

# Equality, Diversity and Inclusion Strategy 2024-2026 (extended to 2028)

Consistently outstanding care, exemplary service



# Equality, Diversity and Inclusion (EDI)

## Introduction

East and North Hertfordshire NHS Trust (ENHT) is proud of the diversity and richness our colleagues bring to our Trust. Our EDI Strategy has been developed to create an inclusive environment for the whole workforce allowing them to serve our community well and help us deliver consistently outstanding care and exemplary service.

## Our ambition

At East and North Hertfordshire NHS Trust (ENHT), our commitment to anti-racism is unwavering. We are dedicated to upholding human rights and promoting dignity for all, ensuring that every individual feels valued, respected and heard. We strive to provide an inclusive and equitable environment for all, free from discrimination, exclusion or marginalisation for every member of our workforce, service users, their friends and families, with particular attention to those with protected characteristics as defined by the Equality Act 2010.

We recognise that some of our colleagues, particularly those from minority backgrounds, may inadvertently experience discrimination. As an organisation, we are dedicated to addressing these challenges. Together, we are on a journey to creating an ENHT culture that embraces and values difference. We will continue to celebrate and encourage diversity in all its forms.

## What is equality, diversity and inclusion (EDI)?

Equality is fair treatment for all. We believe our employment and our services should be accessible to all. Everyone has individual needs and has the right to have those needs respected, in line with social norms and acceptable behaviour.

Diversity is respecting difference and including individuals and groups with varying backgrounds, experiences, perceptions, values, and beliefs. It is important we understand, value and respect these differences.

Inclusion is recognising and valuing the difference each of us bring in creating an environment where everyone can be their true self and are respectful of others. Inclusion is where access to services, opportunities and the available resources support everyone to thrive to their best ability.



## Why Equality, Diversity and Inclusion is important?

An active and true commitment to EDI enables us to continually improve our:

- Access to services for our workforce and all our communities
- Recruitment and retention of our workforce from diverse communities
- Respect and value across all our workforce and for all who use our services
- Transparency and fair treatment of each person

By putting EDI at the heart of everything we do, all who encounter our Trust – our workforce and the communities we serve – deserve and will be treated with dignity and respect.

Our strategy represents our commitment to improve, setting out our vision, aims and principles of EDI. It is designed to elicit a culture of continuous learning and improvement, where we can learn from successes and also from areas for development by continuing to listen and learn from our workforce, our communities and other organisations in the public services.

Our Trust values - Include, Respect and Improve provide the golden thread throughout this work. Our ambition is for this strategy to be a living document supporting delivery of the cultural change we are working to achieve. We will continue to engage with multiple stakeholders and share regular updates throughout the organisation in accessible and transparent ways.

## Legal requirements, legislation and standards

This strategy is an integral part of our compliance to the national and system standards that deliver fairness and inclusivity. As a public service provider, the NHS has several contractual and legal obligations that must be met in relation to EDI, these include the following:

## The Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society in relation to nine protected characteristics.

The nine protected characteristics as defined in the *Equality Act 2010* are:



Age



Disability



Race



Religion or belief



Sex



Pregnancy and maternity



Sexual orientation



Gender reassignment



Marriage and civil partnership

## **NHS 10 Year Plan (add short text)**

## **NHS Leadership & Management Competency Framework (add short text)**

## **Public Sector Equality Duty**

Public Sector Equality Duty requires public authorities and organisations to consider all individuals, including their employees when carrying out their day-to-day work, such as, shaping policy and delivering services. Three main objectives must be addressed:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and those persons who do not share it

## **Equality Delivery System (EDS)**

The main purpose of EDS is to help local NHS organisations, in discussion with local partners, workforce including local people, review and improve performance for people with characteristics protected by the Equality Act 2010. NHS Trusts must enquire about patients and service users' experience from equity of access, their care journey and review health outcomes for all in our care. This is not limited to organisational boundaries, ensuring we continuously work in partnership across the system.

## **Gender Pay Gap**

The gender pay gap shows the difference in the average pay between all men and women in a workforce and it aims to narrow and eventually eliminate the pay differential between men and women. The gender pay gap is different to equal pay, and it is unlawful to pay people unequally based on gender. We are required to report on the retrospective gender pay gap every March, for the previous 12 months.

