

Progress Report - Gender Equality

Reporting period
1 July 2022
- 30 June 2023



Acknowledgement of Traditional Owners

Austin Health acknowledges the Traditional Owners of the lands we live and work on, the Wurundjeri people of the Kulin Nation. We pay our respects to Elders and the ongoing connections of the oldest living culture in the world. We support the important role First Nations Peoples continuously hold in our society and are committed to providing culturally safe services that will assist us in achieving our vision for reconciliation.

Gender equality is when all people – regardless of gender – have equal rights, responsibilities and opportunities. This includes women, men, trans and gender diverse people, children and families.

When there is equality across genders, society is safer, healthier and more prosperous. Gender equality also prevents violence against women and girls.

The Victorian *Gender Equality Act 2020* was introduced in March 2021 and aims to improve workplace gender equality. To apply the Act, we undertook a gender equality audit, developed a Gender Equality Action Plan (GEAP) and commenced completing Gender Impact Assessments (GIAs) across the organisation.

As part of implementing this Act, in February 2024 we were required to submit the following to the Commission for Gender Equality for assessment:

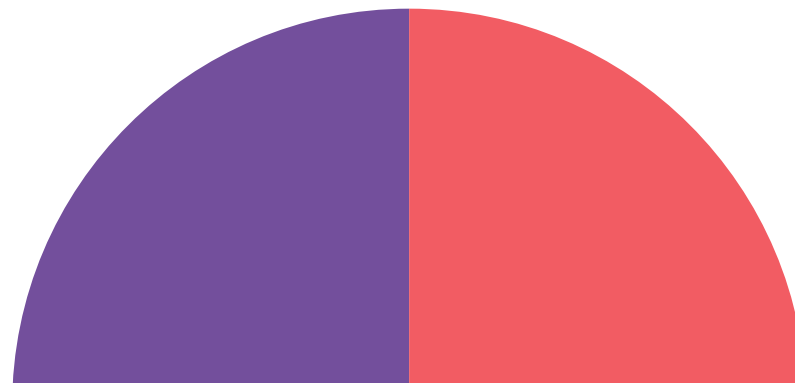
- A progress audit to collect, compare, and submit information about workplace gender equality in our organisation.
- A progress report, drawing on our audit data and other information, to demonstrate whether our actions are achieving positive change towards workplace gender equality, and in our public programs, policies and services.

The Commission has recently returned its findings, and we are proud to report that we were assessed as fully compliant. However, we know there is always more to be done and achieving gender equality is the responsibility of all of us.

The Commission for Gender Equality will publish our progress report and audit data on its public [Insights Portal](#). The ensuing pages contain our progress report.

We are committed to fulfilling a range of obligations to promote gender equality in workplaces, programs, and policies and we are required to publicly report on our progress towards gender equality every two years.

In addition, our GEAP was submitted to the Commission for Gender Equality in the Public Sector. A new GEAP is required to be produced every four years. The plan must address strategies and measures for promoting gender equity based on the results of the audit. You can read our current GEAP on the Austin Health website.



Gender impact assessments

Gender impact assessments (GIA) are designed to help organisations think critically about how policies, programs and services will meet the different needs of women, men and gender diverse people. The purpose of GIAs is to create better and fairer outcomes, and make sure all people have equal access to opportunities and resources.

We are required to undertake GIAs for any policy, program or service that has a direct and significant impact on the public, to ensure they are designed to benefit all Victorians. GIAs are now implemented as usual practice.

Table 1 **Gender impact assessments progress**

Austin Health Strategic Plan

SUBJECT

New Policy

DESCRIPTION

Austin Health's Strategic Plan 2023-27 will help us achieve our vision to shape the future through exceptional care, discovery and learning. The Plan describes key strategic outcomes that are underpinned by our Purpose, Vision, Values and Guiding Principles.

ACTIONS TAKEN

The Guiding Principle 'Timely access to high quality care' explicitly address the importance of removing barriers to accessing care and promote equity and consistency in our practices.

The Guiding Principle 'Listen to what our patients and community say' explicitly identifies the unique and intersectional needs of our patients. Austin Health commits to ensuring that members of our diverse community will experience inclusive services.

INTERSECTIONAL LENS APPLIED

Our Strategic Plan recognises the broad and varied diversity of our community. As part of the Plan consultation process, we engaged with a diverse range of individual staff and consumers, as well as with a range of community groups. This ensured that a broad, intersectional approach was embedded into the Strategy.

Austin Health Primary Care Strategy 2023-27

SUBJECT

New Policy

DESCRIPTION

The Austin Health Primary Care Strategy supports Austin Health's overall strategy and our purpose of helping people live healthy, productive, and fulfilled lives. It outlines our commitment to improve integration with primary care services, in order to deliver better outcomes for our patients.

ACTIONS TAKEN

The principles of the Primary Care Strategy were updated to explicitly focus on equity for our diverse community.

Approach 1.4 explicitly commits to conducting a Gender and Equity Impact Assessments on all initiatives that directly affect our community.

INTERSECTIONAL LENS APPLIED

Austin Health has committed to Gender and Equity Impact Assessments, that have an increased and explicit focus on intersectionality. This aims to embed the intersectional approach into all Gender Impact Assessments undertaken at Austin Health.

Austin Health Digital Health Strategy

SUBJECT

New Policy

DESCRIPTION

The Austin Health Digital Health Strategy

ACTIONS TAKEN

Two of the six Strategic Outcomes: Patient centric care and Empowered workforce address the need to promote equity among our diverse community and to conduct Gender and Equity Impact Assessments on initiatives that directly impact the public.

INTERSECTIONAL LENS APPLIED

Austin Health has committed to Gender and Equity Impact Assessments, that have an increased and explicit focus on intersectionality. This aims to embed the intersectional approach into all Gender Impact Assessments undertaken at Austin Health.

Proposed Eltham Area Community Hospital design

SUBJECT

New Service

DESCRIPTION

The proposed Eltham Area Community Hospital is in the planning stage. The Eltham area Community Hospital will be a small public hospital providing range of day hospital and primary healthcare services.

Strong links to specialists, community health providers and social support services will ensure more seamless follow-up treatment and support for those who require complex care.

ACTIONS TAKEN

The GIA on the plan for the proposed Eltham Area Community Hospital resulted in multiple changes to the design of the proposed building. This included: improved Aboriginal cultural safety at the building entrance, change to the location of the family violence service relative to the mental health service and to facilitate safe access points, improved access to a secure, child and family-friendly courtyard, improved lighting and line-of-sight around the hospital entrance to improve safety for women, gender diverse people and other vulnerable groups.

The GIA also identified a range of considerations relating directly to the operation of the building (outside the scope of this project phase). These considerations were documented and will form the basis of a Gender and Equity Impact Assessment of the operations of the proposed hospital which will be conducted at the appropriate time.

