Goulburn Valley Health

2026 Gender Equality Progress Report

Reporting on gender impact assessments (GIAs)

Section 1.1 Confirming GIA exemptions

If you have not listed any GIAs, please choose one or more permitted reason:

☐ Reporting on the GIA(s) would make the progress report an exempt document. This is within the meaning of the *Freedom of Information Act 1982*.

☐ Reporting on the GIA(s) would result in a disclosure prohibited by a different Act.

☐ Reporting on the GIA(s) would reveal confidential information.

☐ Your organisation had no policies, programs or services requiring a GIA. This is under the parameters of the *Gender Equality Act 2020.*

☒ None of these apply (**go to 1.2**).

Section 1.2 Describing policies, programs and services subject to a GIA

Ref #	A: Title	B: Subject	C: Description of the policy, program or service	D: Status	E: Description of gendered impacts
1.	Human Resources Information System (HRIS) Project	Program	A new HRIS was required to replace the outgoing, discontinued, eRecruit system. SAP SuccessFactors was selected and three modules purchased including Recruitment, Onboarding and Employee Central which were implemented in 2024.	New	Our workforce, and the health sector, is female dominated. It was important that our approach in building a new recruitment and onboarding system did not reinforce out-dated stereotypes and attitudes towards jobs and different genders.
2.	Health Needs Assessment Goulburn Valley Public Health Unit	Policy	This document was written to assist in the writing of the *Improving the Health of our Communities Together Primary Care and Population Health Plan 2023-2029*. It brings together quantitative and qualitative data collection and a presentation to understand the population profile and health needs of the Goulburn Valley Public Health Unit catchment area. This report has also been developed to be used by the wider community for prioritisation of resources in particular health areas to address needs and inequities.	New	Gender shapes health needs across life stages and failure to embed it in planning can lead to inequitable care. Without gender-disaggregated data, differences in outcomes remain hidden and services are often designed around a “default” patient, limiting effectiveness. Trans and gender-diverse people may face barriers to appropriate care, including limited access to gender-affirming services. In regional areas, these gaps are often amplified, and without deliberate action, existing biases can persist.
3.	Improving the Health of our Communities Together, Primary Care and Population Health Implementation Plan, 2023-2025	Policy	The Implementation plan details the first two years of deliverables to progress the Improving the Health of Our Communities Together, Primary Care and Population Health Strategic Plan 2023-2029. This is a catchment wide, collaborative plan that aims to work in partnership with organisations and communities to improve the health and wellbeing of our people. The development and implementation of the Together, Primary Care and Population Health Strategic Plan 2023-2029 is overseen by a sub-committee of the GV Health Board.	New	Gender shapes health needs across life stages and failure to embed it in planning can lead to inequitable care. Without gender-disaggregated data, differences in outcomes remain hidden and services are often designed around a “default” patient, limiting effectiveness. Trans and gender-diverse people may face barriers to appropriate care, including limited access to gender-affirming services. In regional areas, these gaps are often amplified, and without deliberate action, existing biases can persist.

4.	Transit Lounge	Policy	The Transit Lounge assists with improving patient flow at GV Health's largest hospital by providing a place where discharging patients can be transferred while they await coordination of discharge tasks and transport.	Up for review	Gendered impacts identified included concerns about some groups feeling unsafe or unwelcome, different experiences of discharge communication, different spatial needs.
5.	Visiting Hours	Policy	Patients and staff expressed that the visiting hours of 1pm-4pm in most areas were too restrictive, and were the continuation of changed policy implemented during the Covid pandemic. Given that infection levels (and therefore community risk) have reduced and Covid vaccines are readily available, it was determined these hours were no longer meeting the needs of the community and a review was required.	Up for review	From a patient perspective, restricted published visiting hours could result in unequal access to support for patients. GV Health considers exceptions to visiting hours where there are valid reasons for visitors to be present outside of standard visiting hours. From a visitor perspective, the burden of caring and supporting someone in hospital is likely to fall on those with more flexible schedules (often women). Therefore, restricted visiting hours could contribute to reinforcing traditional gender roles.
6.	Consumer & Visitor Code of Conduct	Policy	The Consumer & Visitor Code of Conduct outlines expected behaviours of consumers and visitors and the consequences of not following. This policy sits alongside our Occupational Violence and Aggression Prevention and Management Procedure, and Occupational Health and Safety Management System, and supports us with providing a safe, respectful and collaborative environment for staff, consumers, visitors and consumer advocates.	New	Women balancing multiple responsibilities may experience heightened stress, and behaviours arising from this may be judged without appropriate context. A strict Code of Conduct may also discourage women from speaking up if they fear being seen as non-compliant. Without explicit inclusive language and protections, trans and gender-diverse people may feel less safe raising concerns and be at greater risk of misunderstanding or mis-gendering.

