



Public Sector Equality Duty Report



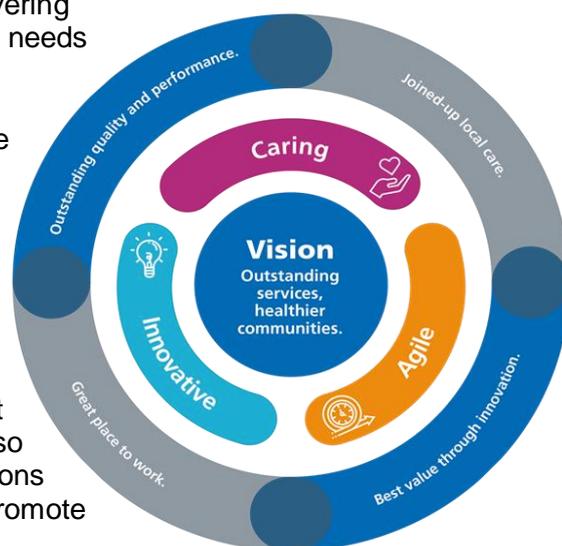
October 2020 – September 2021

Introduction

Hertfordshire Community NHS Trust is committed to delivering services that are responsive to and fully meet the diverse needs of our communities, patients and service users.

In line with our Great Place to Work strategic objective, we aspire to be a Trust that celebrates difference and to create a culture of inclusion, valuing the unique contribution of all our staff.

This report sets out key information covering the period October 2020 to September 2021. It includes detailed information on our workforce during this period to help us understand the trends and patterns of inequality, so that we are able to mitigate them in a systematic manner. It also covers the progress we have made to date and the actions we plan to take to address identified gaps and further promote diversity and inclusion within our organisation.



Equality Legislation

Under the Public Sector Equality Duty (PSED), we are required to have due regard to the need to:

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

This includes how we consider barriers and disadvantage experienced by patients and staff with the following protected characteristics: disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex/gender and sexual orientation. Our progress and plans in relation to this are set out below.

Our Progress to Date

Evaluating and Reporting on our Equality Performance

Equality Delivery System (EDS2)

We last undertook a full review of our Equality Delivery System (EDS2) outcomes in 2019. The EDS is intended to help NHS organisations deliver better outcomes for their patients and communities, as well as improving the working environment for staff. It covers eighteen outcomes (nine relating to services and the other nine for workforce) against which we assess and grade our equality performance, with staff and external stakeholders. In 2019, the Trust was found to be developing in 9 areas and achieving in 9 areas, with no areas found to be under-developed.

The Trust carries out a full review under the Equality Delivery System every three years, so this will be due again this coming year. However, the format is being reviewed nationally to promote more of a partnership approach and further guidance is awaited.

Workforce Race Equality Standard (WRES)

The national NHS Workforce Race Equality Standard (WRES) is designed to improve the representation and experience of Black Asian and Minority Ethnic (BAME) staff at all levels of the organisation. There are nine indicators that make up the WRES, split across workforce data and national NHS Staff Survey results. In the last report we showed an improvement against six of these, and subsequently further improved against the Trust Board measure through the appointment of a Non-Executive Director from a BAME background.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) report is a set of ten metrics that enable NHS organisations to compare the experiences of disabled and non-disabled staff. We were pleased to have improved in the majority of indicators linked to the 2020 Annual Staff Survey results and we are working with our Disability and Long Term Conditions Network on the areas requiring more work.

Gender Pay Gap Report

As an employer with over 250 staff we are required by law to carry out Gender Pay reporting under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

In March 2021, our Trust mean gender pay gap (the difference between men's and women's average hourly pay) was 1.52%, a significant improvement on the previous year and better than the national average of 14.9%. Our median gender pay gap was -25%, the minus figure indicating that women earned a higher median pay than men (male median pay was higher than female in the previous report).

Meeting the Needs of our Patients and Service Users

Patient Engagement and Experience Strategy 2021-2024

Our recently developed Patient Engagement and Experience Strategy references how we intend to work with different equality groups in future, to enable discussion about our patients' diverse needs and demonstrate the improvements/changes we have made as a result of patient feedback.

Care Plans

Our Care Plans recognise the diverse needs of the patient/carer and include all aspects of an individual's life where support might be required, for example, psychological, physical and spiritual or religious. Multidisciplinary team meetings are used to discuss a patient's preferences and ensure that everyone likely to care for that person has knowledge of the spiritual and/or religious issues important to them. Through our engagement with Herts Interfaith Group, Cultural Cards are now available on our wards. These aim to raise awareness of the diverse cultures and communities of the county to assist with service planning and delivery of personalised care.

Interpreting support for patients

The Trust recognises the diversity within the local population and we are committed to providing effective communication with non-English speakers, people for whom English is a second language and patients with a sensory impairment who require communication support. The Trust commissions a confidential translation and interpreting service to ensure that patients, their families and carers are provided with appropriate communication support when accessing our services. We aim to ensure that all patient information leaflets, booklets and posters state that patient information can be made available in Braille, large print or audio versions.

Improving the care of people with learning disabilities and autism

This is a particularly good example of where the Trust has made strides to improve the care of a disadvantaged group though: creating a learning disability and autism strategy group, refreshing our learning disability improvement plan, developing a resource pack and training provision, implementing easy to read comment cards and working closely with partners across care pathways. This has resulted in several Trust services being awarded purple star accreditation, including most recently our Vaccination Centre at Robertson House.

Rainbow Badges/LGBTQI+

In 2019, we signed up to the NHS Rainbow Badge scheme, which provides a visible confirmation that the Trust is a non-judgmental and inclusive place for the LGBTQI+ community (those identifying as lesbian, gay, bisexual, transgender or other gender/ sexual orientation), through staff wearing a rainbow badge. We plan to refresh this during the coming year.

A number of our services, particularly our Step 2 (Children and Young People's Mental Health) service, have been very active in ensuring a welcoming and supportive environment for young people who identify as LGBT+.

Equality Analysis

The Trust continues to analyse the effect of any policy, service or function on staff or patients from the nine protected characteristics. Our equality analysis process allows us to establish whether there is a negative or positive effect or impact on a particular protected group and take action to remedy any adverse impact.

Meeting the Needs of our Staff

Staff Networks

We have a strong and effective Black, Asian and Minority Ethnic (BAME) network, with its own Chair and executive committee. This group is supplemented by wider BAME all staff virtual meetings open to anyone to attend. In addition to supporting us to improve our WRES measures, this group has led on a wide range of developments over the last year as described in the sections below.

Our more recently developed Disability and Long Term Conditions (DLTC) Network helps drive our work on our WDES measures and the disability agenda more widely. Recent work has included exploring the introduction of health passports and work adjustments relating to dyslexia.

Our network for staff identifying as lesbian, gay, bisexual, transgender or any other gender/sexual orientation meets every two months and is increasing in strength and visibility. This has been looking at issues such as refreshing the Rainbow Badge scheme, gender neutral toilets and applying to participate in the 2022 London Pride event.

Along with our Staff Council, our three Networks have been working with us on our Great Place to Work Plan and our diversity and inclusion plans.

Inclusion Champions

In the last year, we have introduced Inclusion Champions in the Trust, who work within teams to ensure all voices are heard. These Champions will help to raise awareness of equity, diversity and inclusion and the Trust's strategy and action plan; they will be the point of contact for staff in their department and will advise informally on equity, diversity and inclusion issues and procedures.

Reciprocal Mentoring

We have completed a second cohort of our Reciprocal Mentoring Scheme, which aims to help senior managers learn and see issues from the perspective of others. The scheme was piloted with Executive Team members, who were primarily paired with BAME mentors. Training for both mentors and mentees was provided, with monthly mentoring meetings taking place and a feedback session to gain insight into what worked well and what we can do differently for the next cohort. This will be expanded in the coming year.

Anti-racism

Working with our BAME Network, we are committed to taking an anti-racist stance and have signed up to the East of England Anti-Racism Strategy, issued a Board statement on the Black Lives Matter campaign, discussed racial abuse in football following the Euro's and run events to promote anti-racism during Black History Month.

Talent management programmes

Over the last 18 months, we have introduced Talent programmes at all levels, specifically targeting under-represented groups. Our Talent 3-4 programme and our Talent 5-7- Realising Your Potential programme are in their second year, with over 100 staff having gone through the Talent 5-7 programme. We have now launched a new programme for staff at Band 8+ which we are linking with being a pilot site for the new national development tool 'Scope for Growth'.

