The Royal Children's Hospital Gender Equality Action Plan 2022 – 2025

December 2021

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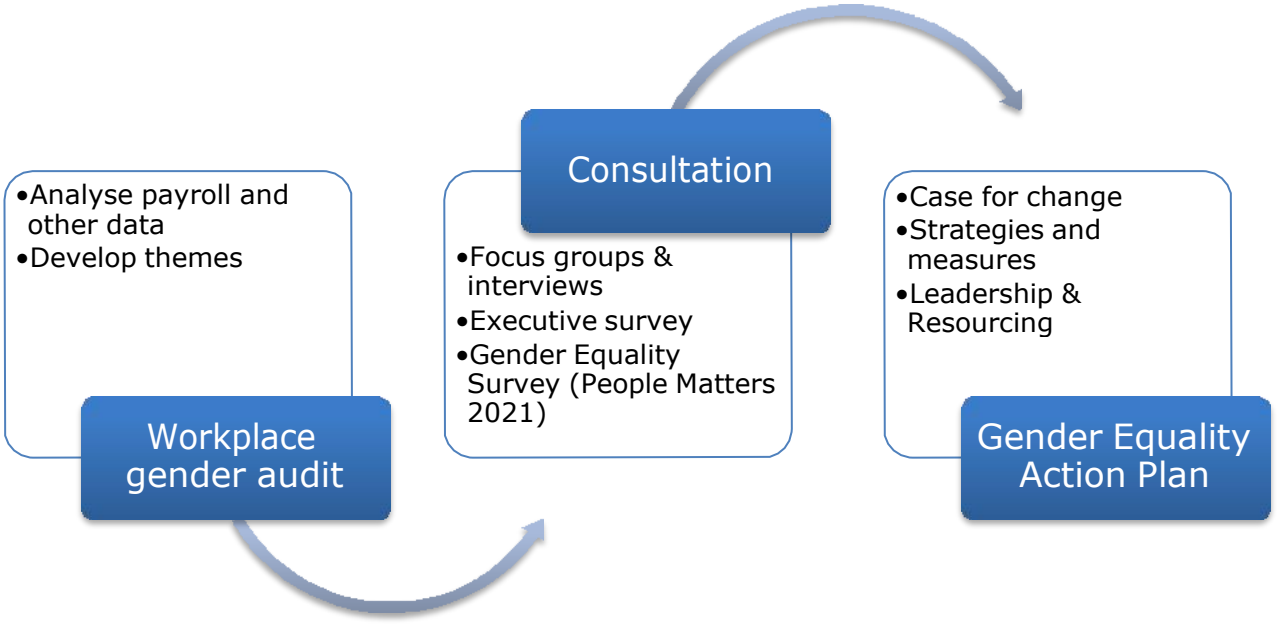
Background

The Royal Children's Hospital is committed to building a workplace that promotes diversity, equity and inclusion. We believe that diversity is integral to our mission—to help children and families receive Great Care, and to be a health service that attracts, engages and retains exceptional people. We believe in the inherent strength of a diverse and inclusive workforce where all employees are treated fairly, diverse opinions are valued, and where concerns about discrimination are responded to seriously and thoughtfully. The strength of this commitment is recognised in our Compact where we acknowledge the need to respect each and every person we work with.

As part of that commitment, the organisation has participated in the compliance reporting required under the Victorian Gender Equality Act (2020). Over the last 12 months, as part of those requirements, the RCH has conducted a workplace gender audit, and engaged in meaningful consultation with staff to produce this Gender Equality Action Plan (GEAP). The GEAP includes summary results from these two activities which informed our strategies and measures for change, supported by a case for change and a leadership and resourcing plan.



About the RCH and its Culture

The RCH Board's commitment to staff is demonstrated by the existence of a dedicated Board sub-committee for employee matters. The Workplace Culture Review Committee of the Board meets quarterly and as well as director membership it includes staff representatives which allow staff access to their Board and directors to hear the voices of our staff.

Our Compact

At the RCH, we are committed to creating a culture that delivers great care, with no harm to our patients and provides respect to each other and all patients and families. We recognise that to achieve this, we must first care for each other.

In 2017 a committee of 30 interdisciplinary employees facilitated 160 focus groups with more than 2,500 staff. The feedback gathered provided insight into what

mattered most to our people and how we could create a safe and positive workplace culture This resulted in the development of 10 behavioural pledges, which we refer to as Our Compact.

Our Compact was formally launched in January 2018.

The very core of our Compact is respect for one another. Every pledge demonstrates that underlying principle and helps us to build a workplace where every person can feel safe to be themselves, reach their full potential, and make their best contribution to the delivery of Great Care.

There is a specific pledge that reminds us to be inclusive and to value the diversity around us. In better practising this pledge, the RCH will more effectively deliver its services in a culturally safe environment, built upon an understanding of each community member's diverse needs, and where we can appreciate health issues from a range of perspectives.

Our Employee Engagement

The RCH participates in the People Matter Survey every year. In 2021, over half of all RCH team members participated, with 2,547 people taking part (52%). This is well above the average response for tertiary or quaternary health services (being 28% in 2021).

In this year's People Matter results, the RCH's employee engagement increased from last year (+1 to 77%). This is 7% higher than the health sector average.

RCH has a robust process to distribute and debrief results to Divisions and Teams to ensure that local focus groups and action planning occurs.

In addition to the People Matter Survey, we currently conduct a quarterly pulse survey with our staff. Originally, this commenced as a monthly survey in May 2020 to ensure we were supporting staff and responding to their needs during the COVID -19 pandemic. The regular feedback has been valued so much that the survey was continued on a quarterly basis from 2021 onwards.

Diversity, Equity and Inclusion Action Plan

The Royal Children's Hospital's (the RCH) Workplace Diversity, Equity and Inclusion Action Plan 2020-22 (the Action Plan) has been developed with a focus on building a workplace culture where diversity and difference is valued; where all team members feel included, and a sense of belonging is felt by all, regardless of their background, religion, age, caring responsibilities, heritage, gender, culture, or any other attribute protected by law.

The Plan contains actions in the following diversity domains:

- Gender Diversity
- Cultural Diversity
- Disability

- Aboriginal and Torres Strait Islander
- LGBTQI+ actions

The RCH's Diversity Program is managed by a staff Reference Group who are empowered to guide shape and contribute to the delivery of the work.

Significant Strategic Plan initiatives for our people

Leadership Development Strategy

During 2020/21, the RCH Leadership Development Strategy has been created in line with the Hospital's Strategic Plan. This will build and grow leadership capability to ensure all team members are supported by skilled and understanding leadership. The Leadership Academy is underpinned by an organisational approach to building capability, based in best practice principles, and provides for a comprehensive series of programs for leaders across all levels of the Royal Children's Hospital.

Compact workshops

Building capability to proactively role model and address unhelpful or insensitive behaviours is a key objective of the Compact program of work. There is a comprehensive development program for both leaders and teams currently being rolled out to support this. As of late 2021, 263 managers have participated in the Compact Leader workshops. 2022 sees the commencement of intensive Compact Team workshops for 900 staff, alongside further leader workshops.

2021-2023 Staff Mental Health Strategy

During 2020, our staff reports of unhealthy levels of stress associated with the pandemic increased the need for an integrated organisational approach to staff mental health. In March 2021, The RCH launched the 2021-2023 Staff Mental Health Strategy.

This three-year Strategy of new programs was the culmination of research as well as contributions from across the hospital. Its goal is that all RCH staff experience their best possible health, including mental health. It builds upon the wide range of health and wellbeing supports currently available to staff at the RCH and is designed to promote an accepting culture towards mental health and reduce psychological harm. Based on the Beyond Blue model, the Strategy focusses on three pillars - Promote, Prevent and Support.

This GEAP work

The introduction of the Gender Equality Act and its attendant expectations on public sector entities has provided an exciting opportunity for RCH to reflect on and strengthen its support for our diverse staff. A program of work with pleasingly clear and aligned themes has emerged from the consultation phase. The GEAP will represent a robust body of work, informed by evidence, which will further enhance our already positive workplace culture and strengthen our commitment to "Positive Experience" and a "Safe Place" for our staff. Further, diversity in the workplace brings strength to our capability, our patient care and our staff experience of belonging, respect and equity.

Section 1: Results of the workplace gender audit

The Workplace Gender Audit for RCH was undertaken in two parts:

1. Completion of the CGEPS gender audit worksheets (CGEPS worksheets) for uploading through the CGEPS portal
2. Supplemental analysis of the workforce data to produce more nuanced results specific to the RCH structure.

The Workplace Gender Audit is structured around seven Gender Equality Indicators (GEIs):

1. Gender composition at all levels of the workforce
2. Gender pay equity
3. Gender composition of governing bodies
4. Workplace sexual harassment
5. Recruitment and promotion
6. Gendered work segregation
7. Leave and flexibility

This section of the GEAP summarises the results of the Workplace Gender Audit under each of these GEIs.

GEI 1: Gender composition at all levels of the workforce

Indicators 1 and 2 of the CGEPS worksheets cover gender representation across the workforce, disaggregated by Level to the CEO and employment basis. The confidential Supplemental Analysis provided the following detailed information about gender representation at RCH.

Overall

As at 30th June 2021, women comprised 79% of the total RCH workforce, 40% of the Executive, 51% of Heads of Department roles, and 55% of the Board of Directors. The average age of the workforce was 40 years (39 years for women and 42 years for men).

Women comprise the majority in all Divisions within the hospital. Only in the Corporate & Finance Division does the proportion of men approach parity at 43%.

The occupational areas that have the highest proportions of men are:

- Hospital Specialists & Medical Administrators (66% men)
- Sessional Medical Officers (42% men)
- Health & Allied Services (39% men)
- Individual Contracts (non-award senior staff – 41% men)
- Biomedical Engineers (36% men)

Fewer men are employed in specific areas such as Nursing, Social & Community Services, and Children Services (Early Learning).

Levels to the CEO

Of all men at RCH, 62% are in reporting positions that are within 1 to 3 levels of the CEO while 60% of women are in reporting positions that are between 4 and 6 levels from the CEO. This indicates the comparatively low number of men holding lesser paid occupational roles in a predominantly female organisation.

Employment basis

Most women work in part-time ongoing roles (*n* = 2,240) and the smallest number of women work in part-time fixed-term roles (*n* = 430). The majority of men work in full-time ongoing roles (*n* = 889) and the smallest number of men work in part-time fixed-term roles (*n* = 110).

Intersectional diversity

Other than age, RCH did not have the ability to collect data on intersectional diversity at the time the workplace gender audit was taking place. Part of the action planning process has been to address these data gaps and RCH expects to be able to report on intersectional diversity in the next reporting round.

People Matter Survey 2021

The People Matter Survey 2021 showed a 77% staff engagement rating and had a response rate of 52%. Of these, 75% were women and 16% were men, with 9% choosing not to disclose. These proportions align with the overall proportions of women and men at RCH.

The gender equality survey data from the 2021 People Matter Survey (PMS) is shown in Table 1. Whilst still a favourable result, the least positive culture in the organisation relates to people with disability with 66% positive responses. Staff from varied cultural backgrounds and of different sexes/genders were perceived as having the most positive culture (80% and 83% favourable responses respectively).

	% Favourable Responses		
	Women	**Men**	**Overall**
There is a positive culture within my organisation in relation to employees of different age groups	77%	83%	76%
There is a positive culture within my organisation in relation to employees of different sexes/genders	84%	90%	83%
There is a positive culture within my organisation in relation to employees who identify as LGBTIQ+	80%	82%	78%
There is a positive culture within my organisation in relation to employees from varied cultural backgrounds	82%	86%	80%
There is a positive culture within my organisation in relation to employees who are Aboriginal and Torres Strait Islanders	73%	77%	72%
There is a positive culture within my organisation in relation to employees with disability	67%	73%	66%

Table 1. People Matter Survey 2021 results: Gender Composition

GEI 2: Gender pay equity

Indicator 3 on the CGEPS worksheets provides a breakdown of gender pay equity by Level to the CEO and employment basis. The pay gaps automatically calculated in this sheet are not considered to be an accurate reflection of pay equity at RCH because they do not account for large differences between the pay schedules applied to each diverse occupational award. Eight enterprise agreements (EA) and seventeen separate pay scales determine pay rates at RCH and each level to the CEO and occupational grouping includes several of these pay scales. Calculating overall pay gaps at each level to the CEO does not accurately or meaningfully indicate pay inequality; it is instead primarily a measure of the different pay scales included in each level to the CEO/employment basis category.

