-24	-11	N			HMO's HM11-23 (this would include interns)	

-25	-12	N	Qualified allied health and other clinical professionals/scientists without additional responsibilities			All other qualified/certified clinicians, scientists, engineers, researchers, social workers
-26	-13	N	Other staff with specific expertise			
-27	-14	N	Everyone else	Enrolled Nurses (EN), Trainees (RUSON), Psychiatric Enrolled Nurse (PEN)		
-28	-14	N				Technicians, clinical and P care worker, diploma quali interpreter, trainee, student consumer and carer consu support workers, path colle assistant, allied health assi
-29	-15	N				

Appendix 4: Action Plan indicators - PMS questions

Indicator		2021 PMS question	2023 PMS question
1.	Increase in positive response to People Matter Survey question regarding inclusive communications	My organisation uses inclusive and respectful images and language	same
2.	Increase in positive response to People Matter Survey question regarding senior leaders supporting inclusion.	Senior leaders actively support diversity and inclusion in the workplace	Senior leaders model my organisation's values
3.	Increase in positive response to People Matter Survey question regarding manager inclusion.	My manager works effectively with people from diverse backgrounds	My manager treats employees with dignity and respect My manager models values
4.	Increase in positive response to People Matter Survey question regarding workgroup inclusion.	People in my workgroup often reject others for being different People in my workgroup actively support diversity and inclusion in the workplace	People in my workgroup treat each other with respect
5.	Increase in positive response to People Matter Survey questions regarding positive culture for diverse backgrounds/identities.	There is a positive culture within my organisation in relation to employees_____ • of different age groups • different sexes/genders • identify as LGBTIQ+ • from varied cultures • who are Aboriginal and/or Torres Strait Islander • with disability	Witness and experienced barriers to success and overall trends
6.	Increase in positive response to People Matter Survey question regarding disability and caring responsibilities as barriers to success.	Having caring responsibilities is not a barrier to success in my organisation Disability is not a barrier to success in my organisation	Witness and experienced barriers to success and overall trends
7.	Increase in positive response to People Matter Survey question regarding culture related to employees with disability or caring responsibilities.	There is a positive culture within my organisation in relation to employees with disability There is a positive culture within my organisation in relation to employees who have caring responsibilities.	Witness and experienced barriers to success and overall trends
8.	Increase in positive response to People Matter Survey question regarding positive flexible work culture.	There is a positive culture within my organisation in relation to employees who use flexible work.	I am confident that if I requested a flexible work arrangement, it would be given due consideration My manager supports working flexibly

9.	Increase in positive response to PMS questions regarding workplace flexibility (grouped)	Using flexible work arrangements is not a barrier to success in my organisation Having caring responsibilities is not a barrier to success in my organisation Having family responsibilities is not a barrier to success in my organisation There is a positive culture within my organisation in relation to employees who_____: • use flexible work • have caring responsibilities • have family responsibilities I have the flexibility I need to manage my work and non-work activities and responsibilities My organisation supports employees with family or other caring responsibilities, regardless of gender	I am confident that if I requested a flexible work arrangement, it would be given due consideration My manager supports working flexibly
10.	Increase in positive response to People Matter Survey questions about equal employment opportunities for promotion for staff who identify as Aboriginal, LGBTIQ+, or living with disability.	_____ is not a barrier to success in my organisation: • Age • Gender • Sexual orientation • Cultural background • Being Aboriginal and/or Torres Strait Islander • Disability I feel I have an equal chance at promotion in my organisation There are adequate opportunities for me to develop skills and experience in my organisation My organisation makes fair recruitment and promotion decisions, based on merit	None – instead review overall trends Same Satisfied with L&D needs, satisfied with opps to progress I believe the recruitment processes in my organisation are fair I believe the promotion processes in my organisation are fair
11.	Increase in positive response to People Matter Survey question regarding fair recruitment and promotion decisions.	My organisation makes fair recruitment and promotion decisions, based on merit	I believe the recruitment processes in my organisation are fair I believe the promotion processes in my organisation are fair
12.	Increase in positive response to People Matter Survey question regarding support for Family Violence leave	My organisation would support me if I needed to take family violence leave	same
13.	Increase in positive response to People Matter Survey question regarding cultural safety	I feel culturally safe at work	same

14.	Increase in positive response to People Matter Survey question regarding satisfaction with complaint handling for bullying.	Were you satisfied with the way your formal complaint was handled?	same
15.	Increase in positive response to People Matter Survey question regarding satisfaction with complaint handling for discrimination.	Were you satisfied with the way your formal complaint was handled?	same
16.	Increase in positive response to People Matter Survey question regarding satisfaction with complaint handling for sexual harassment.	Were you satisfied with the way your formal complaint was handled?	same
17.	Increase in positive response to People Matter Survey questions regarding organisational integrity (grouped).	My organisation respects the human rights of employees My organisation encourages respectful workplace behaviours My organisation is committed to earning a high level of public trust My organisation makes fair recruitment and promotion decisions, based on merit My organisation takes steps to eliminate bullying, harassment and discrimination My organisation encourages employees to act in ways that are consistent with human rights	Some questions have changed but grouping remains
18.	Increase in positive responses People Matter Survey questions regarding sexual harassment (grouped).	My organisation encourages respectful workplace behaviours. My organisation takes steps to eliminate bullying, harassment and discrimination I feel safe to challenge inappropriate behaviour at work	same



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