November 2021

Workforce equity audit 2020/21

Workforce Equity Audit 2020/21 findings summary:

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 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.

Workforce equity audit 2020/21

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

Audit Criteria:

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

This paper provides a summary of audit findings to date. The full audit will be submitted to the Commission on 1 December 2021.

This was the first Workforce Equity Audit for RMH. Biannual audits in future will use these findings as a benchmark and will allow deeper analysis and insight to trends, strengths and opportunities for improvement.

A number of data sources are referred to throughout this paper. Details of these are provided in Appendix 2. The workforce groups used for much of the analysis were developed based on recommendations provided by the Public Sector Gender Equality Commission. Details are provided in Appendix 3.

1. Workforce composition and segregation

Themes:

- Feminised workforce
- Highest proportion of women in nursing, allied health and other clinical roles
- Highest proportion of men in senior roles, medical staff, trades and security
- More senior medical staff are men compared with doctors in training
- A similar number of men and women were recruited to senior medical roles while more men left the organisation from these roles
- No Trans or Gender Diverse (TGD) staff in senior roles
- Over a quarter of staff speak a language other than English at home
- Almost half have caring responsibilities
- Small proportion identify as Aboriginal or Torres Strait Islander, gender diverse, and living with disability

Gender

RMH has a feminised workforce with women representing 71% of the workforce. Women make up 63% or more of all employee groups except doctors and doctors in training where they represent 39% and 47% respectively. This aligns with national data which indicates that 71% of health professionals and 32% of doctors were female in 2018 (Australian Institute of Health and Welfare (AIHW), 2019).

RMH employee groups with the largest representation of women were:

- Registered Nurses and Nurses with additional responsibilities – 79% and 87% respectively.
  NB: Nationally 88% of Australian nurses and midwives were female in 2018. (AIHW, 2019)
- Qualified allied health another clinical professionals and Allied Health and other clinical with additional responsibilities – 79% and 81% respectively.
  NB: Nationally 65% of Australian allied health were female in 2018. (AIHW, 2019)

Employee groups at RMH with the highest representation of men were leadership and medical roles:

- Executive - 38% men; Directors - 35% men; Senior managers (Nurse Unit Managers, Heads of Unit and other senior managers) - 31% men and Other managers - 31% men
- Doctors – 61% men and Doctors in Training – 51% men

Analysis of occupations using Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes highlighted the significant gender segregation across our organisation. In particular:

- Occupations where 90% or more of RMH employees were women included hotel service manager; Orthoptist; Speech Pathologist \ Speech Language Therapist; Dietitian; Registered Nurse (community health) and Occupational Therapist.
- Occupations where 90% or more of employees were men included security and fitter (general).

Less than 1% of RMH staff identified as self-described gender according to our available data. Comparative population data regarding non-binary and gender diverse people is scarce and reflective of their marginalisation in our community. Staff who identified as self-described gender were not represented in senior roles (i.e. Executive, Directors, Managers or Nursing or Allied Health with additional responsibility).

Insight from the recruitment and cessation data show that recruitment practices this year were more gender equal than the current workforce make up. For example, women represented 51% of recruits to Senior Medical staff roles and 50% of new Director level recruitments in 2020/21. 7% of new recruits to Registered Nursing roles identified as self-described gender.

Table 1: Gender composition of RMH workforce as at 30 June 2021

	Women	Men	Gender Diverse
Total head count	7768	3054	92
Percentage of workforce	71%	28%	0.8%

Figure 1: Gender by employee group at RMH 2020/21

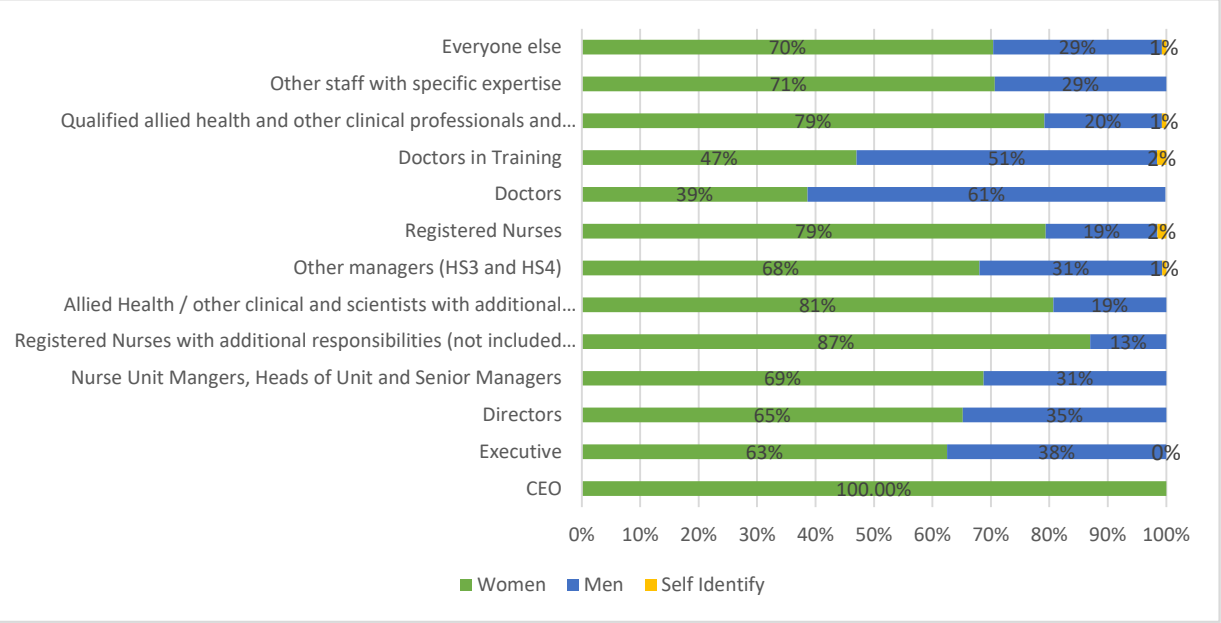

Table 2: Gender composition by ANZSCO occupation code at RMH (all roles with 5 or more staff)

