

# Health Service Executive Gender Pay Gap Report

*December 2023*

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# Introduction and Context

## Introduction

The Gender Pay Gap (GPG) refers to the difference in the average hourly wage of men and women across a workforce. The Gender Pay Gap Information Act 2021 requires organisations with over 250 relevant employees, to report on their Gender Pay Gap (GPG) in 2022. The Act sets out a range of metrics to report on the GPG, to provide for consistent calculation as detailed in the Regulations.

## Context

The Health Service Executive is the largest employer in the state, with **163,544** employees (Headcount), equating to **145,052 WTE** (Whole Time Equivalents) as reported through our Health Service Personnel Census (HSPC) in November 2023. This is our total workforce across our HSE Statutory Services, and Section 38 Hospitals and Agencies. This report provides the gender pay gap report across our HSE Statutory services, equating to almost 65,000 direct employees and for which all data refers to.

The health service prides itself on being an equal opportunities employer, and is committed to treating all employees equally. Our Diversity, Equality and Inclusion (DEI) Strategy ([Diversity Equality and Inclusion Strategy 2022-24 \(hse.ie\)](#)) sets out a number of priorities enhancing the way the HSE recruits, plans and develops its workforce. This applies to both existing and future employees.

The health service delivers services on a 365 day, 24/7 basis. Across our workforce, we report in six staff categories as follows:

1. Medical & Dental
2. Nursing & Midwifery
3. Health & Social Care Professionals
4. Management & Administrative
5. General Support
6. Patient & Client Care

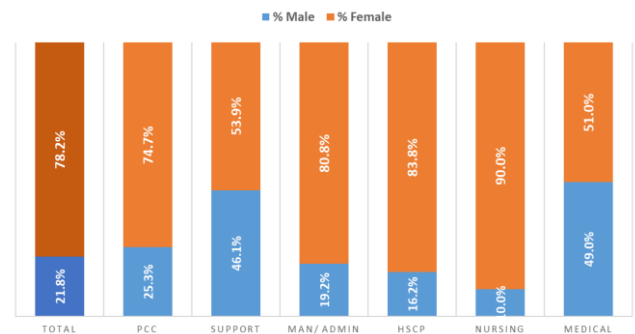
Across these six staff categories there are almost 900 different grades. Notably, the pay rates and terms and conditions for public health services, are determined and set centrally by the Department of Health and Department of Public Expenditure and Reform. Pay rates and terms and conditions are based on the grades, as per the published consolidated salary scales, undifferentiated by gender.

The HSE has no autonomy to make changes to pay, however as set out in this report has a GPG. This however, is as a result of a number of factors that are outlined in further detail in this report.

By way of context there are also key workforce characteristics that are relevant to the findings in this report.

Firstly, the gender profile of our current workforce is predominantly female at just over **78%** of our workforce. There are however, some variances to this overall gender profile, across the six staff categories as noted earlier. Notwithstanding all staff categories report a majority of females, it ranges from just 51% in Medical and Dental to 90% in Nursing & Midwifery.

Figure 1



The HSE recognises the importance of attracting and retaining its health workforce, whereby flexibility is an important feature for both its current and future employees. Flexible working patterns, including *Part Time* working is an important offering, with **28%** of our workforce availing of same, up from 26% reported in last year's report. Notably, **91%** of Part Time employees are female. This characteristic of our workforce coupled with the overall gender profile is important to the findings in our overall report, and is discussed in further detail later. Table 1 below provides further detail on the breakdown of the 26% Part Time employees including the proportion that are female by staff category.

Table 1

Proportion of Part Time Staff/ Proportion of Part Time that are female (Nov 2022)	% Total Part Time	% Male Part Time	% Female Part Time	% of the Part-Time that are Female
<b>Total</b>	<b>28%</b>	<b>12%</b>	<b>32%</b>	<b>91%</b>
Medical & Dental	10%	8%	13%	63%
Nursing & Midwifery	26%	7%	28%	97%
Health & Social Care Professionals	27%	13%	30%	92%
Management & Administrative	20%	4%	24%	96%
General Support	30%	12%	46%	82%
Patient & Client Care	42%	21%	49%	88%

# Methodology

## Methodological Approach

### Data Source

The data source for this report, was provided by the HSE SAP Centre of Excellence (SAP CoE), extracting relevant payroll and time data from the SAP system. As the direct employer, the data coverage is only from HSE Statutory sites as noted earlier, and only those using SAP as their payroll system. Of note while the South/ South West is now on SAP HR and Payroll it's on-boarding only occurred in March 2023 and therefore the reporting period would not be adequately represented in these few months and therefore will be included in future reports.

