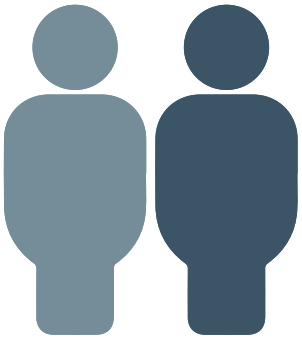
NHS
Blood and Transplant

NHSBT GENDER Pay Gap Report 2022



Foreword

As part of our commitment to Equality, Diversity and Inclusion (EDI) we are pleased to present our Gender Pay Gap Report 2022 for NHS Blood and Transplant (NHSBT).

We are delighted with our progress in reducing the gender pay gap in our organisation, taking it even further below the national average.

Two thirds of our staff are women – therefore it is very important to us to support their progression and strive to close the gender pay gap.

Statistics show that we still have work to do, especially in improving the number of women represented in senior roles. This is an extremely important area and we are taking a number of steps to make sure we continue our progress in tackling the gender pay gap and ensuring our organisation is one in which everyone has the chance to flourish.

We continue with our work on building specialist support programmes for women to grow in leadership, offering all staff greater flexibility to do their role whilst managing personal commitments by using our Flexible Working policy and Shared Parental Leave policy.

We will generate greater awareness of apprenticeship offerings to ensure they support our future talent pipeline and diversify the future workforce.

Our aim is to have a workforce that is a blend of talents, representing society as a whole. This is why achieving equity for all groups of our people is central to everything that we do – both to create a great place to work, but also to support our strategic priorities to:

- Grow and diversify our donor base to meet clinical demand and reduce health inequalities
- Invest in people and culture to ensure a high performing, inclusive organisation

We would like to thank everyone involved in producing this Gender Pay Gap Report.

Interim CEO:
Wendy Clark

Chair:
Peter Wyman

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1. Background

NHSBT is a special health authority responsible for saving and improving lives by providing a safe, reliable, and efficient supply of blood components, stem cells and diagnostic services to healthcare providers in England and source organs and tissues across the UK.

NHSBT has a predominately female workforce. The gender profile of the workforce has seen a marginal change since reporting began in 2017. As of 31 March 2022, two-thirds (68.39% or 3,922) of staff are women and one-third (31.61% or 1,813) are men.

The Equality Act 2010 (Gender Pay Gap (GPG) Information) Regulations 2017 require employers with more than 250 employees to publish and report specific figures about their gender pay gap on the 'snapshot date' of 31 March every year.

The regulations on gender pay gap reporting require NHSBT to report and publish specific figures about its gender pay gap to the government. The information that is required is:

- A **mean average** (total of all female/male salaries, each to be divided by the number of women and men employed)
- A **median average** (a numerical order list of all female/male salaries, the median being the middle number on the list, to be compared between females/males)
- Percentage of **males and females in each quartile** of the organisation (divide into 4 groups from lowest paid (Q1) to highest)
- Percentage of **males and females receiving a bonus** (or other) payments (and calculated as a mean and a median average)

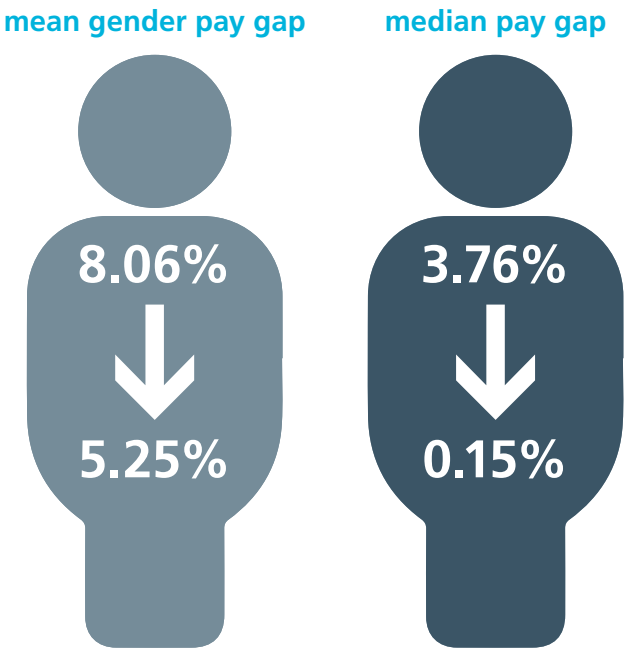
The regulations also stipulate that: NHSBT must publish its gender pay gap information (and written statement if applicable) in a prominent place on NHSBT's public-facing website, and that NHSBT should publish a supporting narrative and action plan to help explain the organisation's gender pay gap and the actions needed to reduce this.

