Gender Equality Audit and Progress Report

Monash Health

Gender Impact Assessments

A Gender Impact Assessment (GIA) is an assessment framework that can help organisations think critically about how their policies, programs and services will meet the needs of women, men and gender diverse people. Monash Health is required to undertake a GIA when developing or reviewing any policy, program or service that has a direct and significant impact on the public.

Table 1 - Gender impact assessments progress

Required	**Required**	**Required**	**Required**	**Required**	**Required**	**Recommended**	**Recommended**
Title	Subject	Description	Status	Confirm if actions taken	Describe actions taken	Confirm intersectionality considered	Explain intersectional lens applied
What is the title of the policy, program or service that was the subject of the GIA? Please use one row for each GIA completed. When reporting on multiple actions taken, include this information in the relevant single cell.	Was the subject of the GIA a policy, program or service? For definitions of policies, programs and services, please refer to the guidance materials at Appendix A: Glossary of terms. Use the drop-down menu in the cell to select your answer.	Provide a description of the policy, program or service subject to the GIA.	Was the policy, program or service new, or up for review? Use the drop-down menu in the cell to select your answer.	Were actions taken to develop or vary the policy, program or service to meet the needs of people of different genders, address gender inequality and promote gender equality as a result of the GIA? Use the drop-down menu in the cell to indicate whether or not actions were taken as a result of the GIA.	Describe the actions taken to develop or vary the policy, program or service to meet the needs of people of different genders, address gender inequality and promote gender equality. When reporting on multiple actions taken, include this information in one cell. You can press alt+enter to include new lines.	Was it considered that gender inequality may be compounded by disadvantage or discrimination that people may experience on the basis of intersectionality? Use the drop-down menu in the cell to select your answer.	Explain how an intersectional lens was applied while completing the GIA. If this was not done, explain why this was not practicable.

Table 1 - Gender impact assessments progress

Title	Subject	Description	Status	Confirm if actions taken	Describe actions taken	Confirm intersectionality considered	Explain intersectional lens applied
SEPHU 'Population Health Catchment Plan'	Program	'Population Health Catchment Plan' will enable SEPHU to identify and address potential health disparities, inequities, and barriers to health outcomes experienced by different populations across the catchment. The 'Population Health Catchment Plan' has a whole of population focus, but will target particular population groups identified as vulnerable or at risk of poor health outcomes.	New	Yes	Gender-sensitive health education and awareness campaigns to challenge gender stereotypes and encourage health-seeking behaviors. Equitable access to reproductive and sexual health services. Gender-responsive policies and practices that address the unique health needs and concerns of individuals of all sexes. Gender-responsive policies and practices that address the unique health needs and concerns of individuals of all sexes. Engage with community representatives to gather feedback and insights on gender-related health issues and incorporate their perspectives into the plan. Service provider training to improve understanding and sensitivity towards the healthcare needs and experiences of gender-diverse individuals. Safe and inclusive service settings and environments that respect and validate the gender identities and expressions of all individuals. Involve gender-diverse individuals, community representatives, and LGBTQ+ organizations in the planning, implementation, and evaluation of gender-related initiatives. LGBTQ+ inclusive policies that promote respectful and inclusive services for individuals with diverse sexual orientations. Access to LGBTQ+-friendly service providers and specialists who understand the specific needs and concerns of this population. Comprehensive sexual and reproductive health education that is inclusive of diverse sexual orientations and gender identities. Engage with LGBTQ+ community representatives and organizations to inform the development and implementation of initiatives addressing the health needs of diverse sexualities.	Yes	We have taken a proactive approach by incorporating an intersectional lens in our assessment. This approach allows us to consider how gender inequality may intersect with other factors such as age, disability, or ethnicity, leading to compounded disadvantages or discrimination. By recognizing and addressing these intersecting dimensions of identity, we aim to develop policies, programs, and services that are more effective in reducing health disparities and promoting equitable health outcomes. ""The findings from the equity/gender impact assessment have guided us in making necessary changes to the Population Health Catchment Plan. We have identified strategies and interventions that specifically address the unique needs, challenges, and barriers faced by individuals of different genders. Our plan aims to ensure that all genders have equal access to healthcare services, receive appropriate support, and experience improved health outcomes. -Throughout the assessment process, we have actively engaged stakeholders, including community organizations, advocacy groups, and affected communities, to gather input and perspectives on gender considerations. This collaboration has helped us to develop a plan that is informed by the lived experiences and insights of diverse populations, ensuring that their voices are heard and their needs are prioritized. - Moving forward, we will continue to monitor and evaluate the impact of our policies, programs, and services on different genders. This will involve collecting sex-disaggregated data and considering other intersecting factors to measure progress, identify areas for improvement, and inform evidence-based decision-making. - By applying an equity/gender impact assessment to the development of the Population Health Catchment Plan, the South East Public Health Unit is actively working towards creating a more inclusive and equitable healthcare system. We are dedicated to promoting gender equality, reducing health disparities, and ensuring that our services are accessible, culturally sensitive, and responsive to the diverse needs of all populations across the SEPHU catchment.
Child Safe Policy - currently in progress							

