

Diversity, Equity & Inclusion Action Plan

2021 - 2026



Contents

Introduction from our CEO	3
Why Equity & Inclusion	4
The issue	4
Our commitment and response	5
Legislative context	5
Gender Equality Principles	5
Benefits of gender equality work	6
Aboriginal and Torres Strait Islander people	6
Intersectionality	6
Organisational Context	6
Where are we now – 2021 baseline audit analysis	8
Employee consultation and engagement	9
Developing our action plan	9
Implementing our Action Plan	10
Our Change Journey	10
Accountability, Governance, and Resourcing	10
Strategies and Measures	11



Introduction from our Chief Executive

The Royal Melbourne Hospital is committed to promoting diversity, inclusion and equality. This is an important part of achieving our vision, advancing health for everyone every day.

At the RMH, our workplace values are People First, Lead with Kindness and Excellence Together. These values are clearly aligned with, and reflected, in our first *Diversity, Equity and Inclusion Action Plan*. For if we truly do seek to lead with kindness and put people first, we must commit time, energy, and resources to understanding the distinct strengths and challenges that people of all backgrounds and identities experiences in our workplace, and in the wider community. We cannot achieve excellence together if people do not have equitable opportunities to contribute, to grow, and to flourish.

We know many of the issues we seek to address are complex, and play out beyond our walls. But, as healthcare practitioners, we understand the social determinants of health, and the importance of equity in supporting wellbeing. We are committed to understanding what we can change, to build a fairer, healthier community.

This is why I am so pleased to present our first workforce *Diversity, Equity, and Inclusion Action Plan*. The plan was developed based on an extensive audit, which helped identify strengths and areas for improvement in relation to the experiences of diversity, equity, and inclusion for those who work here at the Royal Melbourne Hospital.

This is a dynamic and iterative plan. Ongoing consultation and engagement with staff, and further data analysis will shape our work as we continue to review and refine our efforts over the life of this action plan. However the central objective will remain – to do our very best to provide a great place to work and a great place to receive care for people of all backgrounds and identities. Because we understand the impact this can have on our staff, our patients, and our community.

Professor Christine Kilpatrick AO Chief Executive The Royal Melbourne Hospital





Why Diversity, Equity, & Inclusion

Our Vision

Our vision is to advance health for everyone, every day. At the RMH we want to be a great place to work and receive care. We put People first and Lead with kindness by ensuring we support a diverse workforce who are safe, respected, treated with dignity and have equal opportunities to flourish. We embrace and value difference to Achieve excellence together.

The issue

Everyone deserves to feel safe, supported, and included in their communities. We all want to equal opportunities to succeed at work, to receive effective care, and live healthy lives.

Unfortunately, we know this isn't always the case. The social determinants of health are well understood, so for RMH equality and inclusion must be part of our core business. We know, for example, that some groups, in particular women and girls, Aboriginal/Torres Strait Islander people, and trans and gender diverse people are still more likely to experience harassment, discrimination and violence.

Some people also face unfair attitudes or expectations about what they can, or should, do in their work or personal time. This means they don't have equal opportunities to achieve social and economic security or maintain good health and wellbeing. For example 1:

21% gender pay gap in health and social services



Sex and gender differences often ignored in clinical trials which often leaves women at greater risk of side effects and poorer health outcomes

There is a 10 year difference in life expectancy for Aboriginal and Torres Strait Islander people

An average of

1 woman a week
is killed by
a current or
former partner



41% of Trans &
Gender Diverse who
needed emergency
care did not attend
the emergency
department out of
fear of being
misgendered

2 in 5 women and 1 in 4 men have experienced sexual harassment at work. The figure is higher for Aboriginal people and in some industries like nursing. Very few report it. Migrant and refugee
women are at
greater risk of poor
maternal and child
health outcomes,
contracting STIs and
facing barriers to sexual
and reproductive
healthcare