SAP delivered a reporting solution to all organisations using SAP Payroll in Ireland. This solution was not made available to HSE SAP CoE (Centre of Excellence) until November 2022. This report will need HSE specific configuration and given the available timelines for configuration this report was not available to produce data for 2022 reporting. This is similar to other users reported challenges to use of this updated reporting solution. Notwithstanding same, it is the intention that the SAP delivered report will be used in future outputs of the Gender Pay Gap Report.

SAP COE extracted the relevant payroll and time data from the SAP system for the period of July 1<sup>st</sup> 2022 to June 30<sup>th</sup> 2023. This data relates to a total workforce of 62,226 employees, which is a significant representation of employees across the general HSE direct employee population.

The following steps were undertaken to extract employee level data for gender pay reporting;

1. Identification of active employees from all sites using SAP as their payroll system, as at key date of June 30<sup>th</sup> 2023.
2. Extraction of payroll information for the reporting reference period of July 1<sup>st</sup> 2022 to June 30<sup>th</sup> 2023 (12 month period up to report key date).
3. Grouping of all payroll values paid to employees that fall under the heading of 'Ordinary Pay' including Basic Pay, Overtime, Allowances and Premia.

4. Generate Ordinary Pay Hours value by:
  - Extracting Basic Pay hours Paid – for non casual employees
  - Extracting Basic Pay hours (WT 0002) for casual employees
5. Calculate an Hourly rate, by employee, by dividing the Ordinary Pay Amount by the Ordinary Pay Hrs
6. Sorting of all employees by Hourly Rate in order to create the Quartiles required for Gender Pay Gap Reporting.
7. Of particularly note- as the HSE does not make Bonus Payments or Benefit In Kind (BIK) payments **no calculations** were made in this regard. This is reflected in a Not Applicable (N/A) return in the Metrics provided in this report.

The extraction of the above data from the SAP systems noted above enabled the required calculations to be carried out.

### Data Protection

All data processing was carried out in accordance with Data Protection Regulations, and undertaken by authorised staff across HSE SAP COE and HSE National Human Resources, who ordinarily have authorised access to this data in the course of their daily duties. All data presented is aggregated with no data in this report identifiable to any individuals.

# Gender Pay Gap Metrics

## Gender Pay Gap Metrics

Table 2

Reporting Metric	Result			
<b>Mean Hourly Remuneration</b>				
Difference between mean hourly remuneration of male and female employees expressed as % of mean hourly remuneration of male employees	12%			
Difference between mean hourly remuneration of male and female part-time employees expressed as % of mean hourly remuneration of part time male employees	9%			
Difference between mean hourly remuneration of male and female employees on temporary contracts expressed as % of mean hourly remuneration of male employees on temporary contracts	20%			
<b>Median Hourly Remuneration</b>				
Difference between median hourly remuneration of male and female employees expressed as % of median hourly remuneration of male employees	0%			
Difference between median hourly remuneration of male and female part-time employees expressed as % of median hourly remuneration of part time male employees	-13%			
Difference between median hourly remuneration of male and female employees on temporary contracts expressed as % of median hourly remuneration of male employees on temporary contracts	24%			
<b>Mean Bonus Remuneration*</b>				
Difference between mean bonus remuneration of male and female employees expressed as % of mean bonus remuneration of male employees	N/A			
<b>Median Bonus Remuneration*</b>				
Difference between median bonus remuneration of male and female employees expressed as % of median bonus remuneration of male employees	N/A			
<b>Bonus and Benefit In Kind (BIK)*</b>				
Difference in the percentages of male/female employees who received Bonus and BIK remuneration	N/A			
<b>Hourly Remuneration Quartiles</b>				
	<b>Quartile 1 Lower</b>	<b>Quartile 2 Lower Middle</b>	<b>Quartile 3 Upper Middle</b>	<b>Quartile 4 Upper</b>
<b>Male</b>	24%	21%	18%	27%
<b>Female</b>	76%	79%	82%	73%