Leadership Development

Inclusion has been a main theme of our leadership development over the past couple of years, with two Board development sessions run on this, along with inclusion and compassionate leadership being key themes at our leadership conferences and forums. Our most recent leaders conference included a keynote session on understanding bias.

Accreditation

The Trust has continued to maintain Level 2 Disability Confident Employer status under the Disability Confident scheme. In line with this, we guarantee an interview to disabled applicants who meet the essential criteria for the job. We also support applicants and staff by making work adjustments, from providing specialist equipment or altering working hours through to redeploying them into different roles that make use of their skills and enable them to continue working for us.

In addition, having implemented an Armed Forces Policy and signed up to the Armed Forces Covenant, this year we were awarded Bronze accreditation as an employer who supports veterans, reservists and their families. We are now working towards the Silver and Veterans Aware accreditations.

Policy Developments

We have a well-established Equality and Diversity policy, which sets out our commitment to providing an inclusive environment in the context of the law and best practice.

We have had a Flexible Working Policy for many years, which supports a wide range of flexible working patterns to enable staff to balance their working lives with their out of work commitments, with over 55% of our staff working part-time hours. We also have a suite of health and wellbeing policies to support our staff, including those relating to Management of Sickness Absence, Stress Management, Alcohol and Substance Misuse, Mental Health Wellbeing, Menopause, and Domestic Abuse.

Specific developments over the last year have included:

- We have introduced new policies on Transgender and Menopause.
- We have amended our Management of Sickness Absence, Disciplinary and Capability Policies to take account of 'just culture' principles and added a checklist to the Disciplinary Policy for review by the BAME Network executive to ensure that no one is being treated differently.
- We have trained BAME Network representatives to sit on Band 8 recruitment panels to promote equal access to senior posts for BAME colleagues, and the Trust recruitment flowchart was updated to include the requirement to have a BAME Network representative on interview panels for senior posts.

Our Workforce Breakdown 2020/21

In line with the Public Sector Equality Duty (PSED), the Trust is required to publish specific information about staff from protected groups. This section sets out key statistical information covering the period 1st October 2020 to 30th September 2021. This data helps inform the development of our workforce equality objectives.

Please note, in October 2019 a proportion of HCT's commissioned services moved to another NHS Trust, therefore the graphs/tables below reflect a reduction in staffing number from 2019 onwards. The report for this year covers our core workforce, but for more consistent comparison purposes across the years, we have excluded the temporary workforce we have working in the Mass Vaccination Centres.

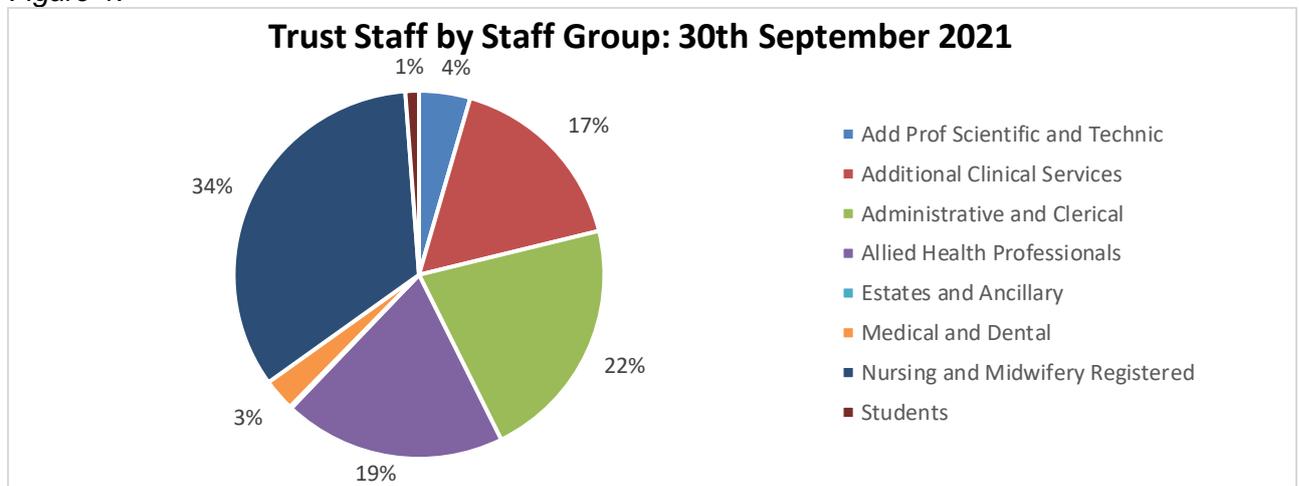
Composition of the Workforce

Staff Group

At 30th September 2021 the Trust employed 2282 staff. It is worth noting there has been an increase in staffing in the Trust (from 2074 in the last report). This is partly a result of the Trust's commitment to recruit to vacant posts, as well taking on the East Anglican School Aged Immunisation Services and expansion of other commissioned services to support patients/service users closer to home. Therefore all staffing comparisons will be based on a slightly larger workforce than in September 2020.

The Trust's largest staff group is registered qualified nurses who make up 34% of the total employees, followed by Administrative & Clerical who make up 22% of the workforce. Over 77% of all Trust employees are clinical staff providing treatment to our patients. This is very similar to the overall profile last year.

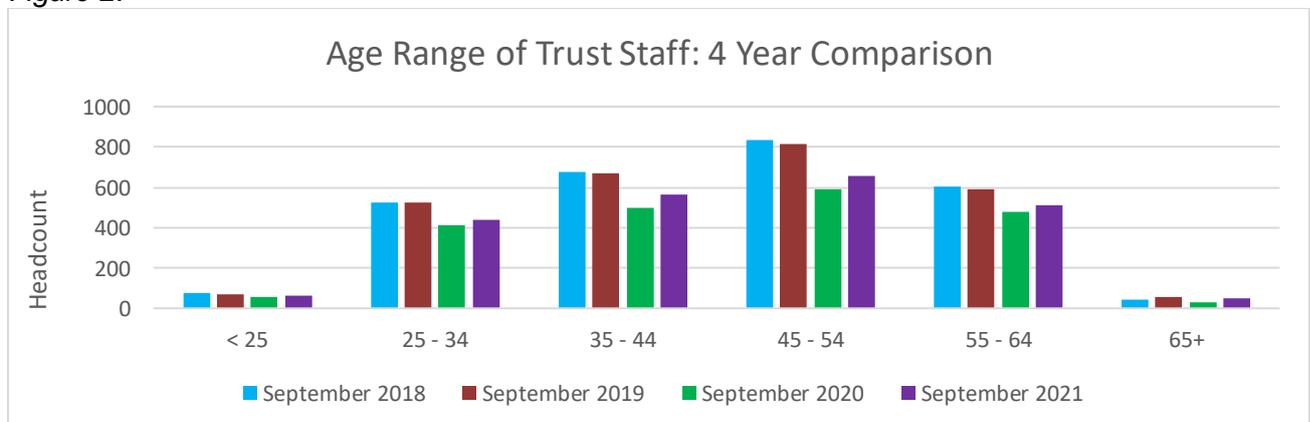
Figure 1:



Age

The graph below represents Trust employees by age range over a four-year period. Our highest number of staff continues to be in the 45-54 age banding. The average age of our workforce has remained at 45 years old for the last 9 years.

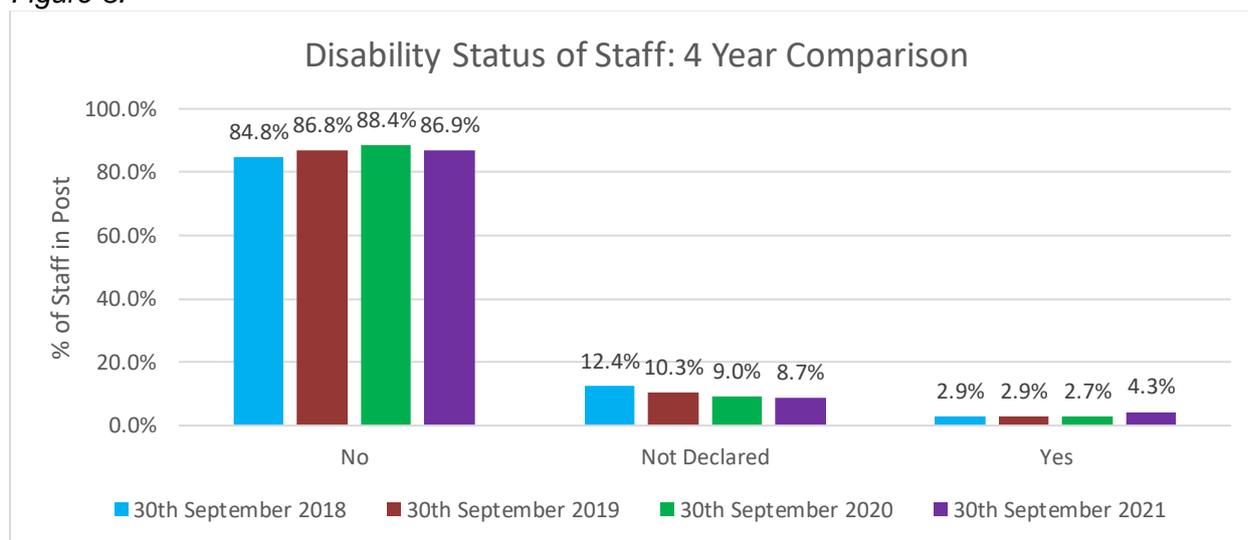
Figure 2:



Disability

A comparison of employees' recorded disability status is provided in the graph below. It shows that for the seventh year running the number of 'Not Declared/Undefined' has reduced. We continue to actively encourage staff to declare their disability and, with the introduction of 'My ESR', all staff are able to alter their own personal data held in the Electronic Staff Record (ESR) system. 102 staff have declared themselves to be disabled (an increase to 4.3%), but this is still likely to be under-reporting.

Figure 3:



Gender Reassignment

There is currently no data available on gender reassignment within the Trust's Electronic Staff Record (ESR) system as there is no field to hold this information. Unfortunately, it is not within the remit of the Trust to change this as ESR is a national system. The field will be updated following the outcome of scoping from NHS England.

Pregnancy and Maternity/Adoption

The Trust does not keep information on pregnancy; however it does have records of those staff who took maternity/adoption leave during the period. As at the 30th September 2021 there were 74 Trust staff on maternity/adoption leave, equating to 3.24% of the substantive workforce. This is a higher proportion than last year.

Figure 4:

Date	Number of Staff on Maternity/ Adoption Leave	Total Staff	% of Staff on Maternity/Adoption Leave
30 th September 2021	74	2282	3.24%
30th September 2020	57	2074	2.75%
30th September 2019	68	2721	2.50%
30th September 2018	88	2759	3.20%

Of the staff who were on maternity/adoption leave on the 30th September 2021, the following current status has been noted:

Figure 5:

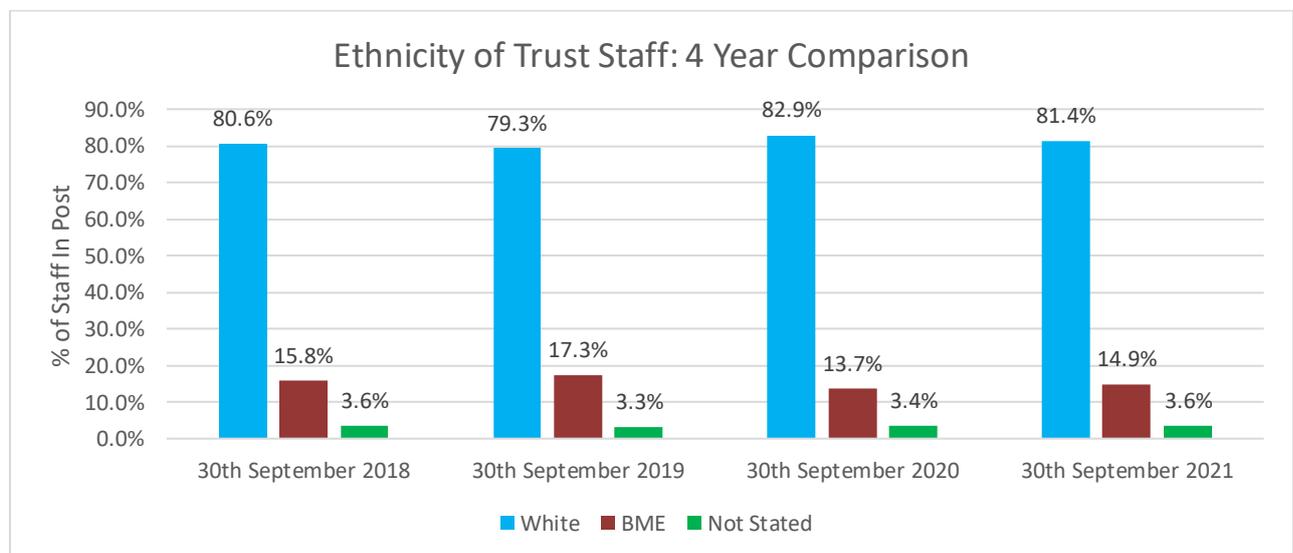
Current Status of Staff who were on Maternity Leave on 30th September 2021*	
Still on Maternity/Adoption Leave	49
Returned with Same Hours	17
Returned with Reduction in Hours	7
Left the Trust	1
TOTAL:	74

* checked on 2nd March 2022

Race

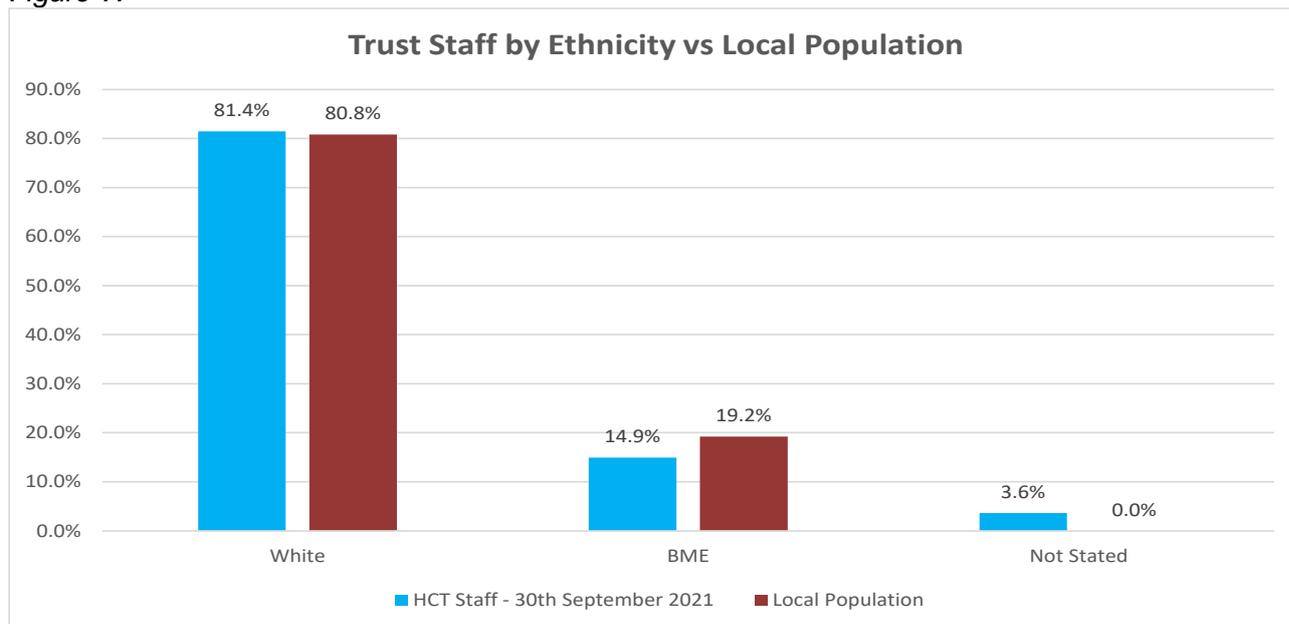
The graph below (Fig 6) shows the ethnic composition of Trust employees over a four-year period. The quality of our data remains good with the Trust continuing to hold ethnicity data for 96.3% of the workforce. The remaining 3.6% chose not to disclose their ethnicity to us, which is a small increase on the 2020 reported figure. Overall, 81.4% of staff are from white ethnic groups, 14.9% of staff are from a Black, Asian or Minority Ethnic (BAME) group and 3.6% are not disclosed.

Figure 6:



A comparison of Trust employees against the local population is set out below. The graph shows that the Trust employs a smaller proportion of staff from BAME backgrounds than is recorded in the local population. This is according to data obtained from the Hertfordshire County Council Diversity and Inclusion Annual Report 2020-2021 (the Trust having previously declared itself as being representative when compared to the 2011 Census data, but this is obviously now very out of date). It is worth noting that 3.6% of Trust staff haven't declared their ethnicity, therefore representation may be a bit more in line if all ethnicities were known.

