

Pennine MSK Annual Equality Report

For 2022



1. Executive Summary

Pennine MSK Partnership is committed to promoting equality and encouraging diversity to ensure that we provide an excellent service to our patients and remain a model employer.

Equality and diversity can be defined as “promoting equality of opportunity for all, through diversity, giving each individual the chance to achieve their potential, free from prejudice and discrimination

Equality means that we recognise that different people have different needs, which need all need to be accommodated to the same high standards. Diversity is about creating a culture and developing practices that recognise, respect and value differences for the benefit of the organisation and the individual.

The Equality Act 2010 (the Act) replaces the previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. It also strengthens the law in important ways, to help tackle discrimination and inequality. The majority of the Act came into force on 1 October 2010. Pennine MSK has a commitment to adhere to the Equality Act and this is embedded in our mission statement.

Pennine MSK’s mission statement is, ‘We will keep the patient at the heart of everything that we do by providing outstanding care and support to every patient every time.’ This mission statement holds all equality and diversity principles at its centre.

Our aim is to ensure that all of our services are accessible, appropriate and sensitive to the needs of the whole community and that we have a workforce representative at all levels of the population we serve, which is managed fairly and equitably. We are committed to eliminating discrimination and ensuring equality in care, and continue to embed our equality and diversity values into our policies, procedures and everyday practice.

Pennine MSK are continually striving to improve patient care which involves tackling discrimination and inequality and keeping this in mind when improving processes and pathways for our patients.

We foster a culture of openness and transparency with our whole workforce and value every member of staff's contribution to deliver high quality care to our patients. We provide equality of opportunity in all aspects of our workforce practices including recruitment, access to training, supervision and support. Our staff survey conducted quarterly gives us valuable feedback from our workforce.

During the pandemic we have carried out regular risk assessments asking for involvement and feedback from our employees to help to ensure that sufficient measures are in place to keep our diverse workforce safe during these unprecedented times.

We use patient feedback from friends and family surveys to monitor who is accessing our service and collect views on patient experience which helps us to highlight what is working well and areas for improvement. We also monitor our workforce and our recruitment as we would like to work towards a goal of employing a workforce that represents the community that we serve. We have enhanced our Data collection each year and have continued to monitor protected characteristics and explain the importance of this Data collection to our staff.

We do this throughout the recruitment process and also at induction by recording information from our new employees.

Pennine MSK Partnership intends to embed its equality and diversity values into every day practice, policies and procedures. It is also embedded in our training and development for staff and all staff undergo an equality and diversity mandatory training module annually.

We communicate regularly with our staff and patients in regard to any changes of government guidelines throughout the pandemic.

Pennine MSK continues to have the eight key principles at the heart of the company's plans for the future:

1. Patient Centred Care
2. Whole system approach - linking primary, hospital and social care
3. Partnership working
4. Patient and public involvement
5. Priority of investment in primary and community services
6. Equality of health and service provision
7. Valuing staff, people and patients
8. Building and enabling and creative culture across the organisation

In developing and implementing this Single Equality Scheme, Pennine MSK Partnership aims to:

- Be an organisation that harnesses the talents of all, by welcoming diversity and managing it in a truly effective manner.
- Be an organisation where all forms of harassment and discrimination are not tolerated and are actively eradicated.
- Demonstrate that equality of access is embedded in everything we do for users of our services.
- Be an organisation that promotes good relations between people of all groups and communities.
- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- To take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Think about people's different needs and how they can be met
- Keep patients and staff safe during the COVID19 pandemic
- Relate an change accordingly to any government guidelines in regards to the pandemic
- Undertake regular risk assessments of all staff to ensure their safety and well being during the pandemic
- Ensure that PPE is provided to help and enhance patient consultations during the pandemic whilst keeping the patients safe

2. Equality Act (2010)

We are bound by the Equality Act 2010 which sets out when it is unlawful to discriminate or harass a person and gives rights to our service users, carers and employees to raise complaints regarding discrimination. The law protects people on the grounds of 'protected characteristics':

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

3. Equality Objectives for 2021

Our Equality objectives for the year were:

3.1 Adapting to changes in line with government guidelines during the ongoing COVID19 pandemic taking into consideration staff and patients from different ethnic backgrounds and those with protected characteristics.

