

# Equality Diversity & Inclusion Annual Report May 2021



A Great Place to Work  
‘Making a Difference Everyday’

May 2021

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# About Us

Stockport NHS Foundation Trust provides hospital care for children and adults across Stockport and the High Peak, as well as community health services for Stockport. Our stroke services have been officially ranked as the best in England and urology and orthopaedic services at Stepping Hill Hospital are highly-rated nationally.

**Our priorities focus on providing high quality services which are all about people – patients, carers, staff and partners. We are the second largest employer in Stockport, with a highly-skilled, committed and dedicated workforce.**

*We value our people and recognise they are our greatest asset. Our overall aim is to develop our staff, give them clear career pathways, provide them with the leadership, skills and knowledge they need to deliver the care our patients need now and in the future, to support their wellbeing and to recognise and value their diversity.*

The Trust's mission is to 'make a difference everyday'; a health and care system that has excellent care at the heart of the community. To realise our vision we will remain true to our core values of We Care, We Listen & We Respect.

This report presents information on the work we have delivered to help meet our commitment to Equality Diversity & Inclusion, it sets out our goals on the NHS's Equality Delivery System Audit 2021.

# Legal Context

## Equality Act 2010

The Equality Act (2010) is the UK's anti-discrimination law, which protects individuals from unfair treatment and promotes a fair and more equal society. It protects people from discrimination, harassment and victimisation in work, education and when accessing services like healthcare.



## Public Sector Equality Duty

Public Sector Organisations must, in the exercise of their functions, have due regard to the need to:

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

## Stockport Local Diversity

Stockport continues to be one of the healthiest places to live in the North West, with health outcomes similar to the national average. Life expectancy is high, at 83.3 for women and 79.9 for men within the borough.

Stockport has the oldest age profile in Greater Manchester and its population continues to age. Currently 19.9% people are aged 65+ and this is likely to rise to 21.0% by 2024, with an additional 5, 800 people aged 65 or over.

Areas of affluence, including Bramhall, Cheadle and Marple tend to have the highest population of people aged 65+. Concentrations of those aged 85+ can be found across the borough clustering around nursing and residential homes

There is a significant difference in health outcomes between Stockport's more affluent and deprived boroughs, with men in the most affluent areas living 11 years longer than those in the most deprived areas of the borough. Perhaps more significantly, in the most deprived areas the decline in health starts at age 55, compared to 71 in the most affluent areas.

Stockport's Black & Minority Ethnic (BME) population has risen from just 4.3% in 2001 to around 8% at the 2011 census. If white ethnic minorities are included, such as Irish, Polish and traveller populations, this percentage rises to 11%. Areas to the west of the borough have the highest proportion of ethnic diversity – particularly among younger populations and continues have a younger age profile on average than the White British population

According to the 2011 census 18.4% of local people have a disability or a long-term illness. However, 40% of the people registered with Stockport GPs have one or more long-term condition. Instances of disabilities rise significantly with age from just 2% of 0-4 year olds to 90% of those aged 85 and over. By the age of 55, half of registered patients have one or more long-term condition. As life expectancy increases, so too do the numbers of people with complex care needs.

Most people in Stockport follow a 63.2% are Christian, 3.3% are Muslim, 0.6% are Hindu and 0.5% are Jewish. Unlike the situation nationally Stockport's Muslim population reports better than average health.

## Health Inequalities

There is a lack of reliable data available regarding the profile the LGBT community in Stockport. The government estimates that between 5% and 7% of the UK population is LGB, which would equate to 14-20,000 people in the borough.

Smoking is the biggest single cause of poor health – rates in most areas of Stockport are falling (average 18%) so priorities for smoking therefore focus on inequalities, in deprived areas smoking rates are more than twice the average

Mortality rates are almost 4 times higher for people in Stockport with serious mental health conditions, than the Stockport average. 85% of this difference is attributable to smoking

Alcohol also remains a key concern, although rates of consumption are no longer rising the impacts on health are still significant and are felt disproportionately in the most deprived areas.

- Obesity is also of concern with more than 25% of adults being obese, and being a significant cause of liver disease, heart disease and diabetes

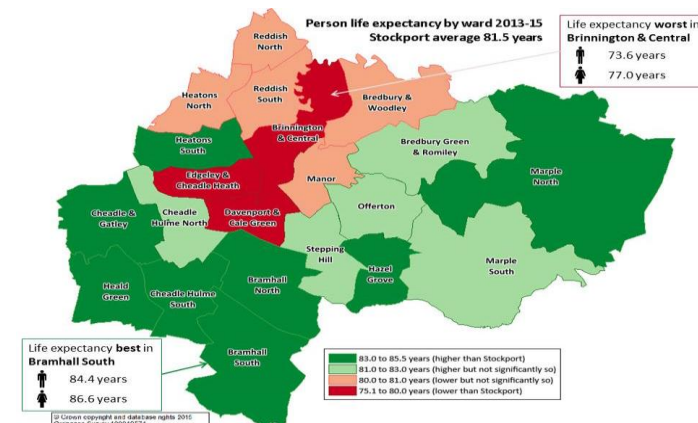
Cancer is now the major cause of premature death (45% of deaths under 75 years)

40% of out of work benefits in Stockport are due to mental wellbeing

- Depression and anxiety prevalence peaks in those aged 40-49 and is strongly correlated with deprivation.

Nationally minority groups suffer inequalities in health outcomes and access to services.

More information can be found in the Stockport Joint Needs Assessments at <http://www.stockportjsna.org.uk/>



## COVID 19 Health Inequalities

In addition to general health inequalities the arrival of COVID 19 further highlighted and exacerbated health inequalities (Public Health England's review of Disparities<sup>1</sup>) calling for a stronger and robust focus on inequalities both for patient care and the workforce.

In Stockport, the impact of COVID-19 has been significant:

- **9,729** patients are on the 'shielded' list
- By mid-August there had been **1,869** confirmed COVID-19 cases, at a rate of 637.0 per 100,000 resident population
- By the end of July there had been **351** COVID-19 associated deaths have been registered:
  - **208** deaths in hospital
  - **122** deaths in care homes

The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40.

Risk of dying among those diagnosed with COVID-19 was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.

These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups.

The PHE review found a particularly high increase in all cause deaths among those born outside the UK and Ireland; those in a range of caring occupations including social care and nursing auxiliaries and assistants; those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs; those working as security guards and related occupations; and those in care homes.

A Workforce and Regulatory Response Equality Impact Assessments were carried out to mitigate against negative impacts on protected groups and optimise positive impacts that reduce inequalities. The EIA's were continuously reviewed throughout the pandemic.