\* Refer to previous section on Methodological Approach

# Reasons

## Reasons attributing to the Gender Pay Gap

The GPG for the period covered in this report in Mean Hourly Remuneration for all employees is **12%** which equates to the same rate reported last year. Notably however the newer methodological approach by SAP has not yet been implemented and similarly for 2023 reporting, there is **no GPG** in Median Hourly Remuneration for all employees reported at **0%**. A similar trend emerges in regard to the mean and median hourly remuneration for part time employees, reported at **9%** and **-13%** respectively. This is a reduction from last year's reported rate of 11% which is a key finding. Part-time male employees continue to report less favourably than part-time female employees. Moving to those employees on temporary contracts, the GPG rises in both the Mean and the Median to 20% and 24%.

There are a number of reasons that are contributing to the above results. Firstly the overall GPG is likely owing to the variance in the gender profile across the staff categories, most notably in those that attract higher remuneration on the consolidated salary scales. This, combined with a lower percentage of females in those categories compared to the overall rate – for example in Medical & Dental, is likely contributing to the overall GPG. Notably however, this staff category is showing strong growth in the proportion of females in this workforce, moving from 38% reported in 2002 to 51% in 2023, whereas the overall proportion of females across our workforce remained relatively static moving from 80% to 78%.

Secondly, the results are influenced by the predominantly female workforce (**78%**), coupled with the fact that almost one third of this workforce is working part time (32%), up 1% from last year's reporting period. Staff choosing part time working, may be less likely to opt for overtime, which based on the required calculations for this report, has reduced their overall hourly rate compared to those that can avail of overtime. This would appear to be further amplified in those staff categories that attract a lower hourly rate on the consolidated salary scales and have higher proportions of females to males, and a higher proportion of females working Part Time, for example Patient & Client Care. This therefore is likely continuing to further contribute to the GPG.

Further, the results relating to employees on temporary contracts is largely attributable to two key reasons. The first is a particular feature of the public health workforce, that is training posts. For example, the HSE employs Non Consultant Hospital Doctors (NCHDs) and medical interns, both of whom are on temporary contracts as they rotate across the health system as part of their education and training. As noted above this staff category has an overall lower proportion of females in this workforce, compared to the overall health service rate.

Second, is the period of data collection, encompassing the latter part of the COVID-19 period, whereby significant numbers of staff were recruited to temporary contracts in response to the pandemic. This included for example Community Swabbers, reported in the staff category of Patient & Client Care but for which are reducing in line with the figures being reported herein.

Coupled, these factors are likely to have contributed to these GPG results, owing to variance in both remuneration and proportions of females in these staff categories employed on a temporary basis, and impacting the overall result.

Across all four quartiles, the profile is largely consistent with that of the overall gender profile for the HSE, with females broadly represented at the same proportion at the upper quartile with that of the lower quartile (73-76%). There is however a 1% increase on the 2022 report for those in the upper quartile, likely a shift from the 3<sup>rd</sup> quartile. Broadly, the overall results are reflective of the greater representation of females in roles attracting higher remuneration levels and is consistent with the overall high proportion of females in the workforce.

# Measures

## Measures to Eliminate and Reduce the Gender Pay Gap

The HSE is an equal opportunities employer, and we treat our employees equally in recruitment, pay, conditions, training, work experience, and career progression. There are also however, further areas beyond these, whereby as an equal opportunities employer, we are committed to treating our employees equally. To create a culture where employees are valued and supported, and work in an environment free from discrimination, we have established a range of initiatives, underpinned by our **Diversity, Equality and Inclusion (DEI) Strategy (2022)** available [here](#).

The Strategy sets out the main priorities and supporting actions for the HSE to enhance the way in which Ireland's largest public sector employer addresses diversity, equality and inclusion (DEI) for its workforce. Developed to support the HSE's **People Strategy 2019-2024** – this document sets out the rationale, strategic context and guiding principles for commitments to strengthen diversity, equality and inclusion in the way the HSE employs its staff.

