

RVEEH Gender Pay Gap Report 2022

Background

From June 2022, the Gender Pay Gap Information Act 2021 requires organisations to report on their hourly gender pay gap across a range of metrics. Organisations with over 250 employees are required to report for the first time in 2022. Organisations with over 150 employees will report in 2024 and those with over 50 employees will report in 2025.

There are seven broad reporting requirements:

1. **The mean and median pay gap in hourly pay between male and female employees**
2. **The mean and median pay gap in hourly pay between part-time male and female employees**
3. **The mean and median pay gap in hourly pay between temporary male and female employees**
4. **The mean and median bonus pay gap between male and female employees**
5. **The percentage of male and female employees who received bonus pay**
6. **The percentage of male and female employees who received benefit in kind**
7. **The percentage of male and female employees in each of four pay band quartiles**

The RVEEH Gender Pay Gap report is based on data as at 30th June 2022. At this time there were 391 people employed by the RVEEH, Female 287 (73%) and Male 104 (27%). This report shows the difference between the average earnings of men and women, expressed relative to men's earnings.

1. **The mean and median pay gap in hourly pay between male and female employees**

The gender pay gap of 21.07% reported for the RVEEH does not mean that women are paid less than men for doing the same job, but it does show that, on average, men disproportionately occupy higher-paying roles than women in the hospital.



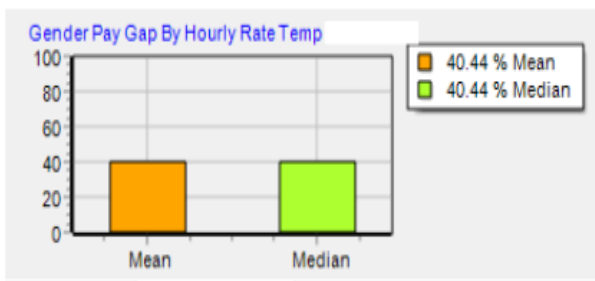
The median value of 7.43% is the difference between the midpoints in the ranges of hourly earnings for men and women. Our median gender pay gap of 7.43% suggests that our pay gap is impacted by the highest (male) earners in the hospital.

2. **The mean and median pay gap in hourly pay between part-time male and female employees**



The majority of part time staff are female and are in the lower quartile and lower middle quartile jobs. The number of male employees that avail of part time flexible working options is lower than female.

3. **The mean and median pay gap in hourly pay between temporary male and female employees**



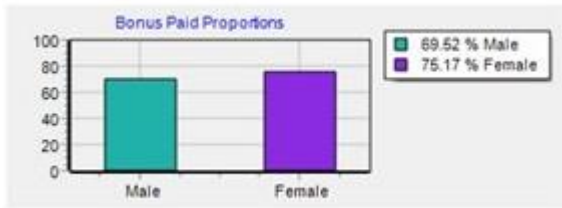
The sample size in this category is small and this impacts the data disproportionately.

4. **The mean and median bonus pay gap between male and female employees**



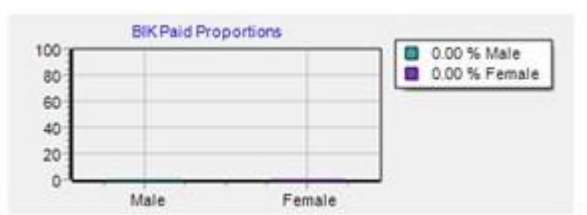
All staff that met the eligibility criteria were processed for the pandemic payment. All eligible staff were not processed in June, payments continued through the summer months, hence this figure is not inclusive of all eligible staff.

