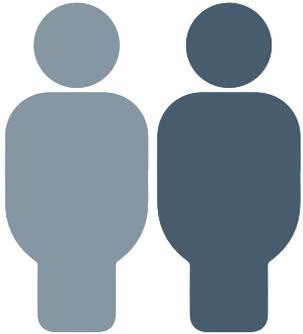


NHSBT GENDER

Pay  Gap

Report 2023

Foreword

We are delighted to present the Gender Pay Gap Report for 2023.

Delivering improvements in Equality, Diversity and Inclusion (EDI) issues across the organisation remains one of our key priorities. Our work to address the Gender Pay Gap is an important part of that improvement agenda, particularly given that women form more than two thirds of our workforce.

There is a range of activity to drive improvements in the ability for all of our staff to achieve their full potential and progress their career. This includes: developing specialist support programmes for women to grow in leadership; increasing the number of women who receive Clinical Impact Awards; and changes to our recruitment practice. We have improved the availability, segmentation and monitoring of data to inform practice and ensure that the changes we are making are delivering improvements.

This report demonstrates that the work to date is making positive improvements, with the mean gender pay gap continuing to reduce and is significantly better than many other public organisations.

However, the report identifies areas where we need to focus effort, such as in awarding bonus payments and the number of women in the highest pay quartiles. There are a range of activities planned for the coming year that will help improve equity for colleagues. For example, we will introduce reverse mentoring schemes to improve career support for women. We will also continue to build on the training, peer support and awareness of the opportunities for women across the organisation.

Delivering the programme of activity will require engagement from everyone within NHSBT. We look forward to working with our colleagues to provide further improvements and supporting women in the organisation to progress, making NHSBT a place that people want to join, stay and where everyone can thrive

CEO:

Jo Farrar



Contents

1. Background	4
2. Key findings	5
3. NHSBT gender pay gap	6
4. The quartiles	7
5. Pay structure	7
6. NHSBT gender bonus pay gap	8
7. Responding to our data	9
8. Actions for the coming year	10
Appendix A	11
Appendix B	12

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 predominantly female workforce. The gender profile of the workforce has seen a marginal change since reporting began in 2017. As of 31 March 2023, two thirds (68.48% or 4,162) of staff are women and one third (31.51% or 1,915) 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 2023, however, NHSBT's data confirmed further progress. This is set out below:

- Our **mean gender pay gap** for ordinary pay has been **reduced to 5.04% from 5.25% (2022)** which is significantly better than other public sector organisations (NHS England: 14.7%) and well below the national average of 14.3% ([Office of National Statistics report, 2023](#)). This translates into the fact that for every £1 we pay to men we pay 94.96p to women
- Our **median pay gap** for ordinary pay has **increased to 3.57% from 0.15% (2022)**. This translates into the fact that for every £1 we pay to men we pay 96.43p to women
- Our **bonus gender pay gap** (for both mean and median) has increased this year
- Our **pay quartiles** show proportionately higher percentages of men than women in the two higher pay quartiles

2023

mean gender pay gap



median pay gap



3. NHSBT gender pay gap

Our gender pay gap for ordinary pay is reported as follows: **Women’s mean earnings are 5.04% lower than those of men and women’s median pay is 3.57% lower than men’s.**

Table shows NHS GPG Ordinary Pay percentages for pay gap purposes over last three consecutive years & headcount

Gender pay gap for ordinary pay	2023	2022	2021
Women headcount percentage	68.48%	68.39%	68.77%
Men headcount percentage	31.51%	1.61%	31.23%
Women’s mean earnings lower than men’s earnings	5.04%	5.25%	8.06%
Women’s median earnings lower than men’s earnings	3.57%	0.15%	3.76%

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.

