

# Disability Pay Gap Report 2025

## 1. What is the disability pay gap?

The disability pay gap (DPG) looks at the difference in the average hourly pay between people with long-term health conditions or disabilities, and non-disabled people, taking account of the full range of jobs and salaries.

By the term 'disability', we mean a health condition (mental or physical) or a neurodivergence which has a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities. For this report, the terms 'disabled' to describe colleagues with disabilities and/or long-term health conditions, and the term 'non-disabled' to describe colleagues who do not have a long-term health condition or a disability, will be used.

The DPG is not about equal pay for work of equal value, which looks at the pay differences between men and women for doing work of equal value, irrespective of disability. Our arrangements for ensuring equal pay for work of equal value are detailed in section 7.

This report is based on 31 March 2025 data. It is the first time that this report has been run within the Trust, and we are working to produce comparable data from previous years to benchmark against.

## 2. How is the disability pay gap expressed?

A positive pay gap means that, on average, disabled colleagues are paid less overall than non-disabled colleagues. A negative pay gap means the average pay for disabled colleagues is higher than non-disabled colleagues. A pay gap of zero means that the average pay across the workforce is the same for disabled and non-disabled colleagues.

The DPG is reported using six different measures:

- Mean disability pay gap: The difference between the mean hourly rate of pay of disabled full-pay employees and that of non-disabled full-pay employees
- Median disability pay gap: The difference between the median hourly rate of pay of disabled full-pay employees and that of non-disabled full-pay employees
- Mean bonus gap: The difference between the mean bonus pay paid to disabled employees and that paid to non-disabled employees
- Median bonus gap: The difference between the median bonus pay paid to disabled employees and that paid to non-disabled employees
- Bonus proportions: The proportions of disabled and non-disabled employees who were paid any bonus pay during the relevant period

- Quartile pay bands: The proportions of disabled and non-disabled full-pay employees in the lower, lower middle, upper middle and upper quartile pay bands

### 3. Disability Pay Gap - Average Pay

The figures reported for 2024/25 show West Suffolk NHS Foundation Trust’s DPG in two ways – as median and mean average hourly rates. The mean calculates the total amount earned across the organisation, divided by the number of people employed. The median looks at all the salaries in the range and identifies the mid-point.

The mean and median average hourly rates for colleagues with a disability are £20.29 and £20.36, which is slightly lower than the mean and median average rates for non-disabled colleagues (£21.92 and £21.31, respectively). The full mean and median average rates by disability grouping summary, can be seen in Table 1 below.

*Table 1: Average hourly rates (disability grouping summary)*

Disability grouping summary	Mean hourly rate	Median hourly rate
Yes	£20.29	£20.36
No	£21.92	£21.31
Prefer not to answer	£24.81	£22.66
Not declared	£22.91	£22.50
Unspecified	£25.57	£26.19
% Difference between non-disabled and disabled	7.44	8.75
% Difference between non-disabled and prefer not to answer	-13.15	-1.57
% Difference between non-disabled and not declared	-4.52	-0.86
% Difference between non-disabled and unspecified*	-16.63	-17.39

\* ‘unspecified’ is a category containing both colleagues who have recorded a disability or long-term health condition through ESR, but do not fall into the categories provided on ESR, and colleagues who have not recorded any response regarding disability information.

Our data shows a positive mean and median pay gap between non-disabled colleagues and disabled colleagues who have either; a learning disability, a long-standing illness, a mental health condition, a physical impairment, or a sensory impairment, meaning that the average pay for these colleagues is lower than non-disabled colleagues.

The data also highlights that there is a negative pay gap between non-disabled colleagues and colleagues who have preferred not to answer. This means that the

average pay for colleagues who prefer not to answer is higher than the average pay for non-disabled colleagues.

However, this initial analysis highlights a concern about how this data is grouped due to ESR categorisations. It is currently not possible to separate ‘unspecified’ at this initial level of analysis, therefore meaning that colleagues who have disclosed a disability, but it is ‘unspecified’ as it is not one listed within the ESR options<sup>1</sup>, and colleagues who have not recorded a response at all, are combined, which is problematic.

Whilst the above data informs us that there is a disability pay gap, it cannot tell us where this gap may be/who may be most impacted. Therefore, this data has been disaggregated further by the different disability categories available on ESR to identify specifically where larger or smaller disability pay gaps might lie.