Table 1 - Gender impact assessments progress

Title	Subject	Description	Status	Confirm if actions taken	Describe actions taken	Confirm intersectionality considered	Explain intersectional lens applied
Art Policy - currently in progress							
Recruitment and Selection	Policy	This procedure relates to filling a vacancy and outlines the process for sourcing, attracting, selecting and appointing the best available candidate (whether internal or external). It must be read in conjunction with all other relevant policies, any Relevant Industrial Instruments (Award, Enterprise Agreement or Contract of Employment) and relevant legislation, including the Victorian Child Safe Standards. Where there is a conflict between this procedure and the Employee's Relevant Industrial Instrument, the Relevant Industrial Instrument prevails to the extent of any inconsistency.	For Review	Yes	Monash Health will employ the best available talent in accordance with merit-based selection Monash Health will utilise the most appropriate recruitment strategy for each vacant position to source diverse and best possible talent. The classification and remuneration for executive and senior management roles will be in accordance with the Health Executive Employment Remuneration Policy The selection strategy should consider operational requirements, candidate/s careeraspirations, development needs and suitability and the commitments of the Monash HealthEquity and Inclusion Strategy procedure that is free from bias. A decision to engage or promote a person is based on merit if: o all eligible members of the community are given a reasonable opportunity to apply o an assessment is made of the relative suitability of candidates, using a competitive selection process o the assessment is based on the relationship between the candidates' work-related qualities and the qualities genuinely required to perform the relevant duties o the assessment focuses on the relative capacity of candidates to achieve outcomes related to the relevant duties o the assessment is the primary consideration in making the employment decision. The process will be equitable, fair, and transparent free from discrimination, taking into account the key criteria outlined in the relevant Position Description. Diversity and inclusion is an integral part of all recruitment, selection and appointment processes. The impact on equity and diversity, for example, gender balance; representation of people with disabilities and of cultural, racial and ethnic groups, will be taken into consideration at all stages of recruitment, selection and appointment Strict confidentiality will be maintained, subject to the requirements of the recruitment process.	Yes	When creating advertisements or Position Description choose words that do not marginalise people because of their race, gender, sexual orientation, age, disability, socioeconomic status, appearance, or any other factor. See resources: VPS Inclusive Language Guide and Gender Decoder for Job Ads. The hiring manager is responsible for ensuring all candidates are informed about the availability of adjustments in the interview process. Specifically, the scheduler should ask: 'Do you require any special arrangements to enable you to equitably participate in the interview? The hiring manager will determine, in conjunction with the Talent Acquisition Consultants,Recruitment Specialist and/or next up manager, the appropriate recruitment strategy that ensures attraction of a diverse candidate pool. This may include sourcing talent through an existing talent pool, externally, internally or via a local EOI. Executive roles should bediscussed with the P&C Business Partner – Executive Recruitment.

Table 1 - Gender impact assessments progress

Title	Subject	Description	Status	Confirm if actions taken	Describe actions taken	Confirm intersectionality considered	Explain intersectional lens applied
					▯ Any selection panel must have a minimum of two members, including at least one who is experienced in selection. The direct manager of the position being recruited is required to be involved in the selection of the successful candidate. ▯ Panel members must have undertaken Monash Health's Unconscious Bias online training. ▯ Documentation is required to be kept for all phases of the recruitment process. ▯ A Position Description is available to interested candidates. Monash Health will utilise the most appropriate recruitment strategy for each vacant position to source diverse and best possible talent. ▯ The classification and remuneration for executive and senior management roles will be in accordance with the Health Executive Employment Remuneration Policy ▯ The selection strategy should consider operational requirements, candidate/s career aspirations, development needs and suitability and the commitments of the Monash Health Equity and Inclusion Strategy		
Visiting Monash Health - currently in progress							
GIA Embedded into MH Policy Framework on PROMPT	Policy	Complete					
Cranbourne Community Hospital	Service	The Cranbourne Community Hospital will be an expansion of services currently offered at the Cranbourne Integrated Care Centre and built on a new site.	New	Yes	Welcome to Country for the official opening of the hospital. Culturally appropriate services that incorporate Indigenous healing practices and traditional knowledge. Cultural competency training for healthcare workers to ensure respectful and culturally safe service. Collaborate with Indigenous communities and organisations to seek feedback on physical environment and services provided. Increase the number of Aboriginal and/or Torres Strait Islander employees. Promoting education and awareness about sex-specific health needs. Conducting and supporting research that explores the intersectionality of sex and other factors. Engagement with individuals to ensure services are responsive to local needs and preferences. Gender inclusive language and practices.Ensure medical records, registration forms and communication materials are inclusive of all genders. Provide training for healthcare providers to increase awareness and understanding of gender diversity.	Yes	We have taken a proactive approach by incorporating an intersectional lens in our assessment.

