Appendices A

Assurance and Supporting Statements

Leeds Community Healthcare NHS Trust fully supports gender pay gap reporting across both private and public sector organisations. The Trust is fully committed to equality of opportunity within our workforce and recognises the societal issues facing women in the workforce and the long-term focus required to address the gender pay gap. Gender equality is part of our overall diversity and inclusion workstreams, to ensure that the workforce is representative of the communities we serve.

Historically the structure of medical careers was designed originally for a predominantly male workforce, with the expectation of full-time work for a long career and an ability to take on extra commitments. This has resulted in a lower average salary for the female workforce. The pay gap is not due the fact that we pay men and women differently for the same work but that we have lower numbers of men in lower paid jobs and more women in these roles and fewer in higher paid roles

We acknowledge that there has been an increase in the both the Mean (11%) and Median (5.6%) GPG this is due to the percentage increase of males in Quartiles 3 & 4 (High paid quartiles)

Furthermore, the Gender Bonus Pay Gap (GBPG) (Mean) within LCH increased from 10.7% in 2019 to 22.30% in 2020 and in 2021 increased to 29%.favour of males. The GBPG (Median) remains at 0%.

Currently in LCH operates two Local Clinical Excellence Awards (LCEA) colloquially known as the old and the new LCEA.

The move to the "new" scheme, rewards consultants for their current performance rather than historical performance. As such there is a much closer and fairer link between reward and the consultant's most recent contribution towards delivering local aims and objectives. Time limited awards also help to increase the accessibility of awards by allowing available funding to be targeted towards the excellent performers of today.

It was anticipated that the "new" scheme would also help to close the gender pay gap. This view is correct, if the LCH gender bonus pay gap is calculated solely on the data for the "new" scheme the Bonus Gap drops 29% to 4.3%.

Our Gender Pay Gap actions are listed below,

1. Improve workplace flexibility for men and women – Proactive communication of the new Flexible Working Policy. Including advertising   all jobs as having flexible working options, such as part-time work, remote working, job sharing or compressed hours. Allow people to work flexibly, where possible encourage senior leaders to role model working flexibly and to champion

flexible working. Encourage men to work flexibly, so that it isn't seen as only a female benefit. Conduct an analysis of baseline information at start of launch of new policy and 6 monthly updates thereafter. System to be in place by end of Q4 2021/22.

2. Encourage the uptake of Shared Parental Leave - The gender pay gap widens dramatically after women have children, but this could be reduced if men and women were able to share childcare more equally. We work with the Men's Health Forum to raise awareness and implement a process to gather data and report on applications for flexible working by gender, by the end of Q4 2021/22.

3. There is some evidence suggests that formal networking programmes where members meet and share information and career advice can be helpful for some women but not others. We will engage with colleagues to test the appetite for networking programmes by the end of Q4 2021/22.

4. We will conduct analysis of *leavers and joiners* data held on NHS Jobs for 2019/21, 2020/21 and 2021/22 by the end of Q1 2022/23 and will report on findings in the next GPGR.

The data has been drawn directly from our financial records and the pay-roll system. The information has been analysed using the NHS national gender pay gap business intelligence reporting programme produced by the national Electronic Staff Records (ESR) team. This therefore provides assurance on the data gathering and analysis process and the controls to support the data quality within this report.