Health Service Executive Gender Pay Gap Report

December 2022

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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 **155,227** employees (Headcount), equating to **137,220 WTE** (Whole Time Equivalents) as reported through our Health Service Personnel Census (HSPC) in November 2022. 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 60,000 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

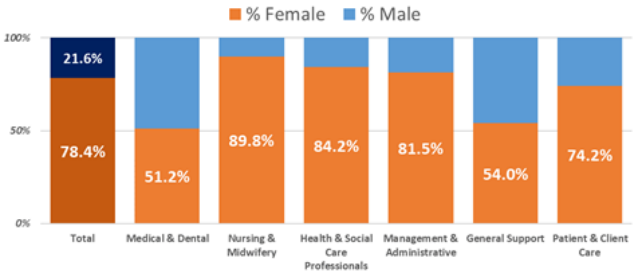
Across these six staff categories there are almost 900 different grades. Notably, the pay rates and terms and conditions for public health services, are determined and set centrally by the Department of Health and Department of Public Expenditure and Reform. Pay rates and terms and conditions are based 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 **26%** of our workforce availing of same. 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
Total	**26%**	**8%**	**31%**	**93%**
Medical & Dental	11%	8%	87%	65%
Nursing & Midwifery	27%	6%	70%	98%
Health & Social Care Professionals	23%	8%	74%	95%
Management & Administrative	17%	3%	79%	97%
General Support	26%	8%	59%	86%
Patient & Client Care	41%	13%	50%	92%

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.

SAP COE extracted the relevant payroll and time data from the SAP system for the period of July 1st 2021 to June 30th 2022. This data relates to a total workforce of 59,591 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 30th 2022.
2. Extraction of payroll information for the reporting reference period of July 1st 2021 to June 30th 2022 (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. Extraction of employee Planned Time Hours, Overtime Hours and Unpaid Hours as relevant to payroll.
5. Calculation of an Hourly rate, by employee, by dividing the Ordinary Pay Amount by the Pay Hours.
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
Mean Hourly Remuneration	
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	**13%**
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%**
Median Hourly Remuneration	
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	**-11%**
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	**23%**
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	25%	20%	17%	28%
Female	75%	80%	83%	72%

*** 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%**. However, 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 **13%** and **-11%** respectively. In this instance however, part-time male employees are reporting 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 23%.

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 2022, 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 (31%). 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 further contributing 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 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.

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 (72-75%). This is 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.

These priorities include:

1. Develop the knowledge and skills of managers and staff in the HSE relating to Diversity, Equality and Inclusion.
2. Strengthen the voice of employees representing all diversity characteristics, through enhanced feedback and staff engagement.
3. Develop systems and processes to gather quantitative workforce diversity data and enhance the mechanisms for reporting on workforce diversity.
4. Enhance HSE workforce policies and processes through a programme of equality-proofing, and develop new policies to advance DEI where appropriate.
5. Increase the level of communication and awareness-raising in order to promote initiatives that encourage DEI.
6. Strengthen the support, advice and guidance provided to individual staff and managers on DEI matters, and use the evidence gathered to facilitate broader developments in DEI.

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.

A core tenet to the development and implementation of the Strategy has been the establishment of a ***Diversity, Equality and Inclusion (DEI) team in 2021***.

This team provides advice and support to managers and staff on diversity, equality and inclusion enquiries, and developed the DEI Strategy in 2022 to support the implementation of DEI measures as well as mainstreaming of DEI in the HSE.

Measures

Measures cont'd

The DEI team conducts Equality Impact Assessment (EQIA) on policies/ plans to ensure it takes account of diversity and equality.

In this regard the DEI Team facilitate EQIA by:

- Facilitating EQIA discussions
- Providing expert participants and advisers
- Sourcing relevant equality data to help make EQIA discussions more robust
- Linking to expert staff panel members with lived experience of diversity issues
- Linking to external agencies with expertise in equality matters
- Reviewing outcomes of EQIAs

In addition to the establishment of a Diversity, Equality and Inclusion (DEI) team, the HSE also has employee networks, also known as ***Employee Resources Groups (ERGs)***, that help create inclusive environments and build a sense of community.

The benefits of these networks include:

- Support, visibility and a voice for staff
- Opportunity for staff to contribute personal stories and experience into HR policy and practice
- Assist with raising awareness on DEI issues to the wider workforce

Education and training is also an important driver to support and deliver DEI. Training on diversity, equality and inclusion in the workplace has also been developed and is available to all staff on the Diversity, Equality and Inclusion hub on HSeLanD www.hseland.ie as an e-learning programme, that facilitates access at all times for all staff.

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 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.