Occupation ANZSCO code	Description	Number employed at RMH	% women	% men	% self described gender
431411	Hotel Service Manager	10	100%	0%	0%
251412	Orthoptist	10	100%	0%	0%
252712	Speech Pathologist \ Speech Language Therapist	41	98%	2%	0%
251111	Dietitian	47	96%	4%	0%
254414	Registered Nurse (Community Health)	30	93%	7%	0%
252411	Occupational Therapist	221	90%	10%	0%
254211	Nurse Educator	72	88%	13%	0%
254311	Nurse Manager	514	87%	13%	0%
254499	Registered Nurses nec	152	87%	13%	0%
251999	Health Diagnostic and Promotion Professionals nec	15	87%	13%	0%
599999	Clerical and Administrative Workers nec	304	84%	16%	0%
423311	Hospital Orderly	6	83%	17%	0%
252511	Physiotherapist	180	82%	17%	1%
251213	Nuclear Medicine Technologist	16	81%	19%	0%
311213	Medical Laboratory Technician	68	81%	18%	1%
411411	Enrolled Nurse	474	81%	19%	0%
272311	Clinical Psychologist	197	81%	19%	0%
411712	Disabilities Services Officer	56	80%	20%	0%
272511	Social Worker	295	80%	19%	0%
311212	Cardiac Technician	20	80%	20%	0%
252299	Complementary Health Therapists nec	10	80%	20%	0%
531111	General Clerk	432	79%	20%	1%

423313	Personal Care Assistant	129	78%	18%	5%
423111	Aged or Disabled Carer	44	77%	23%	0%
311411	Chemistry Technician	64	77%	23%	0%
251214	Sonographer	33	76%	24%	0%
252611	Podiatrist	11	73%	27%	0%
224213	Health Information Manager	50	72%	28%	0%
254111	Midwife	53	72%	28%	0%
134212	Nursing Clinical Director	98	71%	29%	0%
251511	Hospital Pharmacist	171	71%	27%	2%
511112	Program or Project Administrator	614	71%	29%	0%
851311	Kitchenhand	336	71%	29%	0%
234611	Medical Laboratory Scientist	353	70%	30%	1%
251211	Medical Diagnostic Radiographer	131	69%	31%	0%
254422	Registered Nurse (Mental Health)	238	68%	32%	0%
411711	Community Worker	15	67%	33%	0%
311299	Medical Technicians nec	57	63%	37%	0%
224611	Librarian	7	57%	43%	0%
139999	Specialist Managers nec	66	56%	44%	0%
251912	Orthotist or Prosthetist	10	50%	50%	0%
811411	Commercial Housekeeper	253	47%	53%	0%
253112	Resident Medical Officer	889	47%	52%	1%
342314	Electronic Instrument Trades Worker (General)	55	44%	56%	0%
311214	Operating Theatre Technician	61	25%	75%	0%
411111	Ambulance Officer	26	19%	81%	0%
741111	Storeperson	9	11%	89%	0%
442217	Security Officer	46	4%	96%	0%
323211	Fitter (General)	7	0%	100%	0%

*nec = not elsewhere classified

Table 3: Gender composition of each workforce group compared to gender composition of new recruitments and cessations over 2020/21

Workforce group		Women	Men	Self Described Gender
Directors	Current %	65%	35%	0%
	Recruited %	50%	50%	0%
	Cessations %	20%	80%	0%
Nurse Unit Mangers, Heads of Unit and Senior Managers	Current %	67%	33%	0%
	Recruited %	59%	38%	3%
	Cessations %	49%	49%	2%
Registered Nurses with additional responsibilities (not included above)	Current %	87%	13%	0%
	Recruited %	97%	3%	0%
	Cessations %	90%	10%	0%
Allied Health / other clinical and scientists with additional responsibilities (not included above)	Current %	81%	19%	0%
	Recruited %	76%	20%	4%
	Cessations %	77%	23%	0%
Other managers (HS3 and HS4)	Current %	68%	31%	1%
	Recruited %	75%	23%	2%
	Cessations %	59%	41%	0%
Registered Nurses	Current %	79%	19%	2%
	Recruited %	75%	18%	7%
	Cessations %	82%	17%	1%
Doctors	Current %	39%	61%	0%
	Recruited %	51%	47%	2%
	Cessations %	34%	66%	0%
Doctors in Training	Current %	47%	51%	2%
	Recruited %	49%	48%	3%
	Cessations %	46%	54%	0%
Qualified allied health and other clinical professionals and scientists	Current %	79%	20%	1%
	Recruited %	76%	21%	3%
	Cessations %	80%	20%	0%
other staff with specific expertise	Current %	71%	29%	0%
	Recruited %	59%	41%	0%
	Cessations %	62%	38%	0%
Everyone else	Current %	70%	29%	1%
	Recruited %	69%	27%	3%
	Cessations %	67%	33%	0%

**Bold highlighting = a difference of greater or equal to 10% variation in cessations or recruitments when compared to current workgroup composition.*

Age and other intersectional factors

57% of RMH employees in 2020/21 were 25 – 44 years old.

Workforce groups with larger numbers of older employees included:

- Directors - 34% of staff in director roles were aged over 55 years.
- 'Other staff with specific expertise' and 'everyone else' - 33% and 27% aged over 55 years of age respectively. These staff groups include clinical assistants, environmental services, facilities management, ward clerks etc.

Areas with larger numbers of younger employees included:

- Allied health and other clinical professionals and scientists, allied health and other clinical staff and scientists with additional responsibilities, registered nurses and registered nurses with additional responsibilities and doctors in training,- 72%, 64%, 62%, 61% and 95%, of were under 44 years of age respectively.

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

- A small proportion of our staff identify as Aboriginal (1%) or living with a disability (4%).
- 10% are not straight (i.e. gay, lesbian, bi/pansexual, or asexual)
- 27% speak a language other than English at home.
- Almost half (46%) of our workforce have caring responsibilities.