## **The NHS Standard Contract - Section 13 Equity of Access, Equality and Non-Discrimination**

Outlines standards and requirements that must be adhered to ensure NHS services promote equality and address health inequalities.

## **Human Rights Act 1998**

The aim of the Human Rights Act 1998, is that all people are treated with dignity, respect, equality, fairness and autonomy. The Human rights act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. All public sector bodies have a duty to respect and protect human rights.

## **Accessible information standard**

This standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and patients with a disability, impairment or sensory loss.

## **The Workforce Race Equality Standard (WRES)**

All NHS organisations are required to report on nine indicators of race equality and to agree actions to improve access to career opportunities for employees from minority backgrounds and how they are treated in the workplace.

## **The Workforce Disability Equality Standard (WDES)**

NHS organisations are required to report on indicators of disability and to agree actions to ensure disabled employees have equal access to career opportunities and receive fair treatment in the workplace.

## **The Medical Workforce Race Equality Standard (MWRES)**

The Medical Workforce Race Equality Standard (WRES), Model Employer paper, published in January 2019, sets out an ambition to increase black and minority ethnic representation at all levels of workforce by 2028. MWRES focusses on doctors and dental staff measured against eleven indicators, it enables organisations to understand the challenges that exist in the medical workforce, with the aim of encouraging improvement by learning and sharing good practice.

## **Health and Social Care Act 2012**

The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

## **The model employer**

Sets out an ambition to increase black and minority ethnic representation at all levels of workforce by 2028. This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is higher.

## **Sexual orientation monitoring information standard**

Sexual orientation and transgender (trans) status monitoring asks people about their sexual orientation, trans status and gender identity and records this information. Sexual orientation discrimination and gender reassignment discrimination are both illegal in the UK. They are listed as protected characteristics in the Equality Act 2010. They arise when someone is unfairly disadvantaged for reasons related to their sexual orientation or because of being trans. It provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years or above across all health services in England.

## **The NHS Standard Contract - Section 13 Equity of Access, Equality and Non-Discrimination**

Outlines standards and requirements that must be adhered to ensure NHS services promote equality and address health inequalities.

## Our workforce

Our workforce is our greatest resource enabling us to deliver great care and continue moving towards our vision – ‘To be trusted to provide consistently outstanding care and exemplary service.’

The composition of our workforce is presented in the table below. It is based on a staff list report from the Electronic Staff Record (ESR) as of 31 March 2023. It also represents the ratio of females to males in each staff group, and females and males in relation to all staff in each staff group. More detailed breakdown in Appendix 1.