When pay gaps are analysed by pay scale, the results compare staff within the same occupational stream and across comparable levels of responsibility and decision-making accountability. Each pay scale represents an award/EA, meaning that the base salaries paid should be in accordance with the EA schedules and there should be minimal fluctuation between genders. For this reason, pay scale is the most useful position from which to consider gender pay gaps at RCH.

The confidential Supplemental Analysis provides a more accurate view of pay equity at RCH, based on pay scales. From this analysis, six pay gaps of interest were identified. These pay gaps were further analysed by grade and job title and several pockets of potential pay inequity identified. These will be further analysed and addressed as part of the action plan.

CGEPS Additional Requirements

CGEPS requires pay gaps to be calculated by both mean and median salaries. The mean or average salary is the sum of all salaries paid divided by the total number of staff in a given group. This figure can be skewed by the presence of a few very high or very low salaries. The median is a different measure of central tendency which shows the middle number in a group of numbers. In this instance, the median salary represents the amount at which 50% of employees in a group earn below and 50% of employees earn above.

Pay gaps based on mean salaries at RCH are provided in Figure 1. This shows that women earn on average 33% less base and 34% less total salary than men. Gender X earn on average 22% less base and 26% less total salary than men, while those with undisclosed gender earn on average 9% less base and 11% less total salary than men. Note that these groupings do not take into account variations across pay scales.

Figure 1 Average Pay Gaps by Gender compared to Men (organisation wide)

Avge Base Salary p.a.	$101k	$150k	$117k	$136k
Pay Gap % Base Salary				
	-33%		-22%	-9%
Avge Total Salary p.a.	$115k	$174k	$129k	$155k
Pay Gap % Total Salary				
	-34%		-26%	-11%
Numbers	4,689	1,185	6	37
	Women	Men	Gender X	Undisclosed

Median salaries and pay gaps by gender are provided in Figure 2. These figures show women's median base salary is 11% less than men's and their median total salary is 14% less than men's. Those who identify as Gender X have a median base salary that is 18% more than men's and a median total salary that is 15% more than men's. Those with undisclosed gender have a median base salary that is 30% more than men's and a median total salary that is 26% more than men's.

Figure 2 Median Pay Gaps by Gender compared to Men (organisation wide)

Avge Base Salary p.a.	$90k	$101k	$120k	$131k
Pay Gap % Base Salary			18%	30%
	-11%			
Avge Total Salary p.a.	$100k	$115k	$132k	$145k
Pay Gap % Total Salary			15%	26%
	-14%			
Numbers	4,689	1,185	6	37
	Women	Men	Gender X	Undisclosed

On the surface, median gender pay gaps are more appealing than the average or mean pay gaps; however, the median also cannot account for variations across pay scales. Both measures (mean and median) should be seen only as indications that there are some gendered pay differentials in the organisation and further exploration is needed to identify those which need attention.

GEI 3: Gender composition of governing bodies

Women comprised 55% of the Board of Directors as at 30th June 2021.

GEI 4: Workplace Sexual Harassment

In the reporting period, only three official complaints were recorded by HR, two from women and one from an unknown gender. Two of the complaints were resolved with the departure of the alleged perpetrator and one was still under investigation at the time these data were provided.

People Matter Survey 2021

In the 2021 People Matter Survey, 5% of respondents (127 staff) indicated that they had experienced sexual harassment in the workplace (evenly distributed between men and women respondents). Of those who said they had experienced sexual harassment, 53% indicated the nature of the harassment involved intrusive questions about private life or comments on physical appearance and 42% indicated it involved sexually suggestive comments or jokes that made them feel offended.

The majority of those who said they experienced sexual harassment responded by 'pretending it didn't bother them' (52%), while 36% 'tried to laugh it off or forget about it' and 35% 'avoided the person'. Only 2% said they submitted a formal complaint and 2% said they told HR.

Of those who did not submit a complaint, 58% said they 'did not think it was serious enough' and 42% said they 'didn't think making a complaint would achieve anything'. A further 31% said they were concerned about negative consequences for their reputation and 19% said they were worried about negative consequences for their careers.

The data in Table 2 reflect these issues, with only 65% of respondents feeling safe to challenge inappropriate behaviour at work and 69% agreeing that RCH takes steps to eliminate these behaviours. On a positive note, 85% of respondents agreed that RCH encourages respectful workplace behaviours.

An interesting facet of the data in Table 2 is that men perceive these issues more positively than women, particularly when it comes to feeling safe to challenge behaviour at work (65% women versus 79% men agreed) and agreeing that RCH takes steps to eliminate bullying, harassment and discrimination (70% women versus 78% men agreed).

	% Favourable Responses		
	Women	**Men**	**Overall**
My organisation encourages respectful workplace behaviours	87%	89%	85%
My organisation takes steps to eliminate bullying, harassment and discrimination	70%	78%	69%
I feel safe to challenge inappropriate behaviour at work	65%	79%	65%

Table 2. People Matter Survey Results 2021: Sexual Harassment

Overall, these data indicate that a number of instances of sexual harassment are likely to go unreported. Identifying barriers to reporting was a key theme in the subsequent staff consultations and the primary reasons for reticence provided align with the results of the People Matter Survey. Measures to address these barriers are included as part of this action plan. Plans to increase reporting, manage reports of problematic behaviour, and improve data collection and retention have been discussed and developed. Details are available in Section 4: Strategies and Measures for promoting gender equality in the workplace.

GEI 5: Recruitment, promotion and exits

Recruitment

Recruitment records were examined for all applications during the reporting period. Of new candidate applications, 94% (*n* = 3,006) did not have a gender recorded. Of the remaining 204 applications, 82% were from women and 18% were from men. Due to the small percentage of total applications that have a gender recorded, further analyses were not undertaken as they would not be representative of the applicant pool.

Similarly, of 348 candidates whose status was listed as "Hired", 47% (*n* = 164) did not have a gender recorded. Of the remaining 184 hired candidates, 89% (*n* = 163) were women and 11% (*n* = 21) were men. Further analyses were not undertaken as they would not be representative of recruitment outcomes by gender.

Promotions

Due to the award structure at RCH, promotion occurs at predetermined intervals based on EA provisions (e.g., moving from Grade 1 Year 1 to Grade 1 Year 2). It is not determined by an application or approval process. For this reason, analysis of promotion data was not undertaken.

Exits

Of 1,223 exits from RCH in the reporting period, 67% (*n* = 816) were women, 0.5% (*n* = 6) were 'indeterminate' gender, 22% (*n* = 269) were men and 11% (*n* = 132) did not have a gender recorded. The highest proportion of all exits occurred in Nursing Services (25%; *n* = 302).

Of all women who exited the organisation (*n* = 816), the highest proportions were from:

- Nursing Services (32%)
- Critical Care (15%)
- Medicine (13%)
- Operations (12%)
- Surgery (12%)

Of all men who exited the organisation (*n* = 269), the highest proportions were from:

- Surgery (34%)
- Critical Care (17%)
- Medicine (13%)
- Nursing Services (13%)

Of all staff listed as 'indeterminate' gender who exited the organisation (*n* = 6), 67% were from Surgery and 33% were from medicine.

Of all people who did not have a gender listed who exited the organisation (*n* = 132), the highest proportions were from:

- Operations (41%)
- Surgery (12%)
- Critical Care (11%)

Note that these larger numbers of exits are from Divisions which also have the largest numbers of employees.

People Matter Survey Results 2021: Recruitment and promotion

Table 3 shows recruitment and promotion results from the People Matter Survey 2021. Men have responded more positively to these questions, compared to women. The only exception was the item "Being Aboriginal and/or Torres Strait Islander is not a barrier to success in my organisation" – slightly fewer men agreed with this item than women. The largest difference was for the item, "I feel I have an equal chance at promotion in my organisation." Less than half of the female respondents (48%) agreed with this statement, compared to 60% of the men.

	% Favourable Responses		
	Women	Men	rall
My organisation makes fair recruitment and promotion decisions, based on merit	60%	68%	59%
I feel I have an equal chance at promotion in my organisation	48%	60%	47%
Gender is not a barrier to success in my organisation	80%	86%	79%
Being Aboriginal and/or Torres Strait Islander is not a barrier to success in my organisation	68%	67%	66%
Cultural background is not a barrier to success in my organisation	76%	79%	74%
Sexual orientation is not a barrier to success in my organisation	82%	84%	80%
Disability is not a barrier to success in my organisation	64%	68%	63%
Age is not a barrier to success in my organisation	74%	79%	72%

Table 3. People Matter Survey Results 2021: Recruitment and Promotion

GEI 6: Gendered work segregation

Table 4 shows the gender composition of each major ANZSCO group represented at RCH. Percentages are gender within group. It shows that the majority of the workforce fall into the Professionals category and that women comprise 80% of this group. Men predominate only in the Labourers group (51% men) and the Machinery Operators and Drivers group (92% men), although the numbers in these two groups are quite small. Women comprise the majority of all other groups.

ANZSCO Major Group	Women		Gender X		Men		Not disclosed	
	No.	%	No.	%	No.	%	No.	%
Clerical & Administrative Workers	479	87%	1	<0.5%	71	13%		
Community & Personal Services Workers	315	82%			67	18%		
Labourers	64	49%			67	51%		
Machinery Operators & Drivers	1	8%			11	92%		
Managers	107	60%			70	40%		
Professionals	3,436	80%	18	<0.5%	778	18%	37	1%
Technicians & Trades Workers	287	70%			121	30%		

Table 4. Gendered work segregation by ANZSCO major groups

People Matter Survey 2021 Results: Gendered Segregation

Results from two questions relating to gendered segregation of the workforce from the People Matter Survey 2021 are shown in Table 5. Both women and men returned very favourable responses to these two questions with higher proportions of men than women agreeing with the statements.

	% Favourable Responses		
	Women	Men	Overall
My organisation uses inclusive and respectful images and language	89%	92%	87%
In my workgroup work is allocated fairly, regardless of gender	84%	86%	82%

Table 5. People Matter Survey 2021 Results: Gendered segregation

GEI 7: Leave and flexibility

Leave

Parental Leave

There were a total of 1,003 instances of parental leave during the reporting period for an average of 10 weeks each.[1]

- Of 394 primary carers on paid leave, 191 were on full pay for an average of four weeks and 203 were on half pay for an average of 10 weeks.
- Of 29 secondary carers on paid leave, 27 were on full pay for an average of one week and two were on half pay for an average of one week.
- Leave without pay was taken for an average of 13 weeks by 571 primary carers

[1] Note that employees often took more than one type of parental leave so these figures are for instances of parental leave, not number of employees taking parental leave.

and for an average of one week by nine secondary carers.

- Women comprised 99.5% of primary carers and 5% of secondary carers.
- Men comprised 0.3% of primary carers and 95% of secondary carers.
- The remainder were identified as Gender X.
- Women as primary carers took an average of 21.2 weeks' leave (both paid and unpaid)
- Men as primary carers took an average of 2.25 weeks' leave (both paid and unpaid).
- Gender X as primary carers took an average of seven weeks' leave (both paid and unpaid).

Family and domestic violence leave

A total of 29 employees took family and domestic violence (FDV) leave in the reporting period.

- Of all employees who took FDV leave in the reporting period, 90% were women, 6% were indeterminate gender and 3% were men.
- For the majority of employees who took FDV leave, there were multiple instances during the reporting period which averaged out to 15 days for women, 12 days for men and 15 days for those of indeterminate gender.

Flexibility

While not every flexible work arrangement is formalised at RCH, during the reporting period, 567 requests for flexibility were recorded and approved. The majority of these (89%) were arrangements to accommodate public health orders around COVID-19, while 2% were not related to COVID-19 and in 9% of cases, it was unknown whether the request was COVID-19 related or not.

Of all recorded flexible work arrangements, 84% (*n* = 477) were for women, 15% (*n* = 85) were for men and 1% (*n* = 4) were for other genders. This aligns reasonably closely with the gender composition of the workforce.

Types of flexibility varied and were grouped into three categories:

- Working from home (95%; n = 537)
- Reduced working hours (4%; n = 22)
- Flexible hours including roster adjustments (1%; n = 7)

There were no gender differences in the type of flexible working arrangements used.