Table 1 - Gender impact assessments progress

Title	Subject	Description	Status	Confirm if actions taken	Describe actions taken	Confirm intersectionality considered	Explain intersectional lens applied
					Create gender-neutral and inclusive spaces including restrooms. Display visible symbols of inclusivity, such as inclusive posters and signage. Creating healthcare environments, practices and policies that are inclusive and supportive of LGBTQ+ individuals. Foster partnerships with LGBTQ+ community organisations to better understand the specific healthcare needs and concerns. Ensure individuals from diverse sexualities have access to providers who are knowledgeable and sensitive to their specific needs. Provide cultural competency training for healthcare professionals to enhance their understanding of diverse cultural practices, beliefs, and values. Promote diversity in the health workforce by encouraging recruitment and retention of professionals from culturally diverse backgrounds. Ensure availability of professional interpreters and translation services. Ensure the CCH site is physically accessible with ramps, lifts, and appropriate signage. Ensure health information is available in multiple formats. Provide sign language interpreters or other communication aids when needed. Involve individuals with disability in the planning and decision-making processes. Training and education to strengthen the capacity and confidence of employees to meet the needs of people with disability. Attract, retain and provider career development for people with disability. Implement integrated care models to provide holistic and comprehensive healthcare. Expand telehealth services for mental health to improve access. Improve data collection on mental health outcomes and service utilisation to identify gaps and areas for improvement. Ensure health facilities are easily accessible for older adults, considering proximity, transportation options, and physical accessibility. Support community-based healthcare programs that being healthcare services to older adults. Enhance comprehensive chronic disease management programs through coordinated and integrated care.Enhance health literacy to empower children and young people to be actively involved in their health. Leverage technology. Provide navigation support to help young people navigate the healthcare system to mitigate the impact of system complexity and fragmentation.		

Example(s)

Title	Subject	Description	Status	Confirm if actions taken	Describe actions taken	Confirm intersectionality considered	Explain intersectional lens applied
Example: Sports ground use and permits policy	Policy	This policy guides the hire and use of all Council's sportsgrounds and facilities by sports clubs and the public. The policy outlines eligibility criteria for hire and use, selection and booking process, fees, payment options, cancellation options and expectations of use.	For review	Yes	Amended the policy to include a commitment to allocate 30% of the total sportsground hiring capacity to new and recently established sports teams comprising of women and gender diverse people. Amended the policy to include a commitment to support local clubs to conduct respect and responsibility training to promote gender equality. Amended the policy to include a commitment to provide dedicated womens and all-gender secured changerooms and facilities for all womens and gender-diverse teams who hire Council sportsgrounds.	Yes	Council conducted research and participated in consultation to ensure the GIA considered intersectionality. It was identified that language and shared changeroom facilities are percieved as major access barriers for culturally and linguistically diverse (CALD) women. Council has addressed these concerns in amending the policy, committing to implementing private changeroom areas and increased signage in a variety of languages.

Table 2.1 - Strategies and measures progress

A Gender Equality Action Plan (GEAP) will help defined entities to plan, apply and make progress towards gender equality. Monash Health's GEAP launched in 2022 outlines our mission to provide fair opportunities to enable equal outcomes for individuals regardless of their gender identities by 2025.

Our GEAP strategies are designed to address the seven workplace gender equality indicators:

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

Table 2.1 - Strategies and measures progress

Required	**Required**	**Required**	**Recommended**	**Recommended**	**Recommended**	**Recommended**						
Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
List your organisation's strategies and measures. Include one strategy or measure per row. These are the planned actions that you have outlined in your GEAP to promote gender equality in your workplace.	Assign each strategy or measure a status from the following list: • **'Complete'** indicates that all planned activities related to this strategy or measure have been finalised. • **'In progress'** indicates that the activities under this strategy or measure are progressing but not yet complete. • **'Ongoing'** indicates that the activities under this strategy or measure do not have an end-date and will be addressed on a continual basis. • **'Not started'** indicates that the planned activities related to this strategy or measure have not yet commenced, including those that are intended to commence in future years. This should include strategies or measures that have been delayed. • **'Void'** indicates that this strategy or measure appeared in your defined entity's GEAP, but has since been cancelled.	Describe your progress in implementing each strategy or measure in your GEAP. In particular, you need to explain: • Why you have selected that status from the drop-down menu; and • Whether the status indicates any delay or change from what was planned in your GEAP and if so, the reason for this change.	Evaluating the success of each of your strategies or measures may include: • tracking against pre-identified success markers. These markers may have been specified in your GEAP. • other evaluation markers that may not have been specified in your GEAP, such as participation levels, outcomes, or changes resulting from the strategy or measure, • other ways the strategy or measure has contributed to promoting gender equality in your defined entity.	If your GEAP included a timeline for action or implementation for your strategies and measures, include this timeline below. If you did not include a timeline in your GEAP, we highly recommend you do so in this progress report by including a timeline below.	Include the role or team responsible for implementing of each strategy or measure.	Identify one or more indicators for each strategy or measure that the action was designed to address. See the **Indicators key** to the right of this table for a description of each workplace gender equality indicator.						

