



Respite Harold's Cross
Rehabilitation Blackrock
Reassurance Wicklow

Gender Pay Gap Report 2023



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CHY 1144

Company No. 352404

Background

Established by the Religious Sisters of Charity in 1879, the Hospice in Harold's Cross was opened in response to the healthcare needs of the community. Today, Our Lady's Hospice & Care Services (OLH&CS) provides specialist care for a catchment of over a million people with a wide range of needs, from residential rehabilitation to end-of-life care, from our bases in Harold's Cross, Blackrock (est. 2003) and Wicklow (est. 2020).

As the profile and needs of patients has changed over the years, the Hospice formed three core services, which are supported by education and research, as the bedrock of quality healthcare.

Specialist palliative care is delivered in each of our three locations, making us the largest provider in Ireland. As well as in and out-patient services, we have community palliative care teams who had over 12.000 patient interactions (including visits to patients' homes) and a further 5.900 virtual innervations across South Dublin and Wicklow during 2022.

Our main campus in Harold's Cross houses the Rheumatic & Musculoskeletal Disease Unit, a unique service that enables those with a chronic condition to maintain or improve their quality of living.

The Care of the Older Person service in Harold's Cross comprises our Community Rehabilitation Unit (CRU) and a residential unit. CRU provides in-patient care for frail people aged 65 years and older who can benefit from a personalised rehabilitation programme. The residential centre, Anna Gaynor House, is a safe comfortable home for older people with high dependencies.

Over 680 medical and general staff and 350 incredible volunteers provide world class person-centred care to help patients and residents achieve their best quality of life and support their families.

Every day staff and volunteers uphold our core values of human dignity, compassion, justice, quality and advocacy. We passionately believe that everyone living in our community should be able to access high quality person-centred care when they need it. We also believe that our services should be delivered in the most appropriate and effective way to meet the needs of patients and their families.

OLH&CS is funded by the HSE to provide a defined level of service on its behalf and is a section 38 provider with a voluntary Board of Directors. OLH&CS relies on fundraising to enhance patient services and to continue developing its sites.

OLH&CS welcomes the opportunity to provide this information and to make it available to everyone, including our staff, volunteers, residents, patients, their loved ones, our supporters and community.

What is the Gender Pay Gap?

The gender pay gap is the difference in the average hourly wage of men and women across a workforce. It compares the pay of all men and women not just those in similar jobs, with similar working patterns, skills or experience.

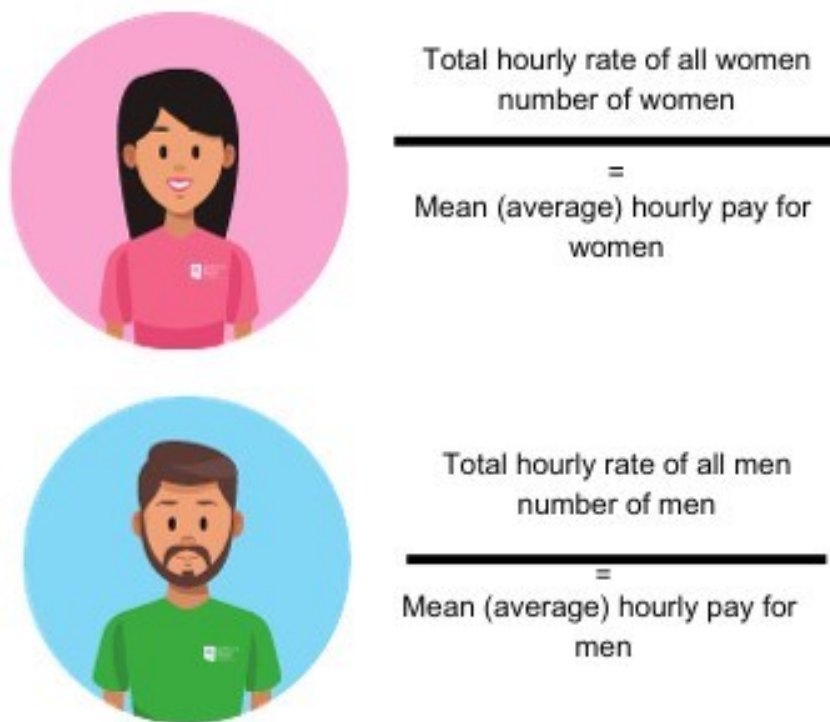
It shows the gap between what women earn as a group and what men earn as a group.

The Gender Pay Gap Information Act 2021 requires organisations with 250 or more employees report on their hourly gender pay gap across a range of metrics. It provides an opportunity to understand and address gender imbalance within the workforce.