INTERSECTIONAL LENS APPLIED

As part of the GIA, a workshop was held that brought together a range of consumers and staff from diverse backgrounds, together with the building architects, designers, the Austin Health Capital Infrastructure team and the Victorian Health Building Authority. The staff and consumer participants were a very diverse group of various genders and other attributes, including disability, age, sexual orientation and cultural backgrounds. The perspectives of all participants directly impacted the future design of the proposed hospital.



Strategies and measures

Table 2.1 **Strategies and measures progress**

Establish an effective governance and accountability framework for progress toward workplace gender equality

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

1. Appoint an executive sponsor to support the delivery of the GEAP

(Complete)

2. Determine the resources and budget needed to implement and monitor the plan

(Complete)

3. Establish and maintain annual reporting to staff, executive and board on the progress of GEAP activities

(In progress)

4. Provide regular opportunities for engagement with staff on progress of the GEAP and suggestions for improvement

(In progress)

IMPLEMENTATION PROGRESS TO DATE

- Austin Health's Chief People and Culture Officer has been appointed as executive sponsor to support the delivery of the GEAP.

- Human resources has been assigned to oversee GEAP implementation - Director Employee Relations and Diversity & Inclusion, Diversity and Inclusion

Manager, Diversity and Inclusion Business Partner, a Gender Impact Assessment Manager (see further notes below on GIA) project team work to date.

- A Gender Equality Working Group was established (with Terms of Reference) in September 2022, with monthly meetings (agenda and minutes stored and shared). This working group provides the mechanism for ensuring all actions outlined in the Gender Equality Action Plan are met within the required timeframes. Membership of the working group includes action owners outlined in the plan.

- The Strategy, Performance and Improvement team has been assigned the role of leading implementation of Gender Impact Assessments (GIA) at Austin Health, reporting through to the Executive Director Strategy, Performance and Improvement and to the Austin Health Executive. The GIA Project Team meets monthly and includes representatives from a wide range of Austin Health departments, including strategy and planning, improvement, capital and infrastructure, policy, research and various operational units. A project lead has been appointed to lead the implementation work.

- Supply agreement with GenderWorks Australia to support actions from the Gender Equality Action Plan, the 2021 and 2023 Workplace Gender Audit Progress Report, including comparative analysis of FY21 and FY23 workforce and employee experience (People matter survey) data.

- Reporting lines to board established, including February 2023 paper to Executives and People and Culture Board Sub-Committee including February 2023 & October 2023 papers to Executives and People and Culture Board Sub-Committee, in preparation for 2023 Progress audit report to the Commission.

- Austin Health's Diversity and Inclusion practitioners and Strategy, Performance and Improvement team are active participants in the Victorian Health Organisations Gender Equality Network (VHOGEN). VHOGEN has provided opportunities to share experiences and learning with public health services from across Victoria and to hear regularly from Dr Niki Vincent, Public Sector Gender Equality Commissioner for Victoria and other Commission staff. This has provided greater insight into the Commission's governance and delivery standards, learnings from other members and collaboration to provide a consistent approach across the Victorian public hospital sector.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

1/07/2022 & 30/06/2024

Chief People and Culture Officer

RELEVANT INDICATOR(S)

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
- working arrangements supporting employees with family or caring responsibilities.

7. Gendered segregation within the workplace.

Create a shared understanding of gender equality across Austin Health

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

5. Embed and communicate the importance of and outcomes sought by the Gender Equality Act, the GEAP and GIAs across all levels of the organisation.
(In progress)

6. Develop a communications plan to engage and educate staff around gender equality, including workplace gender equality and GIAs.
(In progress)

IMPLEMENTATION PROGRESS TO DATE

- 2021, 2022 & 2023 International Women's Day acknowledged and celebrated with Executive Sponsorship and external MC and keynote speakers. Annual communication plans with a range of internal and external communications developed and implemented for each annual event, award nominations process and outcomes. Award recipients announced and celebrated. Links to the Gender Equality Act, GEAP and GIA were communicated across the organisation.

- In October 2022, a draft of communications plan developed with reference to gender equality. This plan has been delegated to a member of the communications team within Austin Health.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024
Director, Corporate Communications

RELEVANT INDICATOR(S)

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
 - working arrangements supporting employees with family or caring responsibilities.
7. Gendered segregation within the workplace.

Improve data collection capabilities across the seven gender equality indicators

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

7. Document systems limitations for full and complete workplace gender audit data collection.
(Complete)

8. Resource and implement priority improvements to ensure improved reporting capability in future reporting periods.
(In progress)

9. Run an annual campaign to encourage people to update their personal details, in line with audit requirements.
(In progress, Ongoing on an annual basis)

IMPLEMENTATION PROGRESS TO DATE

- In the FY21 baseline audit, Austin Health used employee data from Chris21 and Mercury to complete the 'Employee' tab in the 2021 baseline audit, identifying a number of systems collection and reporting limitations. Intention following baseline audit was to make incremental progress on improving data collection in FY23 and subsequent progress audits (FY25, FY27 etc).

- Data collection improvements are now being integrated into the new Human Resources Information System (HRIS) project, delivering improved reporting capability and dashboard for ongoing monitoring.

- In May 2023, limitations for collecting diversity variables (in line with GE legislation - Aboriginality, disability, cultural identity, gender identity, religion, sexual orientation) were identified by consortium of hospitals involved in HRIS/Success Factors system upgrades. Austin Health contributed to a paper with recommendations on what diversity variables should be collected and how demographic questions should be asked. These have been submitted to SuccessFactors.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024
Director, HR Shared Services

RELEVANT INDICATOR(S)

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
 - working arrangements supporting employees with family or caring responsibilities.
7. Gendered segregation within the workplace.

Strengthen leadership capability and confidence to lead a gender equitable and inclusive workforce

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

10. Embed gender equality content into the new employee and new manager induction programs.

(In progress)

11. Update position descriptions for leaders to embed commitment to workplace gender equality.

(Complete)

12. Include gender equitable training in our leadership training module.

(Complete)

13. Embed gender equitable and inclusive leadership measures into manager's performance review and development plans.

(Not yet commenced)

IMPLEMENTATION PROGRESS TO DATE

- In May 2023, the Frontline Leadership Program commenced. This training includes diversity and inclusion concepts and discusses the benefits of these concepts for developing highly effective teams.

- In March 2023, position descriptions for leaders were reviewed by talent acquisition team and updated templates now available on the Pulse.

- In November 2022, Austin Health piloted a three-hour Inclusive leadership training online course to 14 executive members and senior leaders. The course was developed and delivered by consultant Bree Gorman and a number of topics were presented including unconscious bias.

- In May, June & July 2023, the three-hour inclusive leadership training online course was delivered to leaders, clinical and non-clinical.

EVALUATION OF SUCCESS

Approximately 80 leaders completed the Frontline Leadership Program. Participants reported that the content was relevant and they could use the new skills and knowledge in their work.

