

Disability Pay Gap Reporting 2024 - 2025

1.0 Introduction

1.1 The National Health Service (NHS) is committed to fostering equality, diversity, and inclusion across its workforce. However, persistent disparities in pay among employees with disabilities remain a significant challenge. The disability pay gap refers to the difference in average earnings between staff who identify as disabled and those who do not. This gap is not only a matter of financial inequality but also reflects broader systemic issues related to accessibility, career progression, and workplace culture within healthcare settings.

1.2 Recent analyses have highlighted that disabled employees often face barriers to advancement, limited opportunities for flexible working, and underrepresentation in senior roles. These factors contribute to a structural imbalance that perpetuates income disparities. Addressing the disability pay gap is essential for ensuring fairness, improving staff morale, and meeting the NHS's statutory obligations under the Equality Act 2010. Furthermore, closing this gap aligns with the NHS People Plan's vision of creating an inclusive environment where all staff can thrive and contribute fully to patient care.

1.3 This paper explores the extent of the disability pay gap within The Princess Alexandra Trust (PAHT), examines the data, and considers strategies for meaningful change. By understanding these dynamics, PAHT can take informed steps toward eliminating inequality and promoting a truly inclusive workforce.

2.0 Background and Context

2.1 Unlike equal pay—which is a legal requirement under the Equality Act 2010 ensuring individuals performing the same role receive the same remuneration—the pay gap reflects structural inequalities across job roles, career progression, and access to opportunities. In the NHS, this issue is particularly significant given its status as the UK's largest employer, with over 1.3 million staff and a statutory duty to promote equality and inclusion.

2.2 Nationally, the disability pay gap in the UK stood at 12.7% in 2023, meaning disabled employees earned on average £13.69 per hour compared to £15.69 for non-disabled employees. Within the NHS, early reporting suggests that while some trusts report relatively small gaps—such as a median gap of 0.49% in favour of non-disabled staff—others show significant disparities across pay bands, particularly in senior roles and specialist positions. Occupational segregation is a key driver: disabled staff are disproportionately represented in lower-banded roles, while underrepresented in leadership and clinical consultant positions.

2.3 Several factors contribute to the disability pay gap in healthcare settings:

- **Career Progression Barriers:** Disabled employees often face limited access to development opportunities and leadership roles.
- **Occupational Segregation:** Concentration in lower-paid, less secure roles due to assumptions about capability and flexibility needs.
- **Disclosure Challenges:** Many staff choose not to declare a disability, leading to incomplete data and underestimation of disparities.
- **Workplace Adjustments:** While initiatives like the NHS Workplace Adjustment Passport have improved consistency, gaps remain in implementation across trusts.

2.4 The Equality Act 2010 provides protection against discrimination and imposes a duty on employers to make reasonable adjustments for disabled staff. A person is considered disabled under the Act if they have a physical or mental impairment with a substantial and long-term adverse effect on daily activities. Although disability pay gap reporting is not yet mandatory, the NHS has committed to voluntary reporting through the Workforce Disability Equality Standard (WDES) and the Equality, Diversity and Inclusion Improvement Plan (EDI IP), which sets out actions to eliminate pay gaps by 2025.

2.5 Addressing the disability pay gap is not only a compliance issue but a strategic imperative for PAHT. Pay disparities can negatively impact staff morale, retention, and recruitment, undermining the People Plan's ambition to create a culture of belonging and inclusion. Furthermore, reducing the gap aligns with broader goals of health equity, as workforce diversity directly influences patient care quality and organisational performance.

3.0 Terminology and how to read the data

- **Mean disability pay gap** – the difference between the mean (average hourly earnings, excluding overtime) of relevant staff by disability status.
- **Median disability pay gap** – the difference between the median (the difference between the midpoints of hourly rates of earnings, excluding overtime) of relevant staff by disability status.

3.1 How to read the data:

- A positive percentage (e.g. 1.0%) indicates that white employees have higher ordinary pay or bonuses than ethnic minority employees.
- A negative percentage (e.g. -1.0%) indicates that ME employees have higher ordinary pay or bonuses than white employees.

