



**Gender Pay
Gap Report 2025**

Foreword

We are delighted to present the Gender Pay Gap Report for 2025.

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 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 'connect and grow' and 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.

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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 predominantly female workforce. The gender profile of the workforce has seen a marginal change since reporting began in 2017. As of 31 March 2025, two thirds (67.88% or 4,459) of staff are women and one third (32.12% or 2,110) 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)

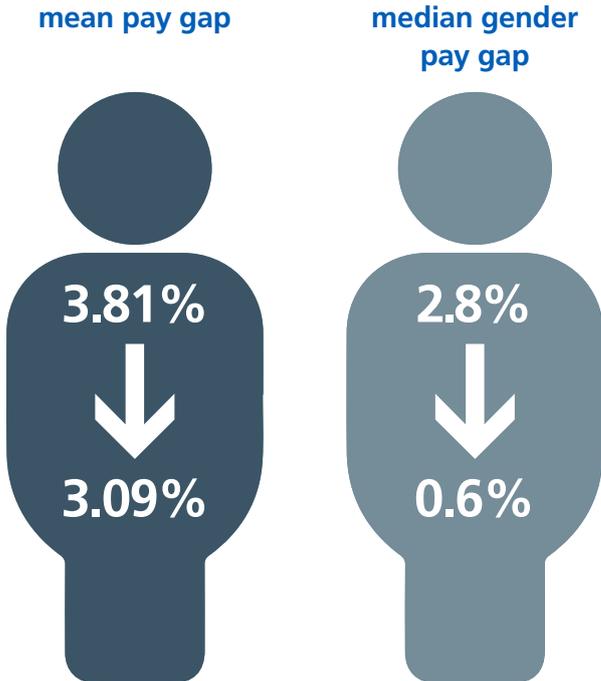
The regulations also stipulate that: NHSBT must publish its gender pay gap information (and written statement if applicable) in a prominent place on NHSBT's public facing website, and that NHSBT should publish a supporting narrative and action plan to help explain the organisation's gender pay gap and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

2. Key findings



NHS staff employed under Agenda for Change (AfC) bandings allow near-parity to be achieved in like for like work, but since 2017, NHSBT’s mean gender pay gap has remained static around 7-8%. On the snapshot date of 31 March 2025, however, NHSBT’s data confirmed further progress. This is set out below:

- Our **mean gender pay gap** for ordinary pay has been **reduced to 3.09% from 3.81%** (2024) which is significantly better than other public sector organisations (NHS England: mean 11.41%) and below the national average of 7% (Office of national statistics). This translates into the fact that for every £1 we pay to men we pay 96.91p to women
- Our **median pay gap** for ordinary pay has **reduced to 0.6% from 2.8%** (2024). This translates into the fact that for every £1 we pay to men we pay 99.4p to women (NHS England: median 8.66%).
- Our **bonus gender pay gap** (for both mean and median) is closer to zero this year.
- Our **pay quartiles** show a disproportionately higher percentage of men than women in the top pay quartile.



3. NHSBT gender pay gap

Our gender pay gap for ordinary pay is reported as follows: Women’s mean earnings are 3.09% lower than those of men and women’s median pay is 0.6% lower than men’s.

Table shows NHSBT GPG Ordinary Pay percentages for pay gap purposes over last five consecutive years & headcount.

Gender Pay Gap	2025	2024	2023	2022	2021
Women headcount (percent)	67.88%	68.12%	68.48%	68.39%	68.77%
Men headcount (percent)	32.12%	31.88%	31.51%	31.61%	31.23%
Women’s mean earnings lower than men’s earnings	3.09%	3.09%	5.04%	5.25%	8.06%
Women’s median earnings lower than men’s earnings	0.60%	2.80%	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.

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 recontinued its downward trajectory.

One explanation for this has been 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 2021.

TABLE showing change from 2021-2025

Ordinary pay snapshot date	Ordinary pay mean (percent)	Ordinary pay median (percent)	Bonus pay mean (percent)	Bonus pay median (percent)
31.03.21	8.1%	3.8%	36%	50%
31.03.22	5.25%	0.15%	-4.67%	-16.67%
31.03.23	5.04%	3.57%	19.54%	26.83%
31.03.24	3.81%	2.8%	-11.35%	63.82%
31.03.25	3.09%	0.6%	-1.45%	7.03%

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.

Figures as a percentage of the total number of employees in the relevant quartile.