Fourteen executives attended the Pilot Inclusive Leadership Online Course. Most participants agreed that the facilitator demonstrated sound knowledge and that the session should be delivered to leaders across the organisation. The Inclusive Leadership Training Course was delivered four times to over 107 leaders. Most participants agreed that the facilitator demonstrated sound knowledge and the most valuable part of the training session was interaction and sharing and strategies on mitigating bias. Many believed that the breakout rooms were a safe place for discussion that the session should be delivered to leaders across the organisation.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

31/12/2023, 01/09/2023, 01/02/2024 & 30/06/2024
Organisational Development Manager

RELEVANT INDICATOR(S)

1. Gender composition of all levels of the workforce.

Embed gender targets in identified operational teams, divisions and across workforces

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

14. Establish a working group to led and implement this initiative and provide advice and recommendation to executive.

(Not yet commenced)

15. Create a plan for embedding realistic targets and making measurable progress.

(Not yet commenced)

16. Create a workplace gender equality dashboard to track implementation across business units, teams and workforces.

(Not yet commenced)

IMPLEMENTATION PROGRESS TO DATE

Work has not yet commenced under this strategy.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024
Diversity and Inclusion Manager

RELEVANT INDICATOR(S)

1. Gender composition of all levels of the workforce.



Increase diversity across leadership cohorts

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

17. Ensure flexible work strategies include targeted actions to offer part-time and flexible working arrangements at all leadership levels.

(In progress)

18. Identify and implement advancement strategies for increasing diversity such as mentoring, scholarships, development and education pathways and secondment opportunities.

(In progress)

IMPLEMENTATION PROGRESS TO DATE

- New flexible working arrangements drafted, procedure with CPCO for approval.

- New procedure aligned with Fair Work Act expectation and explicitly provides for flexibility at all levels and as no barrier to career development or opportunities.

- Training session to HR Consulting, Employee Relations and other P&C scheduled for 2/11/23 (next progress reporting) to explain requirements and best practice for managing and advising on workplace flexibility.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/06/2024

Director Employee Relations

RELEVANT INDICATOR(S)

1. Gender composition of all levels of the workforce.

6. Availability and utilisation of terms, conditions and practices relating to:

- family violence leave
- flexible working arrangements
- working arrangements supporting employees with family or caring responsibilities.

Strengthen board members' capability and confidence to promote workplace gender equality at Austin Health

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

19. Identify opportunities for board to engage in and support gender equitable strategies.

(Not yet commenced)

20. Provide opportunities for board to attend the gender equitable training in our leadership training module.

(Not yet commenced)

21. Include workplace gender equality as a regular agenda item in the People & Culture Board sub-committee.

(Ongoing)

IMPLEMENTATION PROGRESS TO DATE

- 2021: Presentation to Board on Gender Equality Act and obligations under the Gender Quality Act.

- Feb 2023: Update Report submitted to People and Culture Board Sub-Committee.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024

Chief People and Culture Officer

RELEVANT INDICATOR(S)

2. Gender composition of governing bodies.

Diagnose the status of pay equity at Austin Health and set goals to address areas of concern

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

22. Establish a working group to lead and implement this initiative and provide advice and recommendations to executive.

(Complete)

23. Conduct an organisational wide gender pay gap analysis drawing on the Commission guidance on classification levels for the health sector.

(In progress)

24. Develop a plan for making measurable progress on priority areas of concern.

(In progress)

25. Summarise findings and share broad outcomes and goals with the organisation.

(In progress)

IMPLEMENTATION PROGRESS TO DATE

- First phase of this work is underway and includes pay equity analysis for employees in senior management roles on management contracts, across all directorates, excluding CEO and Executives.

- GenderWorks Australia engaged to support Austin Health with gender pay gap analysis. Austin Health drew on CGEPS guidance for health sector classifications, to classify senior management roles and map levels of seniority across five professional cohorts: nursing, medical, allied health, Operations, corporate (including people & culture, finance and infrastructure & services). Austin Health intends to focus on senior medical staff and nurse unit managers cohort. Data collection and development of analysis dashboards in progress.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024

Director Employee Relations

RELEVANT INDICATOR(S)

3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender.

Take positive action to reduce gender pay gaps

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

26. Increase understanding and awareness of key pay equity concepts among stakeholders and leaders.

(In progress)



27. Incorporate relevant pay equity metrics into the workplace gender equality dashboard.

(In progress)



28. Provide managers with the tools and training to understand and address factors within their control to assist with reducing identified gender pay gap.

(In progress)



29. Consider establishing a discretionary fund to redress any individual pay gaps.

(In progress)



30. Monitor and report on progress to all stakeholders.

(In progress)



IMPLEMENTATION PROGRESS TO DATE

- While diagnosis of gender pay gaps continues, we have commenced work on initiatives to improve gendered outcomes through promotion of superannuation, salary sacrifice and novated leasing opportunities to increase take-home salary.

- Re: superannuation equity - From January 2023, superannuation funds, with whom Austin Health has a relationship, delivered 26 information sessions to staff on a range of 'Super fit' topics. The sessions were delivered as 1:1 consults, webinars or public seminars. Four of the sessions specifically targeted women and included topics such as 'Super women: starting your financial journey', 'Super women: taking control of your finances' and 'Super women: supercharge your super'. A number of sessions also targeted older people and those preparing for retirement.

- Likely that Action 29 (discretionary fund) will transition to next GEAP.

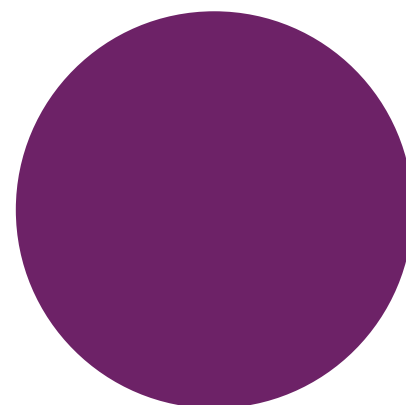
RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024

Chief Executive Officer,
Diversity and Inclusion Manager

RELEVANT INDICATOR(S)

3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender.



Build a positive workplace culture free from sexism, racism, homophobia, transphobia and discrimination in favour of able-bodied people

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

31. Reinforce clear expectations for all staff, patients and visitors to ensure respectful workplace behaviours.

(Ongoing)

32. Establish a plan for regular zero tolerance messaging from executive and senior leadership.

(Ongoing)

33. Designate key staff with responsibility for maintaining up-to-date knowledge on sexual harassment laws, policies and practices.

(Ongoing)

34. Provide sexual harassment prevention training and education for senior management.

(In progress)

35. Deliver Gender Equity and Bystander training across the organisation.

(In progress)

IMPLEMENTATION PROGRESS TO DATE

- Communications have been sent to all staff reminding them about respectful workplace behaviours from Director ER and D&I.

- In November 2022, Prevention and Management of Sexual Harassment by Patients to Staff policy designed and implemented. Endorsed by Aggression Management Committee and contributed by Workforce Health, and Safety and Wellness Department.

- In June 2023, a short session on sexual safety was run on ward 3 North with approximately 15 people in attendance.