Section 1.3 Describing actions taken as a result of a GIA

Ref #	F: Were actions taken as a result of the GIA?	G: Describe the actions taken as a result of the GIA in order to: • Meet the needs of people of different genders; and/or • Promote gender equality; and/or • Address gender inequality. If you did not take action, write N/A here and explain why in (H).	H: If you did not take action, explain why. If you did take action, describe it in (G) and write N/A here.	I: Describe: How and why intersectionality was considered (or not)	J: Describe any actions taken specifically designed to address intersectional inequalities (compounded gender inequalities)?
1.	Yes (go to column G)	• Ensured the HRIS working group included participation of different genders. • Ensured the design of new Career webpages were visually inclusive of different genders. • Adopted inclusive language and terminology within system and for all automated emails and workflows.	N/A	• By considering our diverse community profile, particularly from an end-user perspective. The working group was helpful for bringing broad views and experiences to the table.	• Broad participation of people from different backgrounds was sought for the HRIS working group and also to provide feedback along the way. • Ensured images used for new Career webpages reflected intersectionality and represented inclusion. • Clear language adopted within system. • Plain language guides developed to assist job seekers and users. • Statements regarding GV Health's commitment to equal opportunity refreshed and more clearly communicated.
2.	Yes (go to column G)	• Extensive stakeholder consultation was undertaken to provide insightful qualitative data for use in the report. • Gender disaggregate data included wherever possible.	N/A	• By consulting with and considering different voices within the community • By including and considering a range of different population groups within the data collection and reporting.	• By including data on different groups within the population. • A commitment to consulting with a wider still, range of stakeholder groups, in the development of future reports.

3.	Yes (go to column G)	• Consultation occurred with community and organisational stakeholders to better understand needs • Commitment made to ensuring within each project, all genders are considered in the planning and delivery. • A specific gender equity project has been included in the plan to support building capability in applying a gendered lens within the community.	N/A	• By researching the needs and gaps within the health system for different population groups. • By consulting with different internal and external stakeholders.	• Consultation occurred with community and organisational stakeholders to better understand different needs. • Priority populations have been identified within the plan to address inequalities and gender gaps through diversity of deliverables. • All deliverables will have clear measures to address impact on the specific priority group it aims to impact.
4.	Yes (go to column G)	Actions have been taken to promote gender equality and better meet the needs of people of all genders through inclusive design and planning. This includes the provision of gender-neutral facilities to ensure equitable access, and the use of inclusive signage, including symbols such as the Pride flag, to create a visibly safe and welcoming environment. Consideration has also been given to incorporating space for family members and support people, recognising diverse caregiving roles and helping to ensure the needs of all patients are appropriately supported during their care experience.	N/A	• By consulting with patients and consumers and seeking feedback throughout the process. • By consulting with our workforce, including Aboriginal Liaison Officers.	Actions have been implemented to address intersectional inequalities by prioritising accessibility and inclusive design. This includes provision of accessible seating and toileting aids, access to gender-neutral facilities, and locating the lounge close to the main entrance, which has good lighting and accessible parking to support ease of access for people with diverse mobility and inclusion needs. Inclusive signage, has also been incorporated to promote a visibly safe and welcoming environment for all.
5.	Yes (go to column G)	The Visiting Hours have been extended to 8am-8pm to allow a wider timeframe for visitors to attend the hospital. The extended hours enable both daytime and afterhours visits, which allows for a wider range of people to get into the hospital (working and non-working, school-age and non-school age etc.). This enables the care to fall to a wider range of people. This enables patients to have wider access to visitors.	N/A	• Different needs of different groups within the population were considered.	It was decided the extended visiting hours policy would overall benefit all people. By increasing the hours, there may be some reduction to the need to request exceptions to limited visiting hours. Exceptions to the policy are allowed in some situations, for example, if a patient does not wish to receive visitors for various reasons they are encouraged to make their wishes known to staff who will then support them with upholding this.
6.	Yes (go to column G)	Respectful and inclusive language used that promotes fostering a safe and welcoming environment.	N/A	• By consulting with different internal and external stakeholders, including the Consumer Experience Committee, Consumer Advisory Committee. • By reviewing consumer feedback data.	Actions have been taken to address intersectional inequalities through the design and accessibility of the Code of Conduct. This includes the use of clear, easy-to-understand language, availability in accessible formats, and provision of translations in multiple languages to support diverse communities. The Code also emphasises fostering a safe and welcoming environment for all, with a focus on respectful behaviour rather than solely on punitive consequences.