We continue to offer clinics at various locations throughout the Oldham borough to ensure our services are fully accessible to all patients.

We have carried out continued risk assessments in line with each change to government guidelines, engaging our staff and encouraging feedback throughout the process.

We have carried out COVID 19 risk assessment with all BAME employees.

We made adjustments to our communication to patients attending the Integrated Care centre as there is now no designated disabled entrance due to the former entrance being used for COVID - 19 clinics. We updated the maps, patient information leaflet and also include a flyer to inform patients of disabled parking and new access to the building for those with mobility difficulties. This was then reflected by other services using the building.

We have continued to offer telephone clinics. This allows patients who may have protected characteristics more accessibility to alternative appointments and prevents them from making unnecessary journeys to receive assessment or treatment.

3.2 Continuing to seek feedback from staff and patients and update risk assessments accordingly to keep staff and patients safe during the COVID19 pandemic

We continue with a weekly operational update which communicates to all our staff the updates and also information that may help and support clinicians to help patients who may have protected characteristics in the ever changing environment of the recent pandemic.

For example we recently included an educational video to increase awareness of patients or staff who may suffer from visual impairment.

We use Accurx an interactive App to enable clinicians and staff to send information direct to patients such as links to websites with information to help patients to be more informed.

Also to give patients access to information in regards to vaccinations and information produced in regards to the vaccines where patients may have concerns.

3.3 To introduce a risk assessment that is closely monitored to keep staff and patients safe during the COVID19 pandemic

We introduced a full risk assessment at the beginning of the pandemic to ensure that all working environments are fully monitored at all times to keep staff safe during the pandemic. This is regularly reviewed taking into account any changes to government guidelines. The risk assessment is communicated to staff regularly to check understanding and given an opportunity to give feedback. This is done via a weekly operational update.

The risk assessment also includes the assessment of all clinical areas taking into account staff and patients who may have protected characteristics to ensure the safety of the patients who are attending face to face appointments at different clinic locations.

All new starters to the organisation are also asked to complete a risk assessment so that we can address any concerns that they may have.

3.4 To ensure we continue to meet the mandatory requirements for learning and development with all our staff and ensure the training provided meets the needs of our staff.

All staff have completed an Equality and Diversity on-line course and assessment and refresh this every three years.

We have not been able to run patient engagement sessions this year due to the COVID19 pandemic and social distancing guidelines.

However we do ask patients to engage in answering an Equality & Diversity questionnaire when they attend blood test appointments via our Health Care Assistants or over the telephone when speaking to our admin team to enable us to collect data that may help to improve our service for those with protected characteristics.

3.5 To improve the communication between the service and its staff, users, GP's and the voluntary and community groups in the local Area.

We continue to strive to improve this by highlighting the importance of Equality and Diversity at Team briefs with all sections of staff.

We also now have regular briefings with updates for staff as the pandemic has caused an ever changing working environment.

We are also signposting Covid-19 vaccination resources in multiple languages: Bengali, Punjabi and Urdu to promote uptake of the vaccine in Oldham. We do this in clinics and also by sending information direct to patients via the Accurx APP as mentioned earlier. We also have the links to these video resources on our website.

We regularly update and circulate risk assessments for the service and encourage staff to give feedback.

4 Equality Data collection and monitoring of our workforce

Staff E&D protected characteristics are held and recorded on a password protected spread sheet and cross referenced with their next of kin record.

We are constantly asking staff for feedback on changes to the working environment via weekly operational updates and briefings.