2. Key findings

Since 2017, NHSBT's mean gender pay gap has remained static around 7-8%. On the snapshot date of 31 March 2022, however, NHSBT's data confirmed significant progress. This is set out below:

- Our **mean gender pay gap** for ordinary pay has been **reduced to 5.25% from 8.06% (2021)** which is significantly better than other public sector organisations (NHS England: 16.2%) and well below the national average of 15.4% (Office of National Statistics report, 2021). This translates into the fact that for every £1 we pay to men we pay 94.8p to women.
- Our **median pay gap** for ordinary pay has **reduced to 0.15%** from 3.76% (2021). This translates into the fact that for every £1 we pay to men we pay 99.8p to women.
- Our **bonus gender pay gap** (for both mean and median) has reduced this year.
- Our **pay quartiles** show proportionately higher percentages of men than women in the highest and lowest pay quartiles.

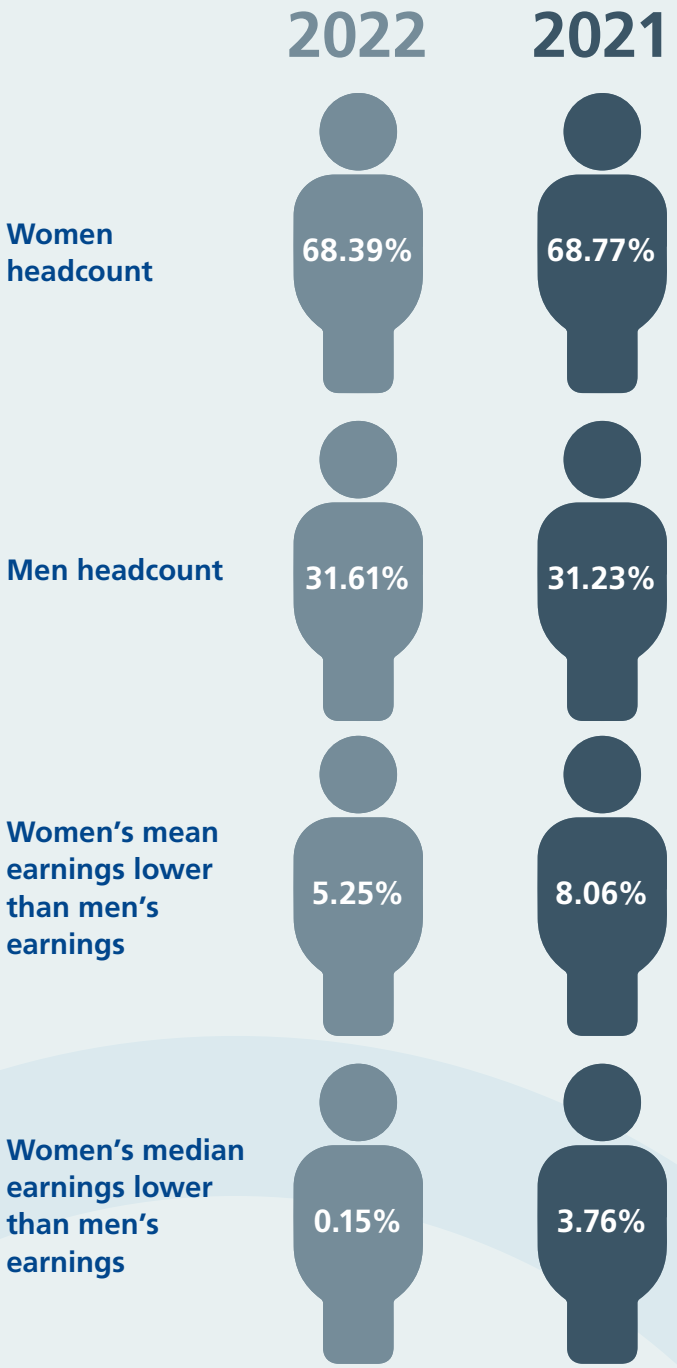
2021



3. NHSBT gender pay gap

Our gender pay gap for ordinary pay is reported as follows: **Women's mean earnings are 5.25% lower than those of men and women's median pay is 0.15% lower than men's**.

Gender pay gap for ordinary pay



The 'ordinary pay' element of the gender pay gap is calculated using basic pay and other payments, such as shift allowances or recruitment and retention premia, which can be up to nine extra items (**Appendix**).

There has been more fluctuation with the median gender pay gap over the last 5 years, with 2022 seeing the biggest change. The median pay gap is the difference between the 'middle' male and 'middle' female earner and this year it has reduced to its lowest level.

One explanation for this is the higher proportion of men in more senior (higher paid) roles, combined with the higher proportion of women in more junior roles (lower paid roles). A further explanation is that the Clinical Excellence Awards, now rebranded the Clinical Impact Awards, have been reformed to recognise and reward the exceptional contributions of NHS consultants in a much more inclusive and accessible way.

This table below shows NHSBT's ordinary pay gap since 2017.

Ordinary pay snapshot dates	Pay mean percentage	Pay Median percentage