Australia is among the lowest countries in the developed world for the relative income of people with disabilities

https://www.wgea.gov.au/sites/default/files/documents/Gender_pay_gap_fact_sheet_Feb2020.pdf; https://researchers.mq.edu.au/en/publications/transcending-discrimination-in-health-amp-cancer-care-a-study-of-; https://www1.racgp.org.au/newsgp/clinical/men%E2%80%99s-and-women%E2%80%99s-health-side-by-side; https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-020-00450-w; https://www.mja.com.au/journal/2020/212/2/sex-and-gender-health-research-updating-policy-reflect-evidence; https://humanrights.gov.au/our-work/publications/national-inquiry-employment-and-disability-issues-paper-1; https://www.mcwh.com.au/wp-content/uploads/SRH-Report-2021-for-web-accessible.pdf; https://www.aihw.gov.au/reports/australias-health/indigenous-life-expectancy-and-deaths



Our commitment and response

We are committed to taking clear and meaningful steps to support better outcomes for people of all genders, backgrounds and identities. We have completed an audit of our organisation, and created this Diversity, Equity and Inclusion Action Plan to drive change. Both the audit and plan have been shared with the Public Sector Gender Equality Commission, and will be reported on accordingly.

Legislative context

The following legislation shapes our efforts:

- Gender Equality Act 2020 (Vic)
- Fair Work Act 2009 (Cth)
- Equal Opportunity Act 2010 (Vic)
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Sex Discrimination Act 1984 (Cth)
- Workplace Gender Equality Act 2012 (Cth)
- Race Discrimination Act 1975 (Cth)
- Disability Discrimination Act 1992 (Cth)
- Privacy and Data Protection Act 2014 (Vic)

Gender Equality Principles

The Commission offers the following gender equality principles² which have informed our case for change and this action plan:

- All Victorians should live in a safe and equal society, have access to equal power, resources and opportunities and be treated with dignity, respect and fairness.
- · Gender equality benefits all Victorians regardless of gender.
- Gender equality is a human right and precondition to social justice.
- Gender equality brings significant economic, social and health benefits for Victoria.
- Gender equality is a precondition for the prevention of family violence and other forms of violence against women and girls.
- Advancing gender equality is a shared responsibility across the Victorian community.
- All human beings, regardless of gender, should be free to develop their personal abilities, pursue their
 professional careers and make choices about their lives without being limited by gender stereotypes,
 gender roles or prejudices.

² https<u>://www.genderequalitycommission.vic.gov.au/gender-equality-action-plans</u>



- Gender inequality may be compounded by other forms of disadvantage or discrimination that a person
 may experience on the basis of Aboriginality, age, disability, ethnicity, gender identity, race, religion,
 sexual orientation and other attributes.
- Women have historically experienced discrimination and disadvantage on the basis of sex and gender.
- Special measures may be necessary to achieve gender equality.

Benefits of gender equality work

Mounting evidence shows that working towards gender equality, using gender equity measures, is good for businesses and communities. In our communities, gender equality helps reduce violence against women, and strengthens the economy³. In workplaces, gender equality improves organisational performance, enhances the ability of companies to attract and retain talented employees, and strengthens organisational reputation⁴.

Aboriginal and Torres Strait Islander peoples

RMH recognises that Aboriginal and Torres Strait Islander peoples are not simply another diverse cohort. They are the First Peoples of this land, they are diverse, and they are impacted by ongoing issues of colonisation and sovereignty beyond that of other people living in Australia. We do not seek to minimise their identities or experiences by including them in this Plan. However, when focusing on equity and inclusion we cannot exclude them, and we see value in considering how their identities as Aboriginal and/orTorres Strait Islander peoples intersect with other aspects of their identity, such as gender, in shaping outcomes and experiences.

Intersectionality

Intersectionality refers to the ways in which various aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation⁵. This includes aspects like Aboriginality, gender, language, sexuality and so on. So, the experiences of an Aboriginal woman with disability may vary greatly to a trans woman, or white woman who is same-sex attracted.

Understanding these differences means we need to ensure our efforts to achieve gender equality are more inclusive.

Organisational context

Our commitment to inclusion is highlighted in the Royal Melbourne Strategic Plan *Towards 2025*. The strategic pillar, to 'be a great place to work and a great place to receive care' is essential to our purpose of advancing health for everyone, every day.

The RMH values of People First, Lead with Kindness and Excellence Together recognise that we embrace and value difference and respect diverse views and contributions.

