Workplace Gender Equality Indicators

Table 3 - Workplace gene Required	Required	Required	Reco	mmen	ded					Recommended
						Facto	rs			
Indicator	Confirm if progress made	Progress description	а	b	С	d	е	f	g	Factors discussion
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.	relation to the workplace gender equality indicators.	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.	fa pro en	the Fa	as affe agains ed to i r disci	ected y st each referen ussion	our org indica ice the in colu	ganisa tor. Yo se fact mn L. ht of th	tion's ou are ors in	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		In 2021 women comprised 77 % of Eastern Health's workforce. 22% of women in the workforce worked full-time, 15% casually, and 63% were part-time. 60% of the women workforce were under the age of 44 years. Eastern Health's 2023 audit found that this proportion has remained fairly consistent; 75% of our workforce identify as women, 23% work full time, 18% are engaged casually, and 59% work part-time. 0.13% of our workforce either self-described their gender or preferred not to identify. The fact that this composition has not shifted significantly is reaffirms our women gendered industry. In April 2023, Eastern Health initiated the collection of intersectional data to enhance our reporting on various demographic attributes within our workforce. This practice has been implemented to date for all new employees only. During the reporting period, 284 new employees commenced at Eastern Health and 24% (68) of these new hires voluntarily completed the demographic survey form. Moving forward, plans are in place to expand the collection of intersectional data by including existing employees in 2024 with the implementation of our new Human Resources Information System (HRIS), Success Factors. This will enable employees to update their personal information anytime. A comprehensive communication plan outlining purpose and data accessibility will be implemented to support this plan, which will clearly outline the purpose behind the data collection and detail the confidentiality of this information to ensure transparency and understanding among the current workforce. This will support us to develop targeted strategies to investigate gender balance in specialist skill areas and roles and better understand potential barriers to women/all genders participating in specialised skill areas and developing strategies accordingly. Professional mix of workforce: 2021 data identified that Midwives & Nurses made up 46% of our workforce (82% women), Medical practitioners accounted for 17% (44% women), 18% were working in Allied Health pr		Yes	No	No	No	No	No	In 2023, our demographic numbers and gender representation by workforce have not moved significantly. Midwives & Nurses continue to be our largest workforce (43% of our employees, 89% women), 19% are Medical Practitioners (46% women), 9% work in Allied Health professions (86% women) and 27% are nor clinical employees (74% women). The lower representation of men in Midwives & Nurses and in Allied Health is representative of the industry more broadly, with these workforces being highly feminised. Eastern Health has committed to explore options to attract more male employees to roles in health care where thye are traditionally undererpresented. This enables a widening of the long term talent pool and an opportunity to generate a workforce profile that reflects the community and consumers. This work has in part been considred by our Employee Value Proposition program of work, which is due for delivery in April 2024.

Gender composition of governing bodies	The gender composition of the body is 50% men and 50% women and a male Chair. 20% of the members are between the age bracket of 45-54 years and 80% are between the bracket of 55 to 65+ years of age.	No	No	No	No	No	No	No	The Board is Eastern Health's governing body and the Board Directors are appointed by the Government on the recommendation of the Minister for Health.
Equal remuneration for work of equal or comparable value across all levels of the workforce, irrespective of gender	Eastern Health's new Human Resource Information System will be launched in July 2024. This system will create a single source of truth for employee data with improved reporting capability. At EH, understanding our pay gap, where they occur and engaging in like for like analysis critical to create targeted actions and initiatives to address pay inequity - particularly given women are currently under-represented in leadership roles relative to their workforce composition. Based on mean total remuneration packages: EH Gender Pay gap is 36%. The data indicates that our gap is driven principally by gender disparity in remuneration leadership levels, especially 2 levels below the CEO. We identified in our Gender Equity Action plan that we will undertake a more comprehensive and targeted gap review and analysis in 2024. The implementation of a new HR system will enable better reporting and analysis by level and will inform the pay gap review. Like for like analysis will enable targeted strategies developed to work towards addressing any pay gaps identified.		No	No	No	Yes	No	No	Eastern Health has identified the need to investigate pay equity, identify root causes and barriers to pay equity and submit a issues paper for the Executive Committee and Board. Eastern Health is on track to deliver this key action in 2024.
Sexual harassment in the workplace	For the purpose of this progress report, Eastern Health has included formal Sexual Harassment complaints submitted to the Human Resources team. Reports from the Victorian Health Incident Management System (VIHMS) have been excluded as they are primarily incident reports and have not amounted in investigation or determination. Data from VIHMS can be provided on request. Eastern Health's People Matter Survey (PMS) results highlight our employees feeling safer in challenging inappropriate behaviour at work, with 67% responding favourably to this question (an increase of 7% from our score in 2021). There has not been an increase in actual cases of those experiencing Sexual Harassment based on PMS data comparison between 2021 and 2023. Of the 7% of respondents who experienced sexual harassment, 8% were Women, 5% were men and 4% identified as being non-binary. However, we only received 2 formal complaints via the HR team.	No	No	No	No	No	No	No	With our commitment in our GEAP and the Respect@Work legislation in effect, we understand there is a need to educate our employees on positive duty of addressing inappropriate behaviours. We are exploring education options for staff members in identifying, reporting and addressing sexual harassment incidents. A detailed plan will be developed to roll-out the education and awareness programme, and rolled-out based on funding approval. To facilitate better reporting of incidents of sexual harassment, Eastern Health has separated the "Sexual Harassment Guideline", previously embedded under the Workplace Bullying Prevention and Management Guidelines. This has allowed for easy access and understanding of what Sexual Harassment is or is not and how to report it. It elevates the serious nature of sexual harassment and the zero tolerance to it that exists at Eastern Health.