31.03.17	7.9%	5.0%
31.03.18	7.6%	5.4%
31.03.19	7.6%	5.6%
31.03.20	7.8%	6.7%
31.03.21	8.1%	3.8%
31.03.22	5.25%	0.15%

4. Quartiles

We identify the number of women and men employed in each pay quartile and express the resulting figures as a percentage of the total number of employees in the relevant quartile.

Quartile pay band	Male number	Female number	Total number	Male %	Female %
Lower (0–25% of full-pay for relevant employees)	457	969	1,426	32.05%	67.95%
Lower middle (25–50% of full-pay for relevant employees)	440	992	1,432	30.73%	69.27%
Upper middle (50–75% of full-pay for relevant employees)	421	1,019	1,440	29.24%	70.76%
Upper (75–100% of full-pay for relevant employees)	495	942	1,437	34.45%	65.55%
Total	**1,813**	**3,922**	**5,735**	**31.6%**	**68.3%**

The data shows that the 'distribution' of men and women through the pay bands does not reflect overall gender composition of the workforce, with proportionately more men than women in highest pay quartile.

The 2022 data is similar to 2021 and shows that men are lower than their average in the middle two quartiles where women are over-represented. This gender distribution is worth investigating further.

5. Pay structure

All NHSBT staff, except board/executives and medical grade staff, are bound by NHS Terms and Conditions of Service that contain the national agreement on pay and conditions of service. The NHS Terms and Conditions pay ranges from Band 2 (lowest pay) up to Band 9.

There are fewer women in higher paid roles (pay band 8b and above). This can also be seen when comparing ordinary pay of men and women using salary quartiles.

6. NHSBT gender bonus pay gap

We also report our gender pay gap for the bonus payments that we have made as follows:

Gender bonus pay gap	2022	2021
Difference in mean bonus pay	**-4.67%**	36%
Difference in median bonus pay	**-16.67%**	50%
	0.46% (18) women had a bonus	0.52% (20) women had a bonus
	0.28% (5) men had a bonus	0.38% (7) men had a bonus

Both the mean and median gaps have reduced from 2021. This is a combination of men holding high awards retiring, the change in the local Clinical Excellence Awards (CEAs) over the pandemic and the work done to encourage women to apply for and receive CEAs.