The RMH Reconciliation, Disability and LGBTIQA+ action plans describe our commitment to inclusion and welcoming diversity, and the actions we have committed to in order to address barriers and increase equity for patients and staff from these important community groups.

Governance committees and working groups (each with an executive sponsor), including the Aboriginal and Torres Strait Islander committee, Disability Working Group, LGBTIQA Committee and Gender Equity Advisory Committee provide leadership and guidance on strategies, policies and initiatives.

⁵ https://www.vic.gov.au/understanding-intersectionality



³ <u>https://www.vic.gov.au/benefits-gender-equality</u>

⁴ https://www.wgea.gov.au/publications/gender-equality-business-case

The RMH Respect and Partnerships in Care and Community Advisory Committee coordinate and lead our efforts to Partner with Consumers in line with NSQHS Standard 2 and align with our commitment to equity in access to health care for our community and promoting health literacy. They emphasise that everyone at the RMH has a responsibility to partner with consumers and provide Safe, Timely, Effective and Person-centred care (STEP) in accordance with our clinical governance framework.

Roles such as our Diversity and Inclusion Advisor, Aboriginal Health Liaison Officers, Elder in Residence, Disability Liaison Officers, and LGBTIQA+ Liaison Officers provide guidance to clinicians, leaders and other staff.

Training and events are promoted to raise staff awareness of issues and build inclusive practice. These include the Aboriginal Cultural Awareness, Disability Awareness, and Trans and Gender Diverse Inclusion, as well as events to promote key dates such as International Women's Day, National Reconciliation Week and International Day of People with Disability.



Where are we now - 2021 baseline audit analysis

In mid-2021 a gender audit was conducted using payroll data as at 30 June 2021, and the results of our People Matter Survey. This survey augmented data gleaned through an earlier Diversity and Inclusion Survey to inform our Action Plan.

When analysing the audit data and areas to focus on primarily, we were conscious of our sphere of influence and the context in which we operate. For example, we are a highly feminised workforce, and this is unlikely to change from our efforts alone. That would require a concerted, collective effort with schools, TAFE's, universities and other hospitals. While this would no doubt be valuable, we decided to focus initially on issues which we could address internally.

The audit highlighted a number of strengths including:

- A positive attitude to increased efforts to raise awareness of diversity and inclusion and a desire for this
 work to continue to expand.
- High levels of staff satisfaction with the support received from local team and local managers and support from senior leadership.
- A positive experience of flexible working arrangements where these have been utilised.
- Work is seen to be fairly allocated by gender.
- Most Culturally and Linguistically Diverse staff have positive experiences of inclusion, support and development.
- Age does not affect staff experience of inclusion, support and development.
- Diverse sexualities generally responded in similar ways to others suggesting that overall sexuality does not affect experiences of inclusion, support and development.

The audit highlighted a number of challenges and opportunities including:

- Less positive work experience for staff who are Aboriginal and/or Torres Strait Islander, have a disability
 and/or are trans or gender diverse (TGD). These staff experience higher rates of bullying, discrimination
 and harassment and are less likely to agree that RMH provides a positive and safe work culture than other
 staff.
- Opportunity to increase staff and leader awareness of the challenges faced by some members of our workforce and our build skills and confidence to address these.
- Limited formal reporting of bullying, harassment, and sexual harassment compared to the rates indicated in the PMS along with a lack of confidence in the reporting process.
- Particularly low confidence in management of reporting of bullying, harassment or discrimination by staff who identify as Aboriginal and Torres Strait Islander, have a disability or are TGD.
- Opportunity to further explore gender composition and pay equity in some areas including senior leadership roles (i.e. Director level) and medical workforce.
- Inconsistencies in access to flexible work arrangements including leave and part time work, with men less
 likely to have part time positions, people with a disability less likely to be confident of accessing flexible
 work arrangements if requested, and both Aboriginal and disabled staff feeling less confident to access
 Family Violence leave.



Challenges in accessing and linking workforce data regarding demographics and identity in our
recruitment, payroll, leave and learning management systems. This limits our ability to audit and
understand the experience of our staff and identify opportunity to improve equity and inclusion in RMH. It
also limits our ability to undertake intersectional analysis of payroll data.