Table 4: RMH employees by workgroup levels and age

	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
Executive	0%	0%	0%	75%	13%	13%
Director, HS7 - HS10	0%	0%	30%	36%	31%	3%
Heads of Unit /Nurse Unit Managers/Senior Manager (HS5 and HS6)	0%	13%	31%	31%	19%	6%
Registered Nurses with additional responsibilities (not included above)	0%	31%	30%	22%	13%	3%
Allied Health / other clinical and scientists with additional responsibilities (not included above)	0%	18%	46%	19%	14%	4%
Other managers (HS3 and HS4)	2%	18%	31%	27%	17%	5%
Registered Nurses	7%	40%	22%	18%	10%	3%
Doctors	0%	4%	36%	36%	16%	9%
Doctors in Training	2%	71%	24%	2%	1%	0%
Qualified allied health and other clinical professionals and scientists	3%	45%	27%	14%	8%	3%
Other staff with specific expertise	3%	22%	20%	22%	27%	6%
Everyone else	12%	22%	20%	19%	20%	7%
All RMH	5%	32%	25%	19%	13%	4%

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

Table 5: 2021 PMS results – RMH workforce demographics (NB: 36% response rate)

Identity aspect	Proportion of survey respondents	Metropolitan Melbourne estimates (ABS, 2016)	Notes
Aboriginal and/or Torres Strait Islander	1%	0.5%	We estimate between 20 – 30 staff but don't currently have accurate records to identify this.
Diverse sexualities	10% not straight (combined Gay, Lesbian, Bi, Pan etc)	4% (ABS 2020)	14% prefer not to say
Disability	4%	12% Australians aged 0 – 64years (ABS 2020)	Over a third had not shared this information with anyone at RMH. The most common reason given was concern that it would reflect negatively on them, followed by a belief that it did not impact upon their work, or did not require any adjustments
Speak language other than English at home	27%	38% (Most common Mandarin, Greek and Italian)	Varied languages most common Filipino (12%) and Mandarin (11%)
Religion	40% No religion 30% Christian Buddhism (3%) Hindu (2%) Islam (1%)	31% No religion 51% Christian	14% prefer not say
Born overseas	40%	40%	Of those, 85% had been here 5 or more years.
Caring responsibilities	46% Includes children, frail aged, and people living with disability or mental illness	28% provided care for children 11% provided care to people with a disability or long term illness or problems related to age	11% prefer not to say.

2. Cultural safety

Themes:

- Disparities in workplace cultural safety for staff who are Aboriginal or Torres Strait Islander, TGD and people who live with a disability.
- Opportunities to raise awareness of issues associated with diversity, equity, and inclusion

Strengths

85% of PMS respondents agreed that RMH "encourages respectful behaviour". Staff from Culturally and Linguistically Diverse (CALD) backgrounds were more likely to agree that their manager and workgroup were supportive and fair. For example, 82% felt that senior leaders took action on diversity and inclusion, and 77% thought recruitment was based on merit compared with 77% and 59% of all respondents respectively.

Opportunities for improvement

Both the People matter and the RMH Diversity and Inclusion survey results indicated some staff groups do not experience RMH as a culturally safe place to work. Disparities were particularly evident for staff who identify as:

- Aboriginal or Torres Strait Islander
- Trans and non-binary/gender diverse
- People living with a disability

For example, Aboriginal staff, staff who are TGD or had a disability were less likely to agree with the PMS questions, 'my manager/my workgroup are supportive and fair' or 'recruitment is based on merit'. Only 59% of Aboriginal respondents and 55% of gender diverse respondents agreed that senior leaders take action on inclusion and diversity, compared with 77% of all respondents.

What would assist?

The RMH Diversity and Inclusion survey respondents highlighted an opportunity to be more proactive and visible in how we recruit, retain and promote a diverse workforce. Concerns were highlighted by respondents re: confidence in equal compensation (average score 54/100), recognition and praise (average score 56/100). Respondents indicated that they did not perceive our workforce as openly diverse, particularly in leadership roles and that their diversity may preclude them from opportunities to take on leadership roles in future.

Actions that could be taken to show a commitment were suggested in the free text comments section. Ideas raised included:

- Changes to policy/procedure
- New programs
- Changes to the physical environment

A large number of respondents to the RMH Diversity and Inclusion survey indicate that additional training regarding diversity, inclusion and the needs of specific cohorts would be of benefit to RMH. For example:

- *"Make the diversity training mandatory, comprehensive, and integrated with all other training."*
- *"Unconscious bias training for managers"*
- *"education that informs action and cultural change"*
- *"Actually get training that is written with or by a person or persons from these backgrounds"*

Table 6: PMS 2021 results: % of staff who agreed or strongly agreed with key questions related to manager support, recruitment and promotion by demographic group

	All RMH staff	Aboriginal and Torres Strait Islander	Gender Diverse	People with Disability	LGBQA +	Men	Women	Born OS*	Cult Her*	Lang *	Religion*	Older >55yo	Younger <25yo
Senior leaders take action on Diversity and Inclusion	77	59	55	69	71	81	79	84	83	81	82	81	82
My manager works effectively with diverse people	87	76	83	79	88	89	89	91	90	90	89	88	93
Workgroup support for Diversity and inclusion	83	82	59	71	76	85	84	86	86	86	84	83	82
Recruitment based on merit	59	59	41	50	56	65	61	73	70	70	69	57	77
Adequate opportunities to develop skills & experience	63	82	69	50	60	65	66	77	76	76	74	63	81
Satisfied with my learning & development past 12 months	61	76	52	42	57	66	64	78	76	76	72	62	75
Fair allocation of work by gender	82	88	72	74	83	83	84	84	83	83	86	81	88
Job enrichment questions grouped	80	85	74	71	76	81	81	88	85	86	80	82	81
Learning and development questions grouped	64	76	59	52	61	68	66	76	74	75	64	63	74

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

Table 7: PMS 2021: Percentage of staff who agreed with the question "My organisation has a positive culture in relation to [X demographic]" comparing all RMH responses and target demographic group responses.

	Aboriginal and Torres Strait Islander	Gender diverse	Disability	LGBQA	Men	Women	Born Overseas*	Cultural Heritage*	Language*	Religion*	Older (55<)	Younger (25>) (25>)
All staff (% agree)	65	79	58	79	79	79	75	75	75	75	70	70
Target demographic (% agree)	59	62	45	74	80	81	81	78	77	83	69	73

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3. Workplace sexual harassment

Themes:

- Experienced from both patients and colleagues.
- Low rates of reporting to managers or Human Resources (HR).
- Perception that reporting would not make a difference and/or that the incidents were not serious enough.
- Data currently difficult to capture and collectively examine

In 2020/21, 643 incidents of sexual harassment were reported in RiskMan and only 2 were reported to People and Culture. The majority of complaints involved patients in mental health settings, with the RisKMan data including harassment directed from one patient toward another. The incidents reported to People and Culture were both placed by women and related to the behaviour of a male colleague.