A large impact was the BMA recommendation for local CEA awards to be apportioned rather than applied for over the pandemic years. Secondly there were two national CEA awards in 2021 to women and the retirement of the platinum award holder. The effect of this at NHSBT has been more women's bonuses compared to men's for the first time.

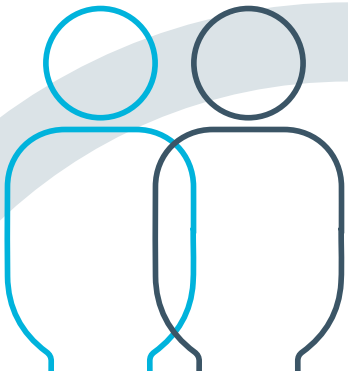
This reporting round saw a similar number of men and women receiving awards as last year (in total 18 bonuses being paid to women and 5 paid to men). At this point it is worth noting that 23 of our employees received a bonus payment. This is 0.4% of the 5,735 employees.

At NHSBT, women have received more CEAs and a greater CEA level increase compared with men as local clinical awards were given to across-the-board eligible consultants. With no VSM/ESM bonuses included in this round of reporting, the reason for the negative percentage figures indicates that overall, in this reporting period, male employees have received less CEAs or lower CEAs. This is a move in the right direction for women due to historical factors and high value CEAs to men that have been in place for several years which has taken time to phase out.

It was also noted that there were some under- and over-payments of CEAs at NHSBT. Over-payment can occur when annual awards should have expired. Equally, some local awards that should not have expired had not been continued. A policy decision was made that if individuals received the payment, this was counted in the reported figures of the year in which payment was made. Due to some of these transactional errors, an adjustment may be needed in due course.

Bonus snapshot dates	Bonus mean percentage	Bonus median percentage
31.03.17	44.5%	48.7%
31.03.18	32.9%	53.2%
31.03.19	26.3%	28.6%
31.03.20	54.8%	62.5%
31.03.21	36.0%	50.0%
31.03.22	-4.67%	-16.67%

Gender	Mean bonus Pay	Median bonus Pay
Male 0.46% males received a bonus (5)	21,647.44	18,096.00
Female 0.46% females received a bonus (18)	22,658.47	21,112.00
Difference	-1,011.03	-3,016.00
Bonus Pay Gap %	-4.67%	-16.67%