TABLE showing change from 2017-2023

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%
31.03.23	5.04%	3.57%

4. The 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.

2023 table showing the 4 quartiles by numbers and percentages for men and women

Quartile pay band 2023	Male number	Female number	Total number	Male %	Female %
Lower (0–25% of full-pay for relevant employees)	457	1,060	1,517	30.13%	69.87%
Lower middle (25–50% of full-pay for relevant employees)	455	1,065	1,520	29.93%	70.07%
Upper middle (50–75% of full-pay for relevant employees)	484	1,032	1,516	31.93%	68.07%
Upper (75–100% of full-pay for relevant employees)	519	1,005	1,524	34.06%	65.94%
Total	1,915	4,162	6,077	31.51%	68.48%

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 the two higher pay quartiles.

The 2023 data shows that men this year are lower in number than their average in the lowest two quartiles, where women are over-represented. This gender distribution is worth investigating further. Last year men were lower in number than their average in the middle two quartiles.

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:

BONUS TABLE comparing mean and median bonus – the previous two years' to this

Gender bonus pay gap	2023	2022	2021
Difference in mean bonus pay	19.54%	-4.67%	36%
Difference in median bonus pay	26.83%	-16.67%	50%
	0.24% (15) women doctors received a CEA/ CIA bonus award	0.46% (18) women received a bonus	0.52% (20) women received a bonus
	0.06% (4) male doctors received a CEA/CIA bonus award	0.28% (5) men received a bonus	0.38% (7) men had a bonus

Both the mean and median gaps have increased from 2022. It was felt that last year's reduction was likely due to the work that had taken place to encourage more women to apply for Clinical Impact Awards.

The CIAs have been reformed to allow for more equitable outcomes. The effect of this at NHSBT has been more women's bonuses compared to men. This reporting round saw a similar number of men and women receiving awards as last year (in total 15 bonuses being paid to women and 4 paid to men). At this point it is worth noting that 19 of our employees received one of these payments. This is 0.31% of the 6077 employees (0.4% last year).

NHSBT aims for women to receive more CIAs and at a greater CIA level compared with men, and local clinical awards were given to across-the-board eligible consultants.

There were a small number of VSM/ESM bonuses included in this round of reporting. The positive percentage figures indicate that overall, in this reporting period, female employees have gone back to receiving less CIAs or lower CIAs. The few men who received CIAs (four) tended to have high value amounts, and whilst 4 of the 15 women largely matched this, there were 11 others whose amounts were considerably smaller therefore bringing down the average.

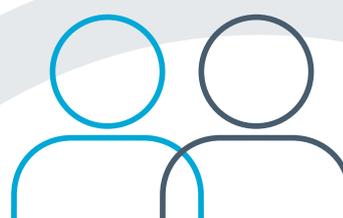
Last year there were some under- and over-payments of CIAs which can occur when annual awards should have expired or local awards that should not have expired had not been continued. Due to some of these transactional errors, adjustment have been required which may be being reflected in this year's CIA figures still.

TABLE 2017-2023

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%
31.03.23	19.54%	26.83%

TABLE mean/median actual

Gender	Mean bonus Pay	Median bonus Pay
Male 0.06% males received a bonus (4)	28,860.53	30,914.01
Female 0.24% females received a bonus (15)	23,221.83	22,620.00
Difference	5,638.69	8,294.01
Bonus Pay Gap %	19.54%	26.83%



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 2024 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.
- **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. Actions for the coming year

- 1.** Introduce Reverse Mentoring scheme (for characteristics including gender) with pilot commencing in Clinical Services Directorate.
- 2.** All Internal Communications-supported Events for 2023-24 encompass the theme of tackling bullying and harassment in the workplace including International Women's Day and Ada Lovelace Day.
- 3.** Deep dive into workforce profile by ethnic group, and intersected by disability, gender and band, to inform workforce information report and Workforce Race Equality Analysis with intersectional perspective.
- 4.** Create specialist support programmes for women to grow in leadership, offering networking and peer support for women in the workplace.
- 5.** Promote access to Clinical Impact Awards for women, removing any barriers and encouraging applications.
- 6.** To review the Staff Network Charter and develop a Standard Operating Procedure detailing the support and resources available to all staff networks and chairs including the women's network, in consultation with staff network chairs and relevant stakeholders.
- 7.** The women's network and all staff networks' chairs undertake training and development in the staff network chair role.
- 8.** Scope and identify a staff network (including women's network) maturity model to support the evaluation and development of staff networks.