People Matter Survey Results 2021: Leave and Flexibility

Table 6 shows the results of the 2021 People Matter Survey on questions about caring, leave and flexible work arrangements. There is a difference between women and men with more men returning favourable responses to these items than women. This is particularly evident in the last item – "Having caring responsibilities is not a barrier to success in my organisation" – where 57% of women and 73% of men agreed.

	% Favourable Responses		
	Women	**Men**	**Overall**
My organisation would support me if I needed to take family violence leave	75%	80%	73%
I have the flexibility I need to manage my work and non-work activities and responsibilities	71%	73%	71%
I am confident that if I requested a flexible work arrangement, it would be given due consideration	67%	73%	66%
My organisation supports employees with family or other caring responsibilities, regardless of gender	76%	81%	75%
Using flexible work arrangements is not a barrier to success in my organisation	55%	62%	54%
Having caring responsibilities is not a barrier to success in my organisation	57%	73%	57%

Table 6. People Matter Survey Results 2021: Leave and Flexibility

Section 2: Results of meaningful consultation and engagement

Consultation and engagement with staff were undertaken in three parts:

- A series of focus groups and interviews was conducted with staff across the Hospital
- Members of the Executive Team completed an online survey
- A discussion was held at a Board meeting and feedback provided by the Board on written reports of the Workplace Gender Audit, the Staff Consultation and Engagement; Executive survey and emerging GEAP themes.

This section details the method used and results of these consultation and engagement activities.

Overview

In all, 22 focus groups and six interviews were conducted with a range of staff across the hospital between 13th August and 13th September 2021. Members of the Executive also completed an online survey, providing feedback on suggestions derived from the focus groups and interviews. The Board was then presented with reports on these activities and responded with feedback and suggestions to be incorporated into this GEAP.

Focus groups, interviews and the Executive survey were structured around five key areas for exploration which were informed by earlier analysis of gender-disaggregated payroll data at RCH, the 2020 People Matter Survey and requirements under the Victorian Gender Equality Act (2020):

1. Gender balance
2. Intersectional diversity
3. Flexible work arrangements
4. Reporting problematic behaviour
5. Keeping gender equality, diversity and inclusion on the agenda at RCH

Method - Focus Groups and Interviews

RCH Staff participants in focus groups and interviews included the Diversity, Equity and Inclusion Reference Group, union representatives, members of the Executive Team, Aboriginal staff, members of the LGBTQIA+ community, Health and Safety Representatives, members of the Peer Support network, Operations Directors, and HR advisors – a total of 90 staff. An average of five people participated in each focus group. All sessions were conducted via Zoom and lasted for between 60 and 90 minutes.

Six staff participated in one-to-one interviews. Five were conducted via Zoom and one was conducted by phone. Each interview lasted for between 45 and 60 minutes.

Participants in focus groups and interviews were asked to discuss their experiences and perceptions of work at RCH in the five key areas and for their suggestions on actions that RCH could take to address any issues in each of the areas.

Method – Executive Survey

An online survey was administered to members of the Executive team. Invitations to participate were sent to 12 members of the executive and nine individuals (including seven women) completed the survey.

The survey comprised statements reflecting the primary actions suggested in focus groups and interviews. Statements were grouped under each of the five key themes and survey respondents were asked to rate each on two dimensions:

1. Effectiveness (How effective would an action be in addressing the issues?)
2. Difficulty (How difficult would an action be for RCH to implement?)

Participants rated each dimension on four points from not at all effective/not at all difficult to highly effective/very difficult. A 'don't know' option was also provided.

Under each primary heading, survey respondents were also asked if there was anything else they would like to say about the area and an open-ended text box was provided for these comments.

Summary of results

Qualitative comments provided through the various methods were thematically analysed according to the five primary themes. This section provides a headline summary of the key results of that analysis.

Gender balance

Challenges

Insufficient women in senior roles

1. Lack of role models, impact of parenting responsibilities and access to flexible working arrangements
2. Recruitment practices
3. Not being 'one of the boys' (e.g. established networks of staff who attended the same schools and universities)

Insufficient men in traditionally female occupations

1. Lack of men applying for roles and not enough male graduates
2. Perceptions of nursing and caring roles as being 'women's occupations'
3. Lack of male role models

Suggestions for improvement

1. Training managers and leaders about gender equality, diversity and inclusion, with annual refresher training
2. Improving recruitment practices to minimise potential bias in attracting and retaining staff (e.g., panel training, interview guides)
3. Normalising flexible working arrangements
4. Broadening engagement with universities, schools and colleges to expand the pipeline of graduates where needed

Intersectional diversity

Challenges

1. Lack of understanding about intersectional diversity
2. Limited visibility of diversity in the workforce
3. Lack of dedicated hiring practices to attract and support Aboriginal and Torres Strait Islander candidates

Suggestions for improvement

1. Increasing the numbers and visibility of people from diverse groups. This includes adapting the external image of RCH to ensure it reflects diversity among staff and patient groups, signalling a welcoming and inclusive environment for all.
2. Increasing sense of safety and community for people from diverse groups. This includes adjusting the work environment to be inclusive of gender fluid people and developing a consistent approach to celebrating diversity across the hospital.
3. Increasing numbers of Aboriginal and Torres Strait Islander staff and providing ongoing support for retention.
4. Senior leaders visibly and consistently supporting equality, diversity and inclusion, both inside the organisation and externally

Flexible working arrangements

Challenges

1. Operational requirements, Shift rostering and other systems do not accommodate flexible work
2. Inconsistent availability and application across the Hospital
3. Senior leaders are not perceived as having or role modelling flexible working arrangements

Suggestions for improvement

1. Setting clear and consistent guidelines, standards and expectations
2. Training managers in how to manage flexible work in their teams
3. Improving accessibility of flexible working arrangements across the hospital
4. Senior leaders visibly adopting flexible work options

Reporting problematic behaviour

Challenges

1. Fear of negative consequences for self, reputation and career
2. Administrative barriers to reporting including manager and HR resourcing/capability
3. Lack of knowledge about the process of reporting and its aftermath

Suggestions for improvement

1. Training managers to address issues more effectively

2. Improving safe and confidential reporting options
3. Improving HR resourcing and capability
4. Applying expected standards of behaviour consistently across the Hospital

Keeping gender equality, diversity and inclusion on the agenda at RCH

Two primary mechanisms for keeping gender equality, diversity and inclusion on the agenda at RCH were identified:

1. More visible progress on the various diversity action plans and stronger communication of diversity efforts
2. Keeping track of progress and making it an official matter of record

Section 3: Case for change

2020 brought diversity issues to the forefront of global collective consciousness. The Black Lives Matter movement had a major social impact. Discussions of sexual harassment prompted by the #MeToo movement continued to see prominent figures be identified for discriminatory behaviour and has prompted the Australian Human Rights Commission report, *Respect@Work: National Inquiry into Sexual Harassment in Australian Workplaces* and passage of the Sex Discrimination and Fair Work (Respect at Work) Amendment Act 2021.

According to a 2020 Glassdoor survey, 76% of employees and job seekers report a diverse workforce is an important factor when evaluating employers and job offers. There are significant structural shortages across the Australian health care worker market which has been significantly exacerbated by closed borders during the COVID-19 pandemic. For RCH to compete for talent in this market, our Employee Value Proposition will only be enhanced by strong actions to attract and support a diverse workforce.

A 2021 McKinsey & Company report, *Diversity wins: How inclusion matters,* once again confirms that organisations that do well on diversity, equality and inclusion also outperform their industry peers. The Diversity Council Australia (DCA) in 2020 found that inclusion at work improves employee satisfaction, success and security, with reduced intention to leave their employer.[2] In their Inclusion@Work report in 2020, DCA found that 78% of the Australian workers surveyed support employers taking action to create a diverse and inclusive workplace.[3]

To improve diversity and inclusion, McKinsey recommends organisations focus on actions that provide real evidence to employees that equality and fairness of opportunity are high priorities in their workplaces, while using 'the numbers' as measures of current state and progress.[4] McKinsey provide a roadmap of five 'bold actions' designed to strengthen inclusion and diversity:

1. Increase diversity representation and ensure this extends into leadership and other critical roles
2. Ensure leaders are accountable for delivering on their inclusion and diversity objectives
3. Ensure that equality of opportunity is enabled through fairness and transparency
4. Address bias and discrimination by promoting openness
5. Support multivariate diversity by fostering belonging

These five actions are reflected in the strategies and measures detailed in Section 4 of this report.

[2] https://www.dca.org.au/di-planning/business-case-di
[3] https://www.dca.org.au/research/project/inclusionwork-index-2019-2020
[4] https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-wins-how-inclusion-matters

Section overview

This section of the GEAP combines the results of the workplace gender audit and staff consultation and engagement activities into four strategic pillars under which actions for change are grouped. This Case for Change prepares the ground for Section 4, "Strategies and Measures" which forms the action plan part of this report. The four strategic pillars are:

1. Data, policies, guidelines and work standards
2. Training
3. Recruitment
4. Working conditions

The case for change in each of these strategic areas is detailed below.

Data, policies, guidelines and work standards

Data

Completing the Workplace Gender Audit has highlighted a number of data issues that need to be addressed. As compliance reporting to CGEPS is now a legislated requirement, there is a need to remediate these issues so that future reporting can be undertaken effectively and with efficient use of resources and time.

In addition to the regulatory requirements, collecting and maintaining accurate and consistent data will also provide opportunities for RCH to track and report on change in key metrics and become aware of potential issues before they become entrenched.

Policies, guidelines and work standards

RCH has an existing suite of four key instruments that provide policy direction related to diversity and inclusion (see Appendix):

1. Our Compact
2. Diversity, Equity and Inclusion Action Plan 2021 – 2024
3. Code of conduct
4. Safe and Positive Workplace Behaviours Procedure

For the purposes of this report, these four instruments will be collectively referred to as the "Workplace Standards and Protocols". The Workplace Standards and Protocols focus on the clear and important organisational values and expected behaviours that serve to frame the broader context of working at RCH.

In a workforce of almost 6,000 people from a variety of backgrounds, there will be an equally varied mosaic of strongly held personal attitudes and values. Those attitudes and values will be products of individual life experiences both past and present and will not readily be changed to fit with workplace expectations. Whilst unconscious bias training programs can make some contribution to creating awareness and conversations (and is particularly useful for selection panel training), they have been found to have limited effect in creating lasting change in employee attitudes towards diversity, equality and inclusion, and the shorter the program, the less effect it is likely

to have.[5]

Strategies that have been shown to work more effectively in reducing biased decision-making focus on providing guidance using objective criteria and behavioural standards.[6] Working towards greater reinforcement of behavioural standards that align with RCH values and which are consistently applied across all areas of the hospital may be an effective means of ensuring that all staff support equality, diversity and inclusion when they are at work.

Maintaining impetus in improving equality, diversity and inclusion also requires continued attention and prioritisation from senior leaders.

Training

Training staff and managers to respond to specific situations is an effective means of improving outcomes. In particular, training is indicated to assist managers to respond to reports of inappropriate behaviour; to minimise the impact of bias in recruitment decisions; and to assist managers to lead teams of flexible workers.

Responding to reports of inappropriate behaviour

Participants in staff consultations commented that often staff in clinical fields are promoted to management roles without sufficient people management/leadership training. This was raised as a core issue when managers are confronted with complaints of problematic behaviour in their teams. Training managers to respond to these issues appropriately would serve to defuse situations before they escalate as well as helping staff to feel safer in speaking up. This is flagged for inclusion in the new RCH Leadership Academy.

Minimising bias in recruitment

Training HR Advisers and hiring managers/selection panels to minimise bias in recruitment would help to reduce the potential for bias in recruitment decisions. This training may be most effective if it focuses on setting clear and objective criteria for recruitment decision-making.

Managing flexible workers

The third area of training identified in staff consultations is in managing flexible working arrangements in teams. Managing hospital demand and rostering within the parameters of enterprise agreements will always present some operational limitations but there is a perception that individual managers' comfort levels with managing team members working flexibly can have a negative impact on accessibility of flexible work. For this reason, supporting managers to better understand how to manage flexibility in their teams will help to improve the uptake of flexible working arrangements across the Hospital.