*Table 2: Average hourly rates (disability category origin groups)*

Disability categories	Mean hourly rate	Median hourly rate
Learning disability	£18.73	£16.66
Long-standing illness	£21.63	£16.53
Mental health condition	£17.33	£14.68
Physical disability	£24.51	£18.52
Sensory impairment	£19.53	£17.95
Other	£19.41	£15.43
Yes- unspecified*	£21.22	£19.01
Unspecified**		
No	£22.10	£18.96
Prefer not to answer	£24.73	£19.66
Not declared	£23.54	£20.04

\* ‘yes unspecified’ means that colleagues have recorded a disability or long-term health condition through ESR, but it does not fall into the categories provided on ESR<sub>2</sub>

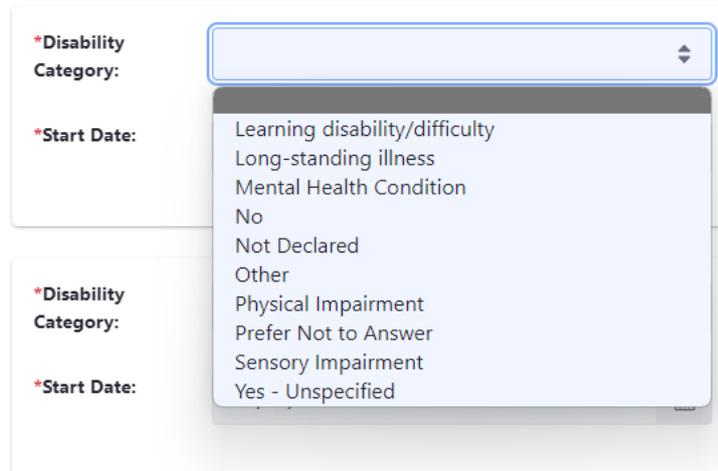
\*\* ‘unspecified’ means that the data record is blank

Additional concerns can be identified by analysing the data at this level. As seen in Table 2 and in image 1 below, there are multiple, conflicting options that colleagues can select within ESR. For example, there is the option to select either ‘no’ or ‘not declared’, and there is also an option for colleagues who do have a disability, but it is not reflected in the options included within ESR, to select either ‘yes unspecified’ or ‘other’. Having multiple options that are unclear is not helpful, as it prevents our data from being streamlined and potentially preventing the interpretation of our data accurately.

<sup>1</sup> Learning disability, long-standing illness, mental health condition, physical impairment, sensory impairment

<sup>2</sup> Learning disability, long-standing illness, mental health condition, physical impairment, sensory impairment

Image 1: Screenshot of the options available to colleagues when updating their EDI data via ESR



A further reflection is the importance of increasing staff EDI disclosure within our organisation. If colleagues who had not yet disclosed their disability information did this via ESR and their data was incorporated into another disability category within ESR, it has the potential to change the landscape this data is presenting which could result in a pay gap yet not seen. Alternatively, it could also strengthen our data and enable us to draw strong, robust conclusions.

This is supported by our EDI workforce monitoring data which shows that we do not have data relating to the disability or health conditions of 20% (1,114) of our staff.

Out of a total staff headcount of 5,449, the following number of colleagues have no data recorded on ESR regarding disability or long-term health conditions:

Unspecified (excluding 'yes specified'): 740  
 Not declared: 310  
 Total: 1,050

Whilst Table 3 intends to show the number of colleagues in each pay quartile by disability, it highlights that there are more colleagues within the Trust whose disability status is recorded as 'not declared' and 'unspecified' than we have colleagues who have preferred not to answer or who have disclosed their disability.

Table 3: Number of colleagues in each pay quartile by disability in 2024/25 (Q1 low/Q4 high)

Quartile	No	Not declared	Prefer not to answer	Unspecified <sup>1</sup>	Yes
<b>1</b>	947	71	54	135	124
<b>2</b>	984	80	66	163	100
<b>3</b>	931	80	73	208	70
<b>4</b>	861	79	60	298	65
<b>Total</b>	3,723	310	253	804	359

<sup>1</sup> it should be noted that this data includes both 'unspecified' and 'yes- unspecified'

When this data is disaggregated further to separate 'yes- unspecified' from 'unspecified' it highlights that most colleagues falling into the 'unspecified' section have not updated their record and it is therefore blank, rather than they have disclosed a disability or long-term health condition that sits outside of the options provided by ESR.