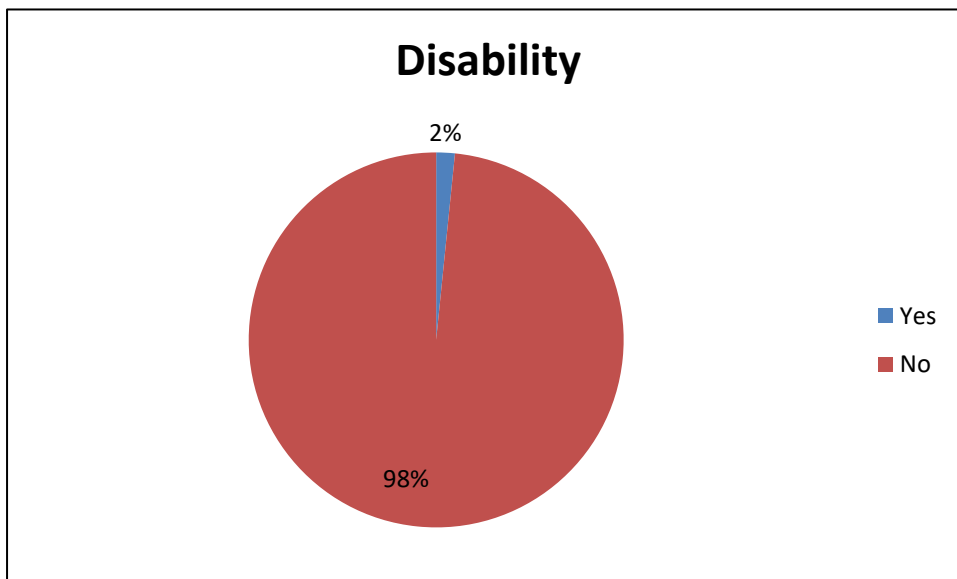
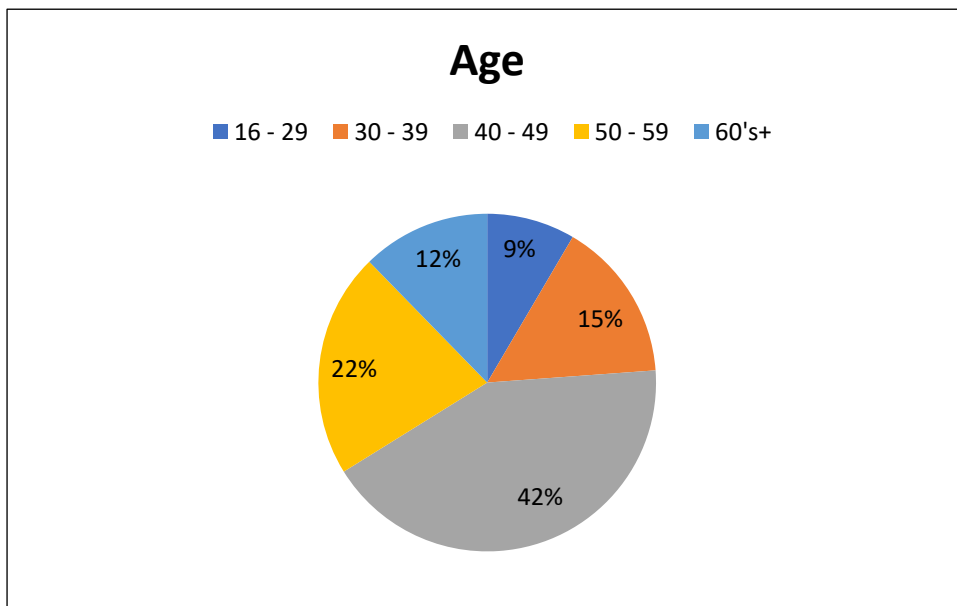
As mentioned earlier, during the pandemic we have been regularly updating our risk assessment and to do this we have been asking staff on a more regular basis in weekly operational updates.

4.1 Our Workforce

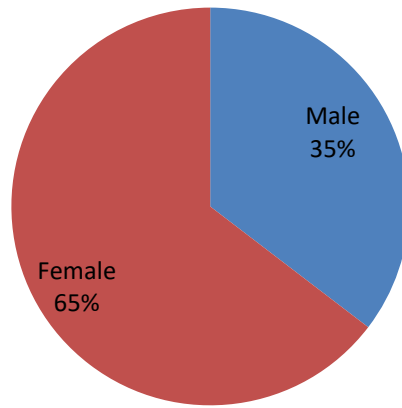
This report outlines the equality and diversity data of Pennine MSK Partnership Limited. Data is from April 2020 to March 2021. The report includes equality data of the Board of Directors.

Overall staff data.

