



# National Maternity Hospital Gender Pay Gap Report 2022

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- Gender Pay Gap GPG
- > National Maternity Hospital NMH
- Clinical Staff All employees who operate within a clinical roles within the NMH, such as Consultants, Non-consultant hospital doctors, midwives, nurses, health care professionals
- Non-Clinical Staff All employees who operate within support roles within the NMH, such as Administrators, Porters, Catering, Household, Multi-Task attendees etc.
- Social Care Professionals All employee who operates in support of clinical roles within the NMH and form part of the wider multi-disciplinary team, such as Dieticians, Psychologists, Radiographers, Physiotherapists, Social Workers, Laboratory Aids and Medical Scientists.
- Permanent Employee's those on a contract of employment that are permanent and pensionable.
- Part-Time Employee's those who work less than the whole time equivalent of the role.
- HSE Salary Scales Graded Salary scales as required by the DPER for all HSE employees
- > Department of Public Expenditure and Reform DPER.
- Hourly Paid Workers Workers of a casual nature engaged as required by the NMH, such as contractors.
- Ordinary Pay includes basic pay and any shift premiums, pay for leave, allowances and overtime pay.
- Reporting Year The GPG reporting year is the 12 months encompassing the snapshot date. All calculation are completed for the reporting year 2022.
- Snapshot date the NMH snapshot date is the 28<sup>th</sup> June 2022, on which the data fir the GPG report was taken for 2022.
- Mommy Tax The term, coined by the author Crittenden, is defined as "the earning loss a woman takes on her income when she decides to reduce her hours or leave her job for the sake of starting a family / looking after her children. It is not just the temporary loss of income but the decline that she has to face for the rest of her life". Reference - Ann Crittenden (2001) in her book, The Price of Motherhood: Why the Most Important Job in the World is Still the Least Valued discusses.

GPG Reporting Year Pay: This is defined as the sum of;

- Ordinary pay (as defined by hourly rate as it aligns to DPER HSE salary scales)
- Bonus Pay- (the NMH does not issue bonus pay)

#### Median GPG:

Median( male Hourly rate of pay) –Median (female hourly rate of pay)

Median (male hourly rates of pay)

The median is the difference between the hourly pay of the median male and the hourly rate of the median female e.g the male or female who is in the middle of a list of hourly pay ordered from highest to lowest. If there is an odd number of results, the median is the middle number. Medians are useful to indicate the typical situation. However this means that they can fail to pick up some GPG issues, they may also fail to pick up where issues are pronounced within the higher or lower paid employee's.

#### Mean GPG:

For calculation purposed this is expressed as;

Mean( male Hourly rate of pay) –Mean (female hourly rate of pay)

Mean (male hourly rates of pay)

The Mean Gender pay gap figure uses hourly pay of all employees to calculate the difference between the mean hourly pay of males, and the mean hourly pay of females. A mean (average) involves adding up all the figures and dividing the result by the number of figures in the list. It is useful as it places the same value on every number they use, to give a good overall indication of the GPG.



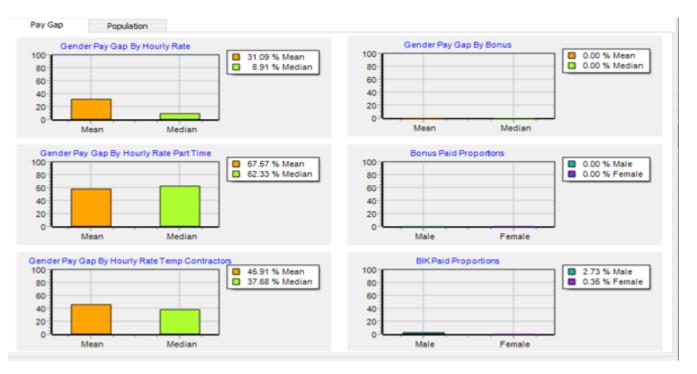
- What is the legislation; The legislation- The Gender Pay Gap Information Act 2021 and Regulations 2022. Reporting obligation for organisations with over 250 employees.
- What is the gender pay gap; this is the difference in the average hourly wage of men and women across a workforce – it compares the pay of all working men and all working women; not just those in the same jobs, with the same working patterns or the same competencies qualifications or experience.
- What is it's aim; its aim is to address gender gaps in the workplace and barriers to the full socio-economic equitability of women. In Europe, gender imbalance in the labour market is attributable for an estimated 10% per capita loss. According to IBEC The national pay gap in Ireland is estimated to be 11.3% pay gap figure compared to an EU average of 13%. GPG is a point in time calculation, the accumulation of a variety of decisions made by organisations, individuals and society over the years and whether these decisions have led to outcomes such as lack of female representation in senior roles, greater concentration of females in part-time roles or higher rates of attrition among females.
- What is the GPG gap for 2022; The NMH's 2022 GPG is 31.09% Mean and 8.91% Median, this calculation includes all NMH employees regardless of their status (i.e. permanent, full-time, Part-time, contractors, hourly paid). For contracted employees only the GPG is 45.91% Mean and 37.68% Median.
- Part-time employees have the highest GPG; The NMH's 2022 GPG is 57.57% Mean and 62.33% Median, for part-time employees. There are more women than men (3.20%) on part-time hours within the NMH.