Step 2: Reporting on progress against the indicators

Section 2.1 Describing progress against the workplace gender equality indicators

K: Indicator *	L: Progress data	M: Additional progress data (recommended)	N: Has progress been made?	O: Explain how the data does (or does not) demonstrate progress.
1	**Critical performance measures** **Gender composition of the duty holder organisation:** 2023: 77.7% of workforce were women 22.2% of workforce were men 0.1% of workforce were self-described 2025: 78% of workforce were women 21.8% of workforce were men 0.2% of workforce were self-described **Gender composition of part time workers in the duty holder organisation:** 2023: 69.6% of all women work part time 39.6% of all men work part time 66.7% of self-described work part time 2025: 69.6% of all women work part time 45% of all men work part time 50% of self-described work part time **Gender composition of senior leaders in the duty holder organisation:** 2023: Women - data unavailable Men - - data unavailable self-described - - data unavailable 2025: 41.7% of senior leaders were women 58.3% of senior leaders were men 0% of senior leaders were self-described		No	The gender composition data has changed little between 2023 and 2025. Women still make up 78% of the workforce, and there has been no meaningful change in the number of men or people of self-described gender identities. Whilst external factors will influence this metric, such as labour market forces as well as access to and affordability of university courses in preferred career pathways, it suggests that current recruitment, job design and workforce practices are not leading to any shift in the gender profile. Women are more likely to work part-time and be in mid to lower levels, while men are more likely to work full-time and hold senior leadership roles. The 2025 senior leadership figures are partly influenced by an outgoing executive on leave, but even when this is taken into account (45% women and 55% men), the senior leadership make up does not reflect the overall workforce composition. Overall, this data suggests persisting barriers to career progression for women, particularly at the most senior level.
2	**Critical performance measures** Gender composition of the duty holder organisation's governing body: 2023: 44.4% of Board were women 55.6% of Board were men 0% of Board were self-described	As at 1 January 2026 the Board composition is: 55.6% of Board are women 44.4% of Board are men 0% of Board are self-described	Yes	Board gender composition demonstrates progress towards gender equality. While reported data for both 2023 and 2025 shows a relatively balanced Board (44.4% women and 55.6% men), recent changes to Board membership have shifted the balance to a female-majority Board (55.6% women and 44.4% men). This change indicates positive movement away from male-dominated governance and reflects a strengthening commitment to gender equity at the highest decision-making level of the organisation. Note: the Department of Health oversees board appointments.