For further information about the audit, contact our Diversity & Inclusion Advisor on 03 9342 5588 or kerrie.loveless@mh.org.au.

Employee consultation and engagement

Developing our action plan

Meaningful consultation and engagement was central to the development of this action plan. We consulted with our governing bodies, employees, employee representatives and other relevant people to develop this. Organisation wide messaging began before the audit had been completed, using our case for change as a basis to build understanding of the work, and its value.

Upon completion of the Audit, a report and slide pack which included draft actions, and an infographic were developed and shared through a range of mediums.

These were presented to a range of key governance and advisory committees and workforce groups for discussion, including:

- RMH Board
- RMH Executive
- Aboriginal and Torres Strait Islander Governance Group
- LGBTIQA+ working group
- RMH Clinical Operations Committee
- Gender Equity Advisory Committee
- Union representatives
- All staff CEO forums

- Manager forum
- · Safety Champion forum
- · People and Culture team
- Steering Committee for The Melbourne Way
- Nursing Executive / NUM Forum
- Head of Unit Meeting
- Finance and Logistics Leadership Team
- NWMH Safety Committee
- · Various leadership meetings

Staff were also invited to a series of drop-in sessions, and could also provide feedback via an anonymous online platform, or by direct communication with the lead worker. All staff emails, the intranet and our internal social media platform were used to promote the work and opportunities to contribute.



Implementing our Action Plan

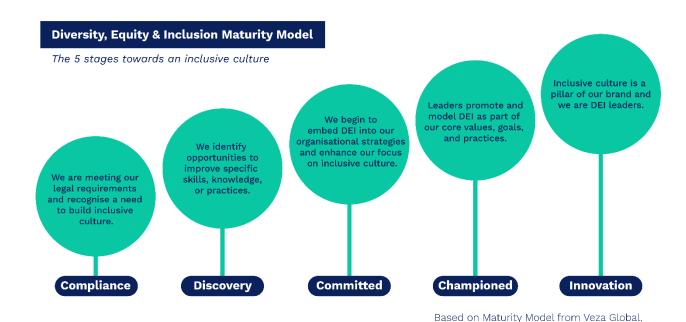
Creating significant organisational and cultural change requires ongoing engagement and support across RMH. The following will underscore our work:

- We will work within existing structures to ensure change is embedded sustainably.
- We will elevate the voices of those affected by the work, staff voice will be critical in designing and implementing actions.
- We will champion the role of equity measures in achieving equality.
- We will consider gender as one of many facets of identity that should be considered when seeking an equitable workplace.

Our Change Journey

At the RMH we understand that change is a journey. The maturity model below offers a visual conceptualisation of that journey. In some areas of our work we are further along the journey than others.

To be effective we must design our activities in accordance with maturity levels, creating strong foundations for ongoing change. Much of our work in the first years of this Action Plan will be partnering across RMH to better understand the current context and identify next steps.



Accountability, Governance, and Resourcing

Executive sponsors, who have each endorsed this Plan, are allocated to each action to ensure high-level accountability for meeting our commitments including adequate resource allocation.

Biannual progress reports will be provided to the Melbourne Way Steering Committee and the Executive.

An annual report will be provided to the People, Culture, and Remuneration Board Committee.



Strategies and Measures

The four year Action Plan is a living document and will be reviewed and refreshed in line with findings from future audits, and ongoing staff engagement.

	ACTION	YEAR(S)	GENDER EQUALITY INDICATOR	MATURITY LEVEL	EXECUTIVE SPONSOR	RESPONSIBLE TEAMS
1. EN	GAGE HEARTS AND MINDS					
1.1	Undertake a communication campaign to engage staff and leaders in understanding the case for change and raise awareness of the steps they can take to promote equity in the workplace.	2022	All	Discovery	CEO	People and Culture Communications and Media, Public Affairs
1.2	Promote and deliver a range of events that celebrate our diverse workforce and community.	2022 - 2025	All	Discovery/ Committed	COO	Safety Culture Allied Health Staff Voice Committees Communications and Media, Public Affairs
1.3	Embed inclusive principles and practice into development of next strategic plan.	2024 - 2025	All	Committed/ Championed	CEO	TBC
2. BU	ILD LEADERSHIP AND ORGANISATIONAL CAPAB	BILITY				
2.1	Set and monitor diversity targets for The Melbourne Way Leadership Program.	2022	Workforce composition Workforce segregation	Committed/ Championed	Executive Director People and Culture	Safety Culture
2.2	Embed expectation that it is the leaders' role to create a welcoming and inclusive workplace (linked to safety to speak up).	2022 - 2026	All	Committed	CEO Executive Director People and Culture	Safety Culture