### Workforce distribution percentage at December 2023

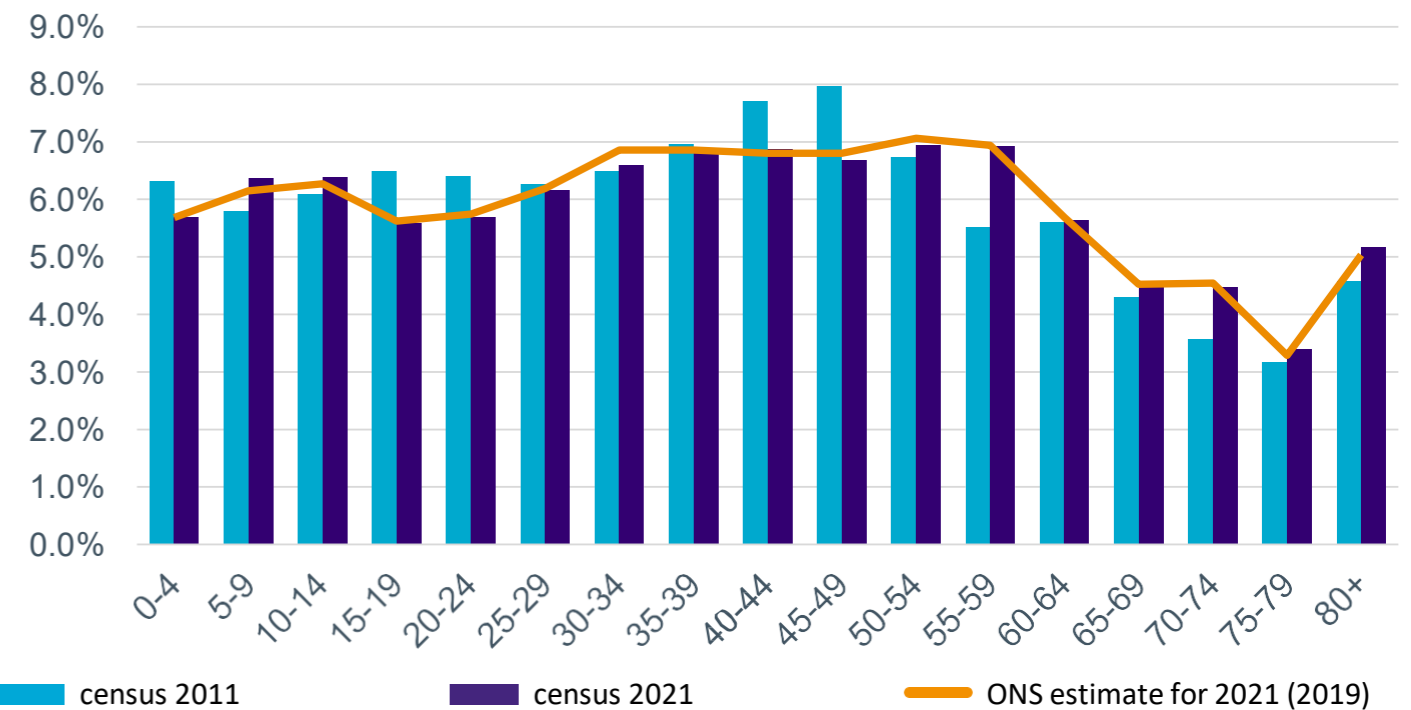
Staff group 2023	Male (as % of staff group)	Female (as % of staff group)	Male (as % of total Trust)	Female (as % of total Trust)
Add prof scientific and technic	20.3%	79.7%	0.7%	2.9%
Additional clinical services	18.9%	81.1%	3.0%	12.9%
Administrative and clerical	17.0%	83.0%	3.9%	19.1%
Allied health professionals	22.0%	78.0%	1.0%	3.6%
Estates and ancillary	65.8%	34.2%	3.5%	1.8%
Healthcare scientists	32.1%	67.9%	1.0%	2.0%
Medical and dental	53.9%	46.1%	7.7%	6.6%
Nursing and midwifery registered	11.8%	88.2%	3.6%	26.7%
<b>Trust total</b>	<b>24.4%</b>	<b>75.6%</b>	<b>24.4%</b>	<b>75.6%</b>

% of Total workforce service band	BAME	Not declared	White	Grand total
Less than 1 year	9.5%	1.9%	7.6%	19.0%
1 - 5 years	17.8%	3.6%	20.7%	42.2%
6 - 10 years	4.9%	0.6%	11.0%	16.5%
11 - 15 years	2.1%	0.1%	5.2%	7.5%
16 - 24 years	4.8%	0.5%	6.8%	12.1%
25 - 35 years	0.3%	0.0%	2.2%	2.5%
35+ years	0.0%	0.0%	0.3%	0.3%
<b>Grand total</b>	<b>39.4%</b>	<b>6.8%</b>	<b>53.8%</b>	<b>100.0%</b>

## Our community

East and North Hertfordshire NHS Trust provides secondary and acute health care services to the population of East and North Hertfordshire, with tertiary renal services and cancer services in Harlow and Bedfordshire, north north-west London, and parts of Thames Valley.

### Our catchment population



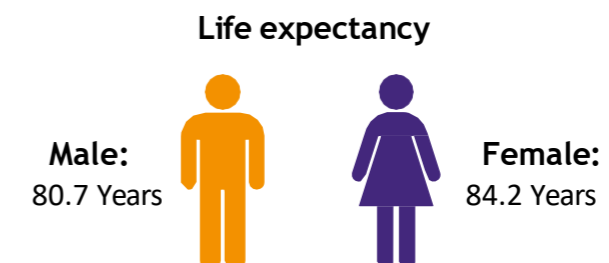
The 2011 census recorded 459,300 people living in the ENHT catchment area.