Equality, Diversity and Inclusion representation was in attendance on silver and gold command meetings to ensure protected groups were considered in any changes to service delivery including any negative impact on the workforce.

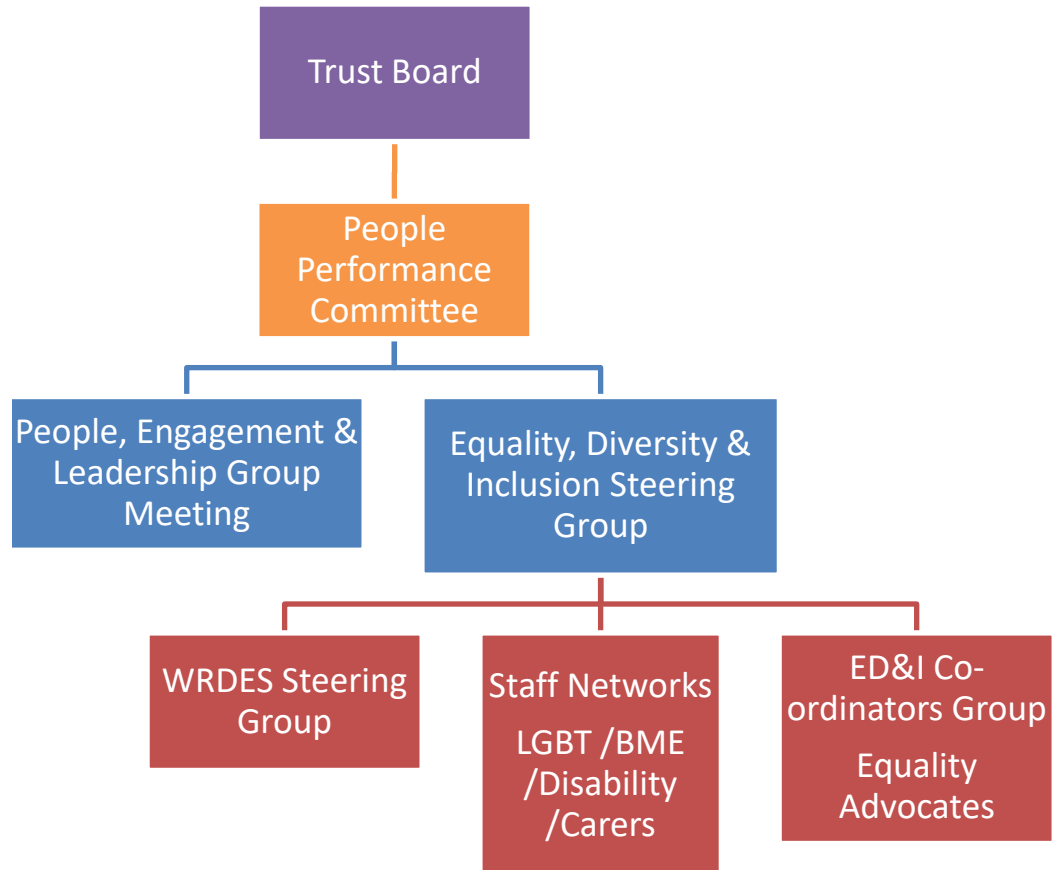
The NHS came under the spotlight during the COVID-19 Pandemic due to the disproportionate mortality and morbidity of staff from Black, Asian and minority ethnic (BAME) background. To support the health and wellbeing of colleagues, the following interventions were carried out:

- *COVID 19 Risk Assessment/Support Surveys*
- *Staff Networks – standing agenda item*
- *Listening Events – safe space sessions*
- *Prejudice & Discrimination Survey*
- *Engaging Allies via staff networks*
- *Vitamin D supplements - Free of charge for BAME colleagues and access to all staff at cost.*
- *Occupational Health - Health Checks*
- *Vaccine Hesitancy Q&A session*

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<sup>1</sup> <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

# EDI Governance



# EDI Board Sponsors



Tony Warne – EDI Board Champion



Marisa Logan-Ward – BAME Non Exec Director Sponsor.



Jackie McShane – LGBT Exec Director Sponsor.



Catherine Barber- Brown – Disability Non Exec Director Sponsor.

# Our Workforce

A diverse and culturally aware workforce is better placed to understand and respond to the needs of everyone in our community. As at 31<sup>st</sup> March 2021, the Trust employed 5426 staff of whom:

- 79.5% are women;
- 29.21% are aged under 35 years and 35.31% are aged over 55 years;
- 11.64% are from black and minority ethnic communities.
- 3.1 % have declared themselves to be disabled; 86% have declared themselves to be non-disabled and the disability status of the remainder is not known/ not declared.
- 79.2% of our staff said they were as heterosexual; 2.15% as lesbian, gay bisexual, or other and 18.02% chose not to tell us
- 63.2% declared Christianity as their religion; with the next highest religion being Atheism (13.74%) and 20.33% chose not to tell us
- The average age of our Board members is 54; none declared a disability; the make-up of the Board is 90.90% White British; 63.63% are female.

The largest area of ethnic diversity is found at the two extremes of Band 2 and Medical Staffing, with Band 5 showing the next indication of diverse staff member. Our workforce is over-representative of the growing ethnic diversity in the local community but not at all levels. Women make up the majority of the workforce.

Low numbers of staff declaring disabilities, sexual orientation and religion limits the interpretation of the data.

Local Population	Trust Workforce
Largest age band 51-55	Largest age band 51-55 Average age 46
26.7% report a disability or long- term condition	3.1% report disability 10.2 % not declared
BME make up is 8 %	BME make up 11.37%
51.1% female	79.5% female
No local data	No local data
2% fertility rate	110 Headcount on on maternity or adoption leave (at 31.3.2021)
38% married 0.2% in Civil Partnership	51.84% married 1.14% in Civil Partnership
63.2% Christian	52.42% Christian
No local data. Estimated to be 5-7% nationally	2.15% LGBT 18.02% Did not want to declare



# Our Patients

Gender	Inpatients	Outpatients
Male	44.2%	44.1%
Female	55.8%	55.9%
Other	0.0%	0.0%