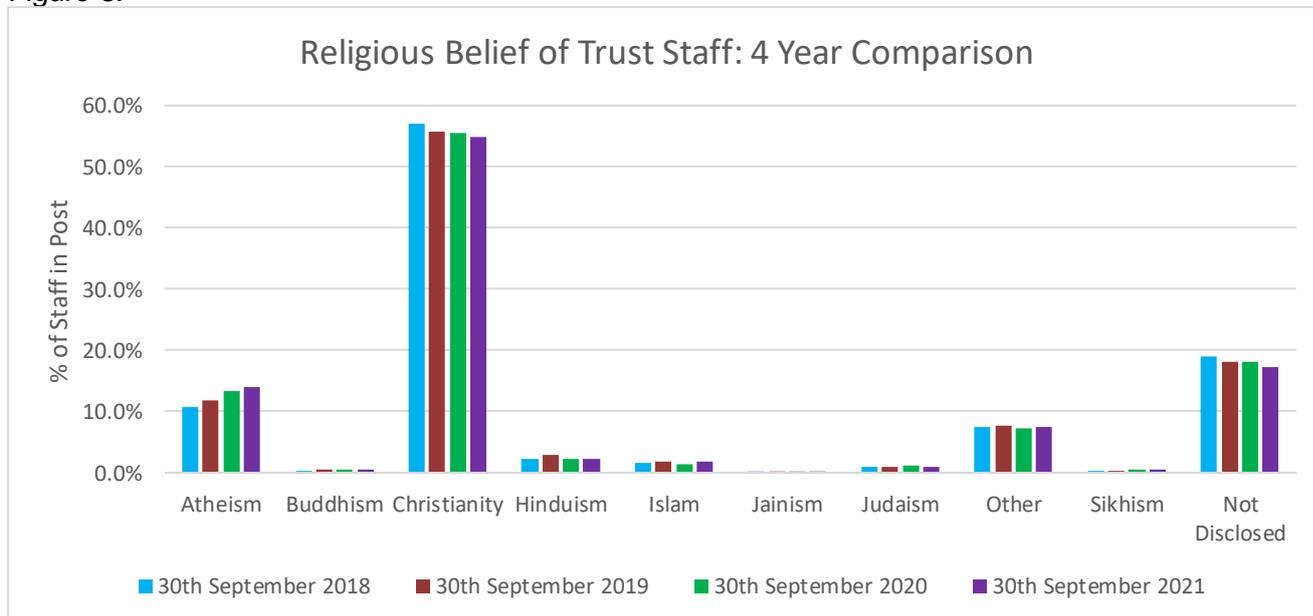
Figure 7:



Religion or Belief

With regard to religion or belief, Christianity remains the largest category, at 55% of the workforce (slightly lower than in previous years). This is followed by the 17% of the workforce which is “not disclosed”. Details of the religious beliefs of our staff are set out in figure 8 below.

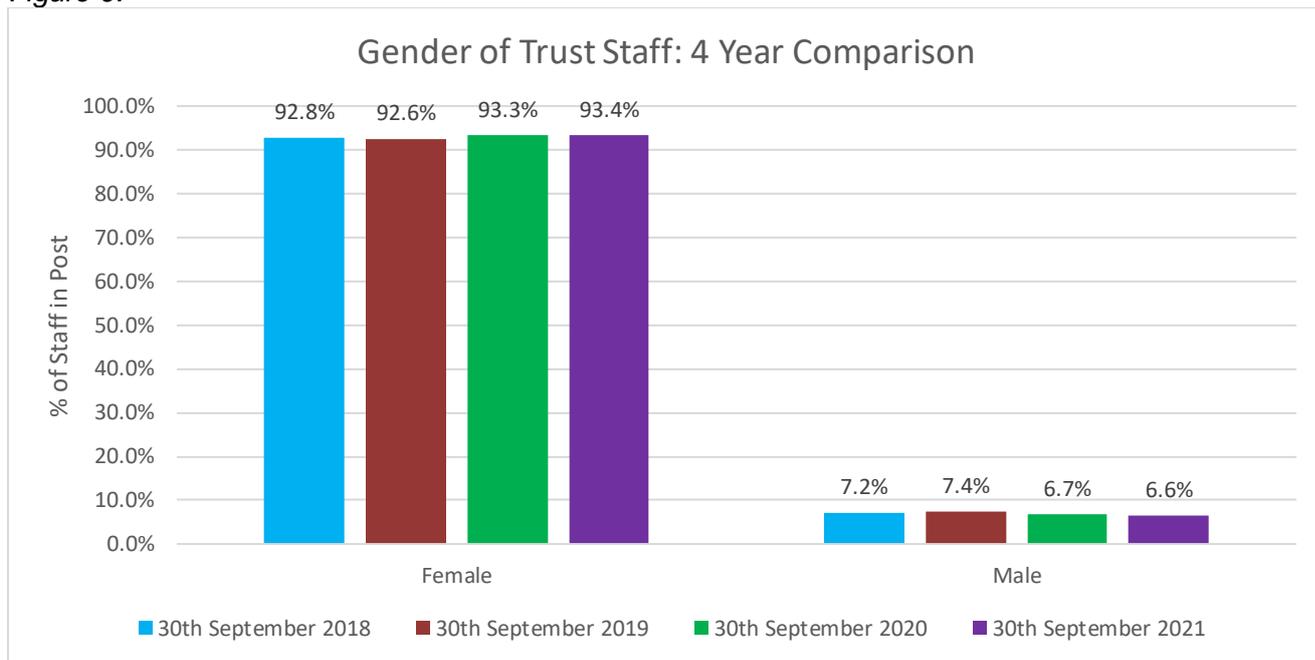
Figure 8:



Gender

The male / female gender split continues to be 93% female to 7% male, it has remained remarkably consistent over the past 4 years.

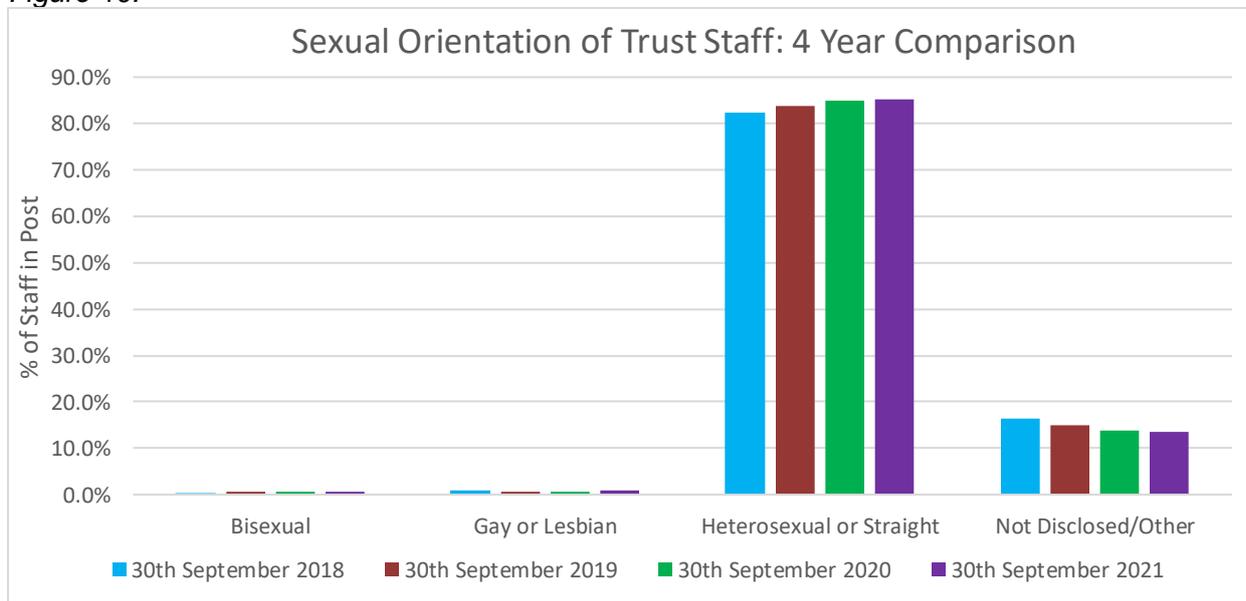
Figure 9:



Sexual Orientation

The graph below shows the sexual orientation disclosed by Trust employees. The total number of declared Gay, Lesbian and Bisexual (LGB) employees in the Trust is 18. We are not able to capture data on the TQI+ categories due to limitations with the national ESR system.