These formal report numbers appear low when compared with the 10% of RMH PMS respondents who indicated that they had experienced sexual harassment at work in the last 12 months. Some groups reported higher than average rates of sexual harassment including:

- Non-binary/gender diverse staff (41%)
- Staff who live with a disability (26%)
- Staff who are LGBTA (23%)
- Staff under 25 years of age (23%)
- Aboriginal and Torres Strait Islander staff (18%)

57% of staff who indicated they had experienced sexual harassment stated the perpetrator was a patient or consumer and 48% indicated it was a colleague or group of colleagues. (NB: some staff indicated multiple events). Suggestive comments or jokes and intrusive questions were the most common form of sexual harassment.

The majority of staff impacted tried to laugh it off or forget about it (41%), pretended it didn't bother them, (39%) or avoided the person (38%). A significant proportion (43%) spoke up and told the person it was not OK.

Only 25% of those who experienced sexual harassment told a manager and just 2% told HR. Of those who didn't report the most common reasons for not submitting a formal complaint were "I didn't think it was serious enough" (48%) and "I didn't think it would make a difference" (41%).

Table 8: PMS 2021 – percentage of respondents who reported that they had experienced sexual harassment in the last 12 months by demographic group

RMH All	Aboriginal and Torres Strait Islander	People with disability	Gender diverse	LGBQA	Men	Women	Born OS*	Cult Heritage	Language other than English at home	Religion*	Older (>55yo)	Younger (<25yo)
10	18	26	41	23	4	11	3	5	6	10	3	23

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4. Experience of bullying and discrimination

Themes:

- Higher rates for staff who are TGD, Aboriginal and Torres Strait islander or live with disability.
- Low rates of reporting to managers or HR.
- Perception that reporting would not make a difference and/or that the incidents were not serious enough (i.e. potentially high rate of micro aggression).

Rates of bullying, discrimination and micro aggression at RMH

19% of PMS respondents had experienced bullying at work over the last 12 months. Some groups reported particularly high rates. For example reported experiences of bullying for:

- Staff who are TGD (41%)
- Staff with a disability (27%)
- Diverse sexualities (23%)
- Aboriginal people (24%)

9% of PMS respondents reported that they had experienced discrimination at work over the last 12 months. The discrimination was most commonly based on Employment activity (31%); Age (29%); Race (21%) and Sex (15%).

Discrimination was reported to involve a range of behaviours including denial of access to:

- Workplace entitlements and opportunities such as promotion (36%)
- Professional development (29%)
- Flexibility (22%)

31% of the RMH Diversity and Inclusion survey respondents indicated that they had experienced inappropriate behaviour at work. This may include bullying, harassment, sexual harassment, discrimination and macroaggressions. These rates were particularly high for:

- TGD staff (91%)
- Aboriginal and Torres Strait islander staff (60%)
- Younger staff (57%).

Examples of inappropriate behaviour provided by respondents included:

- *"Patients being racist / racist comments around not wanting to see clinicians with foreign accents (patients with disability difficulty understanding accent)"*
- *"The usual ignorant "where are you from?" question which I get everywhere. (I was born in Australia and only speak English)"*
- *"Micro-discrimination is difficult to articulate. Our management team is not so diverse that I don't feel comfortable enough to report or expect the understanding."*
- *"It was said...as a joke apparently"*
- *"It was casually sexist comments from a senior staff member in a meeting. I felt intimidated at the thought of raising it and unsure of the response if I did. It also wasn't egregious enough to warrant the effort. On the other hand it's not the first time"*

Reporting of bullying and discrimination

69% of PMS respondents agreed that RMH has taken steps to "eliminate bullying, harassment & discrimination". 25% of respondents who experienced bullying told their manager and only 13% had formally reported the issue to HR. Only 11% of those who experienced discrimination had raised the issue directly with the person involved and 24% had not told anyone.

Discrimination was most commonly experienced from a manager (48%) or senior manager (36%), followed by a colleague (29%) or group of colleagues (23%), and a patient/consumer/visitor/member of the public (16%).

73% of the RMH Diversity and Inclusion Survey respondents who reported an experience inappropriate behaviour stated they did not report it. Most indicated that they knew where to report these issues but indicated they did not report due to lack of trust in the process, feeling worried about victimisation, or previous bad experiences. This aligned with findings of the PMS where the most common reason for not submitting a formal bullying complaint was concern that it would have a negative consequence and/or a lack of trust in the process.

The RMH Diversity and Inclusion survey 2021 found 40% of respondents were not sure or disagreed when asked if they 'believed RMH would do the right thing if a concern was raised regarding Gender based violence, sexual harassment, bullying, discrimination or racism'.

Respondents felt leadership and Human Resources were not supportive. For example:

- *"It was from a senior manager, a person who is well liked and praised and well connected. Nurses and senior doctors. My immediate line manager is excellent, supportive and encouraging. This is specific to those higher up - who my direct manager reports to"*
- *"I do not trust RMH managers or Human Resources to offer an unbiased solution."*
- *"Why HR do nothing. And I'd rather say something at the time."*
- *"I knew nothing would be done about it. Nothing has in the past. I would be seen as "creating drama".*

PMS results indicated that 30% of those who submitted a formal complaint regarding an incidence of bullying were satisfied with the way the complaint was handled. This dropped to just 25% of those who placed a formal complaint regarding an incidence of discrimination.