4.0 Disability Profile of the Trust

4.1 Table 1 and Chart 1 illustrate the profile of staff who have recorded their disability status within the ESR. Nevertheless, analysis undertaken as part of this year's Workforce Disability Equality Standard, supported by findings from the 2024 Staff Survey, reveals that 23% (Staff survey data based on 49% rate of responses) of our workforce self-identify as having a disability or long-term health condition.

4.2 To address the gap in disability status reporting we are working with the communications team and staff networks, to build a campaign to encourage staff to declare and update their disability status. Within that campaign we aim to hear the views from staff, as to why they are reluctant to declare their status and seek to understand what would make a difference, for them to declare.

Disability status	Headcount	%
No. of non-disabled employees	3132	75%
Not declared	346	8%
Prefer not to answer	24	1%
No. of employees whose disability status is unknown	485	12%
No. of disabled employees	170	4%
Total	4157	100%

Table 1

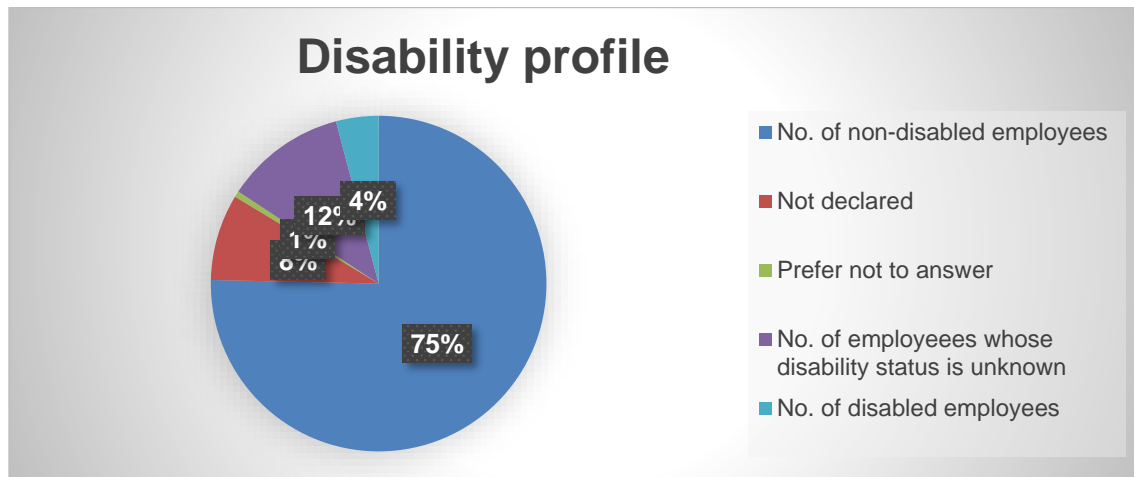


Chart 1

5.0 Mean and Median basic pay by disability profile

5.1 Table 2 illustrates the comparison of both mean and median hourly pay of staff, based on their disability status focusing on the percentage pay difference between staff that have disability and those that have declared that they do not have a disability.

5.2 An examination of hourly pay rates by disability status reveals notable disparities within our People. Staff who identify as disabled have the lowest mean hourly rate at £21.25, compared to £23.42 for non-disabled staff, representing a 9% difference.

5.3 The median hourly rate for disabled staff is £22.33, which is 4% lower than that of non-disabled colleagues.

5.4 Staff who have not declared their disability status or whose status is recorded as “unspecified” exhibit the highest pay levels, with mean rates of £25.07 and £26.40, and median rates of £26.15 and £26.96, respectively.