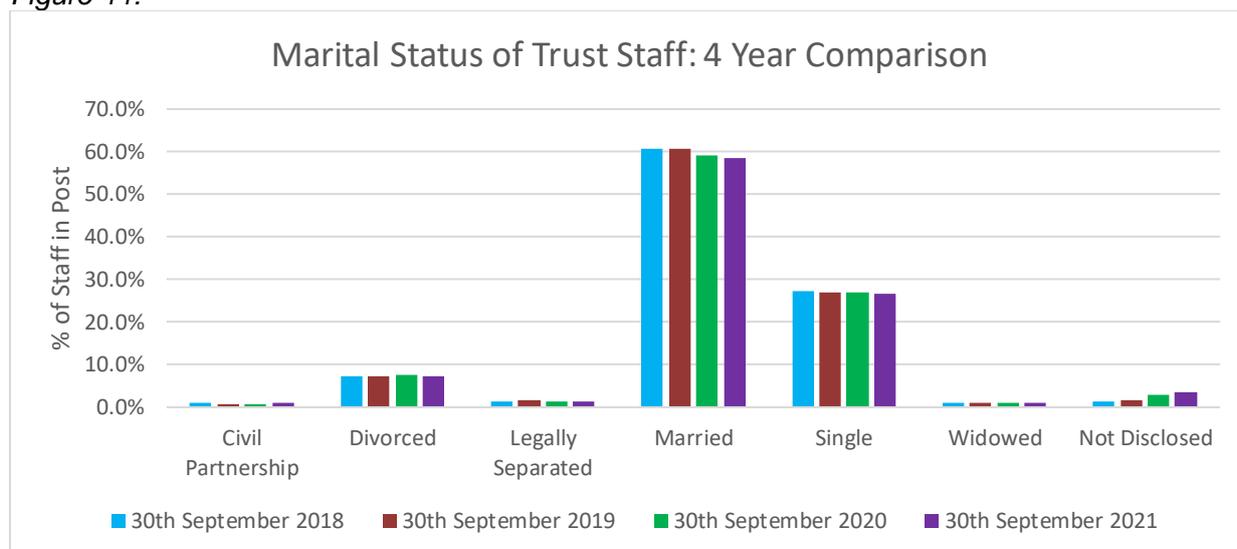
Figure 10:



Marriage and Civil Partnerships

The marital status of the Trust's employees is shown in the graph. The proportions of staff in each of the categories of marital status changes very little from year to year.

Figure 11:



Full-time and Part-time Staff

As at 30th September 2021 the Trust showed an increase in the proportion of staff working part-time compared to those working full-time, with part-time workers being in the majority. This is a very positive statistic for the Trust indicating that we accommodate flexible working to support a healthy work-life balance.

Figure 12:

30th September 2021	Female	Male	Trust Total
Full-Time	929 (43.7%)	126 (81.3%)	1055
Part-Time	1198 (56.3%)	29 (18.7%)	1227
Trust Total	2127	155	2282

Recruitment

Between October 2020 and September 2021 the Trust received a total of 4,995 applications for jobs it had advertised on the NHS Jobs website, compared to 2,894 the previous year. 430 job offers were made, an increase on the 365 in the previous year.

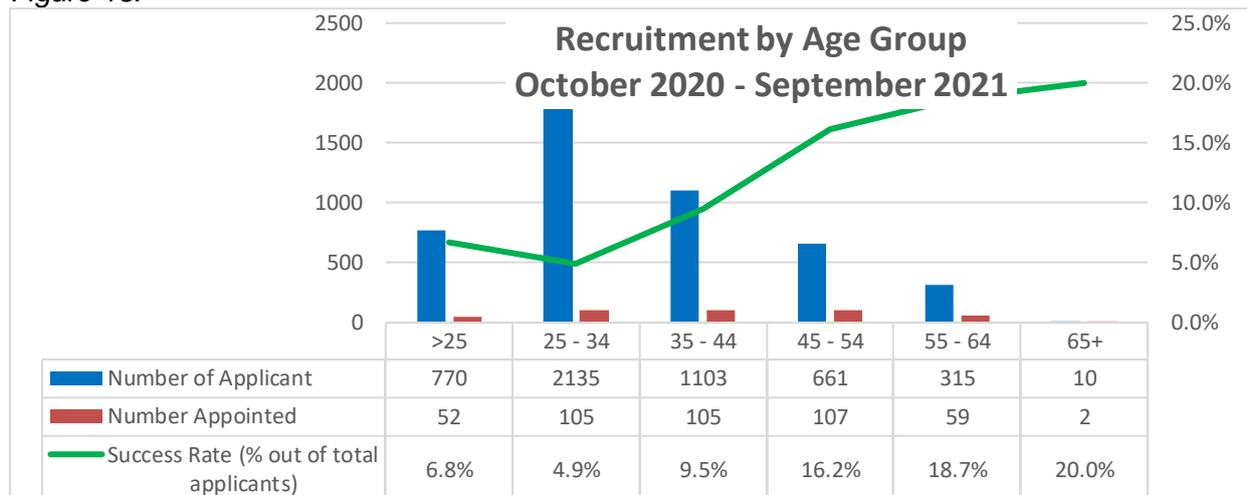
Part of the increase in applicants may be due to the impact of the COVID-19 pandemic, with staff in some sectors being laid off or finding it difficult to work. However, we have also had a huge increase in African applicants applying for roles on NHS Jobs directly from overseas, but with no right to work and without the relevant professional qualifications. This is skewing the comparison of conversation rates between white and BAME applicants, which is meant to indicate bias in the recruitment process, but is instead reflecting high numbers of applicants who could not possibly be shortlisted. We are looking to find a way to separate these out from other applicants, but system reporting functionality does not facilitate this. The Trust is setting up an international nurse recruitment programme to harness this interest and give overseas nurses the right to work where they have the necessary professional qualifications.

The graphs below show the number of applicants and appointments by age, disability, ethnic origin, religious belief, gender and sexual orientation. They also look at the success rates of the applicants by each of these protected characteristics. The overall success rate of all applicants is 8.6%.

Applications by Age

From figure 13 below we can see there is some correlation between age and applicant success rate with the rate increasing as the age of the applicant increases, this is consistent with previous year's results.

Figure 13:



Applications by Disability

Whilst last year we saw a more equal proportion of disabled and non-disabled candidates appointed, this year disabled staff have been very significantly more likely to be appointed (13.1%), compared to 7.7% of non-disabled candidates (7.7%). Undisclosed candidates continue to have the highest success rate.

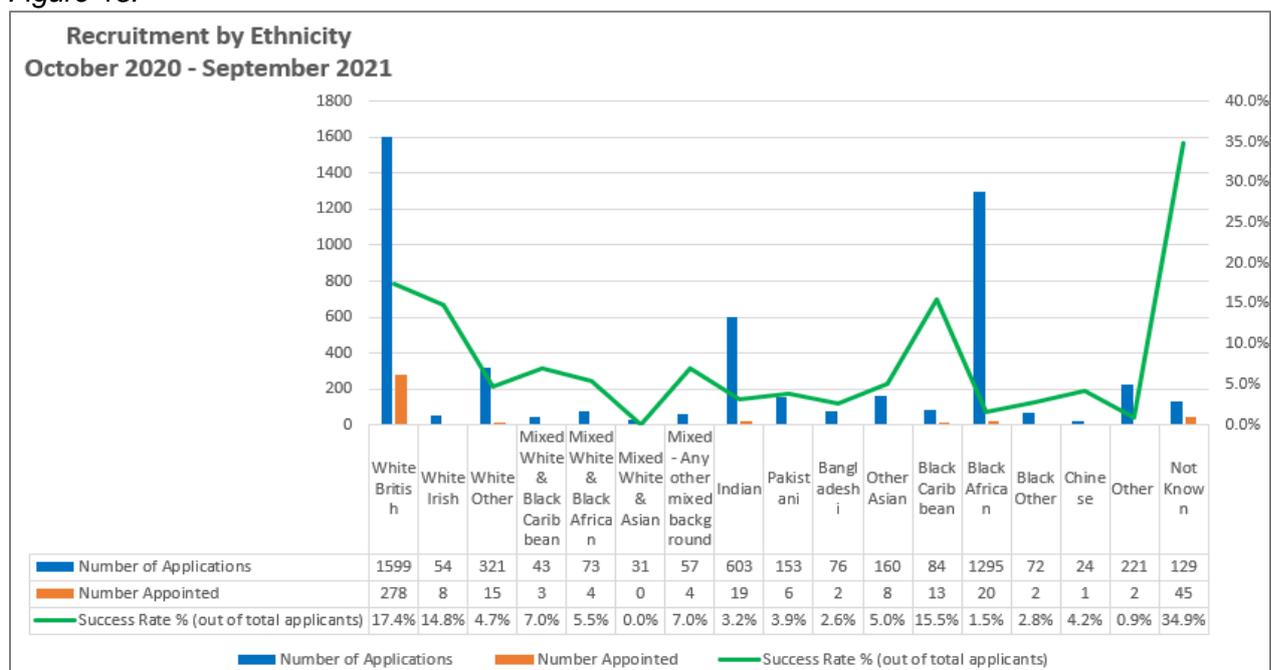
Figure 14:



Applicants by Ethnicity

Ethnicity data (Fig 15) shows a wide range of success rates from 0.9% for “Other” Ethnicity to 14.8% for White Irish. Taken overall, the success rate for White applicants is higher than those from BAME backgrounds (15.2% White v 3.1% BAME). However, this is inflated by large numbers of African applicants without right to work or relevant professional qualifications (see introductory comments to recruitment section above).