Table 9: People Matter Survey 2021 % agree or strongly agree to key questions related to bullying, discrimination and speaking up or reporting by identity groups

	RMH All	Aboriginal and Torres Strait Islander	People with disability	Gender diverse	LGBQA+	Men	Women	Born OS*	Cult Heritage	Language other than English at home	Religion*	Older (>55yo)	Younger (<25yo)
I feel safe to speak up	68	67	59	55	69	74	70	72	68	70	68	70	72
I feel safe to challenge inappropriate behaviour at work	68	59	55	59	67	78	69	76	72	74	78	72	73
RMH takes steps to eliminate bullying, harassment & discrimination	69	53	61	41	65	88	71	81	77	77	79	74	77
RMH encourages respectful behaviour	85	82	83	72	84	84	87	89	91	90	92	86	91
People in my workgroup often reject others for being different	76	71	59	73	79	75	78	62	60	62	66	77	70
My organisation uses inclusive & respectful images & language	85	76	66	74	77	85	88	89	90	86	87	84	89
Fair allocation of work by gender	82	88	72	74	83	83	84	84	83	83	86	81	88
Feel culturally safe at work	80	76	55	68	79	84	83	85	84	84	83	80	83
Witnessed poor behaviour	69	59	60	55	60	74	68	79	79	76	NA	75	75

Experienced bullying	18	18	27	41	23	14	17	16	17	16	18	16	19
Experienced discrimination	7	24	17	31	9	5	6	5	6	7	7	5	9
Experienced violence	36	24	45	59	53	29	37	27	26	30	27	27	36

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- *Green = 5% or more positive than RMH all*
- **Born OS – born in countries that were not Anglo-European*
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5. Pay Equity

Themes:

- Pay gap for women and self-described gender in comparison to men
- Gaps were most evident in total remuneration rather than base salary
- Workforce groups with largest pay gaps were senior medical staff, directors and managers
- Further analysis is required to understand respond to this data.

Analysis of 2020/21 payroll data indicated a 32% pay gap between women and men at RMH and 79% between men and those of self-described gender based on total remuneration over 2020/21. This is larger than national average pay gap of 14% between men and women (ABS, 2020), and the national gap for healthcare and social assistance of 20.7% (WGEA, 2021).

Gaps were consistently larger for total remuneration over base salary and were most evident for:

- RMH Heads of Unit, NUMs and Senior Managers (30%)
- Other mangers (23%)
- Directors (14%)

The pay gap was most evident for fixed-term employees where the pay gap based on total remuneration between men and women is 35% for full time and 43% for part time workers.

The pay gap for staff with a self-described gender working as nurses or doctors in training was significantly larger when comparing total remuneration rather than base salary. Given the small number of staff in these roles this may be due to the area these staff work and related impact on access to overtime and allowances.

Table 10: Pay gap for staff who are women and self-described gender when compared to men 2020/21

	Mean pay gap based on annualised base salary by gender when compared to men				Mean pay gap based on total remuneration by gender when compared to men			
	Women		Self-Described Gender		Women		Self-Described Gender	
ALL	**$42,145**	**32%**	**$74,628**	**57%**	**$35,431**	**31%**	**$89,842**	**79%**
Full-time permanent/ongoing	$2,783	3%			$7,338	7%		
Full-time contract (fixed-term)	$42,501	28%	$46,638	31%	$53,234	35%	$109,572	72%
Part-time permanent/ongoing	-$3,685	-4%	$4,143	5%	$1,713	2%	$26,706	36%
Part-time contract (fixed-term)	$125,067	47%	$195,074	73%	$62,956	43%	$122,122	83%
Casual	-$73		$0		$6,564	20%	$21,105	66%
Executive	-$5,596	-2%			$20,537	6%		
Director, HS7 - HS10	$96,894	37%			$99,951	37%		
Heads of Unit /Nurse Unit Managers/Senior Manager (HS5 and HS6)	$31,520	20%			$41,263	25%		
Registered Nurses with additional responsibilities	$1,522	1%			$16,229	14%		
Allied Health / other clinical and scientists with additional responsibilities	$1,232	1%			$17,563	16%		
Other managers (HS3 and HS4)	$10,258	11%	$56,858	60%	$22,473	23%	$70,047	71%
Registered Nurses	$1,298	2%	$14,189	19%	$13,767	16%	$59,724	70%
Doctors	$10,058	3%			$30,693	13%		
Doctors in Training	$8,410	7%	$13,205	11%	$21,334	20%	$66,763	63%
Qualified allied health and other clinical professionals and scientists	$11,623	13%	$51,404	56%	$19,622	22%	$66,998	74%
other staff with specific expertise	-$7,566	-12%			$7,600	11%		
Everyone else	-$92	0%	$24,244	50%	$7,415	13%	$45,177	81%

**highlighted squares indicate a pay gap of 20% or higher*

6. Workplace adjustments and flexible work arrangements

Themes:

- Inconsistent utilisation of and access to flexible working arrangements
- High use of part time work and shift swapping
- Women more likely to work part time and use longer periods of parental leave
- No trans or gender diverse staff in full time, ongoing positions
- Perception that access to flexible work arrangements have a negative impact on success or career progression
- Requests for flexible work arrangements due to having a disability seen as less supported than requests to support caring responsibilities

24% of People matter survey respondents indicated they had requested workplace adjustments. The most common forms requested were flexible work (16% of survey respondents) and physical modifications (8%), and the most common reason was to support health (40%), work life balance (36%), family (25%) and caring responsibilities (23%).

Access to flexible work more generally was common, with only 36% of respondents indicating they did not utilise a flexible work arrangement at RMH in 2021. The most common forms of flexible work arrangements used were part-time work (28%) and shift swapping (26%).

66% of PMS respondents agreed or strongly agreed that they had the level of work flexibility they needed, and 61% agreed that RMH has a positive culture around flexible work and family/caring responsibilities. People with disability felt that their request for flexibility would be perceived as less important compared to others in the RMH Diversity and Inclusion survey.

Only 52% of PMS respondents agreed that taking up flexible work was not a barrier to success at RMH. Similarly, in the RMH Diversity and Inclusion survey, the average level of agreement to the question, 'would taking up flexible work arrangements exclude you from leadership opportunities' was 45 out of 100. This shows that while flexibility may be available to staff, it is seen as an issue if you have leadership aspirations.

Part time work

Analysis of payroll data indicates that women are less likely to work full time at RMH but more likely to have ongoing, permanent positions than men. RMH employs a similar number of men and women in a casual roles (12% vs 15%). RMH had no known full-time permanent employees with self-described gender according. Staff with self-described gender were more likely to be in casual and part time contract roles than men or women.