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
Example: Address gaps identified in collecting intersectional data as part of employee and payroll systems	Complete	L-1.1 Annual Gender report to be submitted to Board	Submission to Board and Commission in Feb 2024	Feb-24	Director, P&C	X	X					
L-1 Document baseline gender composition based on employee groups	Complete	L-1.2 Horizontal and vertical gender composition report of employee groups (Allied Health, Medical, Nursing, Support Services, Administration) to be submitted to Gender Equality Committee in Oct 2023	There is a discrepancy in the way the groups are categorised. This composition is for information, but the categories will difer to what will be submitted as part of the Gender Audit in Feb 2024.	Dec-23	Director, P&C	X	X					
L-1 Hiring managers for Medical Leadership positions (Program Directors, Deputy Program Directors, Service Directors, Unit Directors and Deputy Unit Directors) will report on the following indicators for each appointment • Gender composition of all applicants • Gender composition of shortlisted applicants • Gender composition of selection panel	Complete	L-1.3 Annual report on Medical Leadership appointments submitted to Monash Doctors Leadership Committee (MDLC). The Plan for ongoing reporting was tabled at MDLC in August 2022.	Medical Leadership Appointments was tabled as item at MDLC in Aug 2022. In Jan-Jun 2023, gender of applicants (M15:F9), gender of panel members (M18:F21), and gender of appointments made (M8:F6). Source: Doctors workforce. This show that there is gender parity in the appointment of medical leadership appointments. In FY 22/23, those who identified as women consisted of 45% of the total applicants, 54% of the interview panel, and 41% of the successful appointments.	Oct-23	Chief Medical Officer	X						X
L-2 Develop indicators to measure progress of Gender Equality Action Plan	Void/cancelled	L-2.1 Suite of indicators and Gender Dashboard not progressed due to systems and resources limitations. Migration to new system SAPPHIRE where we are co-designing for this data collection so a dashboard is no longer needed. THese needs will be integrated into new system conversion.	NA			X	X	X	X	X	X	X
Submit report to show progress of Gender Equality Action Plan and performance against agreed indicators to the Board and Public Sector Gender Equality Commissioner	Complete	L-2.3 Biennial Progress Update Report complete and shared with executive team	This has been postponed to February 2024 (from Oct 2023) to align to new reporting deadlines.	Feb-24	Strategic Advisor to CMO/Gender Equity Lead	X	X	X	X	X	X	X

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
L-3 Respectful Workplace Program developed and implemented	In progress	L-3.1 Actions on Respectful Workplace program run by People and Culture completed (including L-3.2 and L3.3)L-3.2 Annual presentations at Senior Leadership Team meeting. New ED People and Culture so these deliverables have been delayed but in progress	Email sent to Silvana (Ashlee to update)	Dec-24	Director, P&C Operations				X			
Quarterly all employee communication from Executive Director, People & Culture on importance of respectful communication	In progress	L-3.3 Quarterly communication sent to all employees by first week of March, June, Sep and Dec. New ED People and Culture so these deliverables have been delayed but are in progress.		24-Dec	ED P&C				X			
Communication strategy including stakeholder engagement activities, public statements, internal communications, awareness campaign, which will inform the workforce of the of the Gender Equality Action plan and outcomes	Complete	L-3.4 Communication Strategy and Plan on Gender Equality actions (respectful workplace, recruitment and selection, promotion, flexible work policies) developed		Dec-23	Director, Internal Comms				X	X	X	
L-4 Implement plan to achieve diversity of Gender Equality Committee membership	Complete	L-4.1 Review and renew Gender Equality Committee membership to reflect diversity of the workforce. The Gender Equality Committee was reviewed, now named Gender Equity Committee, with new membership and organisation-wide representation in 2023			Chair, GEC (Chief Medical Officer)	X	X					
S-1 Develop process to audit and monitor compliance with P&C recruitment and selection procedure	Complete	S-1.1 Process for audit developed. First audit completed	Audit completed, process for second audit underway		GEC/P&C							

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
S-1 Launch a communication, education, and engagement strategy to increase awareness and skills of managers on best practice recruitment/ promotion practices/policies	In progress	S-1.2 Enhance awareness on key systems and processes as part of Communication Strategy and Plan as per L-3.4 S-1.3 Annual education session for Managers in the fortnightly Managers forum - Managers Forum is no longer in existence so this will be withdrawn.	Email sent to Linda, S-1.3 Cancelled. Manager's Forum was discontinued	Dec-24	Director, P&C Ops							
S-1 Develop Flexible work promotion strategy for Doctors in Training	Complete	S-1.4 Four part time positions added to the General Stream hospital medical officers (HMO) pool; ongoing exploration of further roles suitable for conversation to part time.	More roles are being explored, for trial within Mental Health leadership	Dec-23	Director, Monash Doctors Workforce	X						X
S-2 Annual Gender Pay gap analysis	Complete	S-2.1 Gender pay gap analysis reported as per Biennial Progress Update Report in L-2.3. Gender audit completed and submitted. This analysis is being collated and presented to SLP.	Initiative will commence once legislation is required	Jan-24	ED P&C			X				
S-2 Develop remuneration framework and guidance for medical leadership positions.	Void/cancelled	S-2.2 Remuneration framework for medical leadership positions is unnecessary, as the issue in question has already been comprehensively addressed and rectified within the parameters of our existing enterprise agreement.	NA	-	Director, Monash Doctors Workforce			X				
C-1 Continue providing Women in Leadership (WIL) Program	Complete	C-1.1 Two Women in Leadership (WIL) courses offered in 2022, which was attended by >40 women across medical, allied health, nursing, pharmacy, corporate and other areas of Monash Health. Infograph of evaluation has been shared with senior and executive leadership in the organisation. The WIL Program was also submitted for the 2023 Victorian Public Health Awards.	According to evaluation conducted by Monash University (under the Advancing Women in healthcare leadership), 97% attendees would recommend the program to other women in healthcare, 68% used their learnings to implement change in the organisation, and 32% experienced career advancement or promotion.	Dec-23	Strategic Advisor to CMO	X			X			X