	ACTION	YEAR(S)	GENDER EQUALITY INDICATOR	MATURITY LEVEL	EXECUTIVE SPONSOR	RESPONSIBLE TEAMS
2.3	Review Leadership Development offerings to enhance inclusive leadership skills including: managing micro-aggressions Aboriginal cultural awareness Disability Awareness LGBTIQA+ inclusion	2022 - 2023	Workforce composition Workforce segregation	Committed/ Championed	Executive Director People and Culture	Safety Culture Allied Health Nursing Education Medical Education Quality, Improvement and Patient Experience
2.4	Examine impact of leave and flexibility on career progression and develop recommendations.	2024	Workforce composition Workforce segregation	Discovery	Executive Director People and Culture	People & Culture Allied Health Nursing Workforce Medical Workforce
2.5	Curate an online resource library on a range of diversity, equity and inclusion topics.	2023	All	Discovery	Executive Director People and Culture	Learning Infrastructure Safety Culture
2.6	Embed process to ensure systematic policy review considers diversity and inclusion.	2022	All	Committed	Executive Director Quality, Informatics and Improvement	Quality, Improvement and Patient Experience
2.7	Identify and review key workforce procedures related to employee experience e.g. reasonable adjustments.	2023 - 2026	All	Committed	Executive Director Quality, Informatics and Improvement	People, Culture & Safety
2.8	Review Board induction processes with the aim of embedding inclusive practice and principles.	2023	Governing body composition	Committed	Board Chair	Executive Director People, Culture and Safety, General Counsel

	ACTION	YEAR(S)	GENDER EQUALITY INDICATOR	MATURITY LEVEL	EXECUTIVE SPONSOR	RESPONSIBLE TEAMS
2.9	Review staff orientation processes to embed inclusion.	2022 - 2023	All	Committed	Executive Director People and Culture	People, Culture & Safety Nursing Workforce/Education Medical workforce
3. PA	RTNER WITH AND ELEVATE THE VOICE OF STAF	F TO CO-DE	ESIGN RESPONSES TO	ISSUES IDENTI	FIED THROUG	H THE AUDIT
3.1	Support existing staff voice committees and their associated Action Plans – for example: Aboriginal Governance Committee and LGBTIQA+ Steering Committee.	2022 - 2026	Workforce composition Workforce segregation	Committed/ Championed	Executive Director Nursing and Residential Aged Care Executive Director People and Culture	Allied Health People, Culture & Safety
3.2	Implement a staff voice committee that allows staff living with or caring for someone with disability to shape strategic actions.	2022	Workforce composition Workforce segregation Family Violence, Flexible work & Carers Leave	Discovery	Executive Director People and Culture	Allied Health Quality, Improvement and Patient Experience People, Culture & Safety
3.3	Grow pathways programs to increase representation of diverse communities in RMH workforce. Initial focus groups: Disability, TGD and Aboriginal and Torres Strait Islander.	2024	Workforce composition Workforce segregation Family Violence, Flexible work & Carers Leave	Discovery/ Committed	Executive Director People and Culture	People & Culture Allied Health Workforce Nursing Education and Training Medical Education
3.4	Review recruitment procedures and templates for inclusive language and practice.	2022 - 2024	Recruitment and promotion	Committed	General Counsel	Recruitment Team Allied Health Workforce Nursing Workforce Medical Workforce

ACTION YEAR(S) GENDER EQUALITY INDICATOR	MATURITY LEVEL	SPONSOR	RESPONSIBLE TEAMS
--	-------------------	---------	-------------------