[5] https://theconversation.com/why-short-unconscious-bias-programs-arent-enough-to-end-racial-harassment-and-discrimination-95422;
https://pubmed.ncbi.nlm.nih.gov/25314368/
https://theconversation.com/training-wont-end-discrimination-we-have-to-hold-people-responsible-101035
[6] https://pubmed.ncbi.nlm.nih.gov/15943674/

Recruitment

Forbes Human Resources Council (2021)[7] suggests four steps to successfully recruiting for diversity. Each of these steps is covered in the Strategies and Measures section of this report:

1. Improve candidate sourcing
2. Dismantle bias in your recruiting process
3. Create an objective assessment of candidates
4. Promote an inclusive employer brand

A primary issue highlighted in the workplace gender audit is the small proportion of men working in traditionally female occupations in RCH. While there are many reasons for this, prime among them is the perception of caring work as 'female occupations'. At the other end of this spectrum are women who aspire to more senior roles but are hampered in their attempts to achieve their goals by parenting responsibilities or their lack of connection to informal networks where sponsorship and mentoring opportunities might be found.

In working towards improving gender balance and intersectional diversity in the workforce at RCH, there is a need to recognise that deeply embedded social norms that situate caring work as 'women's work' will not change quickly or easily.[8] One impact of these social norms is that people may be appointed to roles because their gender (or culture, language, age, or education history) makes them seem a more comfortable 'fit' than an equally suitable candidate with a different set of personal characteristics. Another impact is that social stigma can be attached to people who work in occupations that are inconsistent with their gender stereotypes (e.g., women in engineering; men in nursing).

Conventional wisdom on improving recruitment processes to be more diversity-friendly suggests that recruitment should occur over a longer period to enable access to different pools of talent (e.g., approaching people in different or unusual networks).[9] As a large hospital providing care to thousands of children and families in Victoria, in many instances, RCH will often not have time to find diverse candidates to fill vacancies in caring roles that are urgently needed. RCH can, however, take steps to find diverse pipelines of available candidates over time.

Successful recruitment of diverse candidates can be impacted by the public image of an organisation. In staff consultations, repeated comments were made about insufficient diversity showcased on the RCH website and in other public imagery and communications. Falling under the Forbes' step of promoting an inclusive employer brand, an action that RCH can take is to continue to improve reflection of diversity in our public image on media and communications platforms.

RCH is committed to an Action to commence more affirmative hiring practices for Aboriginal and Torres Strait islander candidates, so they are identified early in the hiring process and supported throughout including having an Aboriginal staff member on recruitment panels involving these candidates.

[7] https://www.forbes.com/sites/forbeshumanresourcescouncil/2021/09/20/recruiting-for-diversity-four-steps-to-success/?sh=7b0732ab7fe5
[8] https://theconversation.com/caring-or-killing-harmful-gender-stereotypes-kick-in-early-and-may-be-keeping-girls-away-from-stem-169742
[9] https://www.forbes.com/sites/forbeshumanresourcescouncil/2021/09/20/recruiting-for-diversity-four-steps-to-success/?sh=7b0732ab7fe5

Working conditions

There are three specific working conditions that RCH could focus on improving: accessibility of flexible work for all staff, gender pay equity, and psychological safety.

Flexible work

Providing flexible work (as far as possible) that is employee-centred has long been understood to be a cornerstone of effective diversity and inclusion.[10] Access to flexible work has been associated with higher employee engagement and productivity while delivering a boost to employee well-being and happiness.[11]

Results of the staff consultations indicate that accessibility to flexible work is inconsistent in different areas of the Hospital, and lack of flexibility can make it difficult for parents to maintain employment. Some of this is due to known operational restrictions, EA requirements, and rosters; and some of it is perceived to be due to preferences of individual managers. Training managers in how to lead flexible teams has already been discussed under "Training". Supporting those efforts with clear and consistent policies, guidelines, standards and expectations around flexible work will help to normalise flexibility at RCH.

Gender pay equity

Gender pay equity at RCH is largely controlled through the Enterprise Bargaining instruments which determine pay and incremental promotions with salary increases. Generally speaking, when organisations rely on awards/agreements for pay setting, they are less likely to develop large gender pay gaps, but it is quite common that over time, pay gaps will develop in some areas of the organisation, for a variety of reasons.[12] At RCH, there are a small number of areas where gendered pay differentials appear to be present. These will be investigated and addressed over time.

Psychological safety

It is a common experience that when an employee is subjected to bad behaviour at work, they can be silenced by a culture that prevents them from speaking up through fear of repercussions.[13] Fear of speaking up about inappropriate behaviour at work was a common theme in the staff consultations at RCH as well as People Matter Survey results. Subsequent discussions with, and feedback from, the Executive and members of the Board have indicated that improving psychological safety at work is a priority.

To improve the sense of psychological safety in reporting inappropriate behaviour, it has been suggested that reporting and resourcing options should be provided which prioritise safety and confidentiality. There is reflected in the Resource Plan initiative to create a Workplace Mediation and Support Officer role.

[10] Roderick, T. (2018) *Does this desk make my job look big?* University of Sydney Business School
[11] https://www.wgea.gov.au/flexible-work
[12] https://www.wgea.gov.au/tools/pay-equity-in-awards-and-enterprise-agreements
[13] https://theconversation.com/complicity-and-silence-around-sexual-harassment-are-common-cuomo-and-his-protectors-were-a-textbook-example-165930

Section 4: Strategies and measures for promoting gender equality in the workplace

The following are the key strategies and measures developed through the workplace gender audit and staff engagement and consultation.

Strategy 1: Data, policies, guidelines and work standards

Measure 1a: Addressing data challenges

1. Create system capability and organisational processes to collect and maintain data on all aspects of diversity, flexible working arrangements, parental leave and sexual harassment[14]
2. Regularly review and audit categories of information in the payroll system, ensuring they are accurate and consistent
3. Create centralised records that are reviewed for accuracy and consistency for recruitment, promotions, career development training, higher duties and secondments
4. Reinforce use of exit survey (and record and evaluate) to better understand why staff leave RCH

Measure 1b: Keeping gender equality, diversity and inclusion on the agenda

1. Continuing to implement the existing RCH Diversity Action Plan, Disability Action Plan, Reconciliation Action Plan and Aboriginal Cultural Safety Plan and working to increase staff awareness and understanding of their contents and intent. Stronger communication to staff of diversity efforts.
2. Track progress towards achieving the goals in this action plan and measure change over time

Strategy 2: Training

Measure 2a: Minimising bias

1. Train HR advisers, hiring managers and selection panels in how to identify and minimise potential bias in recruitment processes

Measure 2b: Managing flexible work teams

1. Provide training to managers in how to incorporate flexible work practices and effectively manage flexible teams

[14] CGEPS requires intersectional diversity data in future compliance reporting. Collection should be made on the basis that data will only be used for reporting purposes and that individual privacy will be strictly protected in all and any use of the data (i.e., not divulged to anyone outside the reporting and analytics team).

Measure 2c: Dealing with complaints about problematic behaviour

1. Train managers and leaders in how to effectively respond to complaints and manage inappropriate behaviour through the Leadership Academy
2. Train staff to better understand the difference between appropriate management actions and behaviour that constitutes bullying, harassment or discrimination

Strategy 3: Recruitment

Measure 3a: Minimise the potential for bias in recruitment decisions

1. Encouragement to hiring managers to actively seek out male candidates for RCH roles which employ a predominance of women. Potentially look further afield than the traditional pool when recruiting new staff
2. Encouragement to hiring managers to actively seek out diverse candidates for all roles

Measure 3b: Supportive Aboriginal and Torres Strait Islander Hiring practices

1. Implement more affirmative hiring practices for Aboriginal and Torres Strait islander candidates, so they are identified early in the hiring process and supported throughout, including having an Aboriginal staff member on recruitment panels involving these candidates

Measure 3c: Visibility, inclusion and community

1. Ensure that images used on the website, in public areas of the hospital, and in communications and media, are welcoming and reflect diversity of heritage, sexual orientation and family structures among staff and patients
2. Include permanent signage to indicate a welcoming and inclusive space for people from the LGBTQIA+ communities
3. Continue and improve the promotion and highly visible support for celebration and commemoration days on our Diversity Calendar
4. Strengthen the intersectional diversity networks and establish Diversity Champions forums

Strategy 4: Working Conditions

Measure 4a: Flexibility and leave

1. Publish a clear and contemporary, executive endorsed work from home and flexible work guidance
2. Providing improved part time and flexible work arrangements, including for employees returning from parental leave
3. Investigate those areas of RCH where flexibility is known to be readily accessible and well-managed and consider how the model could be used in other units

Measure 4b: Gender pay equity

1. Review the specific groups identified in the Workplace Gender Audit Supplemental Analysis (sensitive data – not for publication) as showing gendered pay differentials to determine if the pay differentials reflect a gender bias
2. Where gender bias in pay is identified, develop strategies to mitigate pay anomalies over time
3. Implement checks and processes to prevent gendered pay differences from occurring in the future

Measure 4c: Psychological safety at work

1. Appoint a Workplace Mediation and Support Officer, reporting directly to the CEO, to support psychological safety at RCH and assist staff with particularly sensitive matters or where they feel unable to engage with their manager

Section 5: Leadership and Resourcing

In order to address the issues raised in the consultation and engagement process, and underpinned by the workplace gender audit, the Commission requires relevant organisations to provide details of how they will allocate resources to creating change. In order to effectively implement this action plan, the following resourcing is recommended:

1. Appointment of a dedicated Equality, Diversity & Inclusion Lead

RCH does not currently have staff dedicated to working on equality, diversity and inclusion in the hospital. The lack of these dedicated resources is evident in the consultation responses, staff noted well-intentioned efforts but that RCH has struggling to make strong progress on its diversity activities due to inadequate resources.

It is therefore recommended that a dedicated Equity, Diversity & Inclusion Lead be recruited and situated in Organisational Development.

This position would lead:

- GEAP implementation
- Gender Impact Assessments on products and services affecting consumers
- RCH Staff Diversity, Equity and Inclusion Action Plan and its sub-plans

The position will support:

- RCH Aboriginal Cultural safety Plans (DH and SOP obligation)
- Our emerging Reconciliation Action Plan (Innovate RAP)

The initial term of the appointment will be two years. This will enable significant progress and plans to be enacted and enable an assessment of future resourcing requirements at the conclusion of that period.

2. Appointment of a Workplace Mediation and Support Officer

Reporting directly to the CEO, this resource would provide a voice giving mechanism to assist staff with particularly sensitive matters or where they feel unable to engage with their manager. This part time role will be initially appointed for 12 months to trial the uptake and success of the initiative.

Appendix 1: The RCH Compact

Appendix 2:

RCH Workforce Diversity, Equity and Inclusion Action Plan 2021 - 2024

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Overview

The Royal Children's Hospital's (the RCH) Workplace Diversity, Equity and Inclusion Action Plan 2021-24 (the Action Plan) has been developed with a focus on building a workplace culture where diversity and difference is valued; where all team members feel included, and a sense of belonging is felt by all, regardless of their background, religion, age, carer's responsibilities, heritage, gender, culture, or any other attribute protected by law.

In particular, the RCH has active programs in place for each of the following communities in our workforce; however we are committed to enabling all of our diverse team members, and will be responsive to support any inclusion, diversity and belonging needs as they arise.

Gender equality

The RCH has a predominantly female workforce and a high proportion of women in senior management roles. We should be alert to ensuring equity of leadership across all professional and craft groups.

RCH should also seek to attract male employees particularly into traditionally female dominated roles.

Our priority for this period is to respond to the implementation requirements of the Gender Equality Bill 2020.

Cultural and linguistic diversity

The RCH takes pride in its workforce from culturally and linguistically diverse backgrounds but we can do better and across the wider professional groups. This will enhance our capability to demographically relate to segments of our consumer base.

Employees with Disability

The RCH has made visible progress in increasing the representation of people with a disability in our workforce through our involvement in the Holmesglen program. There is still some work to be done in providing managers and teams with the tools to support employees with a disability and identifying existing employees who may not previously have identified as having a disability. Specific strategies are included in the RCH Disability Action Plan.

LGBTI+

Supporting our staff and helping to further build an environment of inclusivity will also help us build a sense of pride and belonging for our employees who identify as members of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex or (LGBTQI+) community within RCH.

Aboriginal and Torres Strait Islanders

The RCH acknowledges the Aboriginal and Torres Strait Islander peoples as the traditional owners of the land. It also acknowledges that Indigenous people may experience significant gaps in their employment experience. The RCH is committed to increasing Indigenous employment and creating a culturally supportive environment.

Purpose

This Action Plan supports a more diverse, equitable and inclusive workforce, to better reflect the community we serve. The strength of this commitment was recognised by participants in the development of our Compact. The very core of our Compact is respect for one another. Every pledge demonstrates that underlying principle, and helps us to build a workplace where every person can feel safe to be themselves, reach their full potential, and make their best contribution to the delivery of Great Care.