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
			More results found here: https://monashdoctors.org/wp-content/uploads/2023/07/Women-in-Leadership-evaluation_interim-findingsDec22-INFOGRAPHIC-V2.pdf									
C-1 Evaluate the impact of the WIL Program	Complete	C-1.2 WIL course evaluation progress report/infograph to Gender Equality Committee, and also shared with the Executive and Senior Leadership.	Progress report complete with final evaluation by Feb 2024 to include survey and interview data.	Feb-24	Strategic Advisor to CMO	X			X			X
C-1 Promote leadership development opportunities for all genders in the cohorts where gendered segregation is identified by the gender report	Complete	C-1.3 Leadership training needs analysis conducted in predominantly female work groups. Leadership training needs analysis was conducted in detail through the Women in Leadership course delivered in collaboration with MCHRI at Monash University.	The Intentional Leadership Program is an invitation-based program and ensures gender diversity and opportunity in invitee list. The Intentional Leadership Program conducted a needs analysis based upon the timing of the delivery of this program. The program was initially scheduled from 4-7pm. However, those attendees with caring/family responsibilities struggled to attend at this time. As such, with gender equity and family equity in mind, the course was rescheduled to during business hours (9-5).	Jun-23	Executive Director, P&C	X						X
C-2 Evaluation of the Mentorship Program	Complete	C-2.1 Existing mentorship/ shadowing program evaluated, and not renewed due to poor participation and outcomes.	Mentorship program was initiated through a mentoring matching service. Potential mentors and mentees applied to OD team for matching based on goals and background. Once paired, unfortunately the mentorship relationships did not continue past the initial few sessions. Time is a barrier and made it untenable for those with more flexible diaries (e.g. those not on shift work). The program was evaluated and not renewed due to poor participation and outcomes.	Jun-23	Senior Manager, Org Learning and Devt							

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
			The shadowing program was initiated through a shadowing matching service. Potential mentors and shadows applied to Organisational Learning & Development (OD) team for matching based on goals and background. Once paired, unfortunately the shadowing relationships did not continue past the initial few sessions. Time is a barrier and made it untenable for those with more flexible diaries (e.g. those not on shift work). The program was evaluated and not renewed due to poor participation and outcomes. The bias of this program was that it was only executable for those in non shiftwork roles and, often, disadvantaged females. Should mentorship and shadowing programs be revisited, they will be reinvented to ensure accessibility for all.							
C-2 Promote recognition of academic status of staff across craft groups (medical, allied health, nursing)	Ongoing	C-2.2 Report on number of staff with academic appointments (Medical, Allied Health) as part of the annual Gender Equality Committee report	This inititiave was carried out in Medical programs, and resulted in academic status being recognised for 44 women. Due to the positive response, this is also being introduced in Allied Health.	24-Dec	Chief Medical Officer/Chief Allied Health Officer							
C-2 Develop Learning & Development program for administrative and support staff (i.e., Allied Health assistants, food services, patient services, ward clerks, security)	Complete	C-2.3 Publicise and communicate Learning & Development Program to respective groups. C2.4 Frontline program to Assistant Nurse Unit Managers being implemented (n=500)	Latte offerings to all Monash Health administrative and support staff available ODL team training and communications to units across Monash Health to promote these resources D31 n= 500 ANUMS attendance at programs	Mar-24	Director, L&D/ Chief Allied Health Officer	X						X

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
W-1 Identify barriers to reporting of discrimination, sexual harassment, and sexism. (Survey and focus groups)	In progress	W-1.1 Gendered discrimination, sexual harassment and bullying in the Medical Workforce carried out at JMS open forum to identify the barriers to reporting. Focus groups to follow. This item will be progressed and defered to Dec 2024 W-1.2 Investigate barriers to reporting SH in the organisation, as People Matters show higher numbers than numbers reported.	Survey on People Matters show improvements in sexual harrassment experienced/ witnessed etc.	Dec-24	ED P&C							
W-1 Review how bystander interventions can be included within training and communication materials to encourage reporting of sexual harassment	Complete	W-1.2 Continued quarterly communication on gender safety; how to report gender-related discrimination, sexual harassment and information about how many claims were substantiated. Quarterly reports emailed and catalogued.	Respectiful workplace: https://coronavirus.monashhealth.org/latest-news/2022/12/09/rewatch-respectful-relationships-at-work-and-home/ and Email to Manager Sept 2022	Dec-23	ED P&C							
W-1 Determine trends in sexual harassment incidents to develop training and education strategies	In progress	W-1.3 Annual review of all reported incidents of sexual harassment. Metrics being reviewed and trende evaluated for review March 2024	Email to Chris 6% experience SH report in Sept 2022;	Dec-24	ED P&C							
W-2 Re-launch Monash Doctors perinatal support program to support doctors returning to work after parental leave	Not started	The review and relaunch of the Monash Doctors perinatal support program to support doctors returning to work after parental leave has been deferred to the following year. Dec 2024	This will potentially be part of an overarching initiative partnering with GenEq and The Future of Work Lab on improving return to work (skills for the workplace)	2025	Director, Monash Doctors Workforce							
W-3 Raise awareness and access to o Flexible work arrangements o Parental leave policies - Hybrid work policies - Equity and Inclusion Policy - Recruitment & selection policy	Complete	W-3.1 Annual session on Flexible Work and Parental Leave have been scheduled discussed at Employee Forum W-3.2 Survey on uptake and implementation of parental leave policies (Medical) conducted for selected Junior Medical Staff who were on parental leave. Survey has been distributed and data analysis underway to produce findings.	Forum scheduled and flexible work discussed	Dec-23	ED P&C							