2025 table showing the 4 quartiles by numbers and percentages for men and women

Quartiles 2025	Female	Male	Total
Lower (0–25% of full-pay)	1126 (68.62%)	515 (31.38%)	1641
Lower middle (25–50% of full-pay)	1104 (67.48%)	532 (32.52%)	1636
Upper middle (50–75% of full-pay)	1141 (69.15%)	509 (30.85%)	1650
Upper (75–100% of full-pay)	1088 (66.26%)	554 (33.74%)	1642

The data shows that the ‘distribution’ of men and women through the pay bands does not reflect overall gender composition of the workforce which is 67.88% female and 32.12% male, with proportionately more men than women in the highest pay quartile.

The 2025 data shows that men this year are lower in number than their average in the lowest three 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 lower two quartiles.

5. Pay structure

All NHSBT staff, except board/executives and medical grade staff, are bound by NHS Terms and Conditions of Service and Agenda for Change banding that contains 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 three years' to this

Gender bonus pay gap	2025	2024	2023	2022
Difference mean bonus pay	-1.45%	-11.35%	19.54%	-4.67%
Difference median bonus pay	7.03%	63.82%	26.83%	-16.67%
17 out of 6569 = 0.26%	0.2% (10) of all women in NHSBT received a bonus	0.25% (11) women received bonus	0.24% (15) women received bonus	0.46% (18) women received bonus
	0.3% (7) of all men in NHSBT received a bonus	0.29% (6) men received bonus	0.06% (4) Men received bonus	0.28% (5) men received bonus

The mean gap has decreased and median gap has increased from 2024. Work has 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 (totalling all bonuses, 10 were paid to women and 7 paid to men). At this point it is worth noting that it is a small percentage of our employees that receive one of these payments. This is 0.3% of the 6569 employees and was 0.29% 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 bonuses tended to have higher value amounts, and whilst 4 of the 10 women largely matched this, there were 6 others whose amounts were smaller therefore bringing down their average.

Bonus TABLEs over 2021-2025

Bonus snapshot date	Bonus pay mean (percent)	Bonus pay median (percent)
31.03.21	36%	50%
31.03.22	-4.67%	-16.67%
31.03.23	19.54%	26.83%
31.03.24	-11.35%	63.82%
31.03.25	-1.45	7.03

TABLE mean/median (actual) 2025

Gender CEA +VSM figure	Avg. Mean Bonus Pay	Median Bonus Pay
Male	16,046.25	7,546.00
Female	18,374.12	7,015.52
Difference	-2,327.87	530.48
Pay gap %	-1.45	7.03

TABLE mean/median (actual) 2024 for comparison

Gender 2024	Mean Bonus Pay	Median Bonus Pay
Male	17,126.96	23,160.04
Female	19,070.64	8,379.00
Difference	-1,943.68	14,781.04
Pay gap %	-11.35	63.82

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 aim to analyse the GPG data ahead of the next snapshot date of 31 March 2026 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.

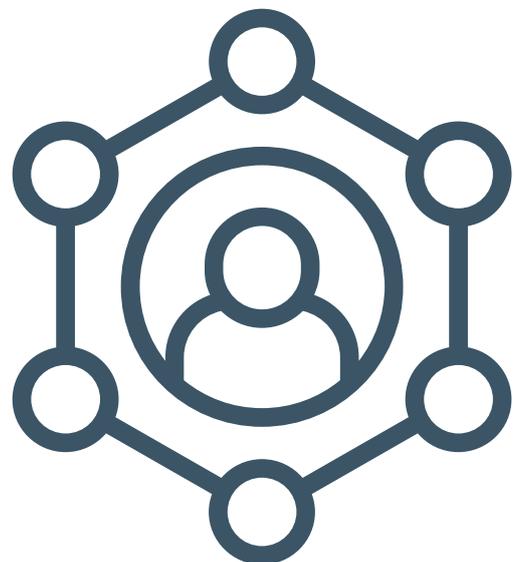
Recruitment We have insights into directorate and centre-based trends. We will delve deeper into recruitment activity based on gender split and understand recruitment decisions within directorates and centres, across all pay bands, and gain knowledge of what is driving our pay gaps and replicate effective 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. Continue to roll out the Reverse Mentoring scheme (for characteristics including gender).
2. All Internal Communications-supported Events for 2024-25 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 sex intersected by disability, ethnic group and band, to inform workforce information report and Workforce Race Equality Analysis with intersectional perspective.
4. Promote 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. Embed the Staff Network Charter and review the 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. Encourage women's network and all staff networks' chairs to continue with training and development in the staff network chair role undertaken with external partner Radius.
8. Scope and identify a staff network (including women's network) maturity model to support the evaluation and development of staff networks.