Carers Leave, Parental Leave, Family Violence Leave

- 19% of men, 21% of women and 1% staff with self-described gender utilised carers leave in 2020/21.
- Men were less likely to access parental leave than women at RMH in 2020/21 (3% of men vs 8% of women). Those who did access leave took 1.7 weeks of paid leave and 2.5 unpaid leave on average. This was significantly less than women who took an average of 14.3 weeks paid and 28.9 unpaid.
- No staff of self-described gender accessed parental leave in 2020/21.
- 48 women left RMH during parental leave (no one from other genders did).
- 14 staff accessed family violence leave in 2020/21: 12 women, 1 man and 1 staff member with self-described gender. Most PMS respondents (75%) were confident that RMH would support them to access family violence leave if required, however scores were lower for Aboriginal people (53%) and those with disability (64%).

Figure 2: PMS 2021 – % RMH staff who indicate they utilise flexible work arrangements

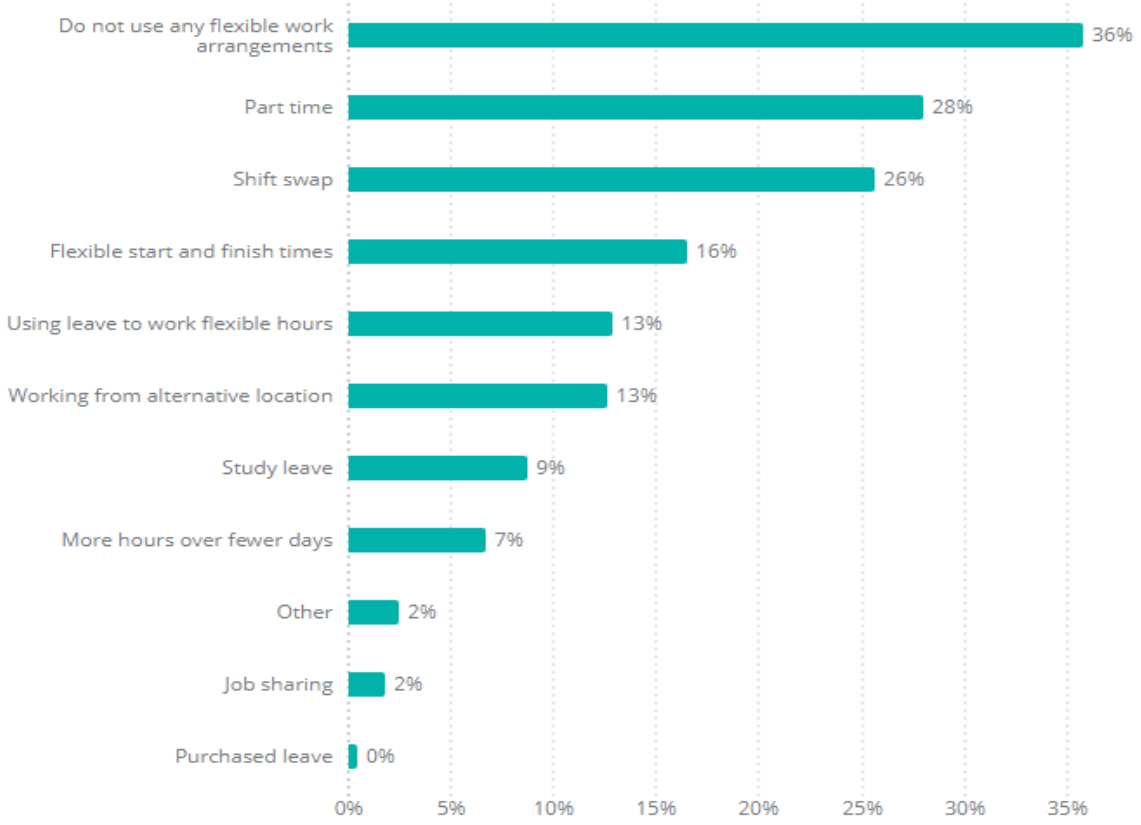

Table 11: Summary of workplace adjustments requested by RMH staff as per PMS 2021

Workplace adjustment requested		Reason requested	
Physical modifications or improvements to the workplace	8%	Caring responsibilities	23%
Flexible working arrangements	16%	Disability	4%
Job redesign or role sharing	2%	Family responsibilities	25%
Accessible communications technologies	1%	Health	40%
Career development support strategies	3%	Study commitments	8%
Other	2%	Work-life balance	36%
No, I have not requested adjustments	76%	Other	14%

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

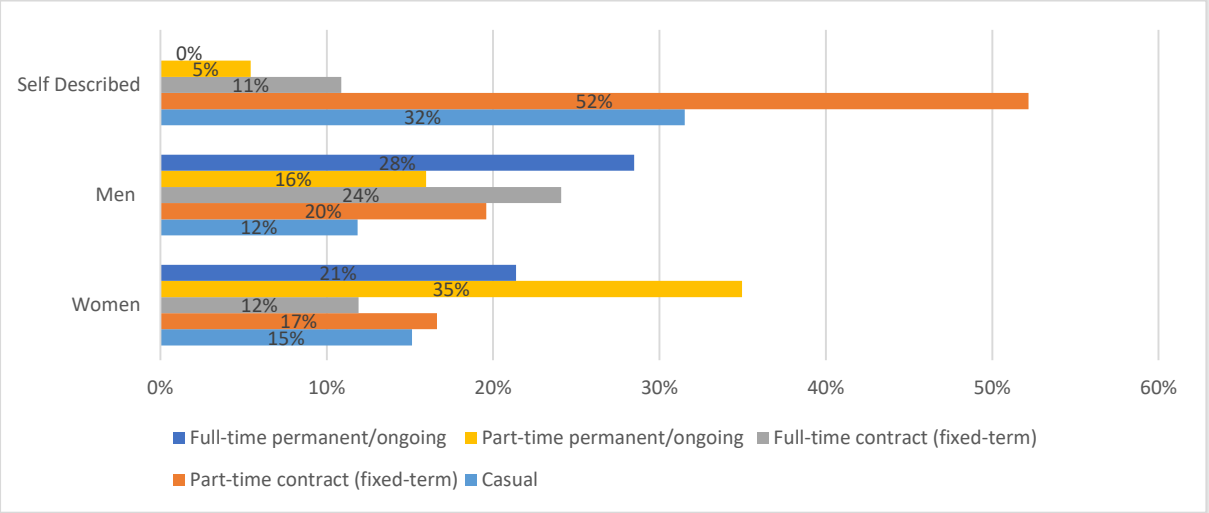

Table 12: RMH employees who took carers leave 2020/21

	Women	Men	Self-Described Gender
Number of staff who utilised carers leave by gender	1658	583	1
% of all staff who took carers leave	74%	26%	<1%
% of RMH employees of this gender who took carers leave	21%	19%	1%