Table 2.1 - Strategies and measures progress

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
W-4 All gender toilets available in all Monash Health sites	Ongoing	W-4.1 Continue increasing number of all gender toilets across Monash Health sites		2025	LGBTIQA+ Committee							
W-5 Family violence awareness campaign including policies on family violence leave, training in family violence, and publicising links and drivers for family violence. Family violence training to include link between family violence and gender equality	Complete	W-5.1 Communication strategy on gender equality includes promoting access to family violence leave, and training. W-5.2 Continued quarterly updates from Family Violence taskforce to Monash Executives on defined set of metrics (as collected by the Family Violence Taskforce)	Communications and updates sent through organisation-wide channels	Dec-23	Communications team							
E-1 Conduct Gender Impact Assessments (GIA) for services, programs, policies that directly and significantly impacts the public	In progress	E-1.1 Engagement with Southeast Public Health Unit, Communicaty Engagement Team, Transformation Office to develop process for conducting GIAs. MS Form developed to identify and prioritise list of policies for GIA. GIA incorporated into Business template, and in process of being incorporated into policy checklist. E-1.2 GIA training has been conducted to identified stakeholders. Plan will be to conduct training to more as this gets embedded into the organisation. E-1.3 GIA completed for public facing policies identified in E1.1	The Gender Impact Assessments are embedded as Gender and Equity Impact Assessments within Monash Health. Training is ongoing, and engagement at leadership forums and with Transfomation Office where Policies, Programs and Services are being planned and strategic plans are developed.	Ongoing	Gender Equity Lead/E&I Lead							

Examples

Strategies and measures	Status	Status description	Evaluation of success	Timeline	Responsible	Relevant Indicator(s)						
						1	2	3	4	5	6	7
Example: Address gaps identified in collecting intersectional data as part of employee and payroll systems	Complete	This strategy was implemented in March 2023. A payroll systems firm was engaged to upgrade our systems to support the collection of intersectional data in relation to sexual orientation, race, Aboriginality, religion, ethnicity, disability and gender identity. We have now begun collecting intersectional data and addressing the gaps identified in our 2021 audit.	Although originally anticipated for implementation in 2022, delays meant this strategy was implemented in March 2023. Intersectional data is being collected as part of new recruitments and promotions, and voluntary updates by existing staff. New intersectional data as part of our 2023 progress audit and future GEAPs will enable us to better understand intersectional gender equality in our organisation and areas for improvement.	2022	People and Culture Corporate Support	X	X	X		X	X	X

Resourcing your Gender Equality Action Plan (GEAP)

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

Recommended
You might consider some or all of the following, in addition to any other aspects you consider relevant: • Who implements the strategies and measures in your GEAP? What role do they perform at what level in your defined entity? • How many staff members/FTE are allocated to implementing the strategies and measures? • Was enough resourcing allocated to successfully implement your strategies and measures? If not, how will this be addressed?
Your Comments
Monash Health has resourced a Gender Equity Lead at .4 headcount for a part time contract role for 24 months. Monash Health recruited and onboarded a Gender Equity Lead in July 2022. Equity and Inclusion at Monash Health is moving towards a more intersectional approach and has taken their work with Gender Impact Assesments and embed them as Equity Impact Assemssments in order to encourage an intersectional mindset. As such, the resourcing commitment has remained the same, but is now under the role of Manager - Organisational Development and Learning (Equity & Inclusion, Performance and Transformation). This role is now ongoing.

Workplace Gender Equality Indicators

The Victorian Gender Equality Act sets out seven workplace gender equality indicators. They represent the key areas where workplace gender inequality persists – and where progress towards gender equality must be demonstrated. Monash Health must collect and report data against these indicators in their workplace gender audit.

These indicators are:

a. The size of the defined entity, including the defined entity's number of employees.
b. The nature and circumstances of the defined entity, including any barriers to making progress.
c. Requirements that apply to the defined entity under any other Act, including an Act of the Commonwealth.
c. The defined entity's resources.
d. The defined entity's operational priorities and competing operational obligations.
e. The practicability and cost to the defined entity of making progress
f. Genuine attempts made by the defined entity to make progress.

