

Health Service Executive Gender Pay Gap Report

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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 **166,427** employees (Headcount), equating to **148,111 WTE** (Whole Time Equivalents) as reported through our Health Service Personnel Census (HSPC) in November 2024. 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 80,000 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

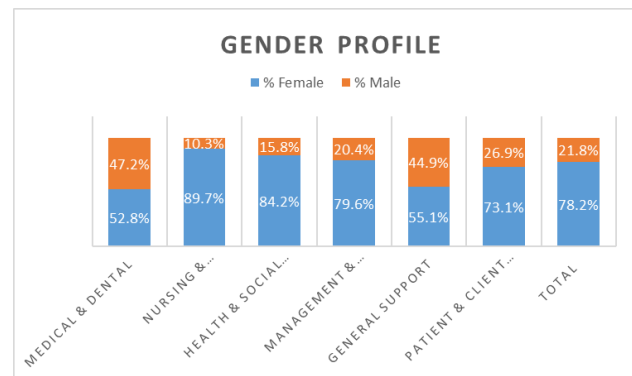
Across these six staff categories there are almost 900 different grades. Notably, the pay rates and terms and conditions for public health services, are determined and set centrally by the Department of Health and Department of Public Expenditure NDP Delivery and Reform. Pay rates and terms and conditions 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 reporting a majority of females, it ranges from just 53% 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 remain an important feature of our workforce with is an important offering.

Noting the above, in this year's report the gender profile across the staff categories, as will be shown later, has had a significant impact on our overall results.

In particular, the changes in the Medical and Dental staff category alongside the associated remuneration in this staff category, most notably with the introduction of the new Public Only Consultant Contract, are significant factors.

Methodology

Methodological Approach

Data Source

The 2024 HSE Gender Pay Gap (GPG) Report, facilitated by the HSE SAP Centre of Excellence (SAP CoE), is based on the SAP-delivered Gender Pay Gap Report.

This Report has been implemented for the HSE by customising the features of the Report to allow for the most accurate method of reporting the legislatively required gender pay gap metrics using pay, hours and other data for HSE employees being paid through the SAP HR and Payroll system - HSE North West, Mid-West, Midlands, East, South East, and South West. These sites represent over 80,000 employees, over 70% of the total HSE headcount, a significantly large percentage, representative of the overall HSE employee population.

The 2024 SAP Gender Pay Gap Report for the HSE reports mean and median gender pay gap and other statistics for relevant active HSE employees on the chosen 2024 snapshot date - 30.06.2024 – based on the following functionality:

- Gathers and reports “ordinary” pay (basic, overtime, allowances, on-call, and premia) and hours worked for each employee in respect of ‘for-period’ pay results for pay dates within the reporting year - 01.07.2023 to 30.06.2024

(**Note:** Minor updates were made to the categorisations of ordinary pay wage types in 2024)

- Calculates an average hourly rate for each employee by dividing annual pay by annual hours

- Categorises employees according to gender and employment type - all employees, part-time employees, and temporary employees

- Calculates and reports the overall relevant mean and median gender pay gap statistics for each employment type

(**Note 1:** For employees who are both temporary and part time, the 2024 SAP Report reports these as only temporary (i.e. included in temporary statistics but not included in part time statistics). Prior year reports reported these as both temporary and part time (i.e. included in both temporary and part time statistics.)

(**Note 2:** Bonus and Benefit-in-Kind payments are not applicable to the HSE; therefore no statistics are reported in these categories.)

- Sorts employees by hourly rate and counts them in the relevant quartile (1 through 4), providing a gender profile by quartile (% male/female employees in each quartile)

- Provides other employee, employer and supporting data

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			
Mean Hourly Remuneration				
Difference between mean hourly remuneration of male and female employees expressed as % of mean hourly remuneration of male employees	14.5%			
Difference between mean hourly remuneration of male and female part-time employees expressed as % of mean hourly remuneration of part time male employees	15.7%			
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	23.2%			
Median Hourly Remuneration				
Difference between median hourly remuneration of male and female employees expressed as % of median hourly remuneration of male employees	0.5%			
Difference between median hourly remuneration of male and female part-time employees expressed as % of median hourly remuneration of part time male employees	-11.8%			
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	24.2%			
Mean Bonus Remuneration*				
Difference between mean bonus remuneration of male and female employees expressed as % of mean bonus remuneration of male employees	N/A			
Median Bonus Remuneration*				
Difference between median bonus remuneration of male and female employees expressed as % of median bonus remuneration of male employees	N/A			
Bonus and Benefit In Kind (BIK)*				
Difference in the percentages of male/female employees who received Bonus and BIK remuneration	N/A			
Hourly Remuneration Quartiles				
	Quartile 1 Lower	Quartile 2 Lower Middle	Quartile 3 Upper Middle	Quartile 4 Upper
Male	22.6%	20.7%	17.6%	26.3%
Female	77.4%	79.3%	82.4%	73.7%

* 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 **14.5%** which is 2.5% higher than the reported rate for last year. A comprehensive review of the potential reasons attributing to this change in the reported GPG has been undertaken.