	2025: 44.4% of Board were women 55.6% of Board were men 0% of Board were self-described			
3	**Critical performance measures** Mean total remuneration gender pay gap by occupation group: 2023: **Women** Managers: 26.4% Professionals: 37.7% Technicians and Trades Workers: 4.3% Community and Personal Service Workers: -10.5% Clerical and Administrative Workers:11% Machinery Operators and Drivers: -3.1% Labourers: 7% All occupations: 36% **Self-described** Managers: Professionals: 50.8% Technicians and Trades Workers: Community and Personal Service Workers: -79.8% Clerical and Administrative Workers: Machinery Operators and Drivers: Labourers: All occupations: 33.9% 2025: **Women** Managers: 22% Professionals: 36.3% Technicians and Trades Workers: 9.7% Community and Personal Service Workers: 1.3% Clerical and Administrative Workers:11.4% Machinery Operators and Drivers: 4.2% Labourers: 5.8% All occupations: 34.7% **Self-described** Managers: Professionals: -5.3% Technicians and Trades Workers: Community and Personal Service Workers: 12.4% Clerical and Administrative Workers: Machinery Operators and Drivers: Labourers: All occupations: 15.8% Mean total remuneration senior leader gender pay gap: 2023: Women: data unavailable Self-described: data unavailable 2025: Women: -8.8% Self-described: data unavailable		Yes	The mean base salary gap for women narrowed from 35.3% to 32.9%, and the mean total remuneration gap decreased slightly from 36.0% to 34.7%. Gaps remain larger when measured by the mean than the median, indicating that higher-paid roles are disproportionately held by men. The largest gaps continue to be among Managers and Senior Medical Staff. This may reflect low turnover within senior roles, long held perceived or real norms and expectations about some roles, as well as external factors, such as historical gender patterns in decisions about medical specialities, and lengthy training pipelines. While a negative mean gap for women in senior leadership (-8.8%) is a positive shift, cohort size is small. Overall, the data suggests incremental improvement, with structural factors continuing to influence pay equality.

	Supplementary measures Mean base salary pay gap: 2023: Women: 35.3% Self-described: 33% 2025: Women: 32.9% Self-described: 23.4% Median total remuneration pay gap: 2023: Women: 10.8% Self-described: 6.7% 2025: Women: 10.8% Self-described: 34.3% Median base salary pay gap: 2023: Women: 10.8% Self-described: 6.7% 2025: Women: 9.5% Self-described: 33.9%			
4	**Critical performance measures** Anonymous experience rate of sexual harassment: 2023: Women: 6.8% indicated they had experienced sexual harassment Men: 7.3% indicated they had experienced sexual harassment Self-described: data unavailable 2025: Women: 6.5% indicated they had experienced sexual harassment Men: data unavailable Self-described: data unavailable Number of formal reports of sexual harassment: 2023: Women: data unavailable Men: 1 formal report Self-described: data unavailable 2025: Women: 4 formal reports Men: 1 formal report Self-described: data unavailable		No	The audit data indicates limited progress between 2023 and 2025. Rates of sexual harassment reported through the People Matter Survey remained largely unchanged (6.8% to 6.5%) for women, suggesting no meaningful reduction between 2024 to 2025. While the number of formal complaints increased from one to five over the period, and women reported greater use of formal reporting pathways in 2025, a substantial gap remains between survey-reported experiences and actual formal complaints received. The reasons cited for not formally reporting indicate ongoing barriers and/or understanding of the process, including perceptions that reporting would not make a difference and concerns about negative consequences. Overall, the data suggests some improvement in reporting behaviour, but as detailed in our People Matter Survey results, persistent cultural and trust-related barriers remain.

	Supplementary measures Participants who said they reported sexual harassment: 2023: Women: data unavailable Men: data unavailable Self-described: data unavailable 2025: Women: 4.3% of respondents said they reported it. Men: data unavailable Self-described: data unavailable Reasons for not making a formal sexual harassment complaint: 2023: Women: data unavailable Men: data unavailable Self-described: data unavailable 2025: Women: I didn't know how to make a complaint: 9.1% I didn't know who to talk to: 4.5% I didn't think it was serious enough: 59.1% I was advised not to: 4.5% I believed there would be negative consequences for my career: 4.5% I believed there would be negative consequences for my reputation: 22.7% I believed there would be negative consequences for the person I was going to complain about: 9.1% I didn't feel safe to report the incident: 0% I didn't think it would make a difference: 59.1% I thought the complaint process would be embarrassing or difficult: 13.6% I didn't need to because I made the harassment stop: 18.2% I didn't need to because I no longer had contact with the person(s) who harassed me: 13.6% Men: data unavailable Self-described: data unavailable Satisfaction with handling of formal workplace sexual harassment complaint: 2023: Women: data unavailable Men: data unavailable Self-described: data unavailable 2025: Women: data unavailable Men: data unavailable Self-described: data unavailable			