- In June 2023, Austin Health became a supporter of 'Racism. It Stops with Me' (Australian Human Rights Commission national campaign).

- Re: additional Sexual Harassment & GE and Bystander training - Given the volume of different trainings across the GEAP (including GE and Bystander training under this strategy), Austin Health's gender equality (GE) working group have been on mapping of internal training courses and discussions with external training suppliers to fully equip Austin Health to deliver its obligations relating to gender equality and inclusive practice. The GE working group conducted an analysis of all related employee training requirements and considerations (eg. considerations).

- Connecting new training with Austin Health's existing 'Living the Values' elearn module, embedding any new content into mandatory new employee and new manager training. Integrating GE content into current internal leadership training, considering annual subscriptions or license options through AHRC or Diversity Council Australia, procuring specialist training suppliers, encouraging personal development through external providers of conferences and workshops). The GE working group has devised an initial list of training topics for coverage across GEAP implementation, topics including those listed below.

- Broader diversity, equity and inclusion awareness training (for all).

- Understanding of gender equality and gender equity - What does it mean to me and my role?

- Intersectionality - What does intersectionality mean and how does it apply to my role (for all)?

- Specialist training on the disadvantage or discrimination that a person may experience on the basis of other diversity attributes or characteristics (also known as intersectionality) such as, Aboriginality, age, disability, ethnicity, gender identity, race, religion sexual orientation (for all).

- Inclusive leadership practices.

- Gender equitable and inclusive recruitment practices for leaders/managers.

- Merit for leaders/managers.

- Sexual harassment (for all).

- Family violence (for all).

- Bystander training (for all).

- Unconscious bias (for all).

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

01/10/2022, 01/04/2023,

01/04/2023, 01/07/2023

General Counsel,

Director Employee Relations

RELEVANT INDICATOR(S)

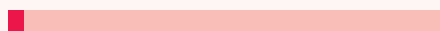
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender.

Improve the experiences of staff who experience sexual harassment from workplace colleagues

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

36. Develop a process to assess complainant's satisfaction with formal complaints process.

(Not yet commenced)



37. Review our sexual harassment response processes and identify practical ways to incorporate victim survivor-centric care and support mechanisms.

(Complete)



38. Pilot recommended alternative care and support options for staff experiencing sexual harassment.

(In progress)



IMPLEMENTATION PROGRESS TO DATE

- In March 2022, Northern Centre Against Sexual Assault (NCASA) procedure updated.

- In November 2022, Prevention and Management of Sexual Harassment by Patients to Staff procedure implemented, including survivor-centric care.

- In November 2022, Prevention and Management of Sexual Harassment by Patients to Staff procedure announced via The Pulse, 231 views.

- In June 2023, a short session on sexual safety was run on ward 3 North with approximately 15 people in attendance.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

1/12/2023

General Counsel,
Director Employee Relations

RELEVANT INDICATOR(S)

4. Sexual harassment in the workplace

Implement a comprehensive workplace approach to prevention and response to sexual harassment from patients

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

39. Develop an educational toolkit to support leaders and staff responding to sexual harassment from patients.

(Ongoing)



40. Develop a guide for leaders to support staff responding to sexual harassment from patients.

(Ongoing)



41. Roll out training to support employees manage occupational violence and aggression (including sexual harassment) in high-risk areas.

(Ongoing)



IMPLEMENTATION PROGRESS TO DATE

Occupational Violence and Aggression staff forums:

- December 2022, Session 1 - What does zero tolerance really mean?

- March 2023, Session 2 - Reporting to police - Is it worth it?

- October 2023, Session 3 - Stepping back to step forwards - a better experience together.

Occupational Violence and Aggression (OVA) staff training sessions delivered by MOAT Mental Health Services, include sexual harassment.

-During 2021, 699 employees attended 53 OVA training sessions. Groups targeted included: clinical, community visits, non-clinical, graduates, mental health and security.

-During 2022, 832 employees attended 58 OVA training sessions. Groups targeted included: clinical, community visits, non-clinical, graduates, mental health and security.

- During 2023, 696 employees attended 45 OVA training sessions. Groups targeted included: clinical, community visits, non-clinical, graduates and mental health.

- OVA resources and tools on dedicated Pulse site.

- Improvement made to capture all sexualised incidences as ISR2.

- OVA Prevention Committee established 2022.

EVALUATION OF SUCCESS

OVA training evaluation data shows significant support from participants of the content and delivery. Staff are indicating that they feel supported by leaders after OVA events. Staff are indicating that they feel supported by leaders after OVA events.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2023

Director, Health Safety and Wellness.

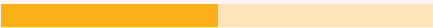
RELEVANT INDICATOR(S)

4. Sexual harassment in the workplace procedure.


Commit to consistent application of gender equitable and inclusive recruitment processes and practices

GEAP ACTIONS PLANNED UNDER THIS STRATEGY


42. Review the end-to-end recruitment processes with a gender and intersectional lens and implement recommendations arising from the review.
(Ongoing)




43. Develop a guide for hiring managers to educate around gender equitable and inclusive recruitment processes.
(Ongoing)



44. Deliver training to managers to reduce unconscious bias from the recruitment process.
(In progress)



45. Create and promote messaging defining 'merit' at Austin Health.
(In progress)



IMPLEMENTATION PROGRESS TO DATE

- Future work under this strategy will align with our Strategic Plan initiatives to value diversity and inclusion and to bring richness to our work environment (developing initiatives to increase the diversity of our workforce, strengthen our culture of inclusiveness, build upon our Indigenous strategies and employment plan).

- Austin Health is currently working through the implementation of a new applicant tracking system, SuccessFactors. As part of the discovery phase for this project, we collaborated with other health services (Alfred Health, Eastern Health, Western Health, Eye and Ear and Peter Mac) to develop recommendations on the data to be captured at all stages of the candidate experience, based on the requirements outlined of the *Gender Equality Act*. These recommendations have been implemented and will go live at the project completion.

- Recruitment policy and guidelines updated to include reducing bias in recruitment information and guidance around gender representation in interview panels.

- A number of resources and tools have been developed for hiring managers, including an online training package 'Recruitment for Success', which focuses on Austin Health's recruitment and selection policy and guidelines, including unconscious bias considerations in the overall process.

- In November 2022, Austin Health piloted a three-hour inclusive leadership training online course to executive members and senior leaders. The course was developed and delivered by consultant Bree Gorman and a number of topics were presented including unconscious bias.

- In May, June & July 2023, the three-hour inclusive leadership training online course was delivered four times to leaders, clinical and non-clinical. The course presented on a number of topics including unconscious bias.

EVALUATION OF SUCCESS

- Fourteen executives and senior leaders attended the Pilot Inclusive Leadership Online Course. Most participants agreed that the facilitator demonstrated sound knowledge and that the session should be delivered to leaders across the organisation. The Inclusive Leadership Training Course was delivered four times to over 107 leaders. Most participants agreed that the facilitator demonstrated sound knowledge and the most valuable part of the training session was interaction and sharing and strategies on mitigating bias. Many believed that the breakout rooms were a safe place for discussion that the session should be delivered to leaders across the organisation.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

1/12/2023
Chief Executive Officer, Director Workforce Planning and Talent Acquisition.