Firstly, the change in the methodological approach, applying the SAP-delivered Gender Pay Gap Report was considered. There was no material impact found by the application of the new methodology that suggested it was a reason for change in the reported rate.

Secondly a deeper analysis by staff category was undertaken to identify any changes in the staff categories that may be attributing to the reported difference in 2024. Figure 2 below presents key findings in regard to the staff category of Medical and Dental.

In overall terms the Medical & Dental GPG is the highest across the six staff categories, at **13.5%**. Since the last report, this has increased by **+2.6%**, with all other staff categories either **decreased** or only marginally increased.

Figure 2

Staff Category	2024	% F	% M	Difference
General Support	5.0%	55.1%	44.9%	0.4%
Health & Social Care Professionals	5.5%	84.2%	15.8%	-9.4%
Management & Administrative	11.3%	79.6%	20.4%	-1.0%
Medical & Dental	13.5%	52.8%	47.2%	2.6%
Nursing & Midwifery	6.6%	89.7%	10.3%	0.1%
Patient & Client Care	9.6%	73.1%	26.9%	-0.9%
Total	14.5%	78.2%	21.8%	1.6%

As the M:F ratio narrows, the GPG tends to increase, however without Medical & Dental, there is almost no GPG and no GPG increase. i.e. the overall HSP GPG and GPG increase is attributable to Medical & Dental.

This is evident as shown in Figure 3.

Figure 3

HSENO Medical/Dental	Pay Mean (All Employees)	Pay Median (All Employees)	PartTime Employees Pay Mean	PartTime Employees Pay Median	Temporary Employees Pay Mean	Temporary Employees Pay Median
HSENO Medical/Dental 2024	-0.8	-6.7	-7.6	-14.0	-2.1	-0.5
HSENO Medical/Dental 2023	1.1	-6.2	-6.8	-15.8	13.0	-0.7
Difference 2024 SAP v 2023 SAP	-1.9	-0.5	-0.8	1.8	-15.1	0.2

Similarly when reviewing the data by Quartiles, there is almost no GPG in Quartiles 1-3, with Q4 Medical & Dental GPG (10%), much higher than non-Medical & Dental (6.6%) – see figures 4 & 5 below

Figure 4 Medical & Dental by Quartiles

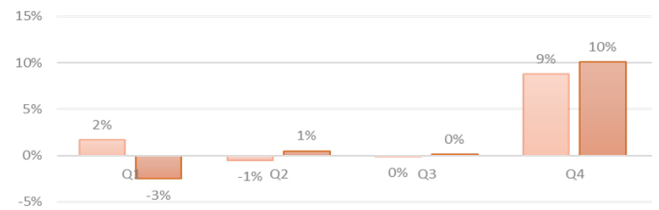
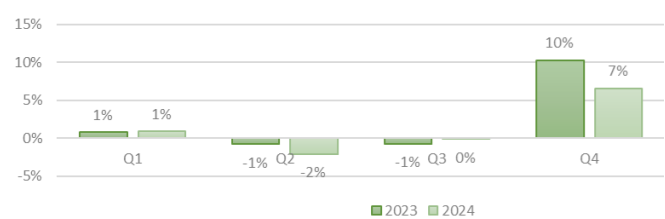


Figure 5 Non Medical & Dental by Quartiles



The significance of the variance in the Medical and Dental staff category is important as these roles attract one of the highest levels of remuneration across our staff grades with the proportion of males/ females in this staff category contributing to the overall GPG change in this years report. This has also come in a period of both a significant growth in medical and dental alongside the introduction of the new Public Only Consultant Contract, with over 50% of the Consultant workforce availing of this new contract.

Lastly, this year's report has included a higher proportion of employees with the incorporation of greater services into SAP and therefore this report. An analysis of the report with and without the inclusion of these additional services, finds a lower GPG and lower GPG increase since the 2023 report. The GPG mean would report at 13.3%, with an increase of just 1.3% since 2023 with the additional services excluded. The Median GPG is almost 0 without these services. Notably, except for temporary workers our analysis shows the GPG significantly increased with the inclusion of these additional services.

In overall terms – the primary drivers of the change in the GPG this year is owing to staff category of medical and dental and incorporation of additional services into this year's report.

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.