The ONS projection was that would grow to 498,900 by 2021

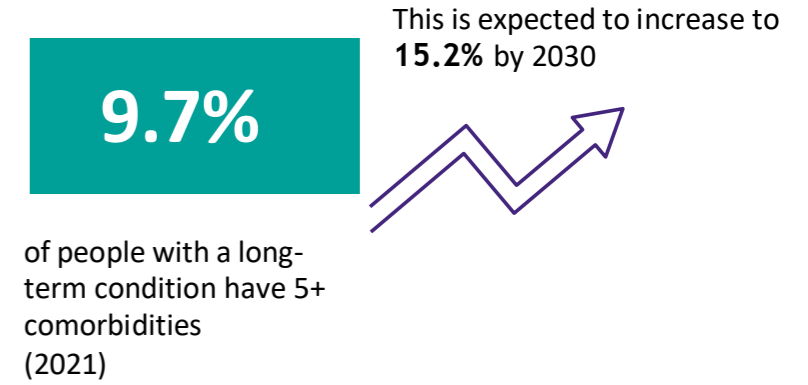
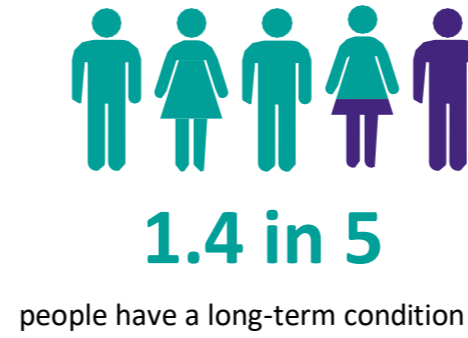
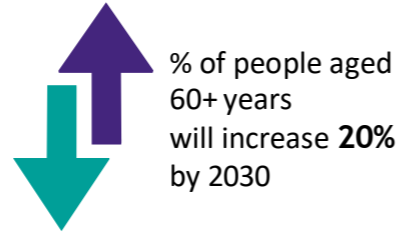
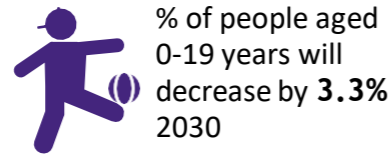
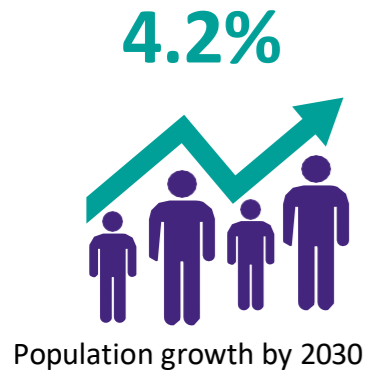
The 2021 census shows that the population growth was slightly less than this.

The **60+ age band** has **increased by 16.6%** since 2011, whereas the **19 and under** age band has only **increased by 3.0%**

This is in line with national growth and contributes to the evidence that people are living longer.



# Challenges that impact on health and wellbeing

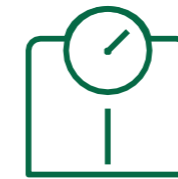


## Changing health of patients who were identified healthy / well in March 2018



Within 3 years, 7.3% of the population that had previously been identified as healthy/ well had developed a long term condition. (Data source: NHSE Population Insights - Based on ENHCCG population)