**Reference** - (Language selection | European Commission (europa.eu)) and (https://ec.europa.eu/eurostat/databrowser/view/tesem180/default/table?lang=en).

#### Table 1 - Overview of Data

			al Maternity Hospital pany: NMHMonthly			
Gender Pay Gap by	Mean	Median	Population by p	oay quartiles	Male	Female
Hourly Rate	31.09%	8.91%	Lower	Q1	15.15%	84.85%
Bonus	0.00%	0.00%	Lower Middle	Q2	8.48%	91.52%
Hourly Rate Part Time	57.57%	62.33%	Upper Middle	Q3	9.70%	90.30%
Hourly Rate Temp Contractor	45.91%	37.68%	Upper	Q4	22.19%	77.81%
Bonus Paid Proportions			BIK Paid Propor	tions		
	Male	Female			Male	Female
	0.00%	0.00%			2.73%	0.35%

#### Table 2 – Data in Bar chart form



## **Total Figures**

Gender Pay Gap Mean:	31.09%
Gender Pay Gap Median:	8.91%
Gender Pay Gap Part Time Mean:	57.57%
Gender Pay Gap Part Time Median:	62.33%
Gender Pay Gap Temp Contractor Mean:	45.91%
Gender Pay Gap Temp Contractor Median:	37.68%
Bonus Pay Gap Mean:	0.00%
Bonus Pay Gap Median:	0.00%
Bonus Pay Proportion Male:	0.00%
Bonus Pay Proportion Female:	0.00%
BIK Pay Proportion Male:	2.73%
BIK Pay Proportion Female:	0.35%
Upper Quartile Male:	22.19%
Upper Quartile Female:	77.81%
Upper-Middle Quartile Male:	9.70%
Upper-Middle Quartile Female:	90.30%
Lower-Middle Quartile Male:	8.48%
Lower-Middel Quartile Female:	91.52%
Lower Quartile Male:	15.15%
Lower Quartile Female:	84.85%

### **Gender Pay Analysis**

Total Head count within the NMH is 1218, of which 17.40% are male and 82.59% are female.

Total Clinical breakdown within the NMH 10.21% males and 89.79% female. Total Non-clinical breakdown within the NMH 25.58% males and 74.42% female. Total Social Care Professional breakdown within the NMH 17.39% males and 82.61% female.

As Ireland's leading centre for women's health, we are committed to supporting a fair and equal workplace for all our employees, we strive to attract, retain and support the best talents for our roles, as we understand this is key to supporting our vision "To be renowned as a world class hospital for the care of women and babies" and is demonstrated in our gender pay report.

From the figures you will note that the majority of our staff all of the percentiles are predominately female between 70-80%, we would attribute this as being the norm traditionally within women's health care providers and particularly across Maternity Care providers.

We have observed, low levels of male staff in each quartile but in particular in the lower middle quartile, with the highest representation in the upper quartile.

We also attribute, the attraction of females to these roles, is likely due to the flexible working hours and the availability of condensed working weeks, which are attractive to those with family or caring responsibilities. Given the industry and the requirement for the NMH to operate on a 24/7 basis, the majority of our Clinical Staff have opted to work 3 condensed days starting and ending at various times, we feel that this is a key attraction and retention tool, that offers an alternative to part-time working. In addition it offers females the opportunity to maintain a full time presence within our workforce, by offering these flexible working hours and not limiting them to within the clinical grades, thus attracting employees to apply for promotional opportunities. Finally, supporting females to maintain a full time presence within the workforce limits the exposure to the "mommy tax" on working mothers within our hospital.

The NMH are encompassed by the broader HSE terms and conditions pay scales and remuneration packages, therefore the NMH does not supply bonuses to its employees and all employees are on HSE salary scales and incremental requirements.

Due to the nature of our patient profile (given that we are a leading healthcare provider in respect to Women's health and babies) culturally it is expected that there will be a higher proportion of female to male staffing due to our largest category of employees being Clinical Staff, which is predominantly made up of Midwives and Nurses. Also it is more likely that females are more attracted to roles within our hospital due to our patient profile.

That noted, there is still an opportunity to attract and retain males into the other categories of staffing within the Hospital and focus on a greater gender balance.

We propose to achieved this through;

Recruitment: continuing to ensure job advertisements are equally balanced towards both male and female applicants. Including the use of gender balanced interview panels and ensuring that recruitment documentation is simple and contains gender neutral language.

Training & Development: continuing to ensure access for all to both internal and external training and support this through our Study and Exam Leave Policy. This includes a partnership with the RCSI to support leadership development.

Career Progression: Continuing to ensure that all employees are equally encouraged to progress and continue to challenge unconscious bias. Continue to develop and promote potential career progression pathways within grades and in line with our People Strategy.

Policy Development: continue to evolve and promote the NMH's Diversity and Inclusion Policy with the hospital. In addition to the NMH's Recruitment and Study and Exam Leave Policy.