Religion	Inpatients	Outpatients
Church Of England	40.4%	42.9%
No Religion	19.4%	19.1%
Unknown	14.3%	11.2%
Roman Catholic	12.9%	13.7%
Christian	5.5%	5.4%
Methodist	2.5%	2.6%
Muslim	2.1%	2.3%
Not On List	0.4%	0.5%
Jehovahs Witness	0.4%	0.3%
Hindu	0.4%	0.5%
United Reform Church	0.3%	0.3%
Baptist	0.2%	0.2%
Church Of Scotland	0.2%	0.2%
Jewish	0.1%	0.2%
Buddhist	0.1%	0.1%
Salvation Army	0.1%	0.0%
Greek Orthodox	0.1%	0.1%
Pentecostal	0.1%	0.0%
Unitarian	0.1%	0.1%
Sikh	0.1%	0.1%
Presbyterian	0.1%	0.1%
Quaker	0.1%	0.0%
Mormon	0.0%	0.0%
Congregationalist	0.0%	0.1%
Evangelical	0.0%	0.0%
Pagan	0.0%	0.0%
Humanist	0.0%	0.0%
Orthodox Jew	0.0%	0.0%
Christadelphian	0.0%	0.0%
Christian Scientist	0.0%	0.0%
Sevnth Day Adventist	0.0%	0.0%
Russian Orthodox	0.0%	0.0%
Wesleyan	0.0%	0.0%
Evangelical C Of E	0.0%	0.0%
Jainism	0.0%	0.0%
Plymouth Brethren	0.0%	0.0%
Lutheran	0.0%	0.0%
Welsh Presbyterian	0.0%	0.0%
Baha'I	0.0%	0.0%
Rastafarian	0.0%	0.0%
Zoroastrian	0.0%	0.0%

Ethnicity	Inpatient	Outpatient
White: British	86.0%	83.9%
Not stated	6.1%	8.5%
Any other White background	1.7%	1.8%
Asian or Asian British: Pakistani	1.1%	1.2%
Any other Ethnic Group	0.8%	0.7%
White: Irish	0.8%	0.9%
Asian or Asian British: Indian	0.6%	0.7%
Any other Asian background	0.6%	0.6%
Any other mixed background	0.4%	0.3%
Black or Black British: African	0.3%	0.3%
Other Ethnic Groups: Chinese	0.3%	0.2%
Mixed: White and Asian	0.3%	0.2%
Mixed: White and Black		
Caribbean	0.2%	0.2%
Mixed: White and Black African	0.2%	0.1%
Black or Black British: Caribbean	0.2%	0.2%
Any other Black background	0.2%	0.1%
Asian or Asian British:		
Bangladeshi	0.1%	0.2%

Age Band	Inpatients	Outpatients
<20	16.3%	10.9%
20-29	8.3%	6.7%
30-39	11.6%	10.3%
40-49	7.1%	9.0%
50-59	10.4%	13.9%
60-69	12.5%	15.2%
70-79	16.2%	18.9%
80-89	13.8%	12.9%
>90	3.7%	2.2%



## Workforce Race & Disability Equality Standard

The WRES steering group was set up in 2018 and is chaired by the Trust Chairman, with the introduction of the WDES it was agreed to hold a joint WRDES steering group to ensure monitoring and progress of the data and actions equally as well as a scrutiny role. The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes, a comparable system is in place which focuses on the challenges of workforce disability equality.

As a result of this commitment and focus, we are seeing continued progress against our WRES data, in particular indicators 2, 3, & 4, where the data now shows there is no difference between experiences of BME and white staff and reducing.

The total Number of staff employed by Stockport NHS Foundation Trust is 5523. The percentage of BME staff is recorded at 11.37%. This is a decrease in last year's figure by 5% but still remains significantly higher than the local population (8%) and is most likely due to the high number of BME staff in clinical roles.

The percentage of staff reporting their ethnicity is 97.60%. We have seen a steady increase in self-reporting of ethnicity over the last few years. This has been due to focused interventions on improving equality monitoring of our workforce.

The percentage of Disabled staff is recorded at 3.1%, the percentage of staff reporting their disability is lower than the local population (26.7%) and will continue to be monitored via focused interventions.

The WRES and WRDES action plans have been published as per legislative requirement. Each action plan provides data against each WRES and WDES indicator and describes some high level initiatives that have been implemented to improve the experiences of BME and Disabled staff to help reduce the gap.

## Gender Pay Gap Report

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees. The gender pay gap shows the difference between the average (mean or median) earnings of men and women.

Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised. Employers must follow the rules in the regulations to calculate the following information:

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males receiving a bonus payment
- proportion of females receiving a bonus payment
- proportion of males and females in each quartile pay band

A mean average involves adding up all of the numbers and dividing the result by how many numbers were in the list. A median average involves listing all of the numbers in numerical order. If there are an odd number of results, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.

Our full Gender Pay Gap report will be published by October 2021 as per our statutory obligations and provides further context in respect to this area of equality.

# Equality in Action

## Advocates & Champions:



To help mainstream Equality and make it everyone's business we have now recruited seventeen equality advocates and coordinators in the Trust to champion Equality, Diversity and Inclusion. The role of the E&D coordinators group is to provide visible leadership and promote good practice on EDI across the trust. This includes providing a local focus, facilitating increased awareness within Business Groups and ensuring EDI is a key consideration within all activities.

The EDI coordinators play a key role in collating the collection of evidence for the EDS2 process. The main role of the Equality Advocate is to work in partnership with their E&D coordinator to raise the EDI profile and to act as a driver to enable good practice. These roles have been significant in ensuring that key messages are being delivered across the Trust and staff understand their responsibility in promoting the EDI agenda. Advocates and coordinators have been involved in many activities including setting up Equality and Diversity Boards, organising activities for Black History Month and LGBT History Month and ensuring that EDI information and promotion of events are cascaded to the team.

The group has been expanded to include 15 Respect Ambassadors to support embedding the Zero tolerance policies and 11 LGBT+ Champions whose role is to support an inclusive workplace and leadership in providing subject matter expert information.



**EDI Communications:** A number of communication methods are used regularly and pivotal in keeping colleagues and patients informed on Equality, Diversity and Inclusion. These include:

- EDI Twitter Account @Equalstockport.
- EDI Email address: equality@stockport.nhs.uk
- Quarterly Diversity Matters Newsletter
- Weekly News Items

- Equality Boards
- Training opportunities

## EDI Training

*Education and Awareness has been enhanced over the year to include a rolling programme for the following Equality training:*

- Face to Face EDI Training for HCA, TNA's, Estate & Facilities and Leadership Programme
- Transgender Awareness Training
- Stop HATE UK Training (red/yellow card policy)
- LGBT Foundation Champions Accreditation
- Respect Ambassadors Training
- SEND Awareness Training (SMBC) - 'Introduction to special educational needs and disabilities' and Co-production
- EDI Masterclasses



## Staff Network Virtual Events & Celebrations



**LGBT History Month** – We collaborated with Forward and local partner s to celebrate LGBT History Month 2021. The theme for LGBT+ History Month 2021 was Body, Mind, and Spirit. A month-long calendar of events to reflect claiming our past, celebrating our present

and creating our future was developed. Due to COVID-19, the events and activities were virtual. Over 200 activity packs were available to collect from, community centres and libraries across the borough. These included; cupcake kit, word searches, quizzes, “The 5 Faces” factsheets, a 5 Ways to Wellbeing activity sheet, calendar of events. The month long calendar of events included guest speakers, virtual events such as mindfulness, baking, quiz night, fitness instructor etc. Colleagues were also involved in promoting services and speaking about Health and Wellbeing initiatives for colleagues and patients.