5	**Critical performance measures** Gender composition of recruited employees: 2023: 71.3% of all new recruits were women 28.5% of all new recruits were men 0.1% of all new recruits were self-described 2025: 72% of all new recruits were women 27.5% of all new recruits were men 0.5% of all new recruits were self-described Gender composition of employees who were promoted: 2023: Women: data unavailable Men: data unavailable Self-described: data unavailable 2025: Women: data unavailable Men: data unavailable Self-described: data unavailable Perceptions of recruitment, by gender: 2023: 62.4% of women believed recruitment processes were fair 72.8% of men believed recruitment processes were fair Self-described: data unavailable 2025: 63.2% of women believed recruitment processes were fair 71.6% of men believed recruitment processes were fair Self-described: data unavailable Perceptions of promotion, by gender: 2023: 46.8% of women believed promotion processes were fair 53.6% of men believed recruitment processes were fair Self-described: data unavailable 2025: 46.2% of women believed recruitment processes were fair 59.5% of men believed recruitment processes were fair Self-described: data unavailable		No	The data indicates no material progress towards gender equality in recruitment and promotion between 2023 and 2025. The gender composition of new recruits remained stable and closely aligned with the existing workforce profile, indicating that current practices are maintaining, rather than shifting, the gender profile. The proportion of employees of self-described gender increased slightly but remains low. Perceptions data shows ongoing gender differences in experiences of recruitment and promotion. Women were consistently less likely than men to perceive recruitment as fair, with minimal change over time. Perceptions of promotion fairness remained low for women, while improving for men. The absence of promotion outcome data limits assessment of whether these perceptions reflect actual promotion practices. Overall, the data suggests persistent equity and trust issues, particularly in relation to progression and advancement.
6	**Critical performance measures** Average weeks of parental leave, by gender: 2023: Women: 45.3 Men: 4.1 Self-described: data unavailable		No	Across parental leave, flexible work and carers leave, the data indicates limited progress towards gender equality and ongoing gendered patterns in leave and flexibility uptake. Parental leave remains highly gendered, with women comprising the majority of leave takers in both reporting periods (83.8% in 2023 and 85.8% in 2025), meaning women are the primary care givers. While the average duration of parental leave taken by women reduced between 2023 and 2025, men’s uptake

	2025: Women: 19.1 Men: 2.9 Self-described: data unavailable Uptake of flexible work, by gender: 2023: Women: 3.9% Men: 1.1% Self-described: data unavailable 2025: Women: 8.2% Men: 2.4% Self-described: data unavailable Perceptions of flexible work culture, by gender: 2023: 70.3% of women respondents believed requests would be given due consideration 68.9% of men respondents believed requests would be given due consideration Self-described: data unavailable 2025: 75.9% of women respondents believed requests would be given due consideration 73.0% of men respondents believed requests would be given due consideration Self-described: data unavailable **Supplementary measures** Gender composition of parental leave takers: 2023: Women: 83.8% Men: 16.2% Self-described: data unavailable 2025: Women: 85.8% Men: 14.2% Self-described: data unavailable Gender gap in carer's leave: 2023: Women: 34.8% Men: 20.6% Self-described: 33.3% 2025: Women: 39.6% Men: 29.4% Self-described: 25%			remained low and declined slightly, indicating limited change in the distribution of caring responsibilities when becoming parents. Formal flexible work uptake increased for both women and men; however, utilisation remains relatively low overall and women continue to access flexible work more frequently. Use of flexible work arrangements (FWAs) is largely concentrated at lower organisational levels (Levels –5 and –4), with minimal uptake at senior levels. Carers leave usage also increased across genders but remains higher among women and is similarly concentrated at lower leadership levels, with reduced uptake among men in more senior roles. These patterns align with People Matter Survey results, which identify caring responsibilities, age and cultural background as key barriers to success, suggesting that caring responsibilities continue to influence workforce participation and progression.

