



Respite Harold's Cross  
Rehabilitation Blackrock  
Reassurance Wicklow

# Gender Pay Gap Report 2024



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RCN 20001827



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, seeing over 5,000 patients in 2023. All our patient centered services are underpinned by education and evidence-based research and form 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 inpatient and out-patient services, we have specialist community palliative care teams who carried out over 13,700 face to face patient interventions in the patients place of residence across South Dublin and Wicklow during 2023.

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.

698 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.

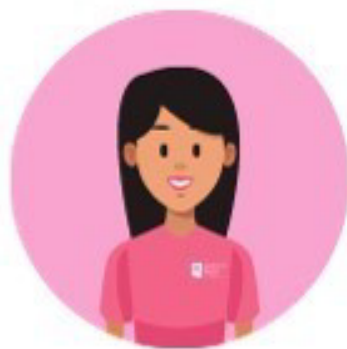
It shows the gap between what women earn as a group and what men earn as a group.

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 30.06.2024 and the related payroll data was extracted for the 12 months up to this point: 01.07.2023 – 30.06.2024.

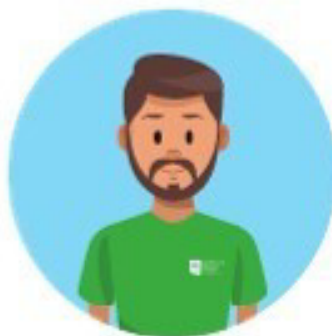


Total hourly rate of all women  
number of women



=

Mean (average) hourly pay for  
women



Total hourly rate of all men  
number of men



=

Mean (average) hourly pay for  
men

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 female

## The workforce at OLH&CS

- 558 female staff and 140 male staff.
- Female staff represent 79.9% of the total workforce.
- The workforce comprises 538 clinical staff and 160 non-clinical staff.
- Approximately 42.42 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 64.47% of the total workforce. Of this, 74.67 % are female and 25.33% are male.
- Part-time staff represent 35.53% of the total workforce. Of this, 89.52 % are female and 10.48% 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  
Upper Middle Quartile  
Lower Middle Quartile  
Lower Quartile

= 85,5 % Female and 14,5 % Male  
= 84,4 % Female and 15.6 % Male  
= 76,2 % Female and 23,8 % Male  
= 72.8 % Female and 27,2 % Male

## Results

- **Mean hourly remuneration gap (minus)** **-5.5 % ( -2 % in 2023)**
  - Mean hourly remuneration gap of part-time employees -4.5 (4% in 2023)
  - Mean hourly remuneration gap of temporary contracts employees -16.3 % (10% in 2023)
  
- **Median hourly remuneration gap (minus)** **-16.6% ( -11% in 2023)**
  - Median hourly remuneration gap of part time employees -16.3 %(-11% in 2023)
  - Median hourly remuneration gap of temporary contracts employees 1.5 % (10% in 2023)

## What does this mean?

The Gender Pay Gap results for 2024 are very similar to 2023 apart from the mean and median hourly remuneration gap.

In the main, male staff are paid 5.5 % 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. 84.4 % in the upper middle quartile and 85.5% 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. This is illustrating in this year's report whereby the gender pay gap has increased from -2. to -5.5 %. This is driven by an increase of the male workforce in the two lower quartiles.

This is also reflected in the median 'minus figure' of -16.6% in the Gender Pay Gap Report which shows the female median pay rate is higher than the male median pay rate.

The reporting for the mean and the median for part time and temporary changed in 2024, see Appendix 1. Therefore, we cannot compare any fluctuation and figures from 2023 versus 2024.

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 teorganisation 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 2023 in the EU remains at 13% and 5.57% in Ireland(12% in HSE) which would indicate that the GPG in OLH&CS as -5.5% 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  
Chief Executive Officer, Our Lady's Hospice & Care Services



Lorcan Birthistle  
Chairman of the Board of Director

## **Appendix 1.**

### **Note:**

*The SAP Standard 2024 GPG Report processes employees who are Temporary **and** Part Time differently to the SAP CoE 2023 and 2022 Reports:*

*2024 Report counts these employees as **only** temporary (i.e. not included in part time statistics)*

*2022 and 2023 reports counted these employees as **both** temporary and part time (i.e. included in both temporary **and** part time statistics)*