Table 13: Use of parental leave at RMH 2020/21 by gender

	Women	Men	Self described gender
Headcount staff who accessed parental leave	640	96	0
Total head count by gender	7768	3054	92
% of the workforce of this gender who took parental leave	8%	3%	
Average weeks taken – paid parental leave	14.3	1.7	
Average weeks taken – unpaid parental leave	28.9	2.5	

Table 14: Intersectional overview of responses to PMS questions (or themed groups of questions) regarding leave and flexibility. % agree or strongly agree

	All RMH	Aboriginal and Torres Strait Islander	Disability	Self-described gender	Men	Women	LGBQA+	Born OS*	Cult Her	Lang	Religion*	Older (55yo<)	Younger(25yo>)
I can access Family Violence leave	75	53	64	72	72	79	72	77	75	76	79	72	78
I am confident a flexible work request would be considered fairly	64	82	57	52	68	64	64	75	72	73	75	66	75
Flexible work not a barrier to success at RMH	52	53	43	48	57	53	50	68	62	63	66	54	71
Caring responsibility not a barrier to success at RMH	56	59	44	52	62	56	52	73	68	67	72	61	66

Family responsibilities not a barrier to success	57	59	47	48	65	57	55	72	66	67	72	62	67
Positive culture for employees using flex work	57	71	46	55	62	58	55	74	67	69	70	63	73
Positive culture for employees with caring responsibilities	61	71	47	59	68	62	62	78	73	74	73	63	75
Positive culture for employees with family responsibilities	62	76	49	62	71	62	66	78	73	75	75	65	76
RMH supports employees with family/caring resp. of all genders	71	65	60	59	74	72	65	84	79	80	79	73	79
I have the flex needed to manage my work and non-work responsibilities	66	82	60	45	70	68	64	80	76	74	76	69	75
Workplace flex questions grouped	61	69%	50	53	66	61	59	75	71	69	73	64	73
Leave and flex questions grouped	62	67	52	55	67	63	60	75	71	70	75	65	73

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

Table 15: PMS 2021 RMH % agree or strongly agree to key questions re: caring responsibility by staff who have caring roles for children, people with a disability or someone who is frail or aged.

	All RMH	Care for children	Care for someone who has a disability/ medical issue	Care for someone who is frail/aged/other
I am confident flex work request considered fairly	64	69	63	60
Flex work not a barrier to success	52	54	49	50
Caring responsibility not a barrier to success	56	57	53	55
Positive culture for employees using flex work	57	58	53	56
Positive culture for employees with caring responsibilities	61	62	56	59
I have the flex needed to manage my work and non-work responsibilities	66	72	61	63
Workplace flex questions grouped	61	63	58	58
Leave and flex questions grouped	62	65	59	60

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

7. Data gaps

Themes:

- Employee management systems do not collect data regarding intersectional factors
- Systems do not collect data regarding access to training and professional development, promotions and secondment
- Sexual harassment reporting does not link to data regarding staff gender or identity and is not collected in categories that support report to the commission
- Sexual harassment, bullying, and discrimination incident data is not consistently captured across RMH

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

In completing the Workforce Equity Audit we identified a number of challenges in accessing the data required. As such, not all data required under the *Act* is captured, for example:

- Numbers of employees who identify as Aboriginal and/or Torres Strait Islander LGBTIQA+, having a disability, or being culturally and linguistically diverse (CALD).
- Access to training by or professional development staff from these diverse backgrounds and identities.
- The gender or intersectional factors of staff who report or are reported as involved in sexual harassment or discrimination claims.
- Ability to track promotions, higher duties, secondment and other professional development opportunities.

Data collection will need to be reviewed and improved in order to meet audit requirements in future.

Appendix 1:

Workplace gender audit measures 2021

Workplace Gender Equality Indicators	Workforce data measures	Employee experience questions ('preferred order' number)
1. Gender composition of all levels of the workforce	Gender composition at each classification by employment basis as at 30 June 2021[1] (Table 1.1)	23-28, 61-71, 73-76, 78-82
	Gender composition at each classification by employment basis, and by Aboriginality, age, disability, ethnicity and race, religion and sexual orientation as at 30 June 2021 (Sheet 1a)	
2. Gender composition of governing bodies	Gender composition of the governing body as at 30 June 2021 (Table 2.1)	None
	Gender composition of the governing body by Aboriginality, age, disability, ethnicity and race, religion and sexual orientation as at 30 June 2021 (Sheet 2a)	
3. Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender	The average (mean and median) annualised full-time equivalent salary gap between genders (for both annualised base salary and total remuneration) by classification and employment basis across the whole defined entity, for the last pay period before 30 June 2021. (Table 3.1)	None
	The average (mean and median) annualised full-time equivalent salary gap between genders (for both annualised base salary and total remuneration) by classification and employment basis across the whole defined entity, and by Aboriginality, age, disability, ethnicity and race, religion and sexual orientation, for the last pay period before 30 June 2021. (Sheet 3a)	
4. Sexual harassment in the workplace	Total number of sexual harassment complaints from 1 July 2020 to 30 June 2021 (Table 4.1)	4, 7, 9, 36, 37, 55-60
	The number of sexual harassment complainants from 1 July 2020 to 30 June 2021, by gender and type of complainant (Table 4.2).	
	The number of sexual harassment complainants from 1 July 2020 to 30 June 2021, by gender and relationship to incident (Table 4.3).	
	The number of sexual harassment complainants from 1 July 2020 to 30 June 2021, by gender and Aboriginality, age, disability, ethnicity and race, religion and sexual orientation (Sheet 4a).	
	The number of respondents to sexual harassment complaints from 1 July 2020 to 30 June 2021, by gender and workplace relationship to complainant (Table 4.4).	
	The outcomes of any sexual harassment complaints including any settlement and/or non-disclosure agreements from 1 July 2020 to 30 June 2021 by gender of complainant (Table 4.5)	
	Actions your organisation has taken to prevent future incidents of sexual harassment in the workplace from 1 July 2020 to 30 June 2021 (Table 4.6)	
	The number of sexual harassment complaints that were handled internally, externally or both from 1 July 2020 to 30 June 2021, by gender of complainant (Table 4.7).	
	What was the overall level of complainant satisfaction with the outcomes of each	