## Health behaviours



**66%** of people (18+) in Hertfordshire were classified as overweight or obese in 19/20

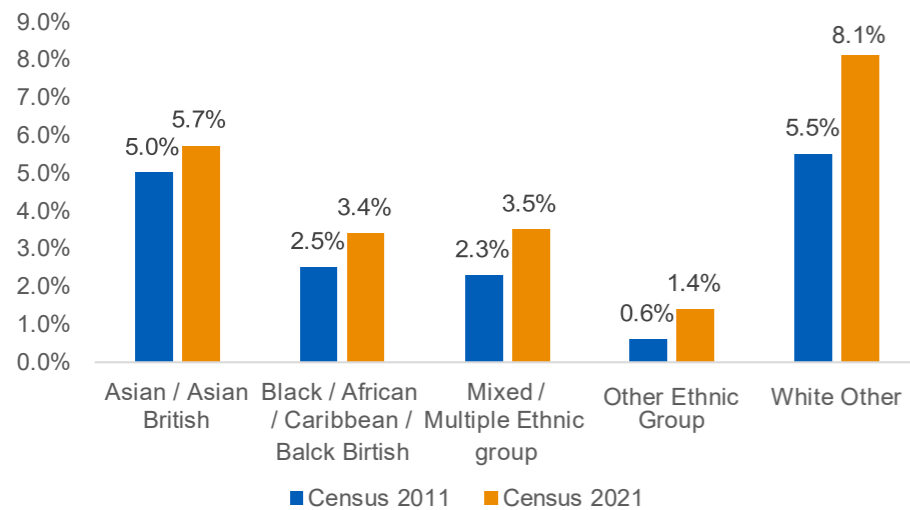


**11%** of people (18+) in Hertfordshire were identified as smokers in 19/20



**69.2%** of people (19+) in Hertfordshire stated that they were physically active in 19/20

## BAME – ethnicity breakdown



**3.4%** of households in the catchment area do not have anyone speaking English as a main language

**11.8%** of households in the catchment were estimated to be in fuel poverty 2020.



Access to affordable housing is a significant issue in Hertfordshire. The average house price in 21/22 was £425,000 compared with a national average of £270,500. For the catchment area the average was £380,700



**69.2%** of people (19+) in Hertfordshire stated that they were physically active in 19/20



This increases to 6 in 10 adults if the health information contains numbers.

In the UK the average reading age is 9 years old with 1 in 6 people having very poor literacy skills

## Our approach

We firmly believe that EDI is everyone's responsibility, it permeates every interaction within our teams throughout the Trust. While our leaders set the tone, culture and direction of the organisation, we also recognise that each individual at ENHT plays a role in influencing organisational environments we all create within our teams.

For the EDI strategy to show positive, sustainable change requires system and process adjustments together with significant cultural and behavioural shifts within our teams. We are committed to leveraging historical data to understand our current position and to use this insight as a starting point for visible, meaningful progress accompanied with regular, honest and transparent reviews shared across the organisation and with the communities we serve.

## Our aim

We aim to create an environment where every individual (workforce and communities) feels a 'sense of belonging' where diversity is celebrated, and where opportunities to thrive are accessible to all. We are dedicated to fostering a culture of respect, inclusion and continuous improvement. We are committed to strive for positive change at every level of our organisation. This strategy reflects our active commitment to creating an inclusive and equitable environment at ENHT, where every individual is valued, respected and supported to contribute to our collective success.

Our EDI strategy is aligned to the NHS EDI Improvement plan, which also aligns with our obligation of fostering an inclusive environment for both our workforce and the wider communities we serve. By incorporating the NHS EDI Improvement Plan, we aim to build upon our ongoing efforts and achieve targeted improvements that surpass national and statutory compliance. This strategy is intertwined with the Trust's vision, values and the People Strategy, serving as a pivotal driver in our pursuit of a more inclusive and equitable organisation.

## Our people strategy

The Trust will develop a new People Strategy with EDI an essential element. The People Strategy will align with the national, regional and local requirements and will give utilise the EDI Strategy in its development and creation. Nationally there are numerous expectations and process that focus on EDI and these will be reflected in the People Strategy covering all elements of the work of the People Team and across the organisation.