Recruitment and promotion practices in the workplace	No	Eastern Health recently launched its Aboriginal Workforce Plan, with a commitment to increase its Aboriginal and Torres Strait Islander workforce to 110 by December 2025. In 2021, 14 employees identified as being Aboriginal or Torres Strait Islander, and in 2023, have 23 employees identify. 74% of Aboriginal and Torres Strait Islander staff identify as women. This is an increase of 64%. To reinforce Eastern Health's commitment to our Aboriginal and Torres Strait Islander workforce being in parity with the Australian workforce, and our commitment to Closing the Health Gap, Eastern Health has recruited an Aboriginal Workforce Employment Lead to drive recruitment, retention and development of our Aboriginal and Torres Strait Islander workforce. It is evident this appointment has supported and enabled this increase. Eastern Health sponsored 9% (1179) of its workforce of which 73% (861) women & 27% (317) men in their career development journey, with 4 Women sponsored to attend targeted leadership programmes for Women aimed at different levels. In 2024, we are looking at developing a competency and leadership framework to assist in mapping our internal talent and developing bespoke programmes to improve our capabilities, with plans to sponsor 27 potential women leaders.	No	To attract a more diverse workforce, EH is developing its "Employee Value Proposition" (EVP) as an attraction tool. Along with the EH's EVP specific EVPs are being developed, targeting the Aboriginal Workforce and attracting a more gender diverse workforce within the Midwifery & Nursing profession.						
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	Our dedicated Family Violence team have undertaken a huge campaign to create awareness for employees being able to identify domestic violence and shared resources on how best to support those impacted by FV. There were no men who accessed FV leave during the reporting period, in comparison to the previous years. The data eludes to the fact that employees are still apprehensive in taking leave identified as FV. There is probably still a concern about confidentiality of information and stigma attached to taking FV leave. Every year EH leads an awareness and information campaign during the 16 days of Activism. Win 2023, we invited speakers like Angela Barker, OAM, to share their journey with the community, organises a EH "Respect Walk" where we invited local council and local organisations that support Eastern Metropolitan area in supporting different aspects of Family Violence. Carers leave data – 3231 employees accessed carer's leave, of which 81% were women and 19% were men. (2618 W + 613 M) With regards accessing flexible work arrangements, EH encourages employees to have a conversation with their supervisors directly to discuss any informal work arrangements. Hence we don't capture data on a number of flexible work possibilities. Our PMS data is reflective of this guidance, where it shows: • 28% of our respondents have accessed Shift swap • 6% have accessed working more hours over fewer days								As one of the GEAP actions, Eastern Health has explored options of an independent model of encouraging reporting of sexual harassment. Eastern Health is currently finalising the agreement with a provider to implement the service. With the implementation of a more robust HR System, EH will better capture and track our employee's promotions and secondment journey against the career development opportunities offered, linking it to the competency and leadership framework.
Gendered segregation within the workplace		The health industry is a heavily gendered workforce, as evidenced by the fact that 75% of women make-up our entire workforce. However, we are approaching parity when recruiting and retaining medical professionals; Women medical workforce – 46% and Men workforce – 54%.	No	Emphasis and effort in developing women into leadership roles will remain a focus through the life of our GEAP.						