Workplace Gender Equality Indicators	Workforce data measures	Employee experience questions ('preferred order' number)
	complaint from 1 July 2020 to 30 June 2021, by gender of complainant? (Table 4.8)	
5. Recruitment and promotion practices in the workplace	Gender composition of people recruited from 1 July 2020 to 30 June 2021, by classification and employment basis (Table 5.1)	1, 2, 6, 8, 29-35, 38, 39
	Gender composition of employees who have had a permanent promotion from 1 July 2020 to 30 June 2021, by classification (Table 5.2)	
	Number of people who participated in career development training opportunities from 1 July 2020 to 30 June 2021, by gender and classification (Table 5.3)	
	Gender composition of employees who have been awarded higher duties from 1 July 2020 to 30 June 2021, by classification and employment basis (Table 5.4)	
	Gender composition of employees who have been awarded internal secondments at the same level from 1 July 2020 to 30 June 2021, by classification and employment basis (Table 5.5)	
	Gender composition of employees who have exited the defined entity from 1 July 2020 to 30 June 2021, by classification and employment basis (Table 5.6)	
	Gender composition of recruitment and promotion data by Aboriginality, age, disability, ethnicity and race, religion and sexual orientation, from 1 July 2020 to 30 June 2021 (Sheet 5a)	
6. Availability and utilisation of terms, conditions and practices relating to family violence leave, flexible working arrangements and working arrangements supporting workers with family or caring responsibilities	Proportion of employees with formal flexible work arrangements, by gender, classification and employment basis, as at 30 June 2021 (Table 6.1)	10, 14-22, 72, 78
	Number of senior leaders working with flexible work arrangements, by gender and type of flexible work arrangement, as at 30 June 2021 (Table 6.2)	
	Number of people who have taken parental leave from 1 July 2020 to 30 June 2021, by gender, classification, length of leave and by type of leave (paid or unpaid) (Table 6.3)	
	Number of people who exited the defined entity during parental leave from 1 July 2020 to 30 June 2021, by gender (Table 6.4)	
	Number of people accessing family violence leave from 1 July 2020 to 30 June 2021, by gender (Table 6.5)	
	Number of people accessing carers leave from 1 July 2020 to 30 June 2021, by gender (Table 6.6)	
7. Gendered segregation within the workplace	Gender composition of employees by occupation per ANZSCO codes as at 30 June 2021 (Table 7.1).	3, 5, 11, 12, 13*, 40-52, 53*, 54* *Free text employee experience survey responses are not being collected by the Commission.

Appendix 2: Gender audit employee level classification guide for RMH

Note: These levels are not strictly hierarchical

Level	Description of Level	Nursing	Medical	Allied Health and other clinicians and scientists[2]	Operations and Corporate / other
0	**Chief Executive Officer**				CEO
-1	**Executive team**				Executive
-2	**Directors and General Managers**	Directors of Nursing	Medical Director	Directors (e.g. of Allied Health, Pharmacy, Radiology, Pathology)	HS7, HS8, HS9 and HS10 (Directors, General Manager, Corporate Counsel)
-3	**Heads of/Nurse Unit Managers/ Senior Managers**	Nurse Unit Manager (NUM)	Head of Unit	Managers / Head of Discipline/ Department/Service	HS5 and HS6 (Operations Managers, Site Managers)
-4	**Registered Nurses with additional responsibilities (not included above)**	Assistant NUM, Clinical Specialist (CNC or CNS), Nurse Educator, After Hours Supervisor, Nurse Practitioner			
-5	**Senior Medical Officers with additional responsibilities (not included above)**		Deputy Head, Specialty Lead		
-6	**Allied health and other clinical professionals/scientists with additional responsibilities (not included above)**			Manager, Assistant Manager, Lead or Advanced Clinician	
-7	**Other managers (not included above)**				HS3 and HS4 (Team leaders)
-8	**Registered Nurses without additional responsibilities**	Registered Nurse, Midwife & Psychiatric Nurse			
-9	**Doctors without additional responsibilities**		Specialist, VMO, Consultant		
-10	**Doctors in training**		Medical Officer, Registrar, Hospital Medical Officers		
-11	**Qualified allied health and other clinical professionals/scientists without additional responsibilities**			All other qualified/certified/ registered clinicians, scientists, engineers and researchers	
-12	**Other staff with specific expertise**				HS2 and Others with technical expertise – e.g. Librarian, HIM manager. (Technical specialists)
-13	**Everyone else**	Enrolled Nurses (EN), Trainees (RUSON), Psychiatric Enrolled Nurse (PEN)		Technicians, clinical and Personal health care worker, diploma qualified counsellor, interpreter, trainee, student, intern, consumer and carer consultants, peer support workers, path collector, lab assistant, allied health assistant	Food services, ward clerks, PSAs, maintenance workers, general services workers

Appendix 3: Audit Data Sources

Data source	Nature of source / data points used
People Matter Survey 2021	Open 31 May – 2 July 2021 2,991 participants (36% RMH staff) Facilitated by Victorian Public Sector Commission (VPSC) – benchmarking with comparator health services available.
RMH Diversity and Inclusion Survey 2021	Open March 2021 525 participants Internal survey facilitated by RMH Diversity and Inclusion Advisor
SAP Payroll Data (Pay and Leave management system)	Data relates to all staff employed in paid roles at RMH from July 2020 – June 2021 Data relating to salary, leave, employment status (full time, part time, ongoing, contract, casual), recruitment, cessation and employment numbers by ANZSCO codes.
HR Database	Performance management database – records of sexual harassment reported to Human Resources
Riskman	Reporting system for clinical and other risk management. Sexual harassment reports (primarily related to clinical care) recorded here