This is potential barrier preventing us from ensuring we are providing support and adjustments to enable our colleagues to thrive, and to have accurate data to identify areas of inequity.

Additionally, below are the percentages of Workforce disability declaration data as at 31 March 2025:

Yes: 7%

No: 68%

Prefer not to answer: 5%

Not declared: 6%

Not recorded: 14%

It is therefore hard to draw a conclusion whether disabled colleagues are proportionally represented in the highest paying quartiles due to the large amount of data (20%) that we do not have.

#### **4. Disability Pay Gap - Bonus Pay**

Bonus pay is any remuneration that is in the form of money, vouchers, securities or options and relates to profit sharing, productivity, performance, incentive or commission.

The following payments are included in the calculation of bonus pay:

- Clinical excellence awards (CEA) and discretionary points awarded to senior medical staff.
- Welcome payments. These are incentives paid in the form of one or two lump sums to staff appointed to areas where recruitment is difficult e.g., pharmacy and staff nurses.
- Recruitment and retention premium. These are on-going increases to base salary for staff appointed to areas where recruitment is difficult e.g., estates trades and craftspeople, pharmacy, clinical coding, sonographers.
- Commitment awards e.g., bonus paid to nursing assistants on completion of their Care Certificate
- Long service awards paid on retirement to staff with over 25 years' service at WSFT

The data are available to show the disability pay gap for the combined methods of receiving bonus pay available at the Trust and is represented in Table 6.

Clinical Excellence Awards are made based on national guidance set out by the Advisory Committee on Clinical Excellence Awards. An internal process is in place to monitor the distribution of awards.

Table 6: Bonus pay by disability category

Disability category	Mean bonus pay value	Mean average bonus DPG (disability category/No)	Median Avg Bonus value	Median average bonus DPG (disability category/No)	Head count	No. Receiving Bonus	% Receiving Bonus	% of those receiving bonus that are consultants
Learning disability	£1,630.22	52.48%	£1,630.22	32.02%	79	2.5	2.53%	0%
Long-standing illness	£3,015.96	12.09%	£3,015.96	-25.77%	81	1	1.23%	100%
Mental health condition	£6,032.04	-75.85%	£6,032.04	-151.54%	53	1	1.89%	100%
Physical disability	£30,159.96	0.00%	£30,159.96	-1157.69%	31	1	3.23%	100%
Sensory impairment	£375.00	89.07%	£375.00	84.36%	30	1	3.33%	0%
Other	£666.66	80.57%	£666.66	72.20%	43	1	2.33%	0%
Yes-unspecified <sup>d1</sup>	£18,038.70	-425.80%	£18,038.70	-652.23%	64	1	1.56%	100%
Unspecified	£7,568.78	-120.62%	£4,720.60	-96.85%	804	36	4.48%	72.22%
No	£3,430.72	-	£2,398.04	-	3,723	71	1.91%	49.30%
Prefer not to answer	£100.00	97.09%	£100.00	95.83%	225	1	0.44%	0%
Not declared	£4,027.18	-17.39%	£3,015.97	-25.77	310	11	3.55%	72.73%
Total					5,443	127	26.48	57.48%

## 5. Reflections:

As highlighted throughout this report, there are two significant barriers within this area of work:

1. High 'non-disclosure' rates. This means that a large percentage (20%) of our colleagues have not shared or updated their EDI information (specifically, in this case, their information regarding any disabilities or long-term health conditions they may or may not have) with the organisation through ESR.
2. The options on ESR are conflicting and having multiple options is a barrier preventing the streamlining and accurate interpretation of our data.

## 6. Next steps

**Action:** increase disability disclosure rates through the 'Your profile counts' campaign.

**Action:** Ahead of the launch of the campaign, work with the workforce information team and regional ESR colleagues to greater understand how/if we can increase clarity and concision of disability data collected via ESR.

## 7. How we ensure equal pay for work of equal value

West Suffolk NHS Foundation Trust delivers equal pay through adopting nationally agreed terms and conditions for our workforce. These are the National NHS Agenda for Change Terms and Conditions of Service (AfC).

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place at West Suffolk NHSFT. Typically, AfC terms and conditions apply to nursing, allied health professionals and administration, management, and clerical staff, which are the majority of the workforce.

Medical staff are employed on national terms and conditions of service and pay arrangements. These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all Consultants, Medical and Dental staff and Doctors and Dentists in Training.