Calculating the Gender Pay Gap

To calculate the figure the hourly rate of all women and all men are calculated to show the mean (average) and median (mid-point) and then determining the gap between the genders.

The Key Date for the report is 30.06.2023 and the related payroll data was extracted for the 12 months up to this point: 01.07.2022 – 30.06.2023.



The final report will show either a positive or a negative figure.

- A positive percentage figure reveals that typically or overall, female employees have lower pay than male employees.
- A negative percentage figure reveals that typically or overall, male employees have lower pay than

The workforce at OLH&CS

- 553 female staff and 130 male staff.
- Female staff represent 81% of the total workforce.
- The workforce comprises 507 clinical staff and 176 non-clinical staff.
- Approximately 42.48 whole time equivalent posts are funded using fundraised income as approved by the Board of Directors. This enables the organisation to enhance the services it provides to service users.
- Wholetime staff represent 65.59% of the total workforce. Of this, 75.89 % are female and 24.11% are male.
- Part-time staff represent 34.41% of the total workforce. Of this, 90.64 % are female and 9.36% are male.
- OLH&CS staff are paid in line with the Health Services Executive consolidated pay scale. No staff in OLH&CS receive bonuses or benefits-in-kind.
- The majority of high earners across the organisation are females, including Medical Consultants, the Chief Executive Officer and others on the senior leadership team.
- The Senior Executive Team is made up of seven individuals, six of whom are female.

Calculating the Gender Pay Gap at OLH&CS

To calculate the gender pay gap we have broken the staff numbers in to four quartiles - from the upper quartile of pay (highest earners) to the lower quartile (lowest paid). The pay quartiles are calculated by splitting all employees in an organisation into four even groups according to their level of pay.



Upper Quartile = 85% Female and 15% Male

Upper Middle Quartile = 85% Female and 15% Male

Lower Middle Quartile = 78% Female and 22% Male

Lower Quartile = 76% Female and 24% Male

Results

- **Mean hourly remuneration gap (minus)** **-2 % (-1% in 2022)**
 - Mean hourly remuneration gap of part-time employees 4% (2% in 2022)
 - Mean hourly remuneration gap of temporary contracts employees 10% (-3% in 2022)
- **Median hourly remuneration gap (minus)** **-11% (-13% in 2022)**
 - Median hourly remuneration gap of part time employees (minus) -11%(-10% in 2022)
 - Median hourly remuneration gap of temporary contracts employees 10% (2% in 2022)

What does this mean?

The Gender Pay Gap results for 2023 are very similar to 2022 in exception of mean and median hourly remuneration of temporary contracts.

In the main, male staff are paid 2 % less than female staff in OLH&CS. This is because there is a larger proportion of women in the two upper quartiles of our staff (i.e. 85% in the upper middle quartile and 85% of staff in the upper quartile). Small fluctuations in turnover in the male workforce can have a more significant impact on the organization's gender pay gap.

The 'minus figure' of -11% in median shown in the Gender Pay Gap Report shows that the female median pay rate is higher than the male median pay rate.

Mean and median hourly remuneration gap of temporary contracts employees is at 10% comparing to minus—2% and -3% figure for last year 2022. Higher numbers of females employed in lower paid staff categories than males is the main contributing factor to this figure.

This is mirrored across the healthcare sector, where more females are graduating from clinical fields and so the pool from which OLH&CS can recruit from is not gender balanced.

OLH&CS is confident that the pay gaps reported show no evidence of gender bias, are not due to unequal pay for the same or equivalent work but reflect the industry in which we operate, the type of roles that male and female staff are recruited for, and the associated salaries that certain roles attract within the sector.

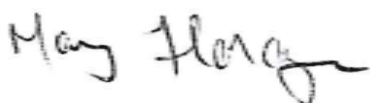
What are we doing about the Gender Pay Gap?

As an equal opportunities' employer, OLH&CS believes in appointing the best candidate into a role, regardless of their gender or other grounds for discrimination covered by the Equality Act. As a part of the OLH&CS Equal Opportunities and Diversity Policy, it can continue to explore how to attract more men into the organisation to create a more even gender balance.

To provide a positive working environment to all, we ensure fair, transparent and equitable pay across all roles and offer flexible working options and family-friendly arrangements.

According to European Statistics and EUROSTAT the GPG in 2022 in the EU is 13% and 11.3% in Ireland (12% in HSE) which would indicate that the GPG in OLH&CS as -2% is significantly lower than national level and in other European countries.

We will continue to analyse data and trends and will continue to benchmark the Hospice against other organisations within the healthcare sector as well as benchmarking against other hospices where possible.



Mary Flanagan
Interim Chief Executive Officer



Lorcan Birthistle
Chairman of the Board of Directors