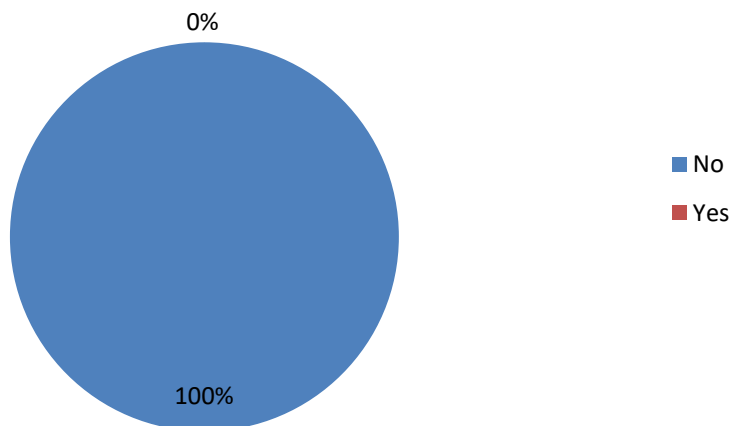
The following charts represent the workforce of Pennine MSK by each of the protected characteristics.



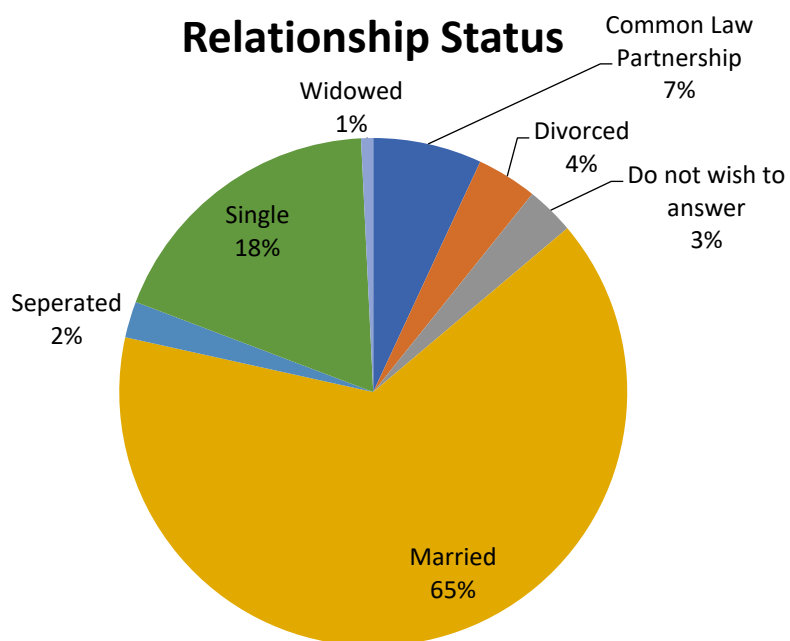
Gender



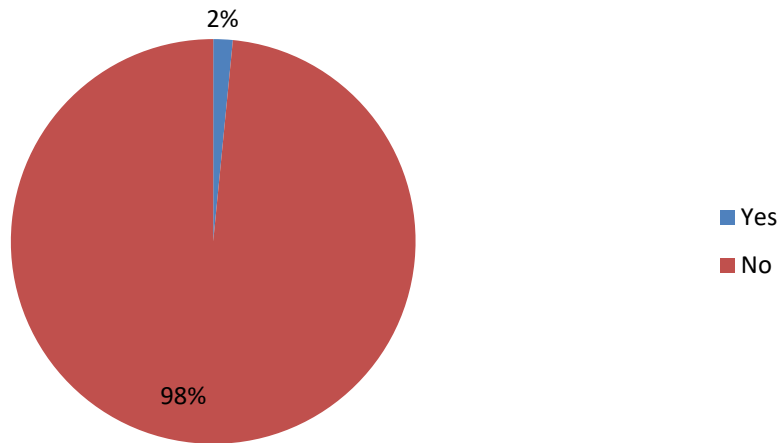
Gender Reassignment



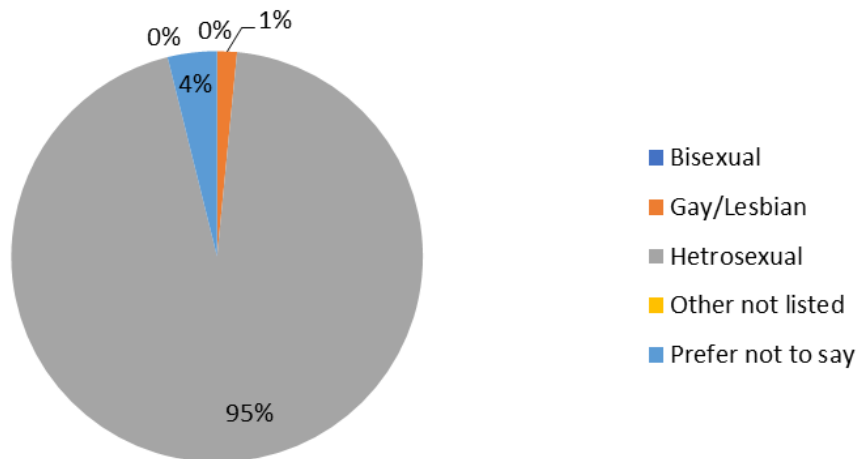
Relationship Status



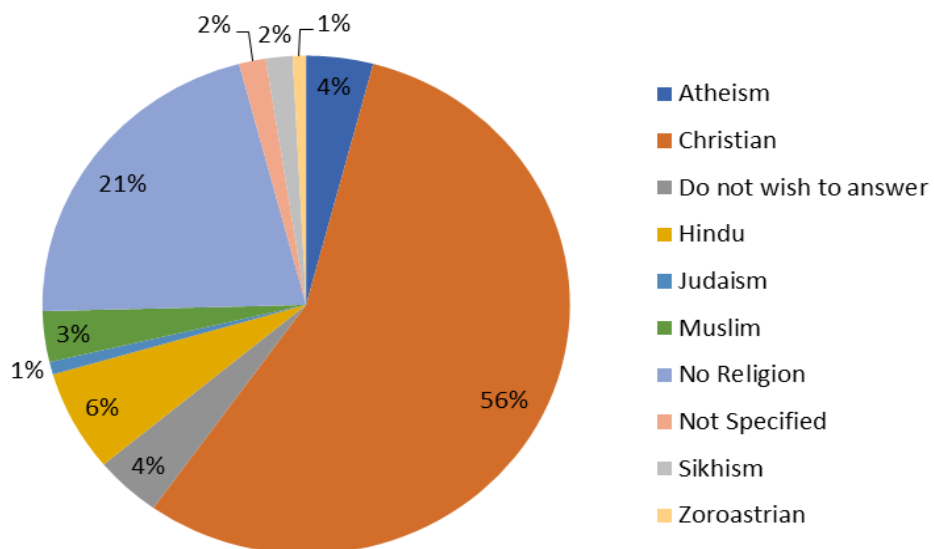
Maternity Leave

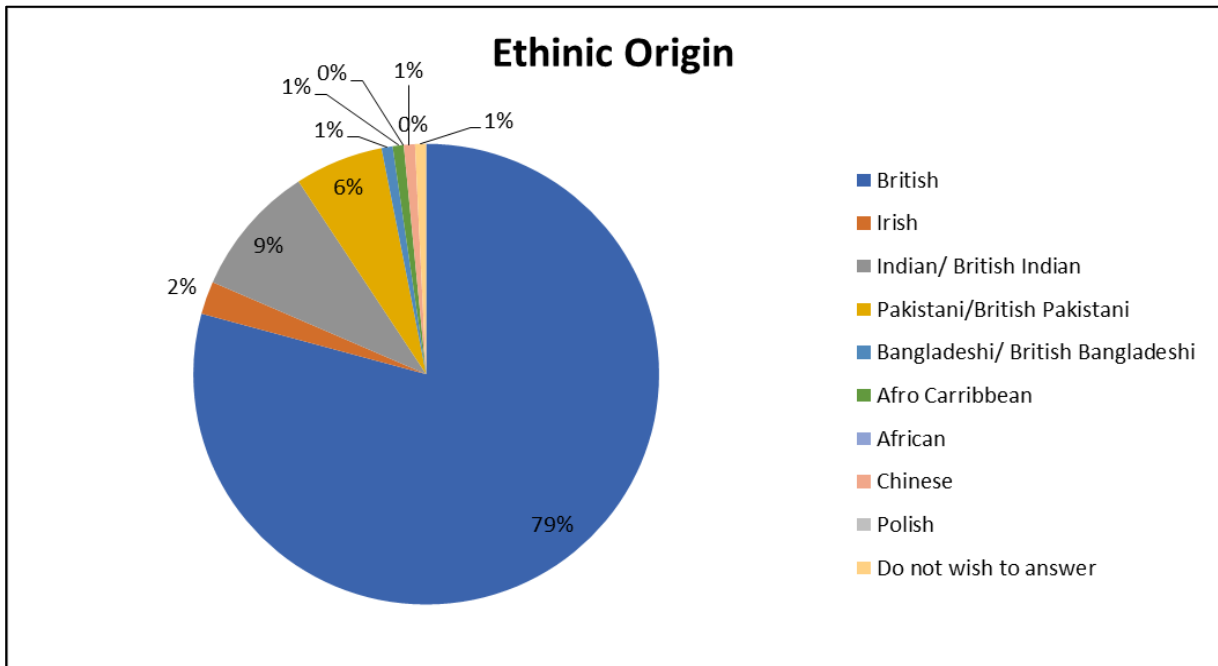


Sexual orientation



Religion or Belief

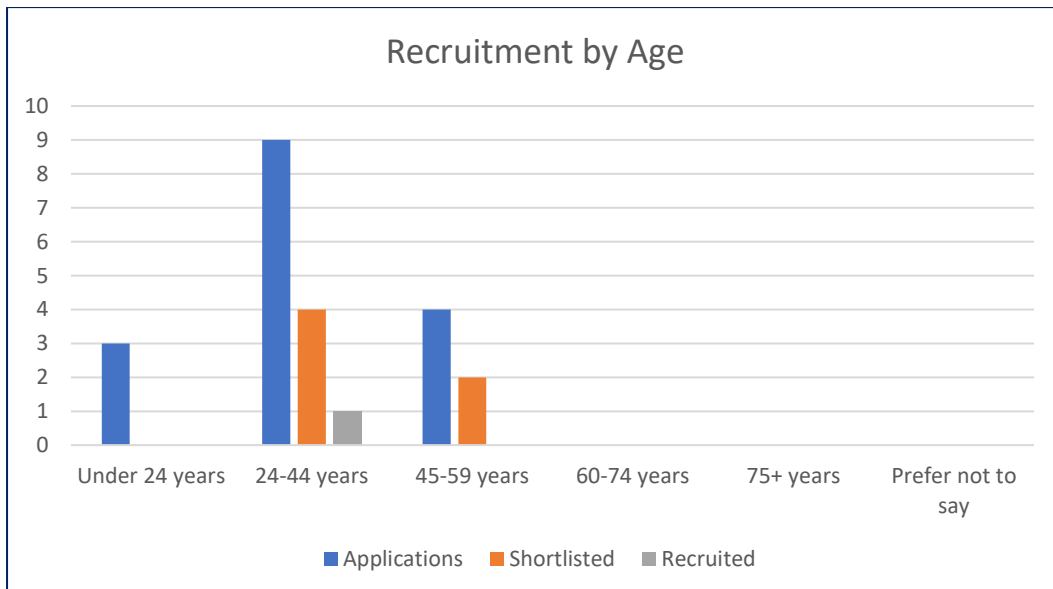