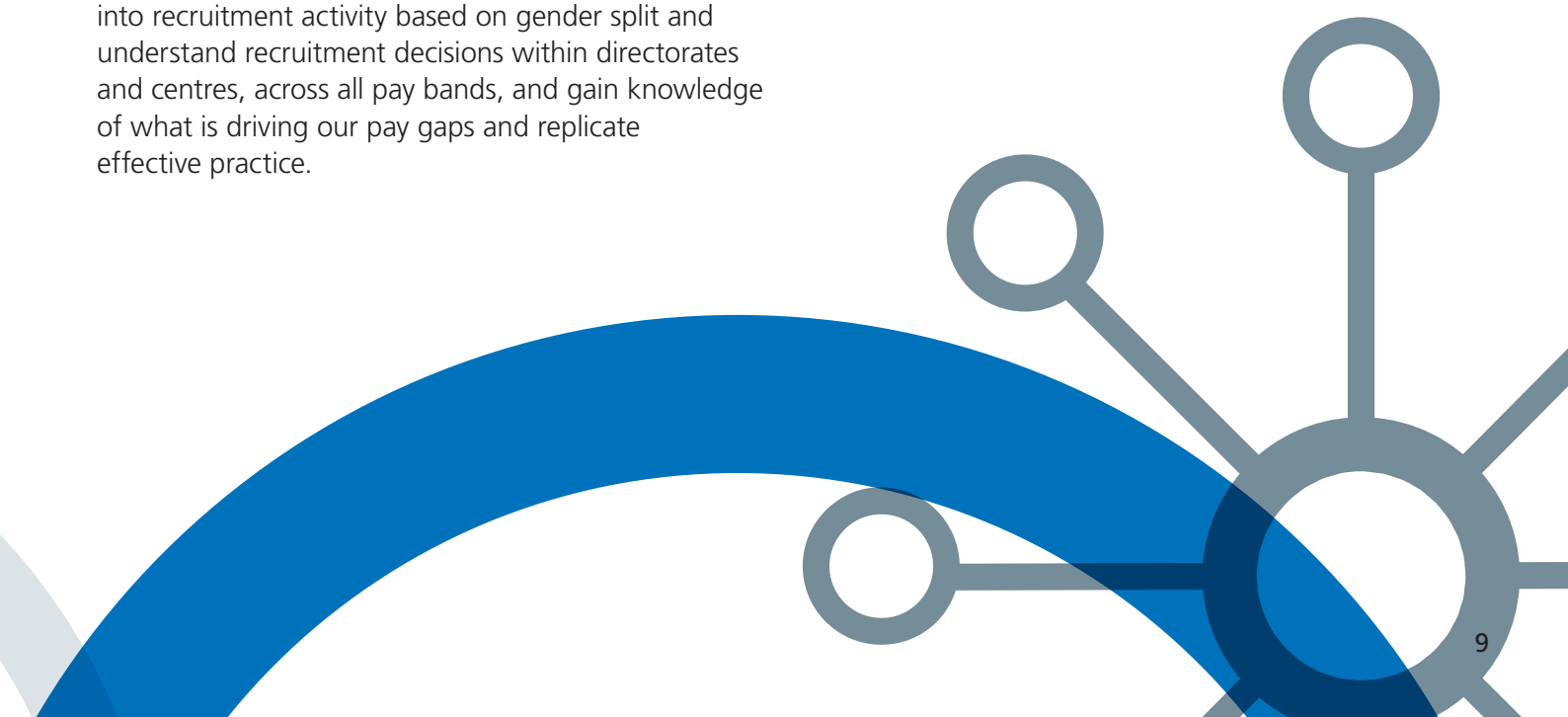
7. Responding to our data

Action planning to reduce our gender pay gap has centred around trying to reduce our bonus percentage gap by actively promoting the CIA scheme to women and ethnic minorities. This has paid off and is demonstrated in the data.

While we are pleased that our gender pay gap is lower than the national average, NHSBT is committed to ensuring that our pay gap continues to be reduced. This most often entails increasing the proportion of men in lower grades alongside increasing the proportion of women occupying more senior roles.

Over the next 12 months, we will continue to review our data and address areas of improvement to enable us to achieve a reduction in our pay gap.

- **Regular data monitoring** We will analyse the GPG data ahead of the next snapshot date of 31 March 2023 and do this on a directorate and centre-based breakdown.
- **Directorate engagement** We will engage Assistant Directors – People and Culture to discuss with their Directorate Senior Management Teams how to support directorate specific actions and, where necessary, take remedial action in the next reporting round. This should have a positive impact on reducing our gender pay gap.
- **Recruitment** We have insights into directorate and centre-based trends. We will delve deeper into recruitment activity based on gender split and understand recruitment decisions within directorates and centres, across all pay bands, and gain knowledge of what is driving our pay gaps and replicate effective practice.
- **Diversity of senior groups** We will widen the pay gap analysis to take an intersectional approach so that it goes beyond reviewing recruitment practices on gender to increase diversity across multiple protected characteristic groups.
- **Clinical impact awards** Continue with work done to increase the number of women being awarded Clinical Impact Awards and over time, so the scheme increases to ensure a balanced bonus pay gap.
- **Talent management** Continue with our work building specialist support programmes for women to grow in leadership, offering all staff greater flexibility to do their role whilst managing personal commitments by using our Flexible Working policy and Shared Parental Leave policy. Generate greater awareness of apprenticeship offerings to ensure they support our future talent pipeline and diversify the future workforce as representative of the populations we serve.
- **Networks** Continue providing peer support through networks to ensure we provide rich and deep engagement across all protected characteristics, to provide a voice within the organisation for lived experience and insight that will help us to be inclusive.
- Training Develop line manager capability on people policies to get support to individuals on wellbeing, belonging and reward for all colleagues to improve retention.