## Our EDI strategic objectives

**The ENH EDI Strategy is based on the NHSE EDI Improvement Plan and reflects the 6 High Impact Actions associated with the national improvement process.**

**Engaged Board  
Inclusive Talent Management  
Eliminating Pay Gaps  
Improving Recruitment and Onboarding  
Addressing Health Inequalities  
Creating Equity and Inclusion**



### Our values



#### Include

We value the diversity and experience of our community, colleagues and partners, creating relationships and climates that provide an opportunity to share, collaborate and grow together



#### Respect

We create a safe environment where we are curious of the lived experience of others, seek out best practice and are open to listening and hearing new ideas and change



#### Improve

We are committed to consistently delivering excellent services and continuously looking to improve through a creative workforce that feels empowered to act in service of our shared purpose

## Engaged board

Leading by example our Chief Executive, Chair and Board members will have measurable EDI objectives as part of the annual appraisal, at ENHT– a Grow Together Conversation. When all members of the Trust Board take on an EDI objective, this will cascade throughout to all the services, teams and to individuals at ENHT.

Our ENHT Board assurance framework and our current appraisal system (Grow Together) is how we will measure and record our compliance and progress on this strategic element. This forms the foundation for tracking and achieving our strategic objective.

Wider work in this domain will continue to ensure embedding of cultural intelligence among leaders and develop a sustainable reciprocal mentoring scheme. Our staff networks will continue sharing various lived experiences and stories to support awareness, education, and recognition of different experiences in our workforce. ENHT staff networks set priorities from two perspectives: that of championing the needs of the network members and also supporting the delivery of the wider Trust inclusion agenda.

## Improving recruitment and onboarding

We will employ and develop our workforce in fair and inclusive practices. Monitoring of this is ongoing from the WRES/WDES data. We acknowledge the need for improved representation, especially at senior levels. Our ENHT ambition for recruitment and its outcomes is to be reflective of our workforce percentages or the communities we serve, whichever is higher, at all levels of the organisation. Our goal is to achieve model employer targets and the NHS EDI Improvement plan, fostering true diversity within all our teams. We expect to see year-on-year diversity improvement representation at senior leadership, with particular focus on AfC band 8C and above, to reflect workforce percentages or communities served, whichever is higher. Diverse leadership progression will have access to the necessary and required support to ensure long lasting success.

Monitoring the level of diversity across our shortlisted candidates is on-going, and we continue to measure and report regularly on the relative likelihood of our internal applicants. Within the life of this strategy, we will increase the pool of trained Inclusion Ambassadors (IAs) by 20%, annually and continue to develop their skills, knowledge and all the essential elements that make the (IA) role successful.

We will continue to develop and implement, effective and inclusive flexible working options ensuring our recruitment campaigns and advertisement wording reflects this. We acknowledge and expect to see an increase in part-time and flexible working arrangements to increase by 15% (on the whole) as we become more flexible in our working patterns.



## Inclusive talent management

Our ability to know our people, their capability, potential aspirations matched with an embedded approach that identifies workforce vulnerabilities and invests in talent development is crucial. An open and transparent focus on inclusive talent identification and development is key to delivering the Trusts strategic outcomes and ambition. Our Trust has three talent streams ‘good to grow’, ‘good’ and ‘good to go’. All colleagues participate in an annual Grow Together... Review which is also an overall professional and personal wellbeing checking-in of where and how colleagues are. It also gives a person-centered overview review of delivery and achievements, identifies personal and professional developmental areas, and discusses future aspirations. The Grow Together appraisal also includes a discussion on Trust values application.

We will continue to develop our approach to achieve a digital talent management in the life of this strategy enabling a more robust succession planning and opportunities to identify and sponsor all talent.

We will promote and ensure equitable access to non-mandatory career development opportunities across all protected characteristics locally and regionally including coaching and mentoring programmes. Internal review will be done quarterly through our committee structures and at a national level through the WRES/WDES data analysis. We expect year-on-year senior leadership representation to improve across protected characteristics.

## Eliminating pay gaps

Year-on-year monitoring and targeted interventions to reduce and eliminate pay gaps by working with partners and stakeholders creatively and strategically. We recognise that there can be a natural differential gap from length of service and Agenda for Change pay scale progression. We will analyse intersectionality data on all pay gaps such as disability, ethnicity pay gaps and formulate achievable action plans to improve on these.