There is a specific pledge that reminds us to be inclusive and to value the diversity around us. In better practising this pledge, the RCH will more effectively deliver its services in a culturally safe environment, built upon an understanding of each community member's diverse needs, and where we can appreciate health issues from a range of perspectives.

Where we are

Governance Context

The RCH is committed to nurturing diversity in the workplace, because it brings strength to our capability, our solutions, and most importantly, our services. This is why the principles of diversity and inclusion are so important and ensconced in the governance principles the RCH adheres to. These include:

- Australian Commission's National Safety and Quality Health Service (NSQHS) Standards
- Victorian Public Service (APS) Values and Code of Conduct
- Gender Equality Act 2020 (Vic)
- Victorian Charter of Human Rights and Responsibilities
- Equal Opportunity Act 2010
- Department of Health and Human Service (DHHS) strategies, plans and charters
- RCH's own Code of Conduct, our Compact, and our Values.

Each of these entities has devised plans and strategies to bridge the gaps experienced by diverse groups of people. In each of the RCH's plans and strategies we refer to the specific governance principles from each of these organisations that underscore, support and set the standard for our own response.

The RCH Context

This Action Plan recognises not just our statutory and governance obligations, but also the need to cultivate diversity and inclusion as drivers of the RCH's 2019-21 strategy: *Great Care, Everywhere.* In that strategy, we recognise the growing diversity of the Victorian population and our need to deliver a safe place and a positive experience for all. We will do this by promoting an inclusive and collaborative culture committed to mutual respect; and providing an environment where everyone's wellbeing is paramount, including each person's cultural safety.

Creating an environment of diversity, inclusion and belonging for all RCH team members is consistent with the "Positive Experience" pillar of *Great Care, Everywhere* as well as the People and Culture Strategic Plan. This Action Plan is focused on employee experience and people initiatives and does not directly address consumer diversity and inclusion, which are more directly addressed in the following policies:

- Culturally Responsive Care Policy
- Patient and Family Centred Care Policy
- *Note: We are currently seeking clarity regarding RCH mechanisms supporting these policies (TBA).*

Notwithstanding, we recognise that creating a positive employee experience in relation to diversity, inclusion and belonging will in turn improve the experience of our consumers.

Our workforce profile

A snapshot of the RCH's workforce diversity profile as at June 2021:

Diversity at the RCH		Public Health	Victorian Public Sector	Population Benchmarks
Women in Leadership				
Colleagues who are female	76%	78%	68%	47% Victorian labour force
Leadership positions held by women	65%	xx%	xx%	xx%
Culturally & Linguistic Diversity				
Colleagues who were born overseas	20%	20%	17%	33% Victorian Labour Force
Speak languages other than English at home	17%	21%	18%	26% Victorian population
Employees with Disability				
Colleagues who have disability	2%	2.0%	2.5%	9% Victorian Labour Force
Aboriginal & Torres Strait Islander				
Colleagues who identify as Aboriginal or Torres Strait Islander	1%	1.2%	1.0%	0.8% Victorian population
LGBTQI+				
Colleagues who identify as Lesbian, Gay, bisexual, trans and gender diverse, intersex, queer or questioning	6%	3.7%	4.4%	3% Australian population

It should be noted that the RCH does not collect statistical data concerning representation of these various groups within our workforce. The data for these statistics have been sourced as follows:

- RCH data: From the confidential responses provided during the 2021 People Matter Survey which represented 52% of our workforce.
- The Public Health and Victorian Public Sector benchmark data: Retrieved from the data reported in The State of the Public Sector in Victoria 2020-21 (VPSC, 2021).
- Population Benchmarks: Retrieved from the data reported in the 2016 Census

Where we want to be

Objectives

Our workforce profile indicates that our levels of diversity are generally consistent with or, in the case of LGBTQI+, exceed levels in the broader public health system, and public sector.

Our objectives under this Action Plan focus on attracting and supporting all employees, and in particular creating a safe environment for all present and future employees regardless of what diverse group, or groups, they belong to.

What should diversity, equity and inclusion look like?

Commitment

We will show our commitment by listening and responding to each diverse group within our organisation and supporting their needs.

Living our Values and Compact

A key RCH value is Respect, and one of our pledges is *I am inclusive and I value diversity.* Respect and inclusion only come to life when they are demonstrated by behaviours that embody conscious inclusion and support psychological safety for all.

Pride

We will be proud to work for an organisation that demonstrates an active commitment to diversity, inclusion and belonging, and we will be a better health service as a result of it.

How will we get there?

Educate - Improve awareness and inclusive practices of our employees by providing more education on the needs of team members who come from diverse backgrounds, and the benefits that inclusive workplaces bring to all.

Celebrate – Celebrate significant days and events that highlight the importance of the diverse backgrounds and experiences of employees at the RCH.

Build - Attract and recruit employees from diverse backgrounds.

Commit – Demonstrate commitment through setting diversity related objectives and ensuring ongoing monitoring of the activities put in place to achieve these objectives.

Implementation Plan

- Overarching actions
- Gender Equality actions
- Cultural and Linguistic Diversity actions
- Disability actions
- Aboriginal and Torres Strait Islander actions
- LGBTQI+ actions

Overarching actions

Outcome	Action	Due	Measures	Responsible	Status
Educate					
Increase employee awareness of issues surrounding diversity.	1.1. Review, update and consolidate current policies, procedures and intranet information, and publicise appropriately.	December 2022	Materials updated and launched by December 2021	Director, Human Resources	
	1.2. Provide education in the form of eLearning and face to face training.	June 2022	Awareness training provided by 30 June 2022.	Director, Organisational Development	
	1.3. Collaborate with other health services and organisations to understand how they have successfully identified and removed or mitigated barriers.	June 2022	Raise as a topic at an Organisational Development Health Forum by June 2022.	Director, Organisational Development	
	1.4. Request volunteer representatives from each community stream to act as advisors to the Diversity and Inclusion Reference Group as required.	December 2021	Each diversity group identified has a list of advisors.	Director, Organisational Development	**Completed**
1. Celebrate					
Develop a culture that values diversity, equity and inclusion.	2.1. Celebrate the achievements/experiences of staff from diverse backgrounds.	Ongoing	At least quarterly articles in internal communications celebrating the achievements/profiles of staff from a diverse background.	Director, Organisational Development	
	2.2. Develop a calendar of events that identifies diversity related days of significance across all diversity groups.	September each year	Calendar of events finalised for 2021 onwards by September 2020.	Director, Organisational Development	**2021 Completed**
	2.3. Engage and combine with our Campus partners to celebrate diversity events.	December 2021 and annually thereafter	Advances made to Campus partners for at least one function before 31 December 2021.	Director, Organisational Development	**2021 Completed**

Outcome	Action	Timeframe	Measures	Responsible	Status
3. Build					
Build a culture that values diversity and inclusion.	3.1. Establish representative RCH employee focus groups for each diversity stream to identify and implement diversity related initiatives.	Established and met by December 2022.	Focus groups are scheduled following People Matter reports to leverage from employee feedback.	Director, Organisational Development	
Develop new policies and procedures.	3.2. Identify gaps in diversity related policies and procedures and develop new ones, where appropriate e.g. guidance on religious/ ceremonial leave; non-judgemental avenues for staff to seek support when working with a team member with a disability; flexible working requirements.	Ongoing	Gaps identified and new policies and procedures developed.	Director, Human Resources	
Increased recruitment and retention of employees from identified groups.	3.3. Continue references in recruitment advertising which support for applicants from diverse talent pools.	December 2021	Workforce data. A 1% increase in the recruitment of employees identifying as diverse by December 2022.	Director, Human Resources	**Completed**
	3.4. Through interview guides encourage recruitment panel members to more actively consider diverse candidates.	December 2022		Director, Human Resources	
Improve data and reporting.	3.5. Encourage current employees to record their diversity related personal information in myDNA.	December 2022	RCH held diversity data available to improve accuracy of monitoring and reporting.	Director, People & Culture Systems	
4. Commit					
Demonstrate commitment through tracking our progress.	4.1. Track the employee experience of diverse groups through People Matter Survey results.	Ongoing	Ensure reports for each diversity group are made available within three months' of PMS reporting available from VPSC.	Director, Organisational Development	
	4.2. Explore People Matter Survey results to identify opportunities for improvement and strategies to address gaps.	Ongoing	Qualitative diversity information is collected and used to guide ongoing improvement.	Director, Organisational Development	

Additional group specific actions

Gender

Outcome	Action	Timeframe	Measures	Responsible	Status
Build					
Improve equitable opportunities across the RCH workplace.	6.1. Build an action plan to address the Gender Equality Act requirements. Note: This will be a significant project which will include a gender audit, development of a gender equality action plan, reporting and establishment of goals for other diverse groups addressed in the legislation.	Regime commences March 2021. Initial reporting compliance due in October 2021 then annually.	All initial requirements of the Act are met by first reporting deadline of December 2021 and then reviewed annually.	Executive Director, People & Culture	**Completed**

Cultural and Linguistic Diversity

Outcome	Action	Due	Measures	Responsible	Status
Celebrate					
Develop a culture that values diversity, equity and inclusion.	7.1. Recognise our culturally diverse workforce during Cultural Diversity Week and any other CALD events specified in the calendar of events.	Annually in March	Visible celebration and recognition campaign through a range of communication channels as per calendar. Profile diverse staff in communications channels.	Executive Director, Communications	**Completed**
Build					
Cultural Awareness Training	7.2. Review current Centre for Ethnicity and Health version of cultural e-learning packages and implement fully or most likely partially based on Reference Group previous feedback.	Dec 2022	Voluntary uptake of the module/s.	Director, Organisational Development	

Disability

Outcome	Action	Due	Measures	Responsible	Status
Commit					
Deliver on the Disability Action Plan (DAP).	8.1. The RCH Disability Action Plan (DAP) is currently in place with specific actions to build a supportive environment for employees with a disability.	Ongoing	As defined in the DAP.	Director, Organisational Development	

Aboriginal and Torres Strait Islander

Outcome	Action	Due	Measures	Responsible	Status
Build					
Develop an Innovate Reconciliation Plan (RAP).	9.1. The RCH Reconciliation Action Plan (RAP) is currently being developed and will identify specific actions to build a supportive environment for employees who identify as Aboriginal and/or Torres Strait Islander.	December 2022	As defined in the RAP.	Chair, RAP Working Group	

LGBTQI+

Outcome	Action	Due	Measures	Responsible	Status
Celebrate					
Celebrate our LGBTQI+ workforce.	10.1. Participate as an organisation in a number of LGBTQI+ events including: • Midsumma Pride March • IDAHOBIT • Wear It Purple	Ongoing	Visible celebration and recognition campaign through a range of communication channels as per calendar.	Director, Organisational Development	**2021 Completed**
Build					
Build an identity safe workplace for LGBTQI+ employees.	10.2. Support the process of Rainbow Accreditation for Gatehouse, including any employee requirements.	December 2022.	Rainbow Accreditation is achieved for Gatehouse.	Director, Organisational Development	

Appendix 3:

Safe Workplace Behaviours Procedure

1. Purpose

This procedure is to ensure shared understanding and expectations of how we define safe and positive workplace behaviours. The Royal Children's Hospital is committed to the safety and wellbeing of all children and young people through the behaviour of its workforce. If safe and positive behaviours are not maintained, then it potentially compromises clinical quality and safety impacts on all aspects of RCH, including staff, patients, families, visitors, the reputation of the hospital, and most importantly, our ability to provide GREAT care.

2. Procedure statement

The behaviour of employees at the RCH is guided by the Victorian Public Sector and RCH Codes of Conduct, RCH values, and alignment with the Senior Medical Staff/Executive and RCH Compacts, on the basis that we treat others the way they wish to be treated. It is unacceptable and unlawful for a person or group of people to engage in behaviour which amounts to discrimination on the basis of personal attributes or characteristics, harassment, bullying, victimisation, vilification or occupational violence. This also includes not requesting, instructing, assisting, authorising or encouraging others to behave in ways that reflect such behaviour.

A safe and positive workplace provides education and support to assist individuals in understanding unacceptable behaviour, and the most effective way to respond. Inappropriate behaviours, such as incivility, left unresolved, may lead to more serious inappropriate behaviours in the workplace. A commitment to early intervention of such issues is critical in supporting a positive workplace culture.