RELEVANT INDICATOR(S)

1. Gender composition of all levels of the workforce.
5. Recruitment and promotion practices in the workplace.

Identify and address gendered impacts on access to career progression opportunities

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

46. Review access to career progression opportunities through a gender lens.
(Not yet commenced)



47. Identify specialised leadership and career development programs that support the progression of women, men and gender diverse employees into leadership roles.

(In progress)



48. Promote career development opportunities to all staff, including part-time and casual staff.

(In progress)



49. Develop strategies to assist staff with caring responsibilities to progress their career.

(In progress)



IMPLEMENTATION PROGRESS TO DATE

- These actions were not yet commenced as at end reporting period FY23.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024

Organisational Development Manager.

RELEVANT INDICATOR(S)

1. Gender composition of all levels of the workforce.
5. Recruitment and promotion practices in the workplace.

Develop a strategic approach to workplace flexibility

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

50. Develop guiding principles for workplace flexibility.

(In progress)



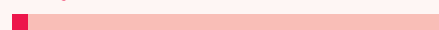
51. Develop a suite of tools and resources to support managers and employees to implement guiding principles.

(In progress)



52. Promote stories of successful flexible work arrangements across the organisation.

(Not yet commenced)



IMPLEMENTATION PROGRESS TO DATE

- The update of the Flexible Working Arrangements procedure has not commenced as at the end reporting period FY23.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

1/6/2023

Director Employee Relations.

RELEVANT INDICATOR(S)

6. Availability and utilisation of terms, conditions and practices relating to:
 - family violence leave
 - flexible working arrangements
 - working arrangements supporting employees with family or caring responsibilities.

Build a culture which supports all employees to access parental leave and return to work support

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

53. Review parental leave and carers leave policies with an intersectional gender lens. (In progress)

54. Develop a toolkit to guide leaders and staff in the provision of effective parental leave supports throughout the full cycle of leave and return to work. (In progress)

55. Develop a process to assess staff satisfaction with parental leave supports. (In progress)

IMPLEMENTATION PROGRESS TO DATE

- The Diversity and Inclusion team has contributed to the senior medical staff parental leave handbook for doctors, aimed at engaging and retaining women and parents of all gender identities as they navigate the complex EBA arrangements around parental leave.

- From 6 June 2023, employees also have the right under the Fair Work Act to request flexible work arrangements if they are pregnant or if the employee or a member of their immediate family or household experiences family and domestic violence. The Flexible Working Procedure has been updated to provide support for employees in these circumstances, and to comply with the new legislation.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

01/03/2023, 01/06/2023 & 01/06/2023
Diversity and Inclusion Manager.

RELEVANT INDICATOR(S)

6. Availability and utilisation of terms, conditions and practices relating to:
- family violence leave
- flexible working arrangements
- working arrangements supporting employees with family or caring responsibilities.

Improve practices related to disclosures of family violence for employees

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

56. Review family violence policy with an intersectional gender lens. (In progress)

57. Develop a leaders guide to responding to disclosures of family violence and ensure leaders are appropriately trained. (Ongoing)

58. Ensure contact officers are trained in responding to family violence. (In progress)

IMPLEMENTATION PROGRESS TO DATE

- In December 2022 - published dedicated family violence page manager and staff support on The Pulse.

- December 2022 - published family violence and sexual assault information page.

- April 2023 - Published major update to family violence policy & updated manager and staff support page.

EVALUATION OF SUCCESS

The published dedicated family violence page manager and staff support on The Pulse, as at 5/12/2023 had 1965 views and four likes.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/06/2024, 01/04/2023 & 30/06/2024
Chief Allied Health Officer, Director HR Consulting

RELEVANT INDICATOR(S)

6. Availability and utilisation of terms, conditions and practices relating to:
- family violence leave
- flexible working arrangements
- working arrangements supporting employees with family or caring responsibilities.

Develop and pilot an approach to address gendered segregation in the workplace

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

59. Establish a working group to lead and implement this work.

(Not yet commenced)



60. Define target groups based on audit baseline data.

(In progress)



61. Conduct analysis of enablers and barriers to gender segregation and develop targeted approaches to tackling gender stereotypes and building a safe workplace culture.

(In progress)



62. Establish targets and timeframes and accountabilities.

(Not yet commenced)



63. Monitor and report on progress.

(Not yet commenced)



IMPLEMENTATION PROGRESS TO DATE

- As at end reporting period FY23, work had not yet commenced under this strategy.

- As part of our progress audit 2023, we are looking at using some of the gender composition analysis of different ANZSCO cohorts to exploring some potential target groups for future implementation of this strategy.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024

Director Employee Relations

RELEVANT INDICATOR(S)

5. Recruitment and promotion practices in the workplace.

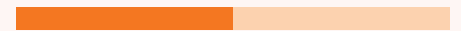
7. Gendered segregation within the workplace.

Take action to address gender stereotypes

GEAP ACTIONS PLANNED UNDER THIS STRATEGY

64. Apply a gendered and intersectional lens over corporate collateral.

(In progress)



65. Set expectations for changes in everyday conversations around respectful language and removing gendered language.

(In progress)



IMPLEMENTATION PROGRESS TO DATE

- Developed a draft communications and engagement strategy within which gender equality has been applied. Examples include a cultural calendar, articles on The Pulse, D&I calendar of events and promotions, staff profiles from the cultural calendar shared across The Pulse and social media channels.

RECOMMENDED TIMELINE & ROLE/TEAM RESPONSIBLE

30/6/2024

Director Corporate Communications

RELEVANT INDICATOR(S)

7. Gendered segregation within the workplace.

Resourcing your GEAP

Table 2.2 **Allocation of resources to implement the strategies and measures in your GEAP**

1

Austin's Chief People and Culture Officer is executive sponsor, supporting delivery of the GEAP.

2

Director Talent Acquisition oversees GEAP implementation.

3

Diversity and Inclusion Manager & Diversity spends 50 per cent of their time leading and facilitating the implementation and the collection of outcomes of the GEAP strategies and actions.

4

A Gender Equality Working Group (established September 2022) provides the mechanism for ensuring all actions outlined in the GEAP are met within the required timeframes. Membership of the working group includes action owners outlined in the plan.

5

Austin Health has a supply agreement with GenderWorks Australia to spend 0.35 FTE to support GE Act implementation (including support with FY21 baseline audit, FY23 progress audit).



Workplace Gender Equality Indicators

Table 3 **Workplace gender equality indicators progress**

Gender composition of all levels of the workforce

PROGRESS MADE

YES

PROGRESS DESCRIPTION

Comparison of FY21 and FY23 audit results under Indicator 1 suggests limited change, primarily a consistent/stable gender-disaggregated workforce profile across most measures (composition by gender, by gender and employment type, gender and age). Summary findings are reported below.