Table 3 - Workplace gender equality indicators progress

Required	**Required**	**Required**	**Recommended**							**Recommended**
Indicator	Confirm if progress made	Progress description	Factors							Factors discussion
			a	b	c	d	e	f	g	
This column contains the seven workplace gender equality indicators. Complete the 'required' fields, and you are encouraged to complete the 'recommended' columns, to the right of each indicator.	Indicate whether your organisation has made progress in relation to the workplace gender equality indicators. Use the drop-down menu in the cell to select 'yes' or 'no.'	Demonstrate your progress in relation to each workplace gender equality indicator. In this column, please explain why you believe changes in your data do or do not represent progress against each indicator. Refer explicitly to quantitative changes in the data between your previous workplace gender audit and your progress audit. If you wish, you may also make reference to any strategy or measure from your GEAP that supported, or was designed to support, progress against that indicator.	Indicate below whether or not one of these factors has affected your organisation's progress against each indicator. You are encouraged to reference these factors in your discussion in column L. See the **Indicators above** for a description of each factor.							If you have selected 'yes' to any of the factors in the recommended columns to the left, you are encouraged to complete this column. This column allows you to discuss each factor that has affected your organisation's progress in relation to any of the workplace gender equality indicators.
Gender composition of all levels of the workforce		YES; Progress in several areas, however others remain skewed in favour of women. We made progress in top levels of leadership (i.e., Levels -1 to -3; Executives, Deputy Chief Operating Officers, Program Directors), as more leadership positions are being occupied by women, compared to 2021 data where 60% or more men occupied the top leadership positions. Gender parity (ranging between 50-60%) was observed in four levels, while there were more men (>60%) in two levels, and more women (>60%) in eight levels. While we improved women representation in leadership positions, we also need to attract more men to other areas in the workforce.								

Table 3 - Workplace gender equality indicators progress

Indicator	Confirm if progress made	Progress description	Factors							Factors discussion
			a	b	c	d	e	f	g	
Gender composition of governing bodies		YES; The percentage of women has increased from 2021, from 56% to 60%, which is more representative of the health service profile or 77% women.								
Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender	No	The gap in mean base pay and mean total remuneration remains fairly similar to the 2021 data (2023 base pay gap is 30% vs 31%; 2023 total remuneration pay gap is 30% vs 31%) The gap in median base pay and median total remuneration pay gap has increased since 2021 data (2023 base pay gap is 4.9% vs 3.9%; 2023 total remuneration pay gap is 6.6% vs 3.0%). The gaps remain n favour of men.								
Sexual harassment in the workplace	No	9 reported in 2023 vs 7 reported cases in 2021. The data has been shown to be under-reported when comparing with People Matters survey data. Advancing women in healthcare leadership (AWHL) project aims to for positive culture change through offreing more support for women to advance their career in leadership positions. A survey is currently underway which will take into account SH data, and whether certain initiatives in the organisation are helpful in changing organisational culture. Gendered discrimination, sexual harassment and bullying in the Medical Workforce carried out at junior medical staff open forum to identify the barriers to reporting. However, follow on efforts from this forum have been defered to Dec 2024.								
Recruitment and promotion practices in the workplace	Yes	No differences in the gender of people recruited and exited in 2023 compared with 2021. More women are still being recruited in the organisation (77%). Leadership training is being offererd through the Interntional Leadership Program and Women in Leadership (WIL) Program, to support career advancements by equipping employees with leadership skills. Promotion is not practiced in the organisation.								
Availability and utilisation of terms, conditions and practices relating to: • family violence leave; and • flexible working arrangements; and • working arrangements supporting employees with family or caring responsibilities	Yes	More employees are utilising family violence leave and flexible work arrangements (such as carer's leave). 10% more women and 2% more men are utilising family violence leave compared to in 2021. Over 5000 women and over 1000 men applied for carer's leave in 2023, both an increase from 2021.								
Gendered segregation within the workplace	No	There still remains more women in Nursing and Allied Health leadership, as compared to other areas of the health service.								

Examples

Indicator	Confirm if progress made	Progress description	Factors							Factors discussion
			a	b	c	d	e	f	g	
Example 1: Recruitment and promotion practices in the workplace	Yes	Recruitment In our 2021 audit, women represented only 35% of new recruits in the year to 30 June 2021. In our 2023 progress audit, this rose 6% to 41%. In 2021, of the women we recruited, 17% were employed on a full-time permanent basis, 14% on a part-time permanent basis and 69% on fixed-term contracts. In 2023, 22% of women recruited were employed on a full-time permanent basis, 20% on a part-time permanent basis and 58% on fixed-term contracts. We were not able to collect non-binary or gender diverse data in 2021. Our employee and payroll systems have since been updated to collect improved gender-diverse data. This has been achieved through the implementation of strategy 5.2 under our 2021 Gender Equality Action Plan (GEAP): 'Embed inclusive practices into our HR electronic systems. For example, offering a range of gender selection options'. As such, in 2023, our data showed that 2% of new recruits identified as non-binary or gender diverse. Our organisation argues that these figures, in conjunction with successful implementation of relevant GEAP strategies, contribute to progress against Indicator 5. Not only have we been able to notably increase our recruitment of women and gender diverse employees, but we have also been able to offer these new recruits more attractive contract conditions. Stable contracts will also support us to retain employees of all genders and move towards a more gender-balanced workforce in the future. Promotions Our 2021 audit showed that 25% of promotions in the 12 months to 30 June 2021 were awarded to women. These promotions occurred in the lower and middle levels of the organisation only, and not within the executive leadership team. Our 2023 progress audit showed that 30% of all promotions were awarded to women, an increase of 5%. Of these, 10% occurred in the higher levels of the organisation and were ongoing permanent roles. Our organisation historically has a very stable executive leadership team where roles tend to be longer-term contracts or ongoing positions, with few exits. We are pleased to see promotion at the higher level of our organisation into ongoing positions for women. In 2021, we were not able to collect promotion data for non-binary or gender-diverse employees. In 2023, our updated systems allowed us to collect this data. However, there were no promotions awarded to this staff cohort. We believe that a significant aspect of our success in increasing the proportion of promotions awarded to women has been our focus on improving secondment and higher duties opportunities for women and gender-diverse employees. The proportion of secondments awarded to women increased by 5% and the proportion of higher duties by 6% between our 2021 workplace gender audit and our 2023 progress audit. Data on higher duties opportunities for gender diverse and non-binary employees was not collected in 2021, therefore there is no measured change in the data. We consider these improvements, while small, to demonstrate measurable progress against the workplace gender equality indicator 'recruitment and promotion practices in the workplace'. We also believe the uptick in career development opportunities for women and resulting increase in women's share of promotions demonstrates that our strategic approach is effective. We hope to see similar improvements for gender diverse employees reflected in our 2025 data.	No	Yes	No	No	No	No	Yes	As a largely male-dominated industry we recognise we have started from a lower baseline for this indicator and there is further to go. Despite this, we have made genuine efforts to attract and recruit a more gender diverse workforce by implementing the strategies identified in our GEAP, in particular: strategy 5.2 'Embed inclusive practices into our HR electronic systems. For example, offering a range of gender selection options'. We note that we are two years into the four-year GEAP implementation period, and as such have not fully implemented all GEAP strategies. The majority of our strategies against this indicator remain in early implementation stage. We believe our genuine efforts to implement strategies against this indicator and measurable progress arising from the data, demonstrate progress against indicator 5.