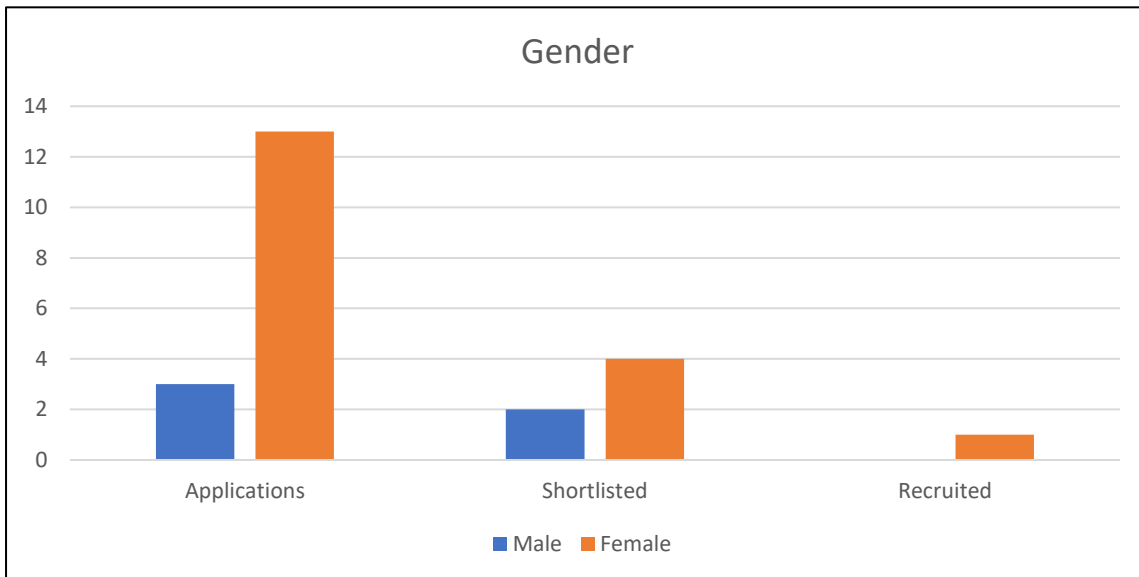
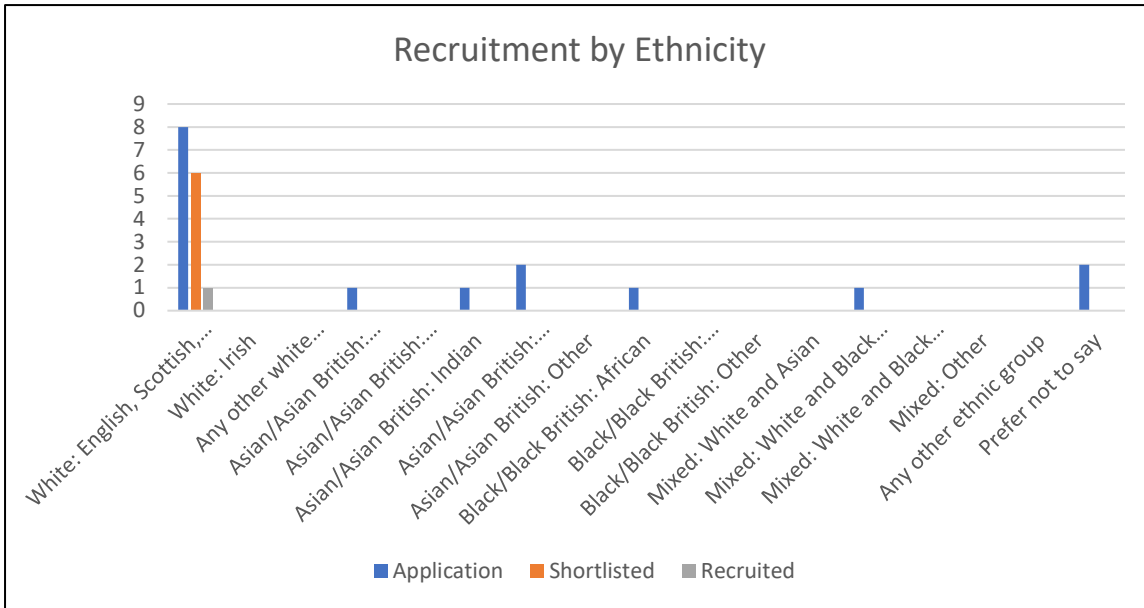


Recruitment and Selection

We advertised 2 roles in the reporting period, one clinical, one managerial. The managerial post was pulled after the applicant who was offered the position withdrew their application.

The following charts represent our recruitment and selection process by protected characteristics that are currently measured.





Composition of Pennine MSK Board

Pennine MSK is a company limited by share, commissioned by Oldham CCG. We have a small board of Directors. Following the retirement of the 3 founder Directors in January 2021 the board recruited 4 new Directors and appointed 1 Lead Director to oversee the service.

The following table details the Board of Directors at Pennine MSK by protected characteristic.

Staff Number	DOB	Age	Gender (M/F)	Disability	Marital Status	Sexual Orientation	Ethnic Origin	Religion or Belief
8	27/09/1957	64	F	N/A	Married	Het	British	Christian
9	31/01/1968	54	F	N/A	Married	Het	British	Christian
62	16/07/1968	54	F	N/A	Married	Het	British	Christian
63	13/05/1982	40	m	N/A	Married	Het	British	No religion
3	16/12/1975	46	f	N/A	Married	Het	British	Christian
144	23/01/1979	43	f	N/A	Married	Het	British	Christian
176	04/03/1975	47	m	N/A	Married	Het	British	Christian

4.2 Other HR processes

Secondments - None in the reporting period

Leavers - 5

Retirement - 3

Grievances - None in the reporting period

Disciplinary - 1

Promotions - 5

We are unable to comment on the protected characteristics of the above as this could possibly make the staff identifiable.