## Addressing health inequalities

We will continuously promote and support healthy workforce initiatives such as;

- **Reducing discrimination, bullying and harassment at work:** Competent and confident managers are able to spot, address and support changes to embed the Civility Saves Lives message while recognising and embracing differences. Management competency bitesize sessions will be developed and made available covering a range of modules to support new and current managers utilising experiential learning approaches to maximise learning and change. The Trust wide Kindness and Civility programme will be expanded and include microaggression, psychological safety and discrimination - this successful programme is managed by the Medical Directors Office.
- **Health and wellbeing Ongoing provision of rolling sessions covering a variety of topics including, menopause support, men’s health, physical and mental health, along with employee support provisions and interventions that promote improved general wellbeing at work and within our communities. We will annually select three services to assess, review and score together with our service users through the protected characteristics lens. followed with co-produced health and wellbeing improvement action plans for all.**

## Creating equity and inclusion

In our pursuit of creating a more inclusive workplace, our strategy aims to annually reduce incidents of bullying, discrimination, harassment, and physical violence at work by 3-5% for a palpable difference. A critical aspect of achieving equity and inclusion involves supporting our minority ethnic workforce, international recruits and individuals with protected characteristics.

Recognising the importance and value of cultural diversity, we emphasise the need for sensitive awareness, respect heightened awareness and acknowledgement within our teams.

To fortify these efforts, our approach includes:

### Cultural training for line managers and teams

Providing comprehensive cultural training delivery for line managers and teams ensures a better understanding of diverse perspectives and encourages the promotion of an inclusive environment.

### Maintaining psychological safety

Developing and understanding how to maintain psychological safety for individuals and teams is foundational. This ensures everyone feels secure and supported in expressing their views without fear of reprisal.

### Creating a sense of belonging and team cohesion

Cultivating a sense of belonging and team cohesion is essential for a positive workplace culture. This creates an environment where every individual feels valued and connected.

### Annual review of staff survey results

An annual review of staff survey results serves as a crucial feedback mechanism. Effective improvement action plans based on these insights with regular updates communicated throughout the organisation promote transparency and accountability.

### Reducing likelihood of minority colleagues in disciplinary processes

We will consistently review and improve our standing regarding the likelihood of minority colleagues entering disciplinary processes compared to their white counterparts.

Proactive measures to address bias and disparities may be necessary, such as:

- Bias awareness workshops and regular anti-bias training and workshops for decision makers
- Diverse disciplinary decision-making panels
- Mentoring and support programs
- Fair and transparent policies
- Reporting and sharing with managers regularly

### Reviewing sanctions for minority ethnic colleagues

In addition to assessing entry into disciplinary processes, we will also consistently review the resulting sanctions to ensure just, fair and free from discriminatory practices against our colleagues with minority ethnic heritage.

## Roles and responsibilities

The Board have overall responsibility for EDI with the Chief People Officer overseeing the work program. Day-to-day operations are undertaken by the Inclusion Diversity and Equality Manager. While there is a clear role for senior leadership in the delivery of our EDI strategy, it is important to recognise that every member of our workforce is a leader, able to influence change and with knowledge and the right tools, all positively contribute towards the achievement of this work.

Our EDI strategy is a comprehensive framework designed to make diversity, equity and inclusion prioritised until it becomes 'business as usual' across all aspects of our Trust. By engaging our leadership, monitoring progress and creating an inclusive environment at ENHT, we aim to build a workplace and healthcare provider where everyone can work, grow, thrive and care together contributing to our collective success.

### EDI Steering Group and EDI Workbook

To support and monitor progress an EDI Steering Group will meet monthly and review the work underway across the organisation provide assurance and governance to the People & Culture Committee. The group will involve staff networks, experts, informatics and delve into the actions locally within divisions.