**Together Festival** – October brought us a number of national and local events. We took the opportunity to celebrate these events as part of a “Together Festival” with a month’s planner full of exciting events and guest speakers. These included:

- ☐ The Sleep Geek
- ☐ Dr Gupta Menopause Matters
- ☐ MIND
- ☐ Professor Dawn Edge – Health inequalities “is technology the answer”?
- ☐ Black Heroes Foundation
- ☐ Mama Flo’s BHM BBQ
- ☐ Victoria Cooper & Guests Breast Awareness Podcast
- ☐ Zumba Class
- ☐ Health Walks
- ☐ Respect Campaign Roadshow/Freebies
- ☐ Disability Awareness Day
- ☐ Sunflower scheme launch



**Black History Month** is held annually in October to celebrate and recognise the achievements of Black and Asian communities. Black History Month was even more poignant this year given the current and very high profile issues of BAME health inequalities and recognising the broader awareness of Black Lives Matter. We held a number of key events to not only celebrate the month but to raise more awareness, something that our allies were keen to see. The events were hosted by Marisa Logan-Ward Non Exec Director and BAME staff network sponsor.

Events included:

- ☐ Pinewood Library Audio Visual Feast <https://lihnhs.info/stockportbhm/>
- ☐ Professor Dawn Edge – Health inequalities “is technology the answer”?
- ☐ Black Heroes Foundation Celebration.
- ☐ Black History Month BBQ featuring Mama Flo & Artisan.





**Ramadan Iftar 2021** was organised in conjunction with the Equality advocate Rehana Begum and the catering team. Due to social distancing guideline ticketed event and was attended from a diverse range of colleagues from across the Trust. All tickets were utilised and was well received with colleagues enjoying an ethnic range of delights provided from out catering team.

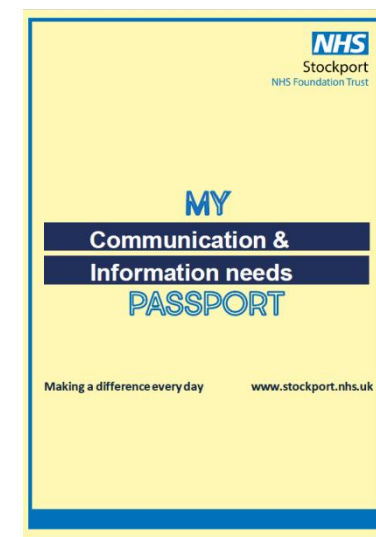
**Race Equality Week** - In celebration of Race Equality Week and other national events over the month of February we recognised the importance of celebrating intersectionality. We organised a confidential Safe Space session inviting colleagues to talk about pertinent issues in the light of the pandemic. The session was in attendance of the Trust Chair Adrian Belton and Marisa Logan-Ward Board Non-Executive Director and BAME Staff Network sponsor.

**Remembrance Sunday** This year we celebrated Remembrance Day in a different way. The service was planned in Pinewood which was shared via WebEx to mark the occasion. To honour Remembrance Day, a best dressed board/area competition was held, with prizes for the best team display. The virtual event was well attended.

**Accessible Information Standard** The project is being led by patient experience group and the launch of the standard commenced in February 2020, due to the pandemic this was delayed and was reinstated in March 2021, completion of the rollout will be completed by June 2021.

**AccessAble** The Trust approved funding to implement AccessAble in the Trust. AccessAble is a service that provides a detailed Access Guide that lets service users know what access will be like when you visit somewhere. It looks at the route you will use getting in and what is available inside. This is an invaluable service to ensure patients accessibility planning when attending appointments and in turn supporting colleague's accessibility.

**Christmas Service** Owing to Covid-19 and the need to socially distance, we were unable to run the Christmas carol service. The chaplaincy put together a virtual carol service for colleagues to enjoy at their leisure.



# Respect Campaign

Given the current and very high profile issues of BAME health inequalities and recognising the broader awareness of Black Lives Matter, the current cohort of Foundation Doctors wrote an open letter to the Trust CEO in response to her blog entry that referenced racism in the UK. The letter highlighted concerns about the number of incidents of racial abuse occurring in our hospital, the guidance on what should be done when they arise, and whether appropriate action is taken. As well as speaking about their experiences of inequalities they face daily in the workplace, they were keen to support organisational change in eradicating racism and inequality. Since receiving the open letter addressed to the CEO, the Director of Workforce & OD, Medical Directors and ED&I Lead met with medical trainee representatives and colleagues to listen to first-hand experiences and to develop the action plan responding to the concerns

**Respect Campaign Launch** We launched our Respect Campaign, in line with our values and behaviour framework, including our zero tolerance approach to prejudice and discriminatory behaviour. Our Respect Campaign Includes, A refreshed Managing Patients & Public who are Violent and or Abusive policy and the introduction of a 'red card' scheme which gives a formal structure for handling hate crime incidents, introduction of a Hate Crime & Incidents Guidance giving clear understanding of what hate incidents and crime are including internal/external reporting procedures, visible zero tolerance posters for patient facing and staff facing area, including reporting procedures and bespoke Hate incident & Crime training will be rolled out by Stop Hate UK from February 2021.

**Anti- Bullying Week** As part of Anti-Bullying week in November, the Trust worked in partnership with Human Resources, Organisational Development, Equality, Diversity , Inclusion Lead, Freedom to Speak up Guardian (Phil Gordon) and Occupational Health, to create a podcast which explored a case study on the subtleties of Bullying & Harassment. Each subject matter expert explains in detail both formal and informal lines of support options available including mediation, facilitated discussions as well as a number of advice lines.

Staff also took part in the Odd Sock Day campaign, which was an opportunity for people to express themselves and celebrate their individuality and what makes us all unique.

**Hate Crime Awareness Week** As part of Hate Crime Awareness Week we took the opportunity to further promotes the Trust Zero Tolerance Policy, this included a social media campaign, dedicated hate crime microsite, zero tolerance posters, promotion of red/yellow policy, training information and recruitment of Respect Ambassadors.