7	**Critical performance measures** Occupational gender segregation: 2023 Managers: Women: 51.1% Men: 48.9% Professionals: Women: 74.9% Men: 25% Self-described: 0.1% Technicians and Trades Workers: Women: 49.1% Men: 50.9% Community and Personal Service Workers: Women: 84.1% Men: 15.7% Self-described: 0.2% Clerical and Administrative Workers: Women: 91.3% Men: 8.7% Machinery Operators and Drivers: Women: 16.7% Men: 83.3% Labourers: Women: 73.9% Men: 26.1% 2025: Managers: Women: 71.1% Men: 28.9% Professionals: Women: 75.7% Men: 24.1 Self-described: 0.2% Technicians and Trades Workers: Women: 53.1% Men: 46.9% Community and Personal Service Workers: Women: 86% Men: 13.3% Self-described: 0.7% Clerical and Administrative Workers: Women: 90.7% Men: 9.3% Machinery Operators and Drivers: Women: 20% Men: 80% Labourers: Women: 65.4% Men: 34.6%		No	The data indicates mixed progress on occupational gender segregation between 2023 and 2025. Representation improved in some areas, including increased participation of women among Managers (51.1% to 71.1%), Technicians and Trades Workers (49.1% to 53.1%), and Machinery Operators and Drivers (16.7% to 20%), suggesting some broadening of gender participation in traditionally gendered roles. However, strong gender concentration persists in several occupations, with women continuing to dominate Clerical and Administrative roles (over 90%) and Community and Personal Service roles (over 85%), while men remain overrepresented in Machinery Operators and Drivers.

*Indicators (column K)

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

Section 2.2 Describing factors limiting and contributing to progress

P: Indicator	Q: Did any of the factors listed below limit or contribute to your progress?*	R: Explain how any factor(s) limited or contributed to your progress. If 'none' is selected, write N/A and move to (S)	S: List the strategies implemented that contributed to or aligned with the indicator.
1	☐None ☐ a ☐ b ☐c ☒d ☐e ☐f ☒g	We have made genuine efforts to improve gender composition across all levels of the organisation; however, we recognise this is long-term work and that our initial focus has been on building strong foundations. In 2024, we implemented a new HRIS (SAP SuccessFactors), including Recruitment, Onboarding and Employee Central modules, which strengthened our data quality, reporting capability and overall understanding of workforce composition. While this has been a significant step forward, further developments are still required to ensure clearer data, workflows and reporting. With the implementation of any large system there have been some challenges in terms of system constraints, workforce gaps and limited organisational resources. Alongside this, we established a Gender Equality Working Group, which has since evolved into a broader and more formal Diversity, Equity and Inclusion Committee, and have delivered training using both internal and external expertise to build awareness of intersectional gender equality across staff and leaders. We acknowledge that progress has been impacted by resource limitations; however, we remain committed to improving gender composition at all levels—particularly within the executive—and have developed targeted strategies to address this in our new Gender Equality Action Plan.	• Identify what is necessary to upgrade existing workforce systems to address gender and intersectional identity data categories and collection gaps. • Implement best practice data collection and reporting practices with existing systems to track promotions, internal secondments, higher duties and professional development. • Investigate ways to increase response rate to the People Matter employee experience survey. • Conduct gender impact assessments (GIAs) with relevant program areas on policies, programs and services that have direct and significant impact on the public. • Establish a cross-functional gender equality working group to help implement the Gender Equality Action Plan. • Seek interest in becoming gender equality champions to advocate and support gender equality initiatives and activities coming out of the Gender Equality Action Plan. • Access external resources to support the internal delivery of training and information sessions to build awareness of gender equality and inclusion, including how gender intersects with other factors to produce inequity.
2	☐None ☐ a ☐ b ☒c ☐d ☐e ☐f ☐g	While we have made progress in improving the gender composition of the governing board, we note that board appointments are governed by the Health Services Act 1988 and managed by the Victorian Department of Health, not GV Health. As such, our direct influence over board composition is limited. Despite this, we have supported progress in this area by providing training to board members and regularly reporting on our gender equality initiatives and outcomes, ensuring the board remains informed, engaged and accountable for advancing gender equity across the organisation.	• Include gender equality as a standing item on the Executive Committee Strategy, People & Planning agendas. • Report progress to the Board on gender equality. • Appoint a gender equality sponsor from within the Executive leadership team. • Incorporate gender equality into strategies, plans, frameworks, policies, and procedures as they are developed or reviewed. • Ensure the use of gender-neutral and inclusive language in all internal and external documents and communications.
3	☐None ☐ a ☒ b ☐c ☐d ☐e ☐f ☐g	We have made positive progress in reducing gender pay gaps across the organisation and are encouraged by the improvements seen to date. We remain committed to ensuring equal remuneration for work of equal or comparable value at all levels of the workforce. However, we recognise that some systemic barriers exist beyond our direct control. For example, in certain medical specialisations, earnings increase progressively over time and often require significant additional study and training to advance. Where women's careers are more likely to be interrupted by periods of parental leave and caring responsibilities, they may face greater challenges in undertaking or completing this further study, and it can take longer to reach the same salary levels as male counterparts whose careers have not been interrupted. This dynamic can contribute to differences in average earnings and continue to influence our mean gender pay gap.	• Review existing workplace procedures (e.g. remuneration, recruitment and selection, promotion, etc.) and practices and amend, where necessary, to embed gender pay equity. • Consider conducting gender pay gap audits annually. • Report gender pay gap audit results to the Board and Executive leadership. • Analyse gender breakdown for above-band salary increases. • Analyse underlying causes of pay gaps (e.g. like-for-like gaps, by-level gaps, organisation-wide gaps). • Work towards changes that will reduce the gender pay gap by 5% by 2025 in identified areas. • Agree on an approach for prioritising gender pay gaps and seek to identify available budget to address inequities where these are present.
4	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	• Actively and regularly communicate a zero-tolerance approach to sexual harassment. • Build employee awareness and knowledge of sexual harassment procedures, available support, and how to report complaints. • Review and update the existing online sexual harassment training module. • Engage an external expert organisation to deliver organisation-wide sexual harassment awareness, prevention, and response training. • Review existing reporting processes and address gaps to ensure a victim-centric approach to case management. • Report the number of sexual harassment complaints as part of workforce metrics to the Executive Committee Strategy, People & Planning, and the People and Workforce Board Committee.