	I. DEVELOP, IMPLEMENT AND CONTINUE TO IMPROVE OUR APPROACH TO COMMUNICATIONS AND ENGAGEMENT IN REGARDS TO EQUITY, NCLUSION AND DIVERSITY								
4.1	Develop inclusive communications guide.	2022 - 2023	Workforce composition Workforce segregation Recruitment and promotion	Discovery	Director Strategic Communicatio ns and Media, Public Affairs	Strategic Communications and Media, Public Affairs			
4.2	Strengthen diverse representation of RMH in external communications	2022 - 2023	Workforce composition Workforce segregation Recruitment and promotion	Discovery/ Committed	Director Strategic Communicatio ns and Media, Public Affairs	Strategic Communications and Media, Public Affairs			
4.3	Improve website accessibility and content regarding support for diverse patients/consumers	2022 - 2023	Workforce composition Workforce segregation Recruitment and promotion	Discovery/ Committed	Director Strategic Communicatio ns and Media, Public Affairs	Strategic Communications and Media, Public Affairs People, Culture & Safety			
4.4	Review flexible work procedure and develop communication campaign to raise awareness of the various types and benefits of flexible work to staff and leaders.	2022 - 2023	Workforce composition Workforce segregation Family Violence, Flexible work & Carers Leave	Discovery/ Committed	COO	Strategic Communications and Media, Public Affairs People, Culture & Safety			
4.5	Implement a communication campaign promoting parental leave for people of all genders.	2022	Workforce composition Workforce segregation Family Violence, Flexible work & Carers Leave	Discovery/ Committed	COO	Strategic Communications and Media, Public Affairs People, Culture & Safety			
4.6	Implement a communication campaign to promote Family Violence Leave and other supports for people of all backgrounds and identities.	2023 - 2024	Family Violence, Flexible work & Carers Leave	Discovery/ Committed	C00	People, Culture & Safety Strategic Communications and Media, Public Affairs			

	ACTION	YEAR(S)	GENDER EQUALITY INDICATOR	MATURITY LEVEL	EXECUTIVE SPONSOR	RESPONSIBLE TEAMS
5. ST	RENGTHEN OUR RESPONSES TO MICRO-AGGRE	SSION, RAC	CISM, BULLYING, HARAS	SSMENT AND S	SEXUAL HARAS	SSMENT
5.1	Develop Workforce Ombuds role/service and monitor insights.	2022	Workforce composition Workforce segregation Sexual harassment	Committed/ Championed	CEO	People, Culture & Safety
5.2	Appoint OVA Specialist Nurse Advisor (Sexual safety & discrimination) to undertake a review of sexual harassment in the workplace.	2022 - 2025	Sexual harassment	Discovery/ Committed	General Counsel	People, Culture & Safety
5.3	Partner with diverse staff to review current complaints handling process to ensure a trauma informed and equitable approach.	2022 - 2024	Workforce composition Sexual harassment	Discovery/ Committed	Executive Director People and Culture	Deputy Director People, Culture & Safety
5. IN\	ESTIGATE PAY INEQUALITY IN RELEVANT AREA	S AND IDE	NTIFY OPPORTUNITIES	FOR IMPROVE	MENT	
6.1	Further interrogate audit data regarding pay equity to gain a nuanced understanding and develop effective actions in response. Initial focus: Directors Senior Medical staff	2022 - 2026	Equal remuneration	Discovery/ Committed	Executive Director Finance and Logistics and Chief Medical Officer	Finance Systems-SAP Payroll Medical Workforce
6.2	Further investigate key gender segregated workgroups (e.g. medical, security, and hotel services) and develop recommended actions.	2022 - 2026	Gender Composition	Discovery/ Committed	Chief Medical Officer	TBC
	PROVE WORKFORCE REPORTING SYSTEMS TO C					APHICS, PROMOTION AND
7.1	Establish cross organisation Working Group to define data and reporting needs for current and future systems, and propose a plan to meet them.	2022 - 2026	All	Discovery/ Committed	Executive Director Finance and Logistics	Finance Systems-SAP Payroll People, Culture & Safety



Advancing health for everyone, every day

300 Grattan Street Parkville VIC 3050 Australia

thermh.org.au

ABN 73 802 706 972

PREPARED BY: Kerrie Loveless

T: +61 3 9342 5588

E: kerrie.loveless@mh.org.au