## Key messages for Ambassadors

- Display the flowchart at key locations
- Make staff aware about reporting
- Maintain a safe reporting process
- Responsibility for reporting hate incidents lies with everyone
- Give clear message that hateful behaviour and words will not be tolerated
- Keep the anti-discrimination message alive!

**STOP HATE. START HERE STOPHATEUK**

## Stepping Hill NHS Stockport Introduction for Senior Staff

Derek Sankar  
Training and Development Team  
Angie Wright  
Education Development Lead



**STOP HATE. START HERE STOPHATEUK**

# Widening Participation

## Supported Internships

The supported Internship will be in its 6th year of being established at Stepping Hill it has proven a big success including paid outcomes across a range of departments such as Catering (Patient Kitchens, Restaurant, Coffee shops), IT services, Domestic, Patient Bookings, Health Record and R&D. Each Cohort has around 10 interns that take part in a yearlong programme as part of their college course, with a work placement programme to support them in gaining valuable skills from confidence to learning new skills and being work ready to take on a paid role. Work placement include a variety of roles from Pathology, Domestic, Catering, IT, ACU, OPD- A,B,C , L&D, Porters, Quality Control, Microbiology, Pharmaceuticals and many more.

This year the interns have only had a chance to experience two rotations of work placements where normally they will have three different 12 week work experience placements, even with this set back due to Covid we have had successful outcomes with 3 Interns securing paid jobs within the trust.

## Adam's Story

Adam is Autistic and has learning disabilities, He struggles with some communication difficulties and needs help with organisational and independence skills. Also while Adam successfully completed Travel Training in 2017 and is an Independent traveller some route training to placements would be needed. In September 2019 Adam began the Supported Internship at Stepping Hill Hospital. Adam needed help to learn and remember the tasks and task order required as well as working on his confidence and communication around others and in the workplace. Adams aim for the internship was to secure a paid job to further develop his independence. Adam completed two work placements on the Supported Internship.

Adams first placement was in the Education Centre at Stepping Hill Hospital in the Training Department, He completed a range of tasks such as Inputting Data, checking attendance logs, alter information online, check records, make up information packs, photocopying, laminating etc Adam worked with a job coach to learn any new tasks and organise his workload to be efficient, with prompts in place he was able to become independent on tasks. Adam made a fantastic impression in his first placement and developed further than expected,

feedback from management was that should Adam continue in this placement he had already progressed further than any previous interns and would be trained in further ICT and systems skills.

Adam enjoyed the first placement but wanted to try a job in catering so his second placement was with the Catering Team within the Hospital, Adam trialled a few of different roles within the Catering and with training and support worked on using the till. Developing his confidence when working with a team and using techniques such as job shadowing, breaking down tasks into steps and using visual prompts to know when a task needs completing Adam was able to become independent in the workplace. Adam flourished within the role and took proactive steps such as completing online Food Hygiene and customer service courses to develop his skills.

Due to the National lockdown in March 2020 unfortunately the placement had to end. However because of Adams positive progression and pro activeness Neil Willows (assistant Internships Contract Manager Pure Innovations) was able to secure an apprenticeship placement for Adam as a Catering Assistant on the Stockport NHS Foundation Trust Catering Team. Adam enjoys his work; he is developing his skills and confidence, and can now work the coffee machine producing drinks to order alongside his colleagues as well as his other duties.





## **Pre- Employment Programme**

The Pre-Employment Programmer (PEP) is an entry-level vocation learning programme devised as a 10-week Level 1 Introduction to Adult Health & Social Care accredited programme. Predominately PEP is aimed at unemployed individuals of working age benefit 16 – 65 to enhance their potential employment opportunities and confidence. Our Pre-Employment Programme has been running since January 2018, with 79 candidates completing the programme to date and 34 candidates securing a substantive post. Upon successful completion of the PEP, learners are offered a guaranteed interview. Live vacancies are identified by HR at the point of PEP delivery and promoted as part of the PEP. As the PEP incorporates a Level 1 Introduction to Adult Health & Social Care accreditation, learners will be eligible to access opportunities such as apprenticeships, volunteering or further education.

Whilst the pandemic disrupted and created challenging working environments, 2 Pre-Employment Programme candidates were determined to continue their trainee placements as Health Care Assistants in May this year.

### **Case study – Maureen Maxwell - Admin**



“The course was really interesting and taught me a lot about Health and wellbeing. It was a very in depth course quite challenging at times as there was a lot to learn but the outcome was really good, I knew that I would be guaranteed an Interview at the end of the course with the NHS which is a really good opportunity, after having an interview I have actually been given a permanent job at Stepping Hill Hospital. If it wasn't for the PEP course this would not have happened, I highly recommend anyone to do this course! As well as getting an interview you also

get a City and Guilds Certificate in Health and Social Care.”

### **Appointing Manager, Kathryn Davies:**

“I was contacted by Jan Begum regarding a vacancy we had for an admin assistant in outpatient therapies. Jan had a student who fitted the criteria we were looking for and suggested I meet her.

Maureen visited the department and was very interested in working here as part of her course. Maureen had already received basic training before she

joined us so was instantly able to get involved in the admin duties required. In house training was also given and Maureen soon became part of the admin team. It was clear from the beginning that Maureen was excellent in her role and had numerous skills to help her achieve this. As a result of this, I was more than happy to offer Maureen the admin post and was very pleased she accepted.

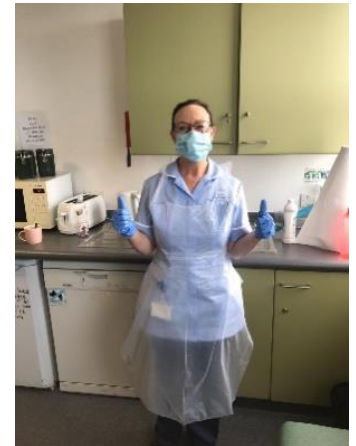
The whole process from start to finish was excellent, Jan was so helpful and it saved time not having to advertise and interview. Well done and definitely recommend it”

### **Case study – Clare Wright - HCA**

”It got better as the day went on, the ward weren't expecting me, but an angel that goes by the name of Regi took me under his wing and we worked very well together for thirteen hours, he was full of knowledge and was willing to share . I got totally stuck in and all my patients asked for me when I was back on shift. Its hard work but I loved it. The most uncomfortable thing was wearing masks for 13hrs”

**Mark McDermott** “I'm loving it! It's very challenging sometimes but really rewarding. No problems either, it's all quite smooth sailing so far, pandemic notwithstanding”

**Mark and Clare are now both in full time substantive roles in OPD and Treehouse.**





# Equality Delivery System (EDS2)

The Equality Delivery System is a tool commissioned by the NHS Equality & Diversity Council to assess how well organisations have embedded equality into their work and identify areas for improvement.