5	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	• Review existing recruitment, selection, and promotion processes to ensure they are gender-inclusive and actively support greater gender diversity outcomes (e.g. use gender-neutral and inclusive language in job advertisements and position descriptions, gender-balanced interview panels). • Increase targeted recruitment, including for identified positions, to ensure the diversity of the community is reflected in the workforce. • Build awareness and understanding of conscious and unconscious bias across the workforce.
6	☐None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	• Provide managers with training and resources to assist them in supporting team members of all genders with flexible work arrangements and when going on, returning from, or transitioning after parental leave. • Promote “return to work” resources and mechanisms to support all employees returning to work following extended leave (e.g. parental leave). • Review parental leave and carers leave procedures to ensure they are gender-neutral and actively encourage all employees to use them. • Review family violence procedures and safety plans to ensure they reflect best practice and provide appropriate response and support to employees experiencing family violence. • Provide ongoing communication and education about family violence and build employee awareness of available support and leave options.
7	☒None ☐ a ☐ b ☐c ☐d ☐e ☐f ☐g	N/A	• Identify examples of gender equality within the existing workforce (e.g. employees in non-traditional gendered roles) and promote and communicate their stories and experiences. • Establish traineeships and/or deliver career development sessions that promote and support non-traditional career pathways. • Actively and regularly communicate a zero-tolerance approach to discrimination on the basis of gender, gender identity, and intersectional identity. • Review existing workplace procedures to ensure a consistent focus on gender sensitivity and safety, the use of inclusive language, and the inclusion of an explicit clause on inclusivity. • Conduct and/or participate in awareness-raising activities, events, and campaigns that highlight intersectional communities and issues (e.g. Wear It Purple Day, LGBTQ Domestic Violence Awareness Day, International Day of People with Disability). • Consult with employees on establishing a Pride Network and/or Ally Network to actively and visibly support LGBTIQ inclusion in the workplace, including working towards Rainbow Tick accreditation. • Build workforce awareness of, and capability in, the appropriate use of gender-neutral and inclusive language in the workplace.

*Factors (column Q):

a. the size of the organisation, including the number of employees
b. the nature and circumstances of the organisation, including any barriers to making progress
c. requirements that apply to the organisation under any other Act, including an Act of the Commonwealth
d. the organisation’s resources
e. the organisation’s operational priorities and competing operational obligations
f. the practicability and cost to the organisation of making progress; and
g. genuine attempts made by the organisation to make progress.