For this progress audit, 'Yes' as reported is based on overall stability; a key change in data collection supporting improved data collection for employees of self-described gender (point 1 in findings below); coupled with genuine attempts to make progress on collection of other intersectional data via joint advocacy with health service providers in FY22/23.

Overall findings from progress audit under indicator 1:

1) Notable improvements in gender data collection (self-identification option for employees of self-described gender) Approx 0.1 per cent (five) employees identified as self-described gender in FY21 dataset, up to approx. 0.2 per cent (18) in FY23, due to improved data collection mechanisms/options to update gender to S (self-described). While this may seem a small change, diversity and inclusion, and building an inclusive workplace for people of all genders, has been a key focus for Austin Health's D&I team.

2) Overall, workforce composition remains relatively consistent for women, men, while reporting for people of self-described gender has increased:

- 74.6 per cent women in FY21, 74.0 per cent women in FY23.
- 25.3 per cent men in FY21, 25.8 per cent men in FY23.
- 0.1 per cent self-described in FY21, 0.2 per cent self-described in FY23.

3) Workforce composition by gender and employment type remains relatively stable, FY21 to FY23. Men proportionally over-represented (compared to workforce composition of 25 per cent M) among full-time employees (approx. 35 per cent FT workers are men in FY23, 34 per cent FT workers were men in FY21). Women proportionally over-represented (compared to workforce composition of 75 per cent W) among part-time workers (approx. 82 per cent PT workers are women in FY23, 82 per cent PT workers were women in FY22).

4) Workforce composition by level not useful for comparative analysis, FY21 to FY23. Similar methodology for 'levels' used in FY21 to FY23, however data not comparative. Reporting by 'levels to CEO' is a complex process for a large health organisation with multiple professional cohorts.

5) Workforce composition by gender and age remains relatively stable, FY21 to FY23 Overall, general trend toward decreasing proportion of women as age increases Women proportionally over-represented in 15-24 years + & 25-34 years.

Men proportionally over-represented among 65 years + cohort.

6) Workforce composition by Aboriginal and or Torres Strait Islander identity Similar numbers identifying as Aboriginal and/or Torres Strait Islander (n=34 in FY23, n=38 in FY21). Austin Health has strong engagement with employees of Aboriginal and/or Torres Strait Islander identity from recruitment onwards, via D&I team.

Genuine attempts by Austin Health to make progress include advocacy for improved data collection.

7) Work being done in partnership with other health service providers to ensure new HRIS/Success Factors has improved capacity to collect and reporting on intersectional data in future audits - Although no immediate (FY23) improvements in reporting on intersectionality (beyond gender identity improvements) there are a number of key other progress under GEAP actions focused on Improve data collection capabilities across the seven gender equality indicators. For example, business case has now been approved in principle to move from existing Mercury and Chris21 platforms to purchase enhanced reporting tools for SAP SuccessFactors from two vendors. Austin Health has been part of a consortium of hospitals who identified limitations of diversity variables identified, and contributed to a paper written with recommendations on what diversity variables should be collected and how questions should be asked. These have been submitted to SuccessFactors.

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

Genuine attempts made by the defined entity to make progress.

In the first two years of our GEAP, a key focus under Indicator 1 has been to improve data collection capabilities in line with audit requirements (GEAP actions in progress include resource and implement priority improvements to ensure improved reporting capability in future reporting periods and running an annual campaign to encourage people to update their personal details. While Austin Health has made improvements to gender data collection, allowing for and promoting self-identification of employees of self-described gender, we have also contributed to joint advocacy (with VHOGEN counterparts) for improved D&I data collection capabilities in the new HRIS/Success Factors system upgrades being rolled out across Victorian public health services/hospitals.

In FY22/23, limitations for collecting diversity variables (in line with GE legislation - Aboriginality, disability, cultural identity, gender identity, religion, sexual orientation) were identified by consortium of hospitals involved in HRIS/Success Factors system upgrades. Austin Health contributed to a paper with recommendations on what diversity variables should be collected and how demographic questions should be asked. These have been submitted to SuccessFactors.

Gender composition of governing bodies

PROGRESS MADE

YES

PROGRESS DESCRIPTION

Austin Health Board composition already achieves gender targets.

In FY21 baseline audit and FY23 progress audit, Austin Health's governing body has nine members - five women and four men, led by male chair.

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

Requirements that apply to the defined entity under any other Act, including an Act of the Commonwealth.

Given Victorian health services boards are appointed by the Minister for Health, Austin Health has no internal influence over shifting composition of board members.

Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender

PROGRESS MADE

YES

PROGRESS DESCRIPTION

Comparison of FY21 and FY23 audit results under Indicator 3 suggests some progress against a number of measures under Indicator 3 (small reduction in org-wide MEAN pay gaps on base salary and total remuneration, and reduction in mean pay gaps for largest ANZSCO cohorts - which account for 87 per cent of workforce).

For this progress audit, a report of progress is based on these changes, as well as genuine attempts to make progress on diagnosing and tracking the gender pay gap.

1) Org-wide MEAN gaps have decreased slightly.

Org-wide MEAN gap on annualised FTE base salary was 29.0 per cent in FY21, now 28.9 per cent in FY23. Org-wide MEAN gap on total remuneration was 28.1 per cent, now 27.9 per cent in FY23.

2) MEAN gaps have reduced for two largest ANZSCO workforce cohorts.

For professionals (primarily health professionals), who constitute 80 per cent of the reported workforce - mean gender pay gap on total remuneration has reduced from 2.9 per cent favouring men in FY21 to 1.2 per cent favouring men in FY23.

For labourers (primarily commercial housekeepers), who constitute 7 per cent of the reported workforce - mean gender pay gap on total remuneration has reduced from 0.5 per cent favouring men to -0.1 per cent favouring women.

We also note other audit findings (not constituting progress during this period) as follows:

3) Org-wide MEDIAN gaps have increased slightly.

Org-wide MEDIAN gap on annualised FTE base salary was 0.0 per cent in FY21, now 0.5 per cent in FY23. Org-wide MEDIAN gap on total remuneration was 6.7 per cent in FY21, now 7.6 per cent in FY23).

4) In FY23 we have not examined by-level reporting gaps in depth, given complexity of defining 'levels' in a large metropolitan health services, as noted above. It is likely that future work may not focus on levels, rather professional comparator groups that are more applicable to the Austin Health context.

Limitations of gender pay gap data.

In a public health service setting (at Austin Health and across the wide health sector) we need to be aware of the limitations in what organisation-wide gender pay gap data can tell us, given that we have a complex, multidisciplinary workforce (across medical, nursing, allied health, scientist, corporate and operations sectors) governed by multiple Awards and Agreements.

While the organisation-wide data is reported to the Commission and published on the Commission's insights portal, it is not a measure that necessarily provides meaningful guidance to Austin Health on how to address gender pay gaps. More useful measures will include gender pay gap within professional cohorts (e.g. nursing, medicine, corporate) and also smaller comparator groups within these professional cohorts (e.g. senior medical staff within medicine). While not published by the Commission, or considered in the standard gender audit reported to the Commission, some of this work (mapping cohorts, exploring gender pay gaps within priority cohorts) is being explored under our current GEAP.