The EDS assesses NHS organisations on 18 outcomes, grouped into 4 main categories. The Trust undertakes an annual self-assessment, which is then reviewed by Healthwatch Stockport to agree scores and priorities for the coming year.

To align with the Equality, Diversity Inclusion objectives, the Trust agreed to review the following goals in 2020:

## Equality, Diversity Inclusion Objectives

## EDS2 Goals 2 & 3

### Inclusive Culture

- To nurture a culture where diversity is celebrated and where everyone feels valued and can bring their whole selves to work.

### Accessible Patient Experience

- Ensuring all our patients, carers, families and visitors have equal access to services by ensuring we provide culturally appropriate, personally inclusive and responsive care

### Representation

- We will achieve our ambitious challenge of ensuring wider representation of all our protected groups; including promotion for women and black and ethnic minority (BAME) representation at all levels of our workforce.

Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce

**Owing to the pandemic the review was placed on hold and has been reinstated for review in 2021.**

# Priorities for 2021/2022

- Development of internal Leadership offers
- Diverse Representation across all bandings
- Improve the experience of Disabled staff and patients including continued increase in Reasonable Adjustments compliance.
- Increase engagement of Staff Networks including recruitment of Chairs.
- Increase in ESR data completion
- Continued reduction in Bullying, Harassment & Abuse
- Valuing Work

## Appendix 1 Workforce Equality Data

Data as at 31<sup>st</sup> January 2021

### Working Pattern

Employee Category	Headcount	%	FTE
Full Time	2,992	54.17	2992.00
Part Time	2,528	45.77	1727.71
Unspecified	3	0.05	
<b>Grand Total</b>	<b>5,523</b>	<b>100.00</b>	<b>4719.71</b>

Assignment Category	Headcount	%	FTE
Fixed Term Temp	309	5.59	290.75
Permanent	5,214	94.41	4428.96
<b>Grand Total</b>	<b>5,523</b>	<b>100.00</b>	<b>4719.71</b>

### Disability

Disability Flag	Headcount	%	FTE
No	4,751	86.0	4084.49
Not Declared	562	10.2	453.80
Prefer Not To Answer	8	0.1	7.08
Unspecified	29	0.5	27.88
Yes	173	3.1	146.46
<b>Grand Total</b>	<b>5,523</b>	<b>100.0</b>	<b>4719.71</b>

Disability Flag	Headcount	%	FTE
No	4,958	85.3	4180.17
Not Declared	561	9.7	446.25
Prefer Not To Answer	9	0.2	8.04
Unspecified	98	1.7	82.85
Yes	186	3.2	153.68
<b>Grand Total</b>	<b>5,812</b>	<b>100.0</b>	<b>4870.99</b>

## Ethnicity

<b>Ethnic Group</b>	<b>Headcount</b>	<b>%</b>	<b>FTE</b>
A White - British	4,211	76.24%	3546.21
B White - Irish	54	0.98%	47.41
C White - Any other White background	166	3.01%	141.71
C3 White Unspecified	2	0.04%	1.49
CB White Scottish	1	0.02%	0.56
CE White Cypriot (non-specific)	1	0.02%	1.00
CF White Greek	1	0.02%	0.80
CG White Greek Cypriot	1	0.02%	1.00
CQ White ex-USSR	1	0.02%	1.00
CU White Croatian	3	0.05%	3.00
CV White Serbian	1	0.02%	1.00
CX White Mixed	1	0.02%	1.00
CY White Other European	5	0.09%	4.53
D Mixed - White & Black Caribbean	18	0.33%	13.47
E Mixed - White & Black African	26	0.47%	23.86
F Mixed - White & Asian	24	0.43%	21.08
G Mixed - Any other mixed background	16	0.29%	15.15
GA Mixed - Black & Asian	1	0.02%	1.00
GC Mixed - Black & White	1	0.02%	1.00
GE Mixed - Asian & Chinese	1	0.02%	1.00
GF Mixed - Other/Unspecified	3	0.05%	2.96
H Asian or Asian British - Indian	325	5.88%	305.64
J Asian or Asian British - Pakistani	110	1.99%	99.77
K Asian or Asian British - Bangladeshi	24	0.43%	20.33
L Asian or Asian British - Any other Asian background	79	1.43%	72.28

## G Gender

<b>Gender</b>	<b>Headcount</b>	<b>%</b>	<b>FTE</b>
Female	4,393	79.5	3665.35
Male	1,130	20.5	1054.36
<b>Grand Total</b>	<b>5,523</b>	<b>100.0</b>	<b>4719.71</b>

## Age

Age Band	Headcount	%	FTE
<=20 Years	35	0.60	24.87
21-25	351	6.04	319.31
26-30	638	10.98	571.03
31-35	715	12.30	611.25
36-40	671	11.55	547.45
41-45	655	11.27	544.91
46-50	710	12.22	612.68
51-55	797	13.71	686.29
56-60	739	12.72	598.78
61-65	402	6.92	295.34
66-70	75	1.29	46.41
>=71 Years	24	0.41	12.66
<b>Grand Total</b>	<b>5,812</b>	<b>100.00</b>	<b>4870.99</b>

Age Band	Headcount	%	FTE
<=20 Years	23	0.42	17.75
21-25	330	5.98	314.91
26-30	594	10.76	549.28
31-35	666	12.06	582.40
36-40	627	11.35	523.14
41-45	636	11.52	533.58
46-50	697	12.62	602.83
51-55	787	14.25	682.69
56-60	700	12.67	573.03
61-65	379	6.86	285.89
66-70	64	1.16	42.95
>=71 Years	20	0.36	11.26
<b>Grand Total</b>	<b>5,523</b>	<b>100.00</b>	<b>4719.71</b>

## Religion

Religious Belief	Headcount	%	FTE
Atheism	759	13.74	674.96
Buddhism	21	0.38	17.80
Christianity	2,895	52.42	2450.21
Hinduism	105	1.90	98.25
Islam	209	3.78	188.06
Jainism	3	0.05	2.40
Judaism	12	0.22	11.01
Not Disclosed	1,123	20.33	934.18
Other	374	6.77	322.93
Sikhism	8	0.14	6.30
Unspecified	14	0.25	13.60
<b>Grand Total</b>	<b>5,523</b>	<b>100.00</b>	<b>4719.71</b>

## Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	40	0.72	35.21
Gay or Lesbian	79	1.43	73.39
Heterosexual or Straight	4,378	79.27	3766.39
Not Disclosed	1,005	18.20	824.52
Other sexual orientation not listed	4	0.07	4.00
Undecided	3	0.05	2.60
Unspecified	14	0.25	13.60
<b>Grand Total</b>	<b>5,523</b>	<b>100.00</b>	<b>4719.71</b>

## Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	63	1.14	54.47
Divorced	393	7.12	328.76
Legally Separated	64	1.16	53.34
Married	2,863	51.84	2376.61
Single	1,926	34.87	1727.97
Unknown	133	2.41	111.20
Unspecified	27	0.49	25.39
Widowed	54	0.98	41.99
<b>Grand Total</b>	<b>5,523</b>	<b>100.00</b>	<b>4719.71</b>

### Banding by Gender (Numbers using Headcount)

Gender	1	2	3	4	5	6	7	8A	8B	8C	8D	9	Other	Grand Total
Female	55	1032	501	398	936	854	431	151	39	15	4	6	183	4605
Male	21	347	91	56	160	100	85	45	13	12	3	1	270	1204
Grand Total	76	1379	592	454	1096	954	516	196	52	27	7	7	453	5809

### Banding by Age (Numbers using Headcount)

Age Band	1	2	3	4	5	6	7	8A	8B	8C	8D	9	Other	Grand Total
<=20 Years		21	6	5									3	35
>=71 Years	4	9	3		2	3							3	24
21-25	6	84	46	32	100	44	6						33	351
26-30	3	109	65	33	201	128	33	2					63	637
31-35	9	132	61	58	180	133	69	22	1	2			48	715
36-40	6	115	69	39	135	138	71	32	4	6		1	53	669
41-45	6	150	52	45	90	132	75	32	7	4	2	1	57	653
46-50	4	182	73	53	106	98	74	44	13	3	1		59	710
51-55	9	186	82	76	112	113	87	37	16	8	3	3	66	798
56-60	13	200	82	67	106	114	79	22	8	4	1	2	42	740
61-65	13	162	45	40	51	43	20	5	3				20	402
66-70	3	29	8	6	13	8	2						6	75
Grand Total	76	1379	592	454	1096	954	516	196	52	27	7	7	453	5809

### Banding by Ethnicity (Numbers using Headcount)

Ethnic Origin	1	2	3	4	5	6	7	8A	8B	8C	8D	9	Other	Total
A White - British	50	1021	531	375	714	798	444	175	47	26	7	6	184	4378
B White - Irish	1	10	2	4	6	16	12	4					4	59



<b>C White - Any other White background</b>	8	51	7	7	35	28	9	3					26	174
<b>C3 White Unspecified</b>		2												2
<b>CB White Scottish</b>		1												1
<b>CE White Cypriot (non specific)</b>					1									1
<b>CF White Greek</b>						1								1
<b>CG White Greek Cypriot</b>					1									1
<b>CQ White ex-USSR</b>													1	1
<b>CU White Croatian</b>					2	1								3
<b>CV White Serbian</b>													1	1
<b>CX White Mixed</b>													1	1
<b>CY White Other European</b>		1			1	2								4
<b>D Mixed - White &amp; Black Caribbean</b>	1	2	4	2	1	3	3							16
<b>E Mixed - White &amp; Black African</b>		9	2	1	6	4	1						5	28
<b>F Mixed - White &amp; Asian</b>	1	3		1	5	6	3	1					5	25
<b>G Mixed - Any other mixed background</b>		5		1	4	2	1						6	19
<b>GA Mixed - Black &amp; Asian</b>													1	1
<b>GC Mixed - Black &amp; White</b>					1									1
<b>GE Mixed - Asian &amp; Chinese</b>					1									1
<b>GF Mixed - Other/Unspecified</b>		1		1	1									3
<b>H Asian or Asian British - Indian</b>		56	5	21	152	24	8		2				84	352
<b>J Asian or Asian British - Pakistani</b>		21	6	2	24	20	5	2					41	121
<b>K Asian or Asian British - Bangladeshi</b>		11	3	1	4	4	2	1					4	30
<b>L Asian or Asian British - Any other Asian background</b>	2	32	2	6	13	4	4	1					17	81
<b>LA Asian Mixed</b>					1									1
<b>LE Asian Sri Lankan</b>		1												1
<b>LJ Asian Caribbean</b>			1	1		1								3
<b>LK Asian Unspecified</b>		3												3

<b>M Black or Black British - Caribbean</b>	2	8	2		9	3	3	1		1				29
<b>N Black or Black British - African</b>	4	73	9	2	45	8	7		1				12	161
<b>P Black or Black British - Any other Black background</b>		5	3		4	4							2	18
<b>PC Black Nigerian</b>		3											2	5
<b>PD Black British</b>		1											1	2
<b>R Chinese</b>	1	6			5	5	2		1				10	30
<b>S Any Other Ethnic Group</b>	1	15	3		12	3	2	2					19	57
<b>SC Filipino</b>	1	6	2	1	7	2								19
<b>SD Malaysian</b>					1									1
<b>SE Other Specified</b>		3											1	4
<b>Unspecified</b>		2	1	24	2	2							3	34
<b>Z Not Stated</b>	4	27	9	4	38	13	10	6	1			1	23	136
<b>Grand Total</b>	76	1379	592	454	1096	954	516	196	52	27	7	7	453	5809

## Disciplinary by Equality Group

1 Feb 2020 - 31 Jan 2021

Gender	Headcount	%
Female	30	58
Male	22	42
Grand Total	52	
Religion	Headcount	%
Atheism	2	4
Christianity	31	60
Hinduism	1	2
I do not wish to disclose my religion/belief	13	25
Islam	3	6
Judaism	1	2
Other	1	2
Grand Total	52	
Sexual Orientation	Headcount	
Bisexual	2	4
Gay or Lesbian	1	2
Heterosexual or Straight	39	75
Not stated (person asked but declined to provide a response)	10	19
Grand Total	52	
Disabled	Headcount	
No	44	85
Not Declared	6	12
Yes	2	4
Grand Total	52	

Age-Range	Headcount	
21-25	3	6
26-30	6	12
31-35	3	6
36-40	7	13
41-45	4	8
46-50	11	21
51-55	8	15
56-60	5	10
61-65	5	10
Grand Total	52	
Ethnicity	Headcount	
A White - British	38	73
B White - Irish	1	2
CE White Cypriot (non specific)	1	2

E Mixed - White & Black African	1	2
H Asian or Asian British - Indian	2	4
J Asian or Asian British - Pakistani	1	2
L Asian or Asian British - Any other Asian background	1	2
N Black or Black British - African	4	8
P Black or Black British - Any other Black background	1	2
Z Not Stated	2	4
<b>Grand Total</b>	<b>52</b>	