5.5 The mean gap is £2.17 in favour to non-disable staff, while the gap in median rates is £0.94, also in favour to white staff

Disability Grouping	Mean Hourly Rate	Median Hourly Rate
Non-disabled	£23.42	£23.27
Not Declared	£25.07	£26.15
Prefer Not to Answer	£21.38	£21.30
Unspecified	£26.40	£26.96
Yes	£21.25	£22.33
% Diff No - Yes	9.26%	4.02%

Table 2

5.6 Table 3 provides the corresponding number of staff on each category according to their banding – Agenda for Change and Very Senior Manager framework

Pay Band	Non Disabled	%	Not Declared	%	Prefer Not To Answer	%	Unspecified	%	Disabled	%
Band 1	5	36%	8	57%		0%	1	7%		0%
Band 2	412	74%	63	11%	1	0%	50	9%	32	6%
Band 3	470	77%	51	8%	4	1%	58	10%	26	4%
Band 4	181	68%	33	12%	3	1%	34	13%	17	6%
Band 5	643	82%	43	5%	2	0%	71	9%	24	3%
Band 6	409	71%	39	7%	4	1%	95	17%	26	5%
Band 7	288	72%	34	9%	2	1%	62	16%	14	4%
Band 8 - Range A	116	63%	23	13%	1	1%	29	16%	14	8%
Band 8 - Range B	54	81%	8	12%		0%	3	4%	2	3%
Band 8 - Range C	20	91%	1	5%		0%		0%	1	5%
Band 8 - Range D	16	76%	2	10%		0%	2	10%	1	5%
Band 9	12	86%	1	7%		0%	1	7%		0%
VSM	7	88%	0	0%		0%		0%	1	13%
NED	9	90%	0	0%		0%		0%	1	10%
Total	2642	75%	306	9%	17	0%	406	12%	159	5%

Table 3

5.7 Table 4 illustrates the analysis of pay bands for all categories, by grades, for medical and dental staff only.

Grade	Non Disabled	%	Not Declared	%	Prefer Not To Answer	%	Unspecified	%	Disabled	%
Foundation Year 1	49	89%	0	0%	3	5%		0%	3	5%
Foundation Year 2	44	85%	1	2%		0%	5	10%	2	4%
Specialty Registrar	103	85%	2	2%	3	2%	12	10%	1	1%
Trust Grade	83	94%	1	1%	1	1%	2	2%	1	1%
Career Grade Doctor	73	77%	9	9%		0%	13	14%		0%
Consultant	138	60%	27	13%		0%	47	22%	4	2%
Total	490	78%	40	6%	7	1%	79	13%	11	2%

Table 4

6.0 Pay distribution by quartiles

6.1 Chart 2 shows the proportion of employees by disability status in each quartile, this is calculated based on total pay and not banding or grade.

6.2 Staff are allocated into each quartile based on their hourly rate of pay and does not differentiate full time from part-time hours – it only considers salary paid and banding.

6.3 Lower quartile is our lowest pay quartile, and upper quartile is our highest pay quartile as per the requirement. Job roles included in each quartile are as follows:

- Lower quartile – roles include domestics porters, HCA and clerical staff
- Lower middle quartile – roles included staff nurse
- Upper middle quartile – roles include manager, F1, F2 doctors and specialists
- Upper quartile – consultants, senior managers, heads of service and directors