8. Action plan

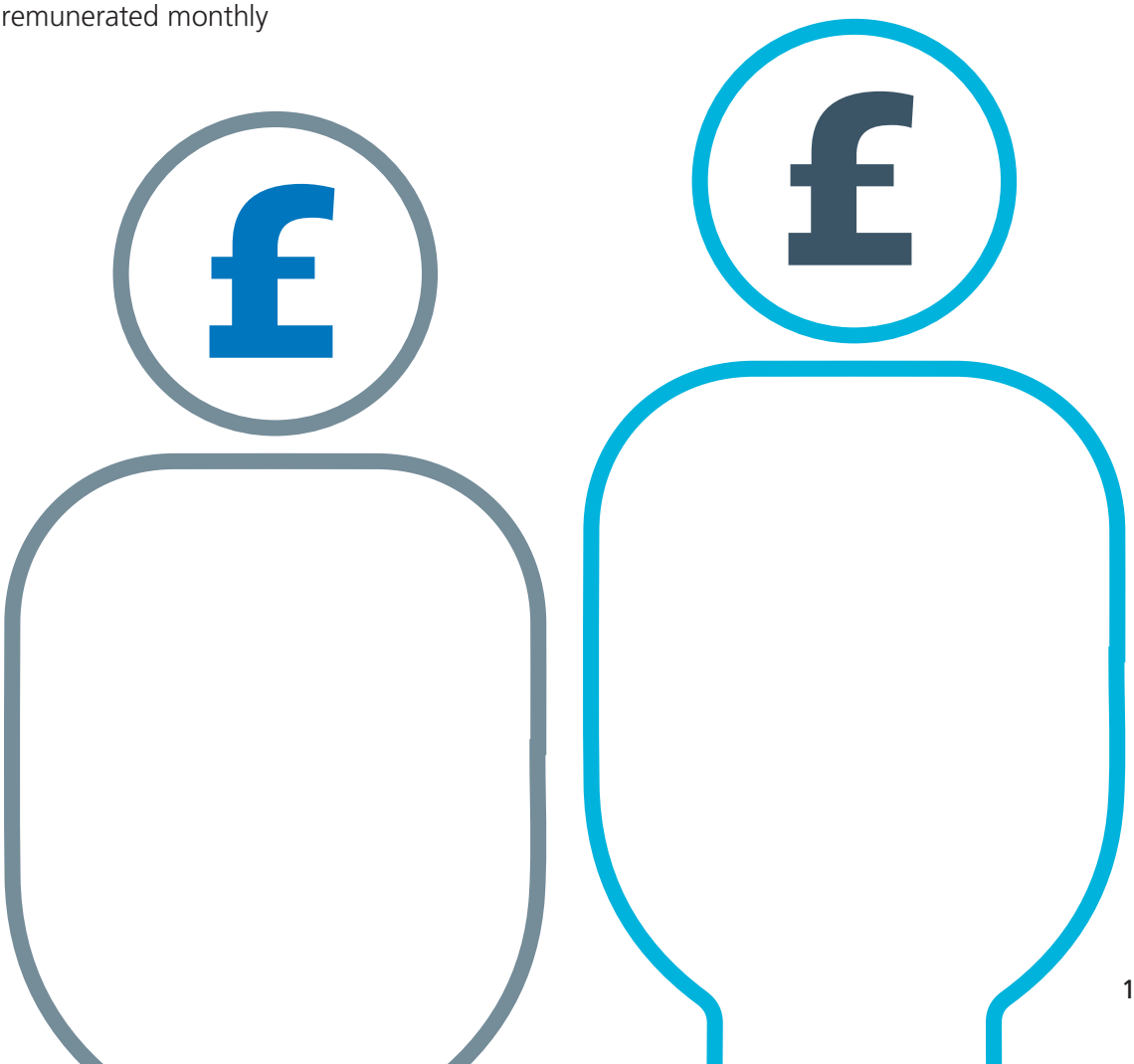
Action
Talent Management
Advertise possibility of flexible working where the option exists
Encourage uptake of shared parental leave by promoting within the organisation
Create specialist support programmes for women to grow in leadership, offering networking and peer support for women in the workplace
Generate greater awareness of apprenticeship offerings to ensure they support our future talent pipeline and create a diverse workforce for the future that is representative of the population served
Access to leadership roles
Rollout of reverse mentoring to include Women's Network
Engage with stakeholders to understand where there may be gender barriers to leadership roles
Clinical Impact Awards
Continue reviewing internal CIA process to address any barriers
Development
Leadership development offer to include compassionate, inclusive leadership support and to cover key inclusion topics
Recruitment
Review existing interview process to identify risks of gender bias and build capacity for gender-diverse shortlisting and interview panels
Networks
Continue providing peer support through networks, listening to employee voice and being guided by the needs and experience of the workforce across all areas of inclusion