A safe and positive workplace is one that observes human rights. The Australian Human Rights Commission states: *"We all have human rights. Human rights express how people should, and should not, be treated by individuals, by government, and by the community. We all want our human rights to be acknowledged by our friends, families and employers. We all have responsibilities to respect them and others. Our national human rights laws provide legal protection to people who have been treated unfairly and set standards for all of us to follow" (https://www.humanrights.gov.au/publications/our-agenda-2014-2015/what-are-human-rights (https://humanrights.gov.au/))*.

This procedure is designed to enable a workplace that:

- Is safe;
- takes an informal and early intervention approach in resolving workplace issues;
- is free from harassment, bullying, occupational violence and discrimination, vilification and victimisation;
- ensures equal opportunity and alignment with the Charter of Human Rights and Responsibilities and Public Sector employment and practice principles;
- aligns behaviour and conduct with RCH values, policies and procedures, and relevant Legislation; and
- compliments our commitment to the Senior Medical Staff/Executive and RCH Compacts for all professional craft groups in relation to personal accountability, not walking past bad behaviour, and treating others the way they wish to be treated.

3. Scope

This procedure applies to all board members, managers and employees, prospective employees, contractors, honorary employees, students, volunteers and affiliates. This procedure applies to behaviour within the workplace, on social media platforms, and at offsite and out-of-hours work-related functions.

4. Table of contents

1. Purpose
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5. Definition of Terms
6. Procedure Details, specific processes for managing concerns
7. Other Information, other relevant information relating to the resolution of workplace issues
8. References

5. Definition of terms

"Complaint" means a statement or expression that something is unsatisfactory or unacceptable complaint made by a person as identified within the scope of this procedure;

A "personal attribute, characteristic or activity "as defined by the federal and state law is;

- age
- breastfeeding
- employment activity
- disability or impairment
- industrial activity, trade union activity
- lawful sexual activity
- sexual orientation, gender identity, intersex status, marital or relationship status
- family responsibilities
- parental status or status as a carer
- physical features
- political belief or activity
- pregnancy, or potential pregnancy
- race, colour, national extraction or social origin
- religious belief or activity
- sex
- personal association with a person who is identified by reference to any of the above attributes
- an expunged homosexual conviction.

Protected disclosure/whistleblowing exists to encourage people in both private and public sector workplaces, to report serious wrongdoing in their workplace by providing protection for employees who want to 'blow the whistle'. 'Serious wrongdoing' includes:

- unlawful, corrupt or irregular use of public money or resources
- conduct that poses a serious risk to public health, safety, the environment or the maintenance of the law
- any criminal offence
- gross negligence or mismanagement by public officials.

Incivility is deviant workplace behaviour of low intensity that can include such behaviour as being rude, discourteous, impolite or violating workplace norms of behaviour, regarded as antisocial behaviour.

What is workplace bullying?

Workplace bullying is defined as repeated and unreasonable behavior, directed towards a worker or a group of workers that creates a risk to health, wellbeing and/or safety. Behavior that a reasonable person, having considered the circumstances, would see as unreasonable includes, that which victimizes, humiliates, intimidates or threatens. The intent of the behavior (either intentional or unintentional) is no excuse for workplace bullying or any behavior that is contrary to the RCH Code of Conduct or Compacts, and will not be accepted as part of an individual's defense for such actions.

Examples of bullying behavior include:

- abusive, insulting or offensive language or comments
- unjustified criticism or complaints
- repeated incivility

- deliberately excluding someone from workplace activities
- withholding information that is vital for effective work performance
- setting unreasonable time lines or constantly changing deadlines
- setting tasks that are unreasonably below or beyond a person's skill level and not adequately reflected in a position description
- denying access to information, supervision, consultation or resources to the detriment of the worker
- spreading misinformation or malicious rumors
- changing work arrangements such as rosters and leave to deliberately inconvenience a particular worker or workers.

What is not workplace bullying?

Workplace conflict is not, on its own, workplace bullying, as not all conflicts have negative health effects. However, conflict may escalate to the point where it becomes workplace bullying. Managers are equally encouraged to raise concerns regarding bullying behavior should they believe upward bullying is occurring as a result of undertaking their role and responsibility for the management of staff, such as undertaking performance management or disciplinary action for breach of the RCH Code of Conduct etc.

Reasonable management action taken in a reasonable way is not workplace bullying, such as the allocation of work and giving fair and reasonable feedback, including performance appraisal, even if unpleasant, distressing or negative.

A single incident of unreasonable behavior or incivility is not on its own workplace bullying, but it is also not acceptable and could be in breach of the RCH Code of Conduct, and may have the potential to escalate and should, therefore, not be ignored.

What is harassment?

Harassment is unwelcome comments or behavior that could reasonably be expected to offend, humiliate or intimidate another person. Harassment is unlawful when it is based on the protected attributes eg; race, age etc as articulated on page 4.

Harassment can be a repeated behavior or a single act. Harassment makes the work environment unpleasant, sometimes hostile and may affect work performance. Harassment can often be the result of behavior that is not intended to offend or harm, such as jokes or unwarranted attention. However the fact that it is unintentional does not mean that it is not unlawful.

What is sexual harassment?

Sexual harassment is unlawful and occurs when a person/s;

- Make an unwelcome sexual advance, or an unwelcome request for sexual favours, to another person or persons;
- Engages in any other unwelcome conduct of a sexual nature in relation to another person or person;
- Having regard to all the circumstances, would have anticipated that the other person would be offended, humiliated or intimidated;
- Conduct of a sexual nature may include;
    - Subjecting a person to any act of physical intimacy;
    - Making verbally or in writing, any remark or statement with sexual connotations to a person, or persons, or about a person in his or her presence;
    - Displaying, sharing or forwarding material which is sexually explicit, vulgar or otherwise offensive;
    - Making a gesture, action or comment of a sexual nature in a person's presence.

What is discrimination?

Discrimination is treating, or proposing to treat, someone unfavourably because of a personal characteristic or attribute that is protected by law.

There are two different kinds of discrimination:

Direct discrimination – this may occur if a person treats, or proposes to treat, a person with an attribute unfavourably because of that attribute. For example:

- Refusing to train an employee to work on new technology because you believe they are too old to learn new skills
- You are asked at a job interview whether you have children. When you tell the interviewer that you have four children, she makes a remark about you needing a lot of time off work if they're sick, and says you won't be suitable for the position
- You answer a job advertisement for a receptionist. You're told over the phone that because you're a man, you'd be wasting your time

- When you advise your employer that you're pregnant, you're moved to a lower-paying job out of the public view, because clients don't want to look at people in your condition
- You're not selected for a promotion at work. Your supervisor says that while he thinks you could do the job, you'll be retiring soon, so we're looking for someone who'll be here for a while

Note: Direct discrimination may also occur if you do not make or do not propose to make reasonable adjustments to accommodate a person with a disability or impairment - see the 'Disability and Reasonable Adjustment and Accommodation Procedure'.

Indirect discrimination – this may occur when an unreasonable requirement, condition or practice that purports to treat everyone the same, ends up either actually or potentially disadvantaging someone with a protected personal characteristic because of that characteristic.

- An employer has a policy of not letting any staff work part-time
  (People with children or family responsibilities could be disadvantaged)
- A public building, while fitted with lifts, has a set of six steps at the front entrance. Entry for those needing to use the lift is through the back entrance near the industrial bins (Those using a wheelchair can't get into the building from the front entrance)
- A requirement for a job is that all applicants have ten years' experience in the field. (A young person could be well qualified but is ineligible for the job) This excludes mandatory requirements established by relevant enterprise agreements
- Scheduling meetings or staff conferences/seminars at times unsuitable for people with child care responsibilities.

What is occupational violence?

Occupational Violence is a physical attack or threat of violence to an employee or group of employees that creates a risk to health and safety. It includes aggression and challenging behaviours. It can be categorised as work related (client or colleague initiated), or may be committed by a person that is not connected with the workplace (external or intrusive occupational violence) This procedure deals with Occupational violence as perpetrated by employees, contractors or volunteers (whether individually or in groups) against other employees, contractors, or volunteers. Please refer to the Occupational Violence procedure relating to the management of clinical related aggression issues.

What is victimisation?

Victimisation is subjecting, or threatening to subject someone to something detrimental because they have asserted their rights under equal opportunity law, made a complaint, helped someone else to make a complaint, or refused to do something because it would be a form of discrimination, sexual harassment or victimisation.

What is vilification?

Vilification is behaviour that incites hatred, serious contempt for, or revulsion or severe ridicule of a person or group of people because of their race or religion.

Behaviour that could be seen as vilification includes:

- Speaking about a person's race or religion in a way that could make other people hate or ridicule them;
- Publishing claims that a racial or religious group is involved in serious crimes without any proof;
- Encouraging people to hate a racial or religious group using flyers, stickers, posters, a speech or publication, or using websites or email;
- It is also against the law to give permission or help someone to vilify others

Behaviour that is not likely to be seen as vilification includes:

- Comments, jokes or other acts related to the race or religion of a person may not be seen as vilification, but they could still form the basis for a complaint of discrimination;
- Being critical of a religion or debating racial or religious ideas in a way that does not encourage others to hate racial or religious groups;
- Actions that offend people of a particular race or religion, but do not encourage others to hate, disrespect or abuse racial or religious group.

What is detrimental action?

It is an offence for a person to take, incite, or to threaten detrimental action against any person because of, or because of a substantial belief that;

- the other person or anyone else has made, or intends to make, a protected disclosure; or

- the other person or anyone else has cooperated, or intends to cooperate, with an investigation of a protected disclosure
- the other person or anyone else has lawfully given information to the office of the Ombudsman

Detrimental action includes;

- action causing injury, loss or damage;
- intimidation or harassment; and
- discrimination, disadvantage or adverse treatment in relation to a person's employment, career, profession, trade or business, including the taking of disciplinary action.

The penalties for taking or threatening to take detrimental action include fines and imprisonment for up to 2 years. Civil action may also be taken in which case compensation may be ordered.

A person who reports actual or threatened detrimental action taken in reprisal for the making of a protected disclosure or for cooperating with the investigation into a protected disclosure must be instructed to report the matter directly to the Independent Broad-based Anti-corruption Commission (IBAC). The RCH Chief Executive Officer must also be informed immediately if a report of actual or threatened detrimental action is received.

If a person suspects detrimental action may have been taken or has been threatened, they must raise their concerns with the RCH Chief Executive Officer immediately.

Any disciplinary action taken against a person who is known to have made a protected disclosure must be in accordance with the Performance Management and Disciplinary Procedure.

- **Natural Justice and Procedural Fairness** principles are designed to ensure the process around investigating an issue are unbiased, fair, reasonable, confidential and where the respondent has an opportunity to fully respond to any allegations put forward
- A **Vexatious complaint** is a claim or complaint (or a series of many), that is specifically being pursued to simply harass, annoy or cause financial cost to another person or organisation
- **Workplace Culture Reviews** may be undertaken within a department or team, on the basis of key performance indicators relating to workforce metrics (eg turnover, absenteeism, exit interview feedback etc.) which highlight areas of concern. These may include regular surveys (including people matter survey), pulse checks (short, targeted workplace survey of a group of employees), 360 degree feedback processes etc.

6. Procedure details – What can be done?

The RCH encourages all persons to raise any concerns and seek assistance if they are worried about any element that may impact a safe and positive workplace being maintained. A person who has a concern regarding behaviours may choose to work through their concerns and/issues in a number of ways. This choice will be dependent on a number of factors which may include the working environment, people involved, confidence in managing the situation, seriousness of the behaviours, safety, etc.

The RCH encourages people to attempt to manage and/or resolve issues one on one in the first instance where this is safe and reasonable to do so. However, sometimes this may not be appropriate and there are other processes that can be followed, according to the principles of confidentiality, procedural fairness, timeliness, transparency and without repercussions.

Support, guidance and advice in relation to the management of safe workplace issues that have arisen is available through;

- An employee's line manager or another manager;
- HR Partner or HR team member;
- A member of the Workplace Health and Safety Team;
- The RCH Employee Assistance Program (EAP) is a confidential counselling program and is available on a self-referral basis, free of charge to all paid employees. The EAP is available through Converge International by contacting 1300 687 327.
- Employee Representatives eg; union representatives or support person
- Peer support member

Note: Concerns raised via the VHIMS process will be managed in accordance with the Safe and Positive Workplace Behaviours Procedure.