Step 3: Reporting on GEAP strategies

Section 3.1 Explaining incomplete strategies

Our first GEAP included 47 strategies, which proved to be overly ambitious in scope. At the 2024 Progress Report, 7 strategies were identified for consolidation or cancellation to improve focus and deliverability. At the time of this report, a further 7 strategies remain incomplete. This reflects several implementation challenges, including the initial volume of strategies, limited staff availability, competing organisational priorities, and constrained budget. Delivery was also impacted by resourcing limitations, further detail on this is noted below in section 3.4.

Section 3.2 Describing achievements, challenges and learnings

Implementation of our first GEAP delivered a number of important achievements, alongside valuable insights into the challenges of this work. A key milestone was the implementation of SAP SuccessFactors, which has significantly improved our ability to collect, analyse and report on workforce data, enabling deeper insights to inform gender equality actions. While some data gaps remain, this represents a substantial advancement for the organisation. More recently, we have strengthened our governance and resourcing through the transition from a Gender Equity Working Group to a formal Diversity, Equity and Inclusion Committee in 2025, with direct reporting to an Executive Committee, and the successful expansion of the gender equality function from 0.3 FTE to a full-time ongoing Diversity Equity & Inclusion role in 2024. These changes have enhanced oversight, accountability, engagement and organisational capacity to deliver this work. Through implementation, we also learned important lessons that have shaped our future approach. Our initial GEAP included too many strategies and was overly prescriptive, limiting flexibility in the context of shifting priorities and external events, including a severe regional flood early in the implementation period. We recognised that foundational education on gender equality is a significant and ongoing component of this work, particularly in a large and complex organisation. The initial GEAP was developed by a dedicated Project Lead. This GEAP has benefited from an internal staff resource, enabling a more streamlined process and more considered strategies informed by broader organisational knowledge. These insights have informed a more focused, flexible and realistic approach to our next GEAP, with a clearer understanding of implementation challenges, competing priorities and the relationships required to support success.

Section 3.3 Providing other updates on implementation

Some strategies that were incomplete or deferred under our first GEAP have been carried over and refined within the new GEAP to ensure continuity and progress. This includes progressing work to strengthen our sexual harassment reporting and complaints processes, with research completed and planning underway with a preferred vendor for implementation in mid-2026. We are also advancing the development of a targeted program to support women's career progression, as well as implementing an evidence-informed LGBTIQ+ ally program. These initiatives reflect a continued commitment to addressing key priority areas in a more focused and achievable way.

Section 3.4 Describing resourcing allocation

Implementation of the GEAP from 2022 to 2025 was initially supported by a Gender Equality Lead at 0.3 FTE. This level of resourcing was subsequently identified as insufficient to meet the scope and complexity of the work. In response, a business case was developed in 2024 to establish a full-time Diversity, Equity and Inclusion role. This was approved, with recruitment completed in late 2024.

Delivery over the four-year period was also impacted by workforce turnover, with the role vacant on more than one occasion and unfilled for a cumulative period exceeding seven months over this period of time. Implementation was primarily led by the dedicated role, supported by a shared organisational approach, with contributions from teams including People Development and Safety, Finance, Communications and Media and the Executive.

Overall, human resourcing and time capacity remained constrained, particularly in the early stages of implementation. Progress was further influenced by the specialised capability required to deliver gender equality work, which includes not only implementing initiatives but also building organisational understanding and capability.

Through implementation, it has been recognised that successful delivery requires careful sequencing of strategies, a prioritised approach, clear accountability across business areas, and ongoing monitoring of resourcing pressures.

Financial resourcing included initial gender equality training for the Board and Executive in 2022, as well as budget allocation to support the promotion and delivery of key campaigns and events.

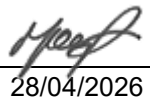
Attestation by head of organisation

I confirm that:

☑ I am the head of organisation (CEO or equivalent).

☑ I have reviewed and approved the submission of this progress report on behalf of my organisation (as named above). I attest to providing truthful and accurate information.

☑ I attest that my organisation has completed all relevant gender impact assessments under the Gender Equality Act 2020, or I have explained why not in the comment box below.

Name	Matt Sharp
Role title	Chief Executive
Signed	
Date	28/04/2026