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

The size of the defined entity, including the defined entity's number of employees.

The nature and circumstances of the defined entity, including any barriers to making progress.

Given the both the size (# employees) and diversity (# professional cohorts, #EBA's/craft group agreements governing remuneration) of Austin Health's workforce, progress under Indicator 3 is incredibly complex. Austin Health has made the decision to focus on individual cohorts (e.g. senior medical staff) as it begins to explore gender pay gaps. This means org-wide progress is limited in the short-time, as the focus is on defining comparator groups for by-level and like-for-like gender pay gaps.

Genuine attempts made by the defined entity to make progress.

In the first phase of diagnosing the gender pay gap, Austin Health investigated a significant effort in mapping and classifying senior management roles & levels of seniority, drawing on CGEPS guidance produced specifically for the health sector (mapping levels of seniority across five professional cohorts: nursing, medical, Allied health, operations, corporate (including people & culture, finance and infrastructure & services)). While this process is ongoing, Austin Health intends to focus initial analysis on senior medical staff cohort. Data collection and development of analysis dashboards is in progress.

Sexual harassment in the workplace

PROGRESS MADE

No

PROGRESS DESCRIPTION

Although quantitative change from FY21 baseline to FY23 progress audit does not provide clear evidence of progress against this Indicator, Austin Health has made genuine attempts to drive progress under this Indicator.

Overall findings from progress audit under Indicator 4:

1) People matter survey respondents experience of sexual harassment has increased FY21 to FY23 10 per cent of women respondents experienced some form of sexual harassment (up from 9 per cent in FY21) 6 per cent of male respondents experienced some form of sexual harassment (up from 3 per cent in FY21). Similar information on experiences was reported in FY23 and FY21. In FY23, most commonly experienced from a client, customer, patient or stakeholder (approx one half of those experiencing sexual harassment), colleague (approx. third). Most common forms of sexual harassment experienced were sexually suggestive comments or jokes (approx one half reporting harassment experienced this); intrusive questions about private life or comments about physical appearance (approx one half reporting harassment experienced this); inappropriate physical contact (approx one quarter reporting harassment experienced this); inappropriate staring or leering (approx one half reporting harassment experienced this). Most common responses were to try to laugh it off or forget about it (approx one third) or avoid the person(s) by staying away from them (approx one third).

2) Number of formal complaints of sexual harassment in the workplace has increased FY21 to FY23. In FY23, 228 complaints received, up from 193 in FY21. Gender split of complainants is 80 per cent W:20 per cent M (ie. four in five formal reports of sexual harassment are from women). This is comparative to 79 per cent W:21 per cent M split in FY21. In FY23, as in FY21, in approx. nine in 10 complaints, the respondent was reported as a member of the public or a client/customer/patient/stakeholder. In FY23, as in FY21, in approx. one in 10 complaints, the respondent was reported as a colleague.

Although quantitative progress is not clearly evident in audit data above, Austin Health has made genuine attempts to drive progress against this indicator, as noted above. At present we view the increased reporting as representing some form of improvement in reporting systems (awareness of & accessibility of systems) given work we are doing to build and promote awareness of sexual harassment.

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

The size of the defined entity, including the defined entity's number of employees.

The nature and circumstances of the defined entity, including any barriers to making progress.

Given the both the size (# employees) and diversity (# professional cohorts) of the workforce, and nature of employee roles (high per cent in direct service delivery, shift work arrangements) delivery of sexual harassment and other related training and socialisation of updated prevention policies is resource intensive and takes time. This means we would not necessarily expect to see immediate quantitative evidence of progress in the first two years of our GEAP.

Genuine attempts made by the defined entity to make progress.

As noted in Strategies and Measures - Given our current work to address workplace sexual harassment by improving policies, procedures, reporting processes and training to build knowledge, awareness and understanding of what constitutes sexual harassment and how to report it - we believe that an increase in sexual harassment can also, in the short-term, be driven by an increased awareness of what constitutes sexual harassment and how to report it. As we continue to implement GEAP strategies under Indicator 4, we may continue to see reported experience increase in the short-time before decreasing over time.



Recruitment and promotion practices in the workplace

PROGRESS MADE

YES

PROGRESS DESCRIPTION

Comparison of FY21 and FY23 audit results under Indicator 5 suggests limited changes across recruitment and exit data (see notes below).

For this progress audit, 'Yes' as reported is based on overall stability; a key change in data collection supporting improved data collection for employees of self-described gender on recruitment (point 1 in findings below); coupled with genuine attempts to drive progress through GEAP implementation (described in Column L and including policy uptakes, work to address unconscious bias in recruitment information and guidance, development of improved guidance tools to hiring managers).

Overall findings from progress audit under Indicator 5:

1) In FY23, gender composition of new recruits remains relatively consistent, with small but evident increase in self-reporting of self-described gender among new recruits (in FY23, gender composition of new recruits is 71.7 per cent W:28.0 per cent M, 0.3 per cent Self-described, compared to FY21 composition of 70 per cent W: 30 per cent M). Improved data collection systems are evident, with increase in representation of people of self-described gender in FY23 recruits (still <10 new recruits, so deeper analysis not possible, but an important increase on FY21, demonstrating improved mechanisms for data collection and promotion of inclusive and respectful workplace for new recruits, promoting self-reporting of diverse gender identities at onboarding stage).

2) In FY23, gender composition of exits shows increased representation of women, now comparative to overall workforce composition. In FY23, gender composition of exits is 73.8 per cent W:26.0 per cent M:0.2 per cent self-described, compared to FY21 composition of 71 per cent W:29 per cent M. Given this shift, exit data is now comparative to overall workforce composition (74.0 per cent W:25.8 per cent M, 0.2 per cent self-described).

Note that in FY23 (as in FY21), no data reported on promotions, internal secondments, higher duties, given difficulty of extracting this data as per Commission requirements/definitions. (ie. data not easily tracked in Austin Health systems).

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

Genuine attempts made by the defined entity to make progress.

Although limited progress evident in overall workforce data FY21 to FY23, genuine attempts to drive progress include GEAP strategies and actions to improve recruitment and promotion processes and address unconscious bias in the recruitment process. This work is reported in Strategies and Measures and includes implementation of a new applicant tracking system, Success Factors; updates to Recruitment policy and guidelines to include reducing bias in recruitment information and guidance around gender representation in interview panels; and development of new resources and tools for hiring managers, including an online training package 'Recruitment for Success', which focuses on Austin Health's recruitment and selection policy and guidelines, including unconscious bias considerations in the overall process.

Availability and utilisation of terms, conditions and practices relating to:

- family violence leave;

- flexible working arrangements;

- working arrangements supporting employees with family or caring responsibilities

PROGRESS MADE

YES

PROGRESS DESCRIPTION

Comparison of FY21 and FY23 audit results under Indicator 6 suggests limited changes across recruitment and exit data (see notes below).