Examples

Indicator	Confirm if progress made	Progress description	Factors							Factors discussion
			a	b	c	d	e	f	g	
Example 2: Sexual harassment in the workplace	No	Our 2021 Employee Experience Survey data showed that 7% of women and 4% of men who responded to the survey had experienced sexual harassment in the workplace, and of those 5% of women and 6% of men made a formal complaint. In 2023, our Employee Experience Survey data showed that 9% of women and 6% of men who responded to the survey reported having experienced sexual harassment in the workplace, an increase of 2% from 2021 for both cohorts. Of those, 9% of women and 10% of men indicated that they had made a formal complaint. Our 2023 Employee Experience Survey also indicated that women with disability were overrepresented among those who reported experiencing sexual harassment. We have initiated a review process to consider how we might address this between now and the 2025 reporting cycle. No respondents in our 2021 Employee Experience Survey identified as gender diverse. We also didn't record any formal sexual harassment complaints in our 2021 workforce reporting data from employees of self-described gender. In our 2023 employee experience survey, 2% of respondents identified as non-binary or gender diverse. Of this cohort, 10% indicated experience of sexual harassment, with 50% of this group indicating that they had made a formal complaint. We note that these figures represent an increase in anonymous self-reporting of sexual harassment. This is concerning, as anonymous reporting tends to be more accurate than formal incident reporting processes. In analysing our 2021 and 2023 audit data, we found that our workforce reporting shows minimal change in terms of outcomes for formal complaints of sexual harassment. In 2021, our audit data showed that no outcome was reached for 70% of matters where the complainant was a woman, and 50% of matters where the complainant was a man. In 2023, our progress audit showed that of the incidents of sexual harassment reported by women, no outcome was reached for 65% of matters. This figure was 40% for men. We did not collect data on gender diverse and non-binary employees in 2021, nor their experience of sexual harassment. Our 2023 progress audit showed that of the incidents of sexual harassment reported by gender diverse and non-binary employees, no outcome was reached for 67% of matters. The enduring high levels of formal complaints with no outcome across our 2021 and 2023 audit data suggests that we have work to do in effectively and efficiently resolving sexual harassment complaints. The lack of outcomes for incidents of this type may contribute to our lack of progress in reducing sexual harassment. As a result of this analysis, we are reviewing our GEAP strategies and measures to consider how we might better respond to, and therefore hopefully reduce, sexual harassment in our organisation. We consider that the anonymous nature of the Employee Experience Survey data provides an accurate representation of sexual harassment. The increased sexual harassment reported via the Employee Experience Survey data indicates 'no progress' was made by our organisation against this indicator.	No	No	No	Yes	Yes	No	No	(e) Competing priorities and 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 able to deliver comprehensive in-person bespoke staff training in relation to sexual harassment, so instead delivered a low-cost e-learning module. We also lacked the resources to comprehensively review our internal sexual harassment processes. (d) Resources As described cell D9, our resources were significantly stretched due to an increase in demand for ICU services during the covid-19 pandemic. Competing priorities reduced the resources available for internal-facing programs, such as comprehensive sexual harassment training delivery and process review. For this reason, we focussed on low-cost strategies and measures in our GEAP, including delivering a sexual harassment e-learning module, circulating internal communications campaigns and encouraging staff to undertake the Employee Experience Survey. Our communications campaign focussed on drawing attention to existing sexual harassment policies including how the organisation will respond.

Corporate Office

246 Clayton Road, Clayton

T: 03 9594 6666
E: info@monashhealth.org

www.monashhealth.org

ABN 82 142 080 338

Easy English, audio and accessible versions of this document are available on the Monash Health website at **monashhealth.org/about/publications**