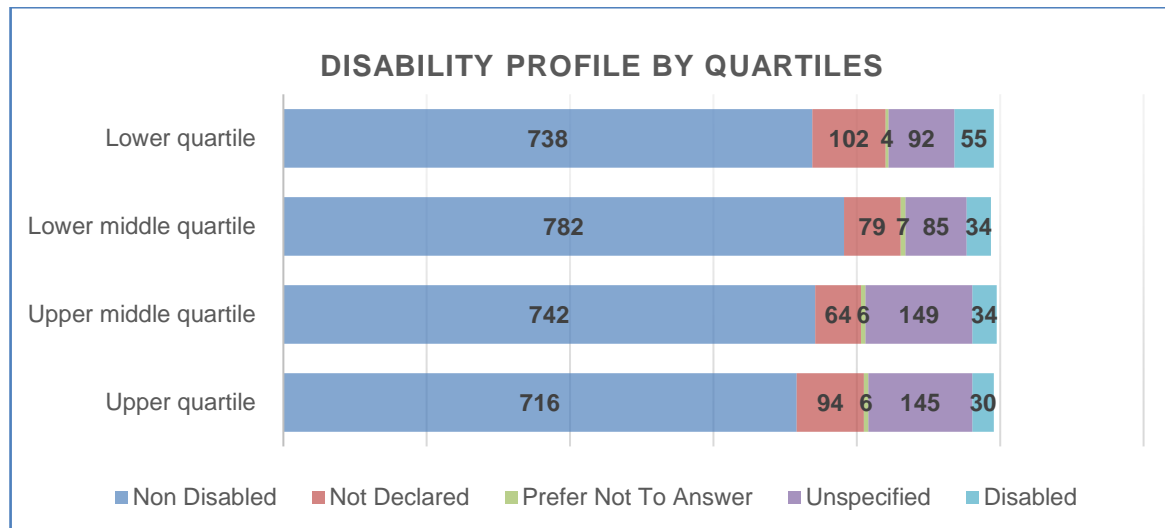


Chart 2

7.0 Conclusion

7.1 The data suggests that staff who have not declared their disability status or whose status is recorded as “unspecified” exhibit the highest pay levels, which may include individuals in senior or specialist roles, or that incomplete data may obscure the true distribution of pay.

7.2 With both median and mean pay gap being favour to non-disable staff indicate that staff who disclose a disability are concentrated in lower-paid roles, reinforcing the structural nature of the disability pay gap. While median differences are smaller than mean differences, the latter suggests that higher-paid positions disproportionately belong to staff who do not declare a disability.

7.3 These findings underscore the need for targeted interventions to improve disclosure rates, address occupational segregation, and create equitable opportunities for career advancement. Closing the disability pay gap is essential to fostering an inclusive workforce and delivering on the organisation’s commitment to equality, diversity, and fairness.

7.4 We are fully committed to the recruitment and retention of disabled staff and a full campaign to increase the disability declaration rates is in development. It is not just simply asking our staff to complete their status, but it’s about creating a psychological safe space for staff to feel confident that their individual talents will be recognised, and equality of opportunity would be afforded to them regardless of their disability.

7.5 Our aim is to deliver the ambitions in our EDI Strategy, ensuring an inclusive culture where disabled staff can express themselves and flourish. It is paramount that we engage with our disabled staff to understand their lived experience and for us to have a real understanding of our disability pay gap and the experience of disabled staff. To shift the dial and bridge the gap for disabled staff, we need to move with intent and compassion, ensuring actions are effective and measurable.

8.0 Recommendation

8.1 Board is requested to discuss this paper and approve for publication.

Appendix 1 - Disability pay Gap Action Plan

Area and Objective	Action	Outcome and impact	Lead	Timescales	Where will this be reported / monitored
To reduce the Disability Pay Gap	Implementing fair and inclusive practices across all HR employee relation processes and implement NHSE De bias Recruitment practices.	Ensure a fair recruitment process for disabled applicants.	Head of People – Recruitment & Retention	On going	Divisional Resourcing meetings
	Develop pathways for disabled staff to access senior roles.	Aid career progression to senior management.	Head of OD Learning	On going	People Committee
	Implement the recommendations in the Disabled NHS Directors Network (DNDN) Good Practice Toolkit	Recruitment and Retention of Disabled People in the NHS.	Head of People – Recruitment & Retention	On going	People Committee
	EDI training covering disability awareness and our responsibilities, including the role out of our new Reasonable Adjustment Policy. (WDES)	To create a more inclusive culture and support staff with disabilities to take up training, promotion and future job opportunities.	Head of EDI and Employee relations Manager	On going	People Committee
	Undertake a campaign with the Communications team to encourage staff to declare their disability status.	Increase employee knowledge and confidence in declaring their disability status	Head of EDI & Dawn Staff Network Chairs	December 2026 – on going	EDI Steering Group
	DAWN staff Network to encourage staff to declare their disability status and seek to understand what would make the difference to declare.	Increase employee knowledge and confidence in declaring their disability status	Head of EDI & DAWN Staff Network Chairs	March 2026	People Committee
	Launch an online resource library to further educate staff on belonging and inclusion	Improve employee engagement and retention.	Head of OD Learning	March 2026	People Committee