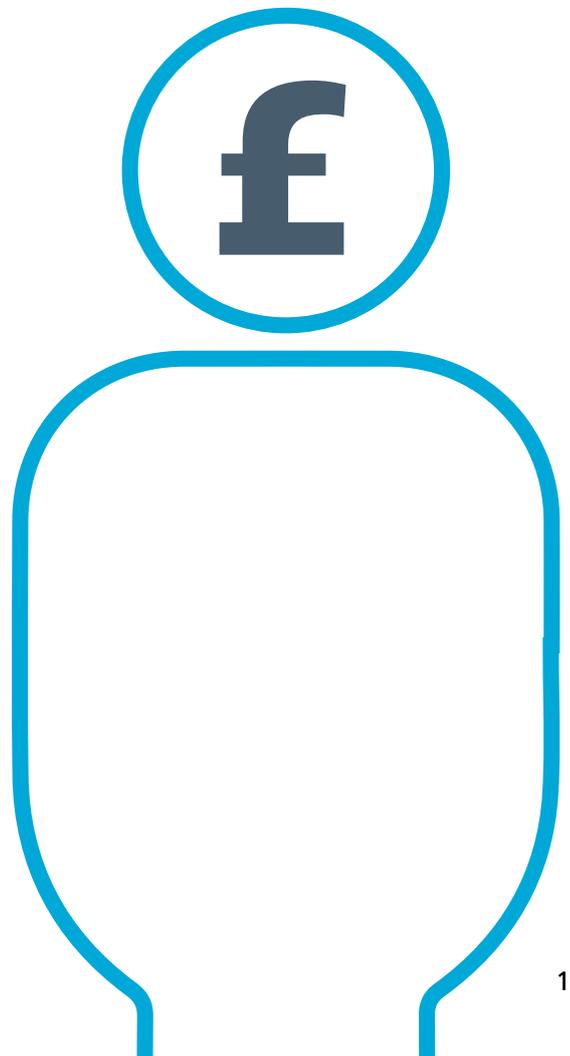
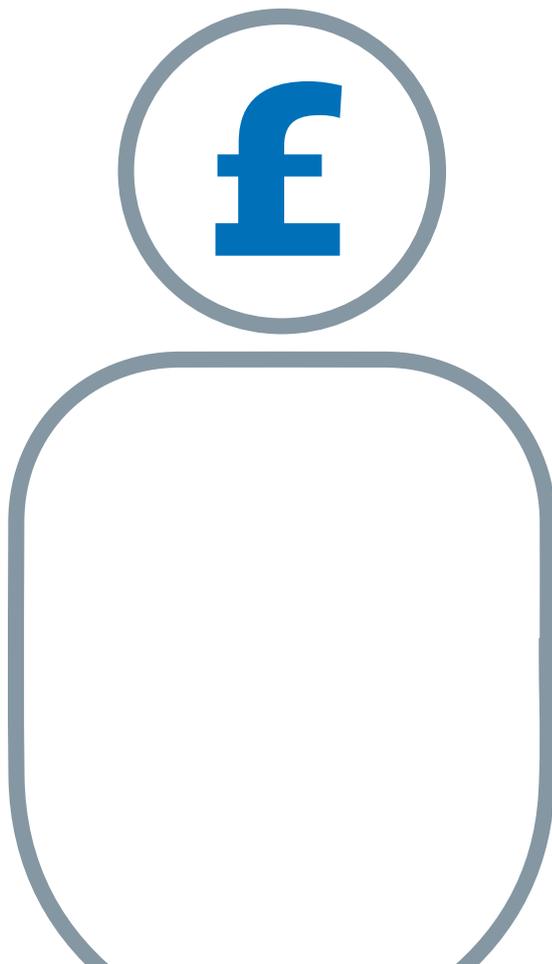


Appendix A

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.