Appendix A

What is 'ordinary pay'?

'Ordinary pay' is:

1. Basic gross hourly pay before tax and pension is deducted, but after salary sacrifices are deducted, and after the pension reduction where an employee contributes to a pension via the salary sacrifice scheme
2. Shift premium pay (unsocial hours enhancements for nights and weekends)
3. The 3 types of cost-of-living location supplements
4. Allowances for 'on-call', etc.
5. Allowances for extra responsibilities as centre heads, etc.
6. 'Paid leave' pay (for example, within annual leave entitlement or within paid maternity leave entitlement)
7. Pay for one-off annual remuneration for having, for example fire warden or first aider duties
8. Pay for annual leave one-off uplifts
9. Inclusive of bonus if remunerated monthly in normal pay.



Appendix B

Reforms to the Clinical Excellence Awards

The Clinical Excellence Awards are now known as the **Clinical Impact Awards**. These awards are given by the Government's Advisory Committee to recognise and reward the exceptional contribution of NHS consultants, over and above what is normally expected in their job, to the values and goals of the NHS and to patient care.

The awards are co-ordinated and awarded by the Advisory Committee on Clinical Impact Awards (ACCIA), sponsored by the Department of Health and Social Care.

The national process for awards changed significantly in 2022. The ACCIA decided only to accept applications for national awards from consultants and Academic GPs working for the NHS in England and Wales. ACCIA no longer renews awards, all awards going forward will be classified as new. Awards will be held for 5 years, after which time a further new award can be applied for.

Further changes made to the 2022 round of awards meant that this year's application process ensured a more inclusive and accessible scheme. The key changes were:

- **Increase the number of available awards** – once the transition process for existing national CEA award holders has completed over the 5-year transitional period, there will be up to 600 awards granted annually in England. National awards and local awards are also planned to be held concurrently – this is being reviewed throughout the transition period.
- **Rebrand the scheme** – the awards have been rebranded as the national Clinical Impact Awards to reflect to applicants and scorers that the primary focus of the awards is on the output of activities, rather than on undertaking activities without describing their impact and results
- **Restructure the award levels** – in England, the scheme now operates as a three-level award system: national 1 (lowest), national 2 and national 3 (highest).
- **Refresh the assessment domains** – the assessment domains have been revised to combine both Delivering and Developing Service into a single new domain (domain 1). Three domains (domains 2, 3 and 4) have been renumbered and their emphases amended and a new fifth domain has been introduced to allow applicants to include evidence of national impact from other unpaid activities, or where they have delivered impact over and above expectation.
- **Simplify the application process** – a single-level application process has been introduced so applicants no longer apply for an award at a specific level. This enables them to gain higher level awards on first application based on the score they attain.
- **Remove pro-rated awards** – those working less than full time (LTFT) will no longer have their post-2022 award payments pro-rated.
- **Remove the renewals process** – the renewals process has been removed so that National Clinical Impact Awards will be held for a total of 5 years, at which point applicants can reapply.
- **Remove the pensionability of awards** – National Clinical Impact Awards are no longer pensionable or consolidated.
- **Simplify the process for employers** – employers only need to indicate their support or their lack of support for an application and provide a citation for each applicant. Employer scoring and ranking are no longer required.