7. Public Interest disclosures procedure

RCH supports the objectives of the Public Interests Disclosure Act 2012 (formerly Protected Disclosure Act 2012) and encourages staff to disclose known or suspected incidences of improper conduct that involve the RCH or its employees by reporting such conduct to IBAC (http://ibac.vic.gov.au).

Improper conduct is defined as corrupt conduct and/or any of the following conduct by a public officer or public body in their capacity as a public officer or public body:

- a criminal offence;
- serious professional misconduct;
- dishonest performance of public functions;
- an intentional breach or reckless breach of public trust;
- an intentional or reckless use of information or material acquired in the course of the performance of public functions;
- a substantial mismanagement of public resources;
- a substantial risk to the health or safety of one or more persons; or
- a substantial risk to the environment.

RCH will protect staff from detrimental action for having made a disclosure.

For further information please refer to the RCH Public Interest Disclosures procedure (www.rch.org.au/policy/policies/Public_Interest_Disclosures) and IBAC's Guidelines for making public interest disclosures (https://www.ibac.vic.gov.au/publications-and-resources/article/guidelines-for-making-and-handling-protected-disclosures) - [web-link also provided as follows:- https://www.ibac.vic.gov.au/publications-and-resources/article/guidelines-for-making-and-handling-protected-disclosures (https://www.ibac.vic.gov.au/publications-and-resources/article/guidelines-for-making-and-handling-protected-disclosures).]

See also Fraud, Corruption and Other Losses Prevention and Management Procedure: https://www.rch.org.au/policy/policies/fraud-corruption-and-other-losses-prevention-and-mngmnt/

Option 1 - Self management: A person who has a concern about the behaviour of another person may choose to raise the issue/s directly with that person		
When to use this approach	***Approach***	***Key considerations***
This option is best used to resolve issues and behaviours at the earliest convenience and where it is considered that this option would resolve the issue	1. The person should clearly understand and articulate what the behaviours are that are of concern and it how the behaviours make them feel 2. Seek clarification and support from their manager, HR Partner/HR Advisor to support a constructive conversation. This includes determining the wording used (script), location and time for the conversation to take place 3. The person should raise the issue/s with the other person explaining what their concerns are and requesting the behaviour to cease. 4. If the behaviour continues, a person can consider pursuing one of the options set out below.	• People choosing to self-manage their issue/s must behave appropriately and in line with the expectations of this procedure. • Keep concerns confidential apart from someone that has a justifiable need to know. See Point 7, Other Information for further information • Support is also available from the EAP
Option 2 - Informal resolution, A person who wishes to resolve concern about the behaviour of another person informally, however requires third party support in doing this		
When to use this approach	***Approach***	***Key considerations***

An informal resolution can be considered where the person would like to pursue the matter without a formal process, but does not feel comfortable approaching the other person directly. An impartial third party may be used as part of the informal resolution process and may be a Manager, Senior Manager, external party (mediator, consultant etc), or a HR Partner/HR Advisor	1. The person should clearly understand and articulate what the behaviours are that are of concern and it how the behaviours make them feel 2. Seek guidance from their manager, HR Partner/HR Advisor to determine how the informal resolution will take place e.g.; who will be involved, where etc. Informal resolution may include mediation 3. The informal resolution takes place with agreed outcomes file noted by the third party and expectations set documented for all parties 4. Should the behaviour continue, the person may consider pursuing one of the options set out below	• Anyone participating in an informal resolution must behave appropriately and in line with the expectations of this procedure • Keep issues confidential apart from someone that has a justifiable need to know. See Point 7, Other Information for further information • Support is also available from the EAP
Note: There may be circumstances where a Manager or HR Partner/HR Advisor may determine that self-management or informal resolution is not appropriate and more formal resolution/ action is required. This may occur where the behaviour identified constitutes a risk to the health and safety of any person, where the behavior is reflective of a broader issue, a repeated course of behaviour, or is unlawful. *Click here (www.rch.org.au/orgdev/managers) for link to manager toolkit*		
Option 3 - Formal resolution, When informal resolutions to issues are unsuccessful and/or the behaviour is considered serious and requires formal resolution		
When to use this approach	***Approach***	***Key considerations***

Issues leading to a formal resolution may be discovered by a manager or via a complaint. Formal resolution is used in the following circumstances; 1. Informal resolutions have not been successful 2. The alleged behaviour is serious and may be a breach of this procedure or other RCH procedures identified e.g.; Code of Conduct	1. A complaint, either verbally or in writing is made to; • their direct manager or more senior manager • Member of People and Culture including Executive Director People and Culture, Director HR, HR Partner or HR Advisor. • Chief Executive Officer 2. The complaint will need to be explained clearly, be inclusive of all relevant details, any supporting evidence or materials and name all parties involved The complaint, will be reviewed to determine the most appropriate form of formal resolution process. The options may include but are not limited to; • Formal investigation • A formal disciplinary process (which may include allegations of serious and wilful misconduct) • Mediation/Restorative action process • Notification to external party e.g.; Victoria Police 3. The steps of the formal resolution process will be communicated at the beginning of the process and will be dealt with in a timely and sensitive manner.	• Anyone participating in a formal resolution process must behave appropriately and in line with the expectations this procedure. • Keep issues confidential apart from someone that has a justifiable need to know, See Point 7, Other Information for further information • Support is also available from the EAP

Typical investigation process

If the CEO and/or the Executive Director People & Culture determine an investigation is necessary as part of the formal resolution process, the following actions will may follow;

1. A written/verbal complaint is provided to the appointed investigator to confirm/identify specific allegations;

2. The respondent/s will be provided with:

- a letter notifying them of a complaint,
- the specific allegations,
- possible outcomes to allegations if substantiated,
- requirement to maintain confidentiality,
- including process and support person
- options to respond to the allegations;

3. Employee Assistance Support Referral for both the complainant and respondent;

4. Peer support and any other external support services, i.e. Beyond Blue, LifeLine, if appropriate;

5. Interview the respondent and any witnesses to the incident/s;

6. Investigation outcome to be provided to the Executive Director People and Culture and relevant Manager as appropriate;

Outcome notified to the complainant and respondent e.g. allegations are substantiated or unsubstantiated.

Investigation outcome

A substantiated allegation of behaviour that amounts to discrimination, harassment, bullying, victimization, vilification or occupational violence may constitute misconduct or serious misconduct under the Performance Management and Disciplinary Procedure. If the behaviour is unlawful, then it will require formal reporting to the Police and/or other external authorities. Formal disciplinary action in accordance with clause 4.2.2 of the Performance Management and Disciplinary Procedure may be undertaken based on an investigation conducted in accordance with the above procedure without the need for RCH to undertake any further investigation in relation to the alleged conduct. Employees who have had allegations against them substantiated could face one or more of the following consequences:

- Reporting to external authorities and formal charges
- Provide a formal apology to the complainant or the broader workplace
- Counselling and/or conciliation/mediation
- Coaching and/or formal training
- Verbal or written warning
- Transfer or Demotion
- Dismissal

Other, specifically determined action/s following the outcome of the investigation

Note: The Executive Director People & Culture, in consultation with Legal Counsel and/or the CEO, will determine the investigation process, in each instance based upon the complaint, circumstances and information available and determine the most appropriate investigator to be assigned to the investigation, based on the required skills, experience and qualifications. Any formal investigation will be conducted in a timely manner, with consideration to witness availability etc. to ensure a conclusive outcome is achieved whilst adhering to the principles of natural justice, procedural fairness, confidentiality, without repercussions, and transparency, and comply with governing Public Sector and RCH Policies and Procedures.

Option 4 - External Resolution, When people utilise external organisations to seek advice and/or lodge a complaint

While people are encouraged to use the RCH internal complaints procedure, they have a right to seek advice from and/or lodge a complaint with external bodies such as Worksafe, Fair Work Commission, Victoria Police or a state or federal equal opportunity and discrimination body or the Victorian Ombudsman.

People are not permitted to obstruct, hinder or take any other action which may interfere with the proceedings of the above mentioned bodies or people acting on their behalf. People are required to comply with any requests for information or orders from an external body under the guidance of HR or the Legal Services department. The information provided must not be false or misleading to the independent body.

8. Other information

Appeals process

If the complainant is not satisfied with the outcome of a formal investigation, he/she may submit a written appeal to the Chair of the RCH Board. Such appeal must be filed within ten (10) business days after receipt of the decision. The Chair, or their Board nominee, will arrange such meetings with the complainant and other affected parties as deemed necessary, to review and discuss the appeal. The Chair, or Board nominee, will provide a written decision to the complainant's appeal within ten (10) business days of the appeal being filed.

Grievance and dispute resolution

The grievance and dispute resolution procedure provides an avenue for people to work through issues regarding their work environment such as changes to the environment etc. Concerns relating to behaviour within the workplace will be dealt with under this procedure.

Anonymous complaints

If you are subjected to unacceptable behaviour you have a right and obligation to report it. However, it can be difficult to investigate or intervene on the basis of anonymous complaints. To act upon this type of complaint is unfair and not in accordance with natural justice or the behaviour of the RCH Compact. Nevertheless, the receipt of anonymous complaints may lead to an investigation and/or a review given such complaints reflect a level of dysfunction and concern for a less than safe and positive workplace. It is important to understand that the RCH is committed to a culture whereby people can ultimately speak openly and solve problems together through transparency in words and actions. Employee representatives, such as unions and work colleagues can assist individuals in this process, so they are not left alone to raise an issue, if they don't feel safe to do so. The RCH therefore considers such options as key supports to maintaining the principles of open disclosure, transparency and natural justice prevailing.

Confidentiality

It is important to ensure that confidentiality around complaints and workplace issues is maintained. This includes only discussing issues with people who have a justifiable need to know such as a manager, HR, EAP or support person. This is to ensure the issue is dealt with in a sensitive manner, maintains the integrity of the investigative or resolution process, reduces the risk of the issue becoming bigger or more complex and assists in resolving the relationships of people involved.

Confidentiality is also critical during the formal investigative process to ensure the principles of natural justice and procedural fairness are maintained. People involved in formal investigations will be reminded of this during the process and failure to do so may result in the Performance Management and Disciplinary Procedure being enacted.

Information about another person cannot be requested, supplied or utilised to enable the behaviours listed in this procedure to occur eg; use the information to discriminate, bully or harass someone that is involved in a workplace complaint.

False or vexatious complaints

Any complaints made against another person in relation to this procedure which are found to be manifestly false or vexatious may result in disciplinary action taken in accordance with the Performance Management and Disciplinary Procedure.

Former Employees who raise a complaint or allegation

Former employees who come forward with a complaint or allegation of misconduct in the context of bullying or sexual harassment inter alia during their employment at the RCH, will be evaluated on a case by case basis in order to determine the best course of action, i.e. an investigation or review into historical events. The Executive Director People & Culture, in consultation with the Chief Executive, will oversight any process attached to such claims and manage the formal communication with the former employee, as appropriate.