### Grievances by Equality Group (Including ex-employee)

**1 Feb 2020 - 31 Jan 2021**

Gender	Headcount	%
Female	3	75
Male	1	25
<b>Grand Total</b>	<b>4</b>	
Religion	Headcount	%
Christianity	2	50
I do not wish to disclose my religion/belief	1	25
Islam	1	25
<b>Grand Total</b>	<b>4</b>	
Sexual Orientation	Headcount	
Heterosexual or Straight	4	100
<b>Grand Total</b>	<b>4</b>	
Disabled	Headcount	
No	3	75
Not Declared	1	25
Yes	0	0
<b>Grand Total</b>	<b>4</b>	
Age-Range	Headcount	
26-30	2	50
36-40	1	25
51-55	1	25
<b>Grand Total</b>	<b>4</b>	
Ethnicity	Headcount	
A White - British	3	75
N Black or Black British - African	1	25
<b>Grand Total</b>	<b>4</b>	

## Promotions by Equality Group

1<sup>st</sup> February 2020 – 31<sup>st</sup> January 2021

### Age Band

Age Band	No. of Promotions
21-25	22
26-30	31
31-35	19
36-40	27
41-45	12
46-50	7
51-55	7
56-60	10
61-65	6
66-70	1
>=71 Years	1
Grand Total	143

### Ethnic Origin

	No. of Promotions	FTE
A White - British	89	7175.07
C White - Any other White background	8	702.92
D Mixed - White & Black Caribbean	1	19.00
GF Mixed - Other/Unspecified	1	102.00
H Asian or Asian British - Indian	29	1621.80
J Asian or Asian British - Pakistani	2	253.40
L Asian or Asian British - Any other Asian background	1	12.40
M Black or Black British - Caribbean	2	391.00
N Black or Black British - African	6	233.07
S Any Other Ethnic Group	1	24.27
Z Not Stated	2	144.00
	1	13.00
Grand Total	143	10691.92

### Staff Group

	No. of Promotions	FTE
Add Prof Scientific and Technic	4	528.60
Additional Clinical Services	18	1347.55
Administrative and Clerical	17	1700.00
Allied Health Professionals	8	937.00
Estates and Ancillary	29	983.57
Healthcare Scientists	6	391.40
Nursing and Midwifery Registered	61	4832.81
Grand Total	143	10720.92

### Sexual Orientation

	No. of Promotions	FTE
Bisexual	1	13.00
Gay or Lesbian	6	510.53
Heterosexual or Straight	110	8654.24
Not stated (person asked but declined to provide a response)	19	1346.15
Other sexual orientation not listed	1	59.00
	6	138.00
Grand Total	143	10720.92

**Gender**

	No. of Promotions	FTE
Female	111	8507.38
Male	32	2213.55
Grand Total	143	10720.92

**Disability**

	No. of Promotions	FTE
No	120	9,791.81
Not Declared	5	160.34
Prefer Not To Answer	1	104.00
Unspecified	10	209.97
Yes	7	402.80
Grand Total	143	10,668.92

**Religious Belief**

	No. of Promotions	FTE
Atheism	25	2107.57
Buddhism	1	12.40
Christianity	76	5810.09
Hinduism	4	195.00
I do not wish to disclose my religion/belief	19	1144.09
Islam	2	253.40
Jainism	1	31.00
Other	10	1053.37
	5	114.00
Grand Total	143	10720.92

**Pay Band**

	No. of Promotions	FTE
XN02	29	983.57
XN03	2	62.00
XN04	7	697.00
XN05	4	405.00
XN06	2	422.00
XN08	1	42.00
XN10	1	72.00
XR03	11	687.15
XR04	6	583.40
XR05	42	2268.05
XR06	18	2197.92
XR07	12	1813.83
XR08	6	481.00
XR09	2	6.00
Grand Total	143	10720.92

## Appraisals by Equality Group – 31<sup>st</sup> January 2021

	% Compliant
Trust	77.20%
Gender	%
Female	77.57%
Male	75.72%
Disability	%
No	77.51%
Not Declared	78.69%
Prefer Not To Answer	66.67%
Unspecified	34.00%
Yes	77.09%
Religion & Belief	%
Atheism	77.33%
Buddhism	80.00%
Christianity	78.31%
Hinduism	51.43%
I do not wish to disclose my religion/belief	78.24%
Islam	67.94%
Jainism	100.00%
Judaism	83.33%
Other	81.77%
Sikhism	62.50%
Not Declared	15.38%
Age Range	%
<=20 Years	81.82%
21-25	69.61%
26-30	74.83%
31-35	75.19%
36-40	81.18%
41-45	78.68%
46-50	76.96%
51-55	76.41%
56-60	78.58%
61-65	80.21%
66-70	76.47%
>=71 Years	76.47%
Ethnic Origin	%
White	
White - British	78.43%
White - Irish	87.27%
White - Any other White background	78.40%
White Unspecified	100.00%
White Scottish	100.00%
White Cypriot (non specific)	100.00%



White Greek	100.00%
White Greek Cypriot	100.00%
White ex-USSR	100.00%
White Croatian	100.00%
White Serbian	0.00%
White Mixed	0.00%
White Other European	75.00%
Mixed	
Mixed - White & Black Caribbean	80.00%
Mixed - White & Black African	64.00%
Mixed - White & Asian	82.61%
Mixed - Any other mixed background	73.33%
Mixed - Black & Asian	0.00%
Mixed - Black & White	100.00%
Mixed - Asian & Chinese	100.00%
Mixed - Other/Unspecified	100.00%
Asian	
Asian or Asian British - Indian	66.57%
Asian or Asian British - Pakistani	68.81%
Asian or Asian British - Bangladeshi	92.00%
Asian or Asian British - Any other Asian background	80.52%
Asian Mixed	100.00%
Asian Sri Lankan	100.00%
Asian Caribbean	100.00%
Asian Unspecified	60.00%
Black	
Black or Black British - Caribbean	88.89%
Black or Black British - African	77.33%
Black or Black British - Any other Black background	64.71%
Black Nigerian	100.00%
Black British	50.00%
Other	
Chinese	65.38%
Any Other Ethnic Group	66.67%
Filipino	89.47%
Malaysian	100.00%
Other Specified	75.00%
Not Stated	71.20%
Not Declared	29.41%
Sexual Orientation	%
Bisexual	82.05%
Gay or Lesbian	81.25%
Heterosexual or Straight	77.34%
Not stated (person asked but declined to provide a response)	77.63%
Other sexual orientation not listed	75.00%
Undecided	100.00%
Not Declared	15.38%