For this progress audit, 'Yes' as reported is based on strong progress in terms of uptake of family violence leave and Austin Health's improved systems to support employees requiring family violence leave to access their full entitlements, as well as other safety supports.

1) Increase in uptake of family violence leave.

In FY23, 55 instances of family violence leave uptake were reported, up from 29 instances of family violence leave uptake reported in FY21.

This increase in uptake represents progress in terms of awareness of systems and engagement of Austin Health contact officers in supporting employees experiencing family violence to seek support and access leave entitlements available to them. Conversations with family violence contact officers have also provided access to other supports beyond leave entitlements, including onward referrals to specialist service providers, support to establish and review safety plans in the workplace.

We also note other audit findings as follows:

2) No comparison possible for formal flexible working uptake in FY21/FY23
In FY23 (as in FY21), no data reported on formal flexible work arrangements, given difficulty of extracting this data as per Commission requirements/definitions. (ie. data not easily tracked in Austin Health systems).

3) Limited comparability of parental leave uptake in FY21/FY23.

Note also that comparability of parental leave data reported under this indicator, given slightly different reporting methods in FY21 and FY23. Findings from analysis of parental leave uptake are as follows:

In FY23 composition of paid parental leave uptake is 80 per cent W: 20 per cent M, average weeks 2.23 for W, 1.06 for M, 0.2 for self-described gender.

In FY21, leave uptake data reported slightly differently, overall composition of all parental leave uptake (paid and/or unpaid) was 86 per cent W:14 per cent M (roughly comparative to FY23 data).

In FY23, composition of unpaid parental leave uptake is 94 per cent W:6 per cent M, average weeks 25.33 for women, 1.97 for men.

In FY21, average weeks taken was also reported slightly differently, overall averages of weeks parental leave taken (paid and/or unpaid) was 30.9 weeks for women, 2.7 weeks for men. This reflects FY23 data patterns, with women much more likely to take significantly longer periods of unpaid parental leave.

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

The size of the defined entity, including the defined entity's number of employees.

The nature and circumstances of the defined entity, including any barriers to making progress.

Given the both the size (# employees) and diversity (# professional cohorts) of the workforce, and nature of employee roles (high per cent in direct service delivery, shift work arrangements) social of new and updated policies and support to managers to implement improved flexible working arrangements is challenging, and a long-term investment that may not demonstrate quantitative progress within a two year period.

The defined entity's operational priorities and competing operational obligations.

Our organisation is a metro health service. During the recent COVID-19 pandemic, Victoria's public health system experienced unprecedented demand. In particular, rates of access to ICU and ventilation increased dramatically. As such, our organisation prioritised its public-facing service delivery. We directed the majority of our stretched resources externally to enable high-quality public health care. Demand outstripped supply, and already-stretched resources were directed to keeping ICU and general wards staffed. As a result, we were not always able to focus as much investment on GEAP implementation.

Genuine attempts made by the defined entity to make progress.

Although limited progress evident in overall workforce data FY21 to FY23, genuine attempts to drive progress in tab 2.1 GEAP strategies and measures and include updates to the flexible working procedure and improvements to the senior medical staff parental leave handbook for doctors, aimed at engaging and retaining women and parents of all gender identities as they navigate the complex EBA arrangements around parental leave.

Gendered segregation within the workplace

PROGRESS MADE

YES

PROGRESS DESCRIPTION

Comparison of FY21 and FY23 audit results under Indicator 7 suggests limited changes across ANZSCO major groups.

For this progress audit, 'Yes' is reported based on slight decrease in gender segregation of largest ANZSCO cohort of Professionals (constituting 80 per cent of reported workforce, primarily health professionals). Work to shift these cohort compositions will be complex and long-term, starting with foundational work in addressing recruitment unconscious bias in recruitment processes, currently underway as reported under Indicator 5, above.

1) In FY23, as in FY21, gender segregation of Austin Health's workforce continues to reflect broader social and community trends across health industries and occupations.

The majority of our workforce (> 80 per cent in FY21 and FY23) are professionals (primarily health professionals), and this workforce continues to be dominated by women. According to quantitative data noted below and available on Commission's insights portal - gender segregation of professionals cohort has decreased slightly since FY21 (professionals are 85 per cent W:15 per cent M in FY23, down from 87 per cent W:13 per cent M in FY21).

- 1 - Managers - in FY23, 62 per cent W:38 per cent M, -5 per cent W/+5 per cent M since FY21 (67 per cent W:33 per cent M).
- 2 - Professionals - in FY23, 85 per cent W:15 per cent M, -2 per cent W/+2 per cent M since FY21 (87 per cent W:13 per cent M).
- 3 - Technicians and trade workers - in FY23, 71 per cent W:29 per cent M, +6 per cent W/-6 per cent M since FY21 (65 per cent W:35 per cent M).
- 4 - Community and personal service workers - in FY23, 70 per cent W:30 per cent M, -2 per cent W/+2 per cent M since FY21 (72 per cent W:28 per cent M).
- 5 - Clerical and administrative workers - In FY23, <10/<10W no data to be published.
- 6 - Sales workers - N/A, none in Austin Health workforce.
- 7 - Machinery operators and drivers - in FY23, 16 per cent W:84 per cent M, no change since FY21 (16 per cent W:84 per cent M).
- 8 - Labourers - in FY23, 57 per cent W:43 per cent M, -1 per cent W/+1 per cent M since FY21 (58 per cent W:42 per cent M).

While limited progress is evident in overall org-wide ANZSCO cohort numbers, we consider small changes noted above in our largest workforce cohort to demonstrate measureable progress, especially in light of factors noted in this document.

FACTORS THAT AFFECT YOUR ORGANISATION'S PROGRESS

The defined entity's operational priorities and competing operational obligations.

Our organisation is a metro health service. During the recent COVID-19 pandemic, Victoria's public health system experienced unprecedented demand. In particular, rates of access to ICU and ventilation increased dramatically. As such, our organisation prioritised its public-facing service delivery. We directed the majority of our stretched resources externally to enable high-quality public health care. Demand outstripped supply, and already-stretched resources were directed to keeping ICU and general wards staffed. As a result, we were not always able to focus as much investment on GEAP implementation.

Genuine attempts made by the defined entity to make progress.

While we are yet to focus our GEAP implementation efforts under Indicator 7 on a particular workforce cohort, our focus in addressing gender segregation is initially driven by implementation of improved recruitment and promotion processes and work to address unconscious bias in the recruitment process. This work is reported in Strategies and Measures and includes implementation of a new applicant tracking system, Success Factors; updates to Recruitment policy and guidelines to include reducing bias in recruitment information and guidance around gender representation in interview panels; and development of new resources and tools for hiring managers, including an online training package 'Recruitment for Success', which focuses on Austin Health's recruitment and selection policy and guidelines, including unconscious bias considerations in the overall process.

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