9. References

- Age Discrimination Act 2004 (Comm.)
- Australian Human Rights Commission Act 1986 (Comm.)
- Disability Discrimination Act 1992 (Comm.)
- Equal Opportunity Act 2010 (Vic.)
- Fair Work Act 2009 (Comm.)
- Sex Discrimination Act 1984 (Comm.)
- Racial Discrimination Act 1975 (Comm.)
- Racial and Religious Tolerance Act 2001 (Vic.)
- Public Interests Disclosure Act 2012 (Vic.)
- Occupational Health and Safety Act 2004 (Vic)
- Commitment to Child Safety (http://www.rch.org.au/quality/child-safety/)

9. Related RCH Policy/Procedures

- Human Resources (www.rch.org.au/policy/policies/Human_Resources)
- RCH Code of Conduct (www.rch.org.au/policy/policies/Code_of_Conduct)
- Performance Management and Disciplinary Procedure (www.rch.org.au/policy/policies/Disciplinary_Procedure)
- Grievance & Dispute Resolution Procedure (www.rch.org.au/policy/policies/Grievance_and_Dispute_Resolution_Procedure)
- Recruitment and Selection Procedure (www.rch.org.au/policy/policies/Recruitment_and_Selection_Procedure)
- Occupational Violence Procedure (www.rch.org.au/policy/policies/Occupational_Violence)
- Social Media Procedure (www.rch.org.au/policy/policies/Social_Media)

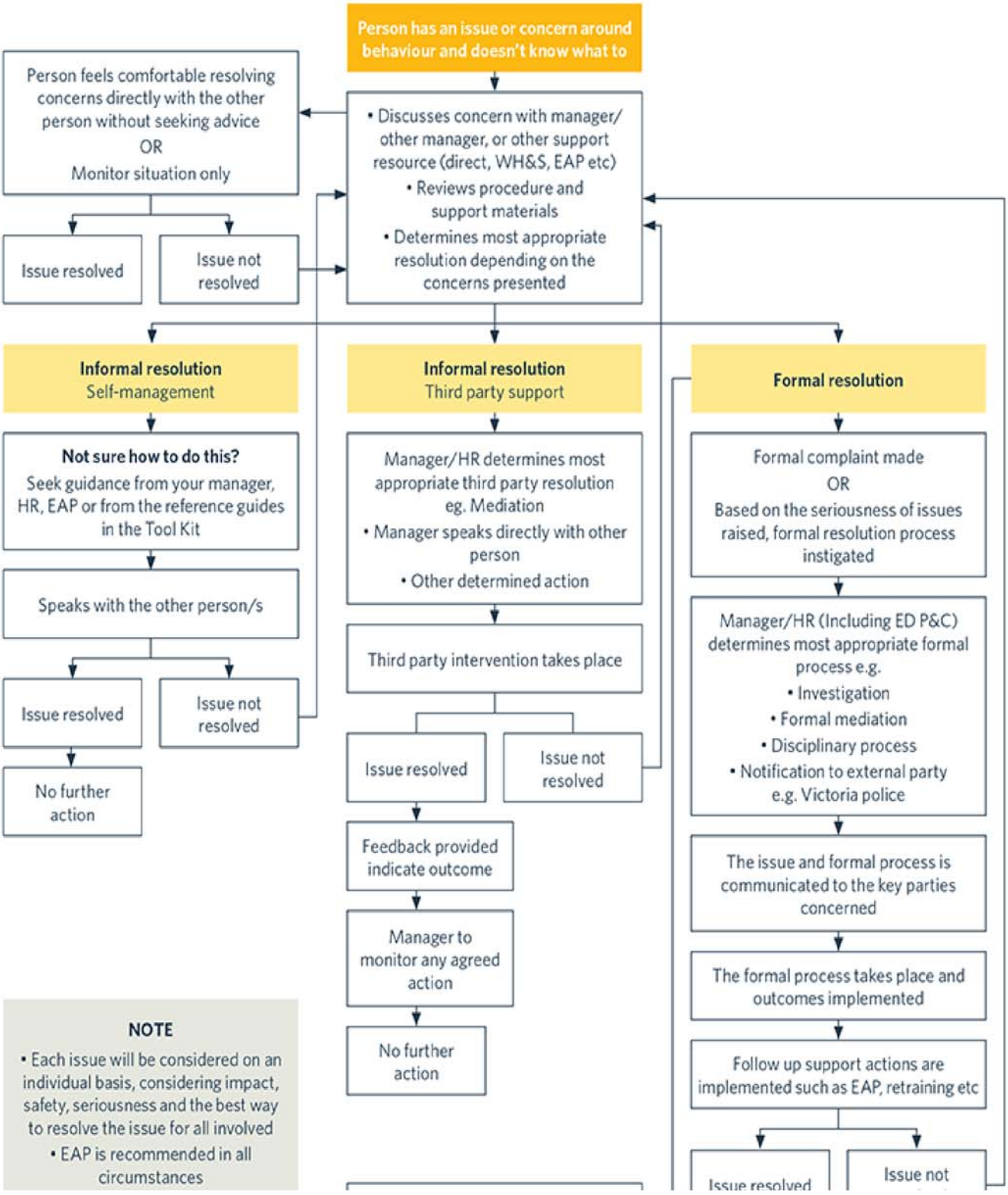
10. Contacts

- Director, Human Resources
- Director, Workplace Health and Safety
- HR Partners or HR Advisors
- Health & Wellbeing Co-ordinator
- Workplace Health and Safety Advisor
- Injury Management Co-ordinator
- Interpreter Services Support

Flow chart - Safe and Positive Workplace Behaviours - Resolution Methods - [click here (www.rch.org.au/uploadedFiles/Main/Content/policy/SPWBP Flowchart_Feb 2018.pdf) for a .pdf version]

Safe and Positive Workplace Behaviours

RESOLUTION METHODS



- The flow chart is based on the Safe and Positive Workplace Behaviours Procedure and Code of Conduct which provides additional detail
- Confidentiality is essential in all instances and applies to all parties involved, including managers and staff supporting the process

Direct external complaint

Complaint is made directly to an external agency e.g.: Protected Disclosure Complaint via IBAC, Equal Opportunity and Human Rights Commission – State/Federal, Fair Work Australia Victorian, Ombudsman, Victoria Police

resolved

Manager to monitor any agreed action

No further action

Appendix 4:

Code of conduct

As staff of the Royal Children's Hospital (RCH), we value Unity, Respect, Integrity and Excellence. The Code of Conduct sets out the way we conduct ourselves at RCH and is based on four values and our Compact, all of which inform and guide our behaviours. RCH policies and procedures, including the Code of Conduct are integral to the RCH achieving its vision of being a **'GREAT children's hospital, leading the way'.**

Our values underpin everything we do at RCH, and our Compact describes and commits us to the way we work together. At all times, we behave in a way that upholds these principles both as individuals and as representatives of the RCH.

This procedure applies to all RCH Board members, managers and employees, prospective employees, contractors, honorary employees, students, volunteers and affiliates. Our campus partners and contractors acknowledge and observe the Code.

Whilst the RCH Code of Conduct specifies the behaviours expected of employees and volunteers, it should be read in conjunction with any professional code of conduct that is relevant to the profession of the individual. Each employee or volunteer of RCH is also required to comply and abide by the Code of Conduct as published by the Public Sector Standards Commission. This can be found on the Victorian Public Sector Commission website (https://vpsc.vic.gov.au/ethics-behaviours-culture/codes-of-conduct).

Unity

We work as a team and in partnership with our communities:

- We work together to create a safety culture through our commitment to the physical and psychological wellbeing of one another and our patients and families.
- We take responsibility for fulfilling the tasks assigned to us by applying all our knowledge, skills and experience.
- We are highly customer service focused, including being helpful and responsive to our internal teams working together to deliver 'Great Care'.
- We share the workload within our teams, including stretching ourselves to achieve our goals.
- We actively contribute our ideas and initiatives, listen to others' views, consult and collaborate with one another in support and acceptance of final decisions once they are made.
- We work with our campus partners to improve services for our patients and their families and to provide opportunities for our staff.

Respect

We respect the rights of all and treat people the way they wish to be treated:

- We respect and value each other's professionalism and contribution, working with each other collaboratively to achieve the best outcomes for all.
- We are committed to diversity, inclusion, fairness and equal employment opportunities.
- We accept people's cultures and beliefs and allow them to enjoy their identity, language and history.
- We do not tolerate bullying or harassment or violence and intimidation (either verbal or physical) or unlawful discrimination.
- We are polite and respectful in all of our written and verbal communications including on social media.
- We respect our staff's right to freedom of choice and expression, consistent with this Code.

Integrity

We believe that how we work is as important as the work we do:

- We are honest, ethical and open in our dealings with each other, our patients and their families.
- We provide accurate, honest and complete information while ensuring we respect our privacy and confidentiality obligations.

- We do not knowingly make false statements, or mislead directly or by omission, in all communications.
- We respect confidentiality and do not misuse information which we learn about the RCH, our staff, patients and families during our employment. We maintain this confidentiality even after we have left the RCH.
- We work within professional and legal boundaries and maintain therapeutic professional relationships with our patients and their families.
- We use the resources, services and facilities provided to us by the RCH only for the purpose and in accordance with the terms on which they have been provided. This includes physical, financial and intellectual property.
- We perform our work impartially and refuse all offers that could be reasonably perceived as undermining the integrity and impartiality of the RCH or ourselves.
- We observe the highest standards of integrity in financial matters and comply with the requirements of relevant financial management legislation and RCH policies and procedures.
- We report any possible fraudulent behaviour or observed misconduct.

Excellence

We are committed to achieving our goals and improving outcomes:

- We share our knowledge and expertise generously to support excellence across the RCH.
- We strive to achieve the highest quality in our work.
- We aim to continuously improve all aspects of our service and evaluate our results.
- We uphold the principles of patient-focused and family-centred care in everything we do.
- We ensure our patients and their families are actively involved in decisions regarding their care and treatment.
- We acknowledge our role in the broader community and involve ourselves in activities that make a contribution.
- We consider the impact of our decisions on our patients, families, colleagues and the community.

Our Compact

Our Compact is a commitment from every one of us that it's not just what we do that matters, it is how we do it. By defining appropriate behaviour, acknowledging our personal responsibility to behave in that way, and by asking others to hold us accountable for our actions, our Compact contributes to a more respectful work environment.

The Pledges in our Compact are:

- We do better work caring for children and families when we also care for each other
- I actively promote and celebrate our diverse team
- I bring a positive attitude to work – I share, I laugh, I enjoy other's company
- I take responsibility for my behaviour and its impact on others
- I am curious and seek out ways to constantly learn and improve
- I celebrate the good stuff, the small stuff, the big stuff – it all matters
- I speak up when things aren't right
- I value the many different roles it takes to deliver great patient care
- I actively listen to others, because I want to make the best decision

Our responsibilities under the Code of Conduct:

We adhere to all the terms and conditions of our employment contract and RCH policies and procedures. Each of us as an RCH employee and volunteer has a responsibility to abide by applicable legislation, the Code of Conduct and RCH Policies and Procedures and to ensure that others who report to us or who we are working with also comply. The most relevant of these policies and procedures to our employment contracts are:

- Workplace Health, Safety and Wellbeing Policy (https://www.rch.org.au/policy/policies/Workplace-Health-Safety-and-Wellbeing/)
- Safe and Positive Workplace Behaviours Procedure (https://www.rch.org.au/policy/policies/Safe_and_Positive_Workplace_Behaviours_Procedure/)
- Culturally Responsive Care Policy (https://www.rch.org.au/policy/policies/Culturally_Responsive_Care/)
- Privacy Policy (https://www.rch.org.au/policy/policies/Privacy/)
- Social Media Procedure (https://www.rch.org.au/policy/policies/Social_Media/)

- Documentation: Medical Records Procedure (https://www.rch.org.au/policy/policies/Documentation__Medical_Records/)
- Alcohol and Drug Procedure (https://www.rch.org.au/policy/policies/Alcohol_and_Drug_Procedure/)
- Gifts, Benefits and Hospitality Procedure (https://www.rch.org.au/policy/policies/Gifts,_Benefits_and_Hospitality/)
- Conflict of Interest Policy (https://www.rch.org.au/policy/policies/Conflict_of_Interest_Policy/)
- Intellectual Property Policy (https://www.rch.org.au/policy/policies/Intellectual_Property/)
- Vulnerable Children – Reportable Conduct Procedure (https://www.rch.org.au/policy/policies/Vulnerable_children_%E2%80%93_reportable_conduct/)
- Personal Information – Confidentiality Procedure (https://www.rch.org.au/policy/policies/Personal_Information_-_Confidentiality/)
- Fraud, Corruption and Other Losses Prevention and Management Procedure (https://www.rch.org.au/policy/policies/fraud-corruption-and-other-losses-prevention-and-mngmnt/)
- Consumer Focused Care and Child Safety (https://www.rch.org.au/policy/policies/Consumer_focused_care_and_child_safety/)
- Workplace Diversity and Inclusion Policy (https://www.rch.org.au/policy/policies/Workplace_Diversity_and_Inclusion/)

Breaches

Breaches of this Code of Conduct, or of RCH policies and procedures, should be reported to your manager, team leader, or to a People and Culture representative as soon as practicable. This includes behaviour that violates any law or regulation or represents corrupt conduct, mismanagement of public resources or is a danger to public health or safety. If you are unsure whether an action is a breach of legislation, the Code of Conduct or an RCH Policy or Procedure you should raise the matter with your manager or with a People and Culture representative.

The RCH takes breaches of this Code of Conduct and other RCH policies and procedures seriously. Employees who breach this Code of Conduct may face disciplinary action up to and including termination of employment. Contractors and volunteers may also face disciplinary action, including termination or cessation of their engagement if they breach the Code. Serious breaches of this Code that amount to potential criminal conduct may also be referred to the police.