During the lifetime of the strategy a wide range of enhancements will be made to infrastructure, policy and practice in order to provide a basis for the HSE to become a leader in DEI in the public sector in Ireland.

The **principles** of diversity, equality and inclusion provide the guiding framework for the development of the HSE DEI Strategy and will continue to act as a reference point throughout the implementation process.

The strategy sets out **six strategic priorities** along with a series of actions for implementation.



There are a further **25 headline actions** to implement these priorities outlined in the Strategy, alongside further supporting information and activities on DEI in the HSE, which can be found on the HSE DEI webpage [here](#).

The strategy includes measures to address all nine statutory diversity grounds, with some measures impacting on just one ground and others addressing multiple grounds.

From these commitments a number are likely to impact positively on gender inequality and these are summarised overleaf.

# Measures

## Measures cont'd

Priority 1: Develop the knowledge and skills of managers and staff in the HSE relating to Diversity, Equality and Inclusion	Specific Actions/ Updates
Enhance the DEI training offering for all staff	The modules address language, communication, bias and attitudes towards gender.
Enhance the Induction programme with appropriate introduction to DEI concepts, legislation and resources, including employee networks, reasonable accommodations and accessibility in the workplace	The induction training strongly promotes the HSE's gender-inclusive workplace culture and highlights key policies such as Dignity at Work.
Increase awareness of unconscious bias during the recruitment and selection process	The DEI team continues to work with HR colleagues on enhancements to the training received by interview boards on bias, including between genders.

Priority 2: Strengthen the voice of employees representing all diversity characteristics, through enhanced feedback and staff engagement	Specific Actions/ Updates
Develop a range of support networks for staff with different diversity characteristics	The HSE now has three staff networks, relating to employees who are LGBTQIA+, have a disability or who are from different ethnic and cultural backgrounds. Issues intersecting with gender are frequently addressed.
Support the participation of diverse staff in employee networks and other activities that strengthen employee voice including staff surveys	As above.

Priority 4: Enhance HSE workforce policies and processes through a programme of equality-proofing, and develop new policies to advance DEI where appropriate	Specific Actions/ Updates
Enhance and develop HR and other workforce-related policies through comprehensive equality proofing and staff engagement with a diverse range of employees	To date a total of 11 EQIAs have been carried out on National HR policies and procedures such as the recruitment and selection process, Dignity at Work Policy, Lone Working Policy and Management and Prevention of Stress Policy. These now specifically include greater consideration of gender equality.
Develop a set of guidelines and other resources on a range of DEI issues, aimed at managers and staff	Guideline on Inclusive Communication for Gender and Sexual Orientation in development

Priority 5: Increase the level of communication and awareness-raising in order to promote initiatives that encourage DEI	Specific Actions/ Updates
Enhance communication structures across the HSE to support improved effectiveness of awareness-raising about DEI matters, through developing staff networks and other engagement	Includes gender issues delivered through communications activities (e.g. staff networks) and development of partnership approach with National Communications
Increase awareness of DEI resources available through the DEI Hub on HSeLanD and the HSE webpage	Wide range of gender equality resources
Increase the level of communication and awareness-raising related to DEI across the HSE e.g. employee networks, Pride, International Women's Day, International Day for People with Disabilities	International Women's Day celebrated each year with communication activities
Encourage greater local staff participation in DEI-related activities and initiatives	Through development of local networks to promote gender equality

Priority 6: Strengthen the support, advice and guidance provided to individual managers and staff on DEI matters, and use the evidence gathered to facilitate broader developments in DEI	Specific Actions/ Updates
Promote the availability of advice and guidance on DEI enquiries for all managers and staff	This includes enquiries about gender issues
Enhance the reporting of DEI issues in the workplace and develop processes for using this data in other DEI activities such as equality proofing.	Gender issues are included in annual reporting

The DEI Strategy is a key enabler to enhancing the way we recruit, plan and develop our workforce. This applies both to our current and future workforce. The Strategy implementation timeframe is from 2022 to the end of 2024 during which time the DEI team will monitor implementation of all actions, and set targets together with appropriate indicators, against which the outputs and impact of the Strategy's actions will be measured.

The data findings in our GPG report will be an important element in this work, to take forward in line with the strategy's current actions. Harnessing our workforce data and statistics will also be key to this work.