The EDI Delivery Plan has been designed to instill accountability, facilitate continuous review and enable timely updates on our progress. The plan will update and respond to the changing national and local priorities whilst remaining the delivery mechanism for the ENH EDI Strategy. (this replaces the EDI Delivery Plan within the original strategy)



## Appendices

### Appendix 1 - workforce data

#### Workforce disability percentages at December 2023

% of Total workforce	Disabled	Not declared	Not disabled	Grand total
Band 1	0.0%	0.0%	0.0%	0.0%
Band 2	0.7%	3.1%	10.4%	14.2%
Band 3	0.6%	2.1%	9.4%	12.0%
Band 4	0.4%	1.4%	7.6%	9.5%
Band 5	0.4%	2.3%	14.4%	17.2%
Band 6	0.6%	2.3%	12.6%	15.5%
Band 7	0.4%	1.5%	8.0%	9.9%
Band 8A	0.1%	0.6%	2.7%	3.4%
Band 8B	0.0%	0.2%	0.9%	1.2%
Band 8C	0.0%	0.1%	0.7%	0.9%
Band 8D	0.0%	0.1%	0.3%	0.4%
Band 9	0.0%	0.1%	0.2%	0.2%
Career grade	0.0%	0.6%	0.4%	1.0%
Clinical fellow	0.0%	0.9%	1.0%	2.0%
Consultant	0.0%	2.8%	3.3%	6.2%
Training grade	0.1%	3.6%	2.6%	6.3%
TUPE	0.0%	0.0%	0.0%	0.0%
VSM/Exec	0.0%	0.0%	0.1%	0.1%
<b>Grand total</b>	<b>3.5%</b>	<b>21.7%</b>	<b>74.8%</b>	<b>100.0%</b>

Age profile	% of Total workforce
Under 25	4.7%
25 - 34	26.6%
35 - 44	24.2%
45 - 54	22.8%
55 - 64	17.8%
65 - 74	3.8%
Over 75	0.1%
<b>Grand total</b>	<b>100.0%</b>

### Workforce ethnicity percentages

#### Data as per our ENHT Electronic Staff Record - (ESR) - December 2023

Pay band	BAME	Not declared	White	Grand total
Band 1	0.0%	0.0%	0.0%	0.0%
Band 2	4.7%	0.7%	8.8%	14.2%
Band 3	3.0%	0.6%	8.3%	12.0%
Band 4	2.3%	0.3%	6.8%	9.5%
Band 5	10.6%	1.3%	5.2%	17.2%
Band 6	6.3%	0.9%	8.3%	15.5%
Band 7	2.8%	0.6%	6.6%	9.9%
Band 8A	0.8%	0.2%	2.4%	3.4%
Band 8B	0.3%	0.0%	0.9%	1.2%
Band 8C	0.2%	0.1%	0.6%	0.9%
Band 8D	0.1%	0.0%	0.3%	0.4%
Band 9	0.0%	0.0%	0.2%	0.2%
Career grade	0.6%	0.1%	0.2%	1.0%
Clinical fellow	1.4%	0.3%	0.3%	2.0%
Consultant	2.9%	0.7%	2.6%	6.2%
Training grade	3.4%	0.8%	2.1%	6.3%
TUPE	0.0%	0.0%	0.0%	0.0%
VSM/Exec	0.0%	0.0%	0.1%	0.1%
<b>Grand total</b>	<b>39.4%</b>	<b>6.8%</b>	<b>53.8%</b>	<b>100.0%</b>

## Appendix 2

### Recruitment to senior bands (WRES data 2023)

#### Performance against target

	BAME	Model employer targets	Target met?
Band 8A	57	40	Y
Band 8B	18	14	Y
Band 8C	10	12	N
Band 8D	8	3	Y
Band 9	1	2	N
Trust pay	0	4	N
<b>Grand total</b>	<b>94</b>	<b>75</b>	<b>50%</b>

#### Year-on-year comparison (from band 5)

	Sep-20	Sep-21	Sep-22	Mar-23	Movement from Sept 22
Band 5	525	579	646	702	56
Band 6	307	317	374	415	41
Band 7	145	153	166	192	26
Band 8A	38	46	50	57	7
Band 8B	18	19	19	18	-1
Band 8C	11	11	10	10	0
Band 8D	5	5	8	8	0
Band 9	1	1	1	1	0
VSM	0	2	0	0	0
<b>Grand total</b>	<b>1,050</b>	<b>1,133</b>	<b>1,274</b>	<b>1,402</b>	<b>129</b>







**#ProudToBeENHT**