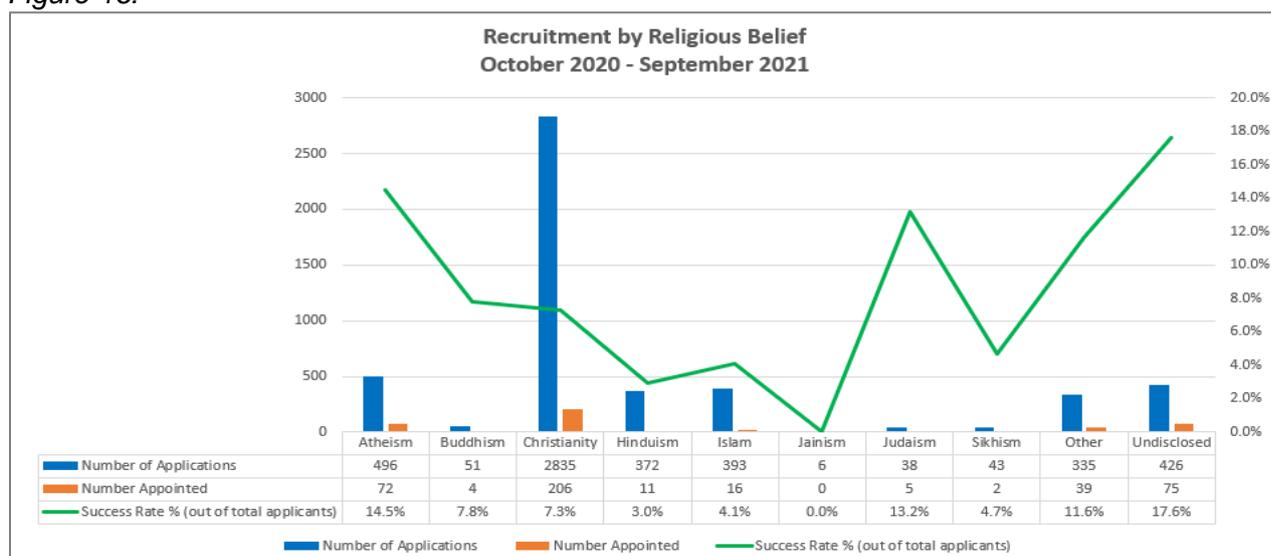
Figure 15:



Applicants by Religion or Belief

The two most successfully appointed groups were Buddhists (7.8%) and Jewish applicants (13.2%).

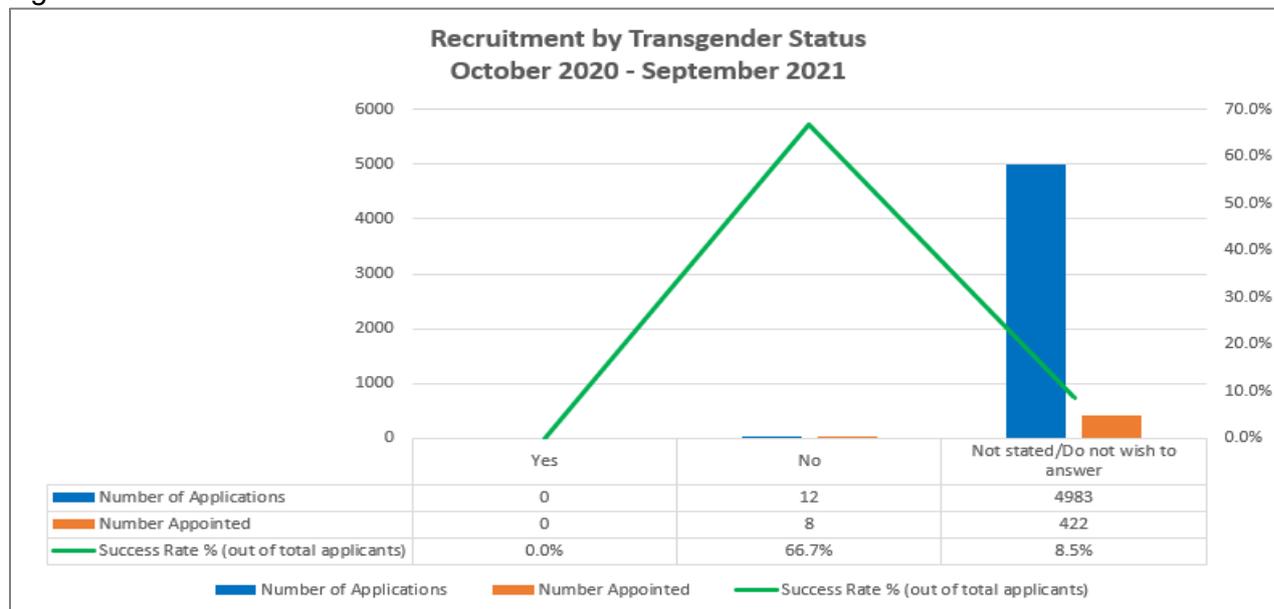
Figure 16:



Applicants by Transgender

There were no Transgender applicants identified during the monitored period.

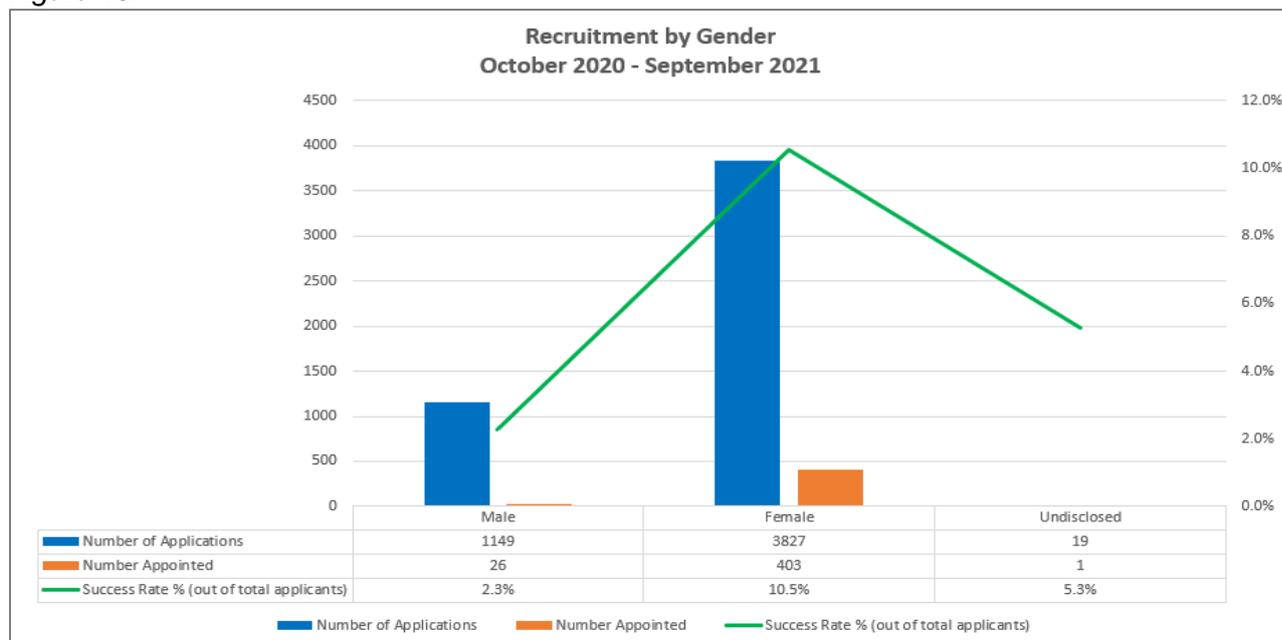
Figure 17:



Applicants by Gender

Gender analysis of applicants indicates that female applicants have a higher success rate than male applicants (10.5% versus 2.3%)

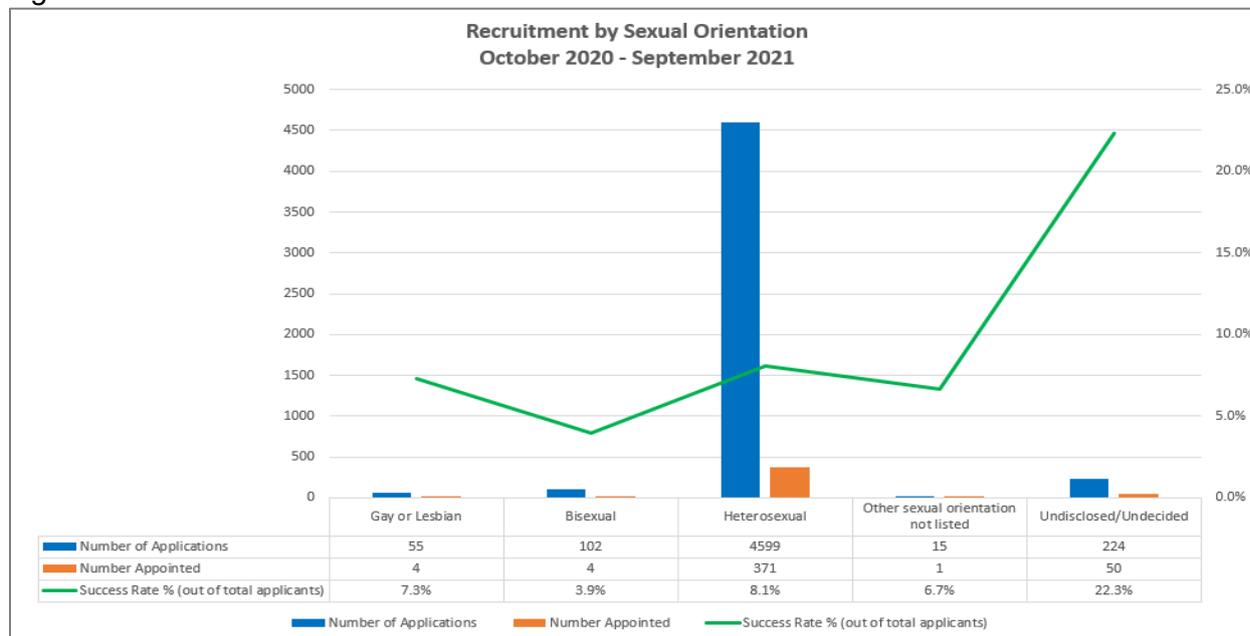
Figure 18:



Applicants by Sexual Orientation

The Trust received a total of 172 applications from those with Gay, Lesbian, Bisexual or 'Other' sexual orientation. The success rate for Gay, Lesbian, Bisexual applicants was 5.2%.

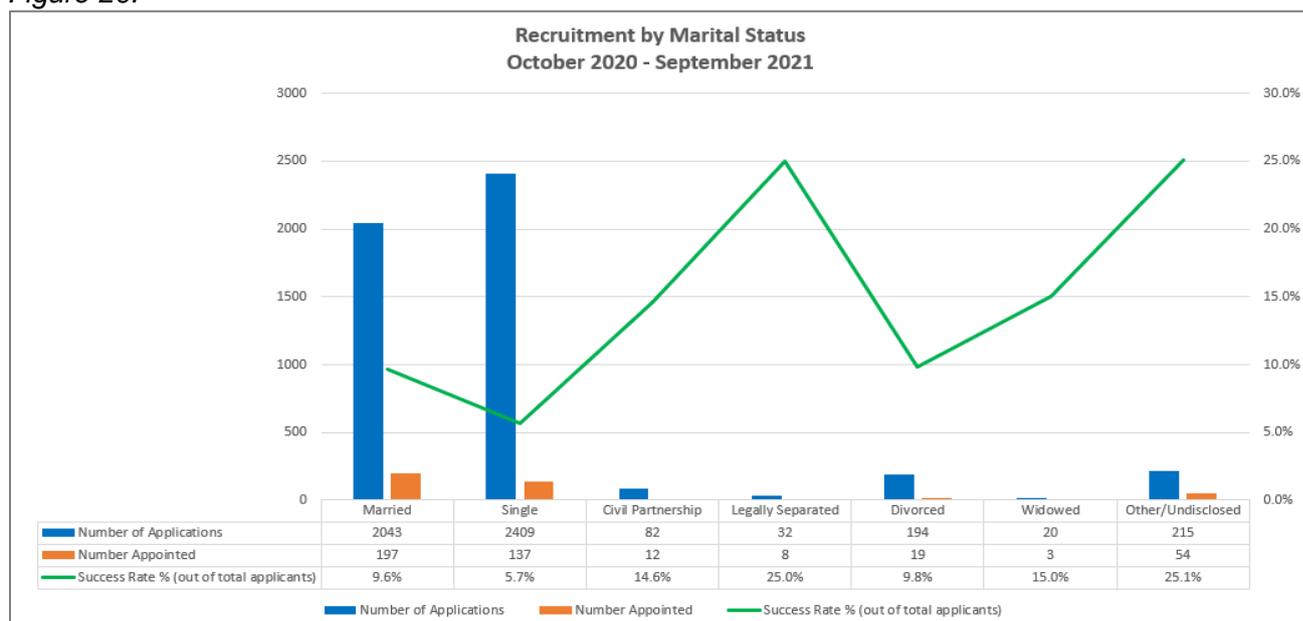
Figure 19:



Marital Status

When looking at recruitment rates by marital status, the analysis shows that those who are legally separated, have 'other/undisclosed' status or are in a civil partnership had the highest success rates in being appointed. Those who are single had the lowest success rate at 5.7%.

Figure 20:



Internal appointments to a higher band (promotions)

During the period monitored in this report there were a total of 107 internal appointments within the Trust, so 4.7% of the workforce were appointed to a higher grade, a decrease on the previous year's 5.2%.

Analysis of these employees shows that a slightly higher proportion of women were promoted than men. Details are shown in the table below.

Figure 21:

Gender	Number of Trust Staff 30th September 2021	Number of Promotions	% of Gender Promoted
Female	2127	100	4.7%
Male	155	7	4.5%
Trust Total	2282	107	4.7%

The breakdown by ethnic origin indicates the largest number of promotions were within the White British staff group (80 staff). As the majority of our workforce (1706 out of 2282) belongs to this group their promotion rate of 4.7% is in line with the Trust's overall promotion rate. White staff have a promotional rate of 4.7% versus of a rate of 4.0% for BME staff.

Figure 22:

Ethnic Origin	Number of Trust Staff 30th September 2021	Number of Promotions	% Ethnic Origin Promoted
White British	1706	80	4.7%
White Irish	41	2	4.9%
White Other	112	7	6.3%
Mixed - White & Black Caribbean	22	0	0.0%
Mixed - White & Black African	6	1	16.7%
Mixed - White & Asian	6	0	0.0%
Mixed - other mixed background	14	0	0.0%
Indian	96	3	3.1%
Pakistani	20	2	10.0%
Bangladeshi	5	0	0.0%
Other Asian	24	0	0.0%
Black Caribbean	31	1	3.2%
Black African	82	6	7.3%
Black Other	13	0	0.0%
Chinese	3	0	0.0%
Other	19	1	5.3%
Not Known	82	4	4.9%
Total	2282	107	4.7%