5. **The percentage of male and female employees who received bonus pay**



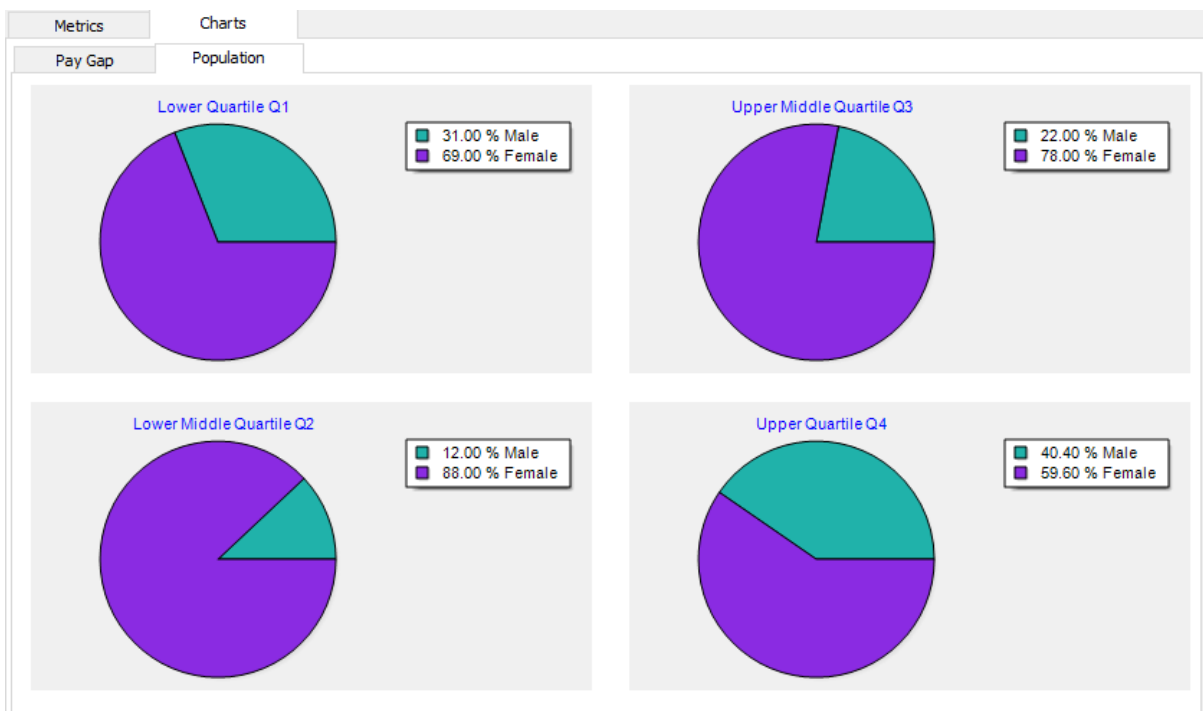
The data in relation to bonus is related to the pandemic payment which was processed for staff that met the eligibility criteria in June 2022. This was a once off payment, there is no facility for bonus payments within the consolidated salary scales.

6. The percentage of male and female employees who received benefit in kind



Nil report.

7. The percentage of male and female employees in each of four pay band quartiles



87% of our nursing workforce is female which is demonstrated in the lower middle and upper middle quartiles.

Similarly, 80% of our management administrative roles are female which is reflected in the lower and lower middle quartiles.

The upper quartile represents medical consultant staff and senior management posts. There is a higher representation of males in the upper quartile which impacts on the hospitals gender pay gap.

Summary

Our proportion of male and female staff should be taken into account when looking at our gender pay gap, (73% female, 27% male), as should the age range of our male and female workforce, as members of staff who have enjoyed long careers in the RVEEH can often be higher up the pay scales than those who are just starting their careers. As a small-sized hospital with a predominantly female workforce 73%, we know that small changes in our staff profile can have a significant impact.

The RVEEH remunerates all staff on defined salary bands as per the Department of Health Consolidated salary scales. This ensures that everyone is paid fairly for undertaking the same or a similar role and the assimilation onto the salary scales is in accordance with department of health guidelines for incremental credit. The gender pay gap looks at the distribution of men and women across all job grades of the hospital, and how this translates into the average salary and bonus payments made as a result.

Traditionally a large proportion of Medical Consultant staff were Male, currently our medical Consultant staff are Female 52%, Male 48%. Changes in medical training, the option of flexible working practices etc have resulted in an increase in female representation in the medical consultant category in recent times.

Historically, the trend for entrance to medical staff for training for doctors was heavily weighted towards males. This was reflective of societal trends towards the medical profession. More recently this balance has changed, the balance of male and female medical staff in NCHD grades currently in the RVEEH is 57% female and 43% male.

When the consultant staff are analysed, it becomes evident that the longer serving staff (and higher salary terms and conditions) are predominantly male. However, in line with both national and local trends towards training, the staff now coming in at this grade are more balanced across the genders.

In 2022, the hospital invested significantly in the IT department, the recruitment in this area was predominately male at a higher salary range, due to the specialist skillset, this is evidenced in data in the upper quartile.

Specialist skillsets command very different salaries, so the potential for significant differences in salary is much higher. In an hospital of two-thirds women and one-third men, relatively small changes in the distribution of men across the different pay quartiles in the organisation can have a significant impact on our gender pay gap.

Though we have a gender pay gap due to our disproportionate representation of men and women within the workforce (as reflected across the health sector nationally), we are

confident that we pay fairly and equitably in accordance with the Department of Health consolidated salary scales.