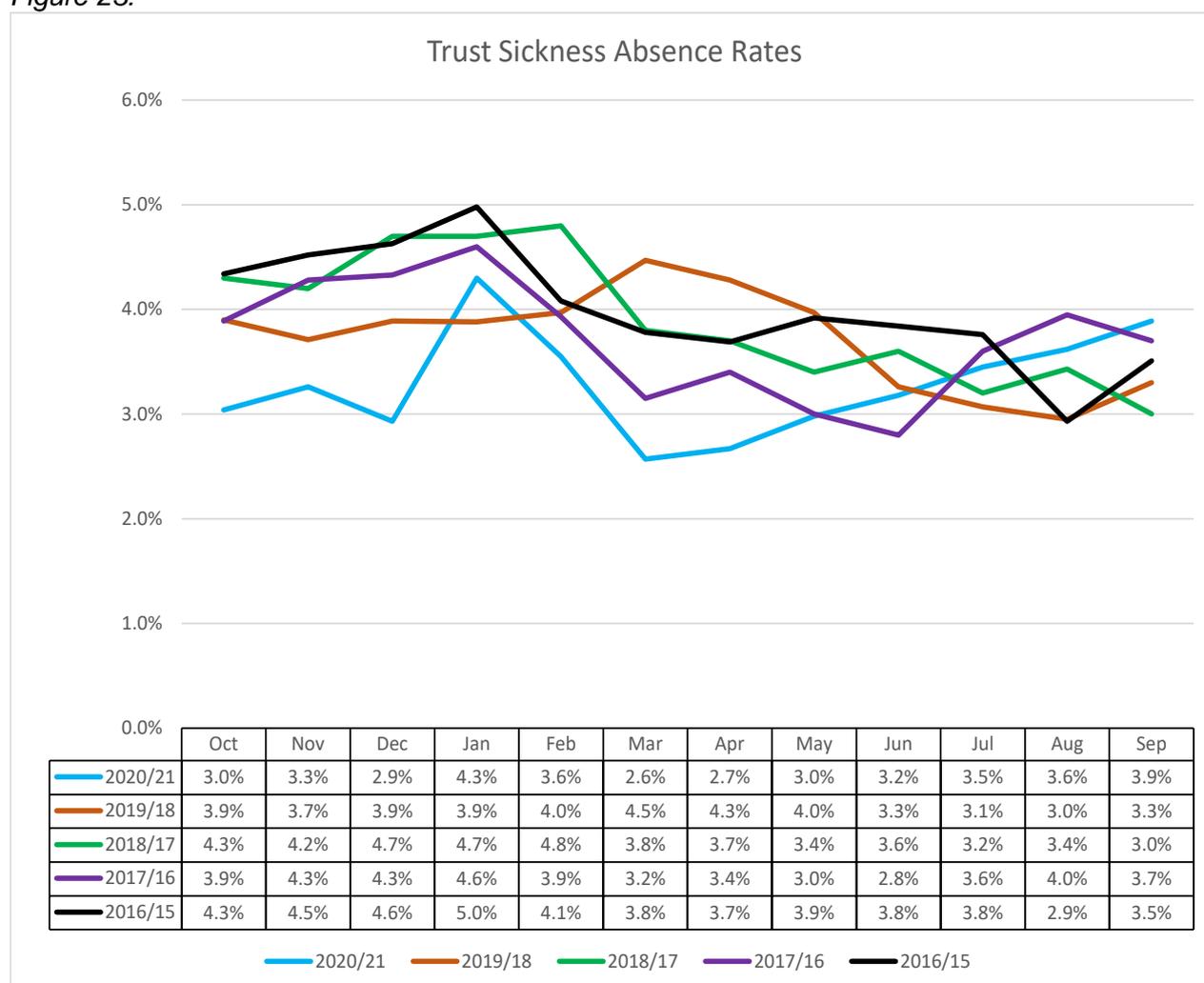
Sickness Absence

The graphs and tables below show the Trust's sickness absence by month for the last five years. We are not able to report on disability related sickness specifically as there is no mechanism for collecting this data through our rostering system and its interface with ESR.

The absence rate for the period of this report (Oct 20 to Sept 21) was 3.16% which is the lowest rate of the 5 years shown. However, a month by month analysis shows a trend of increasing sickness for the last 6 months of this.

Period	Absence Rate
Oct 16 - Sept 17	4.01%
Oct 17 - Sept 18	3.75%
Oct 18 - Sept 19	3.91%
Oct 19 - Sept 20	3.73%
Oct 20 – Sept 21	3.16%

Figure 23:



Leavers and Dismissals

During the period 1st October 2020 to 30th September 2021 a total of 589 staff left the Trust. 441 staff resigned compared to 224 last year. The Trust's annual voluntary (underlying) turnover rate for this period was 12.9% (11.1% last year).

Figure 24:

Leaving Reason	Total
Voluntary Resignation	441
Retirement	101
End of Fixed Term Contract	34
Dismissal	3
Other	10
TRUST TOTAL	589

The three staff who were dismissed from the Trust equated to 0.13% of the workforce (0.2% were dismissed in the previous period). It is difficult to draw conclusions with such small numbers of dismissals but these can be broken down as follows:

Dismissals by Gender

Figure 25:

Gender	Total Trust Staff	Number of Dismissals for 12 months ending Sept 19	Dismissals as % of Trust Staff
Female	2127	3	0.14%
Male	155	0	0.00%
Total	2282	3	0.13%

Dismissals by Age

The highest proportion of dismissals was seen in those staff aged 45-54.

Figure 26:

Age Range	Total Trust Staff	Number of Dismissals for 12 months ending Sept 19	Dismissals as % of Trust Staff
< 25	62	0	0.00%
25 - 34	438	0	0.00%
35 - 44	564	0	0.00%
45 - 54	657	2	0.30%
55 - 64	511	1	0.20%
65+	50	0	0.00%
Total	2282	3	0.13%

Dismissals by Ethnic Origin

Those with an ethnic origin of African had the highest proportion at 1.22% (1 out of 82 staff).

Figure 27:

Ethnic Origin	Trust Staff	Dismissals for year to Sept 2021	Dismissals as % of Trust Staff
White British	1706	1	0.06%
White Irish	41	0	0.00%
White Other	112	1	0.89%
Mixed - White & Black Caribbean	22	0	0.00%
Mixed - White & Black African	6	0	0.00%
Mixed - White & Asian	6	0	0.00%
Mixed - any other mixed background	14	0	0.00%
Indian	96	0	0.00%
Pakistani	20	0	0.00%
Bangladeshi	5	0	0.00%
Other Asian	24	0	0.00%
Black Caribbean	31	0	0.00%
Black African	82	1	1.22%
Black Other	13	0	0.00%
Chinese	3	0	0.00%
Other	19	0	0.00%
Not Known	82	0	0.00%
Total	2282	3	0.13%

Our Planned Actions for the Coming Year

Having reviewed this data, alongside data coming out of our WRES, WDES and Gender Pay Gap reports, our planned actions for 2022/2023 include:

Action	Lead	Date By:	Outcome
To agree an HCT ED&I Framework setting out our strategy inclusion priorities for the next three years.	ARy	May 2022	Clear equality objectives agreed and publicised.
To develop and agree the annual Equality, Diversity and Inclusion Plan setting out the year's activities for the Trust.	TF	June 2022	Clear plan for the development of the E&D agenda in place.

To work with the Staff Networks, JNC and Staff Council on this plan to ensure focuses on actions with real impact on patient/staff experience.	ARy/TF	July 2022	Stakeholders are engaged with the plan and co-design priorities.
To introduce a working group of Trust, local communities, voluntary sector and statutory health and social care organisations to ensure that the needs of under-served communities are reflected in the design, creation and operation of the Trust's services.	EK / TF	July 2022	The Trust will better understand equality issues across Hertfordshire and feed into focussed areas of work to ensure fair and equitable services
To set up arrangements for robust quarterly monitoring of the Equality, Diversity and Inclusion Plan through the committee structures up to the Trust Board.	ARy/TF	July 2022	Trust Board fully cited on progress against the plan.
To gather and publicise patient and staff stories on the impact of having a protected characteristic, including a patient story at a Trust Board meeting.	Comms/TF	September 2022	Raised awareness of the impact of the protected characteristics in patient/staff lives.
To gather information on the range of initiatives taking place across the Trust to support patient access and tackle health inequalities	TF	October 2022	Trust understands what is already in place to enable identification of gaps.
To introduce training that covers unconscious bias and cultural awareness in collaboration with system partners.	TF	December 2022	Leaders and staff are aware of biases and staff and patient needs.
To analyse population health statistics and the population profile to identify any specific actions required to target services to patients with protected characteristics.	EK	December 2022	Health inequalities work based on robust data for patient groups.
To introduce initiatives to support the recruitment and promotion of people in under-represented groups.	ARy/TF	March 2023 (Ongoing)	Trust's workforce is representative of the local population at all levels.
To deliver statutory reporting requirements to prescribed timescales, i.e. WRES, WDES and PSED and Gender Pay Gap.	WI Team /TF	March 2023	Statutory requirements fully met.



Hertfordshire Community
NHS Trust