All staff are encouraged to apply for promotion opportunities and we always advertise roles internally in the first instance before advertising externally.

4.3 Training and Development

All members of staff at Pennine MSK have completed the Equality and Diversity training which is refreshed every 3 years.

4.4 Employee Communication

During this year we updated our data for staff and explained via team briefs the importance of the collation of this information.

Due to the COVID pandemic have expanded and increased the amount of employee communication via a monthly operational update to all staff via email. This includes updated risk assessments, information about health and wellbeing, PPE equipment updates. This is an important form of communication and staff engagement gathering important feedback to help support the ever changing environment in which we now work. It is important that all staff have input into the risk assessment that are regularly updated to reflect the changes in government guidelines.

4.5 Annual Staff survey

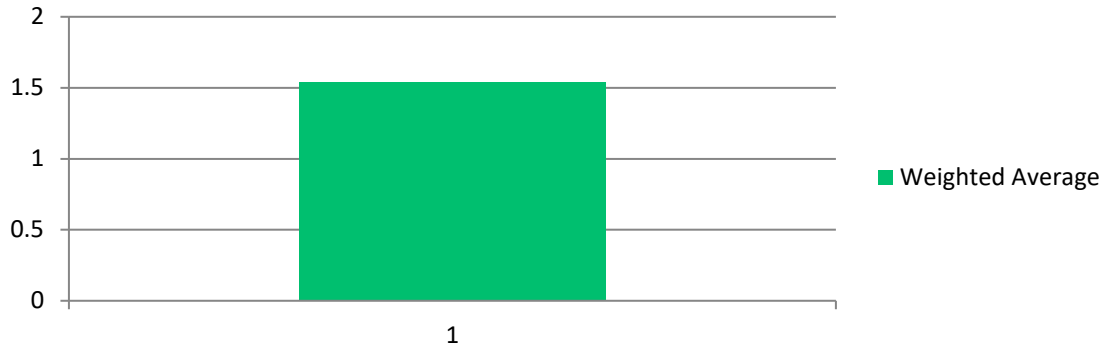
Each year we ask our staff to participate in the annual staff survey. This allows us to gather feedback of how our staff views our service and then in turn allows us to use the feedback for service improvements.

Please find following some of the results in relation to Equality and Diversity from the annual staff survey:

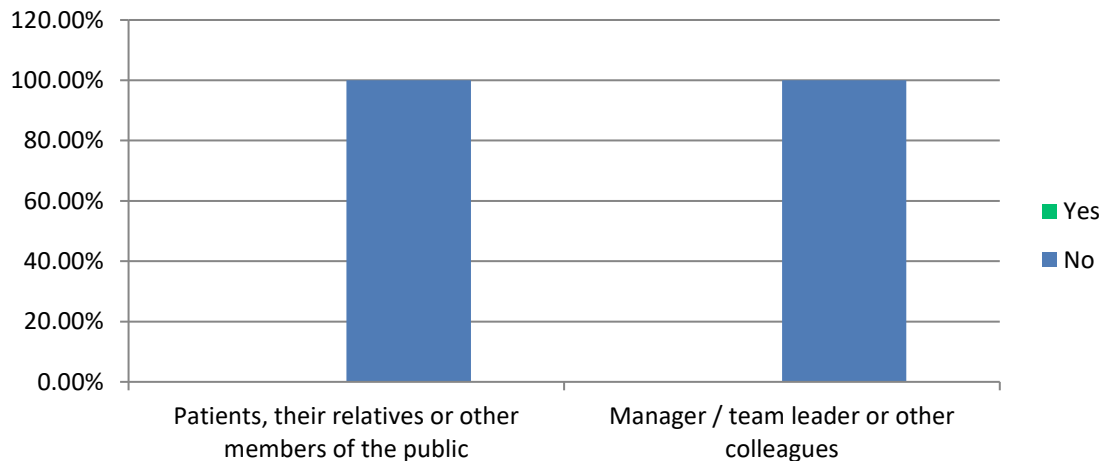
Does PMSKP act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

Yes		No	
80.43%	37	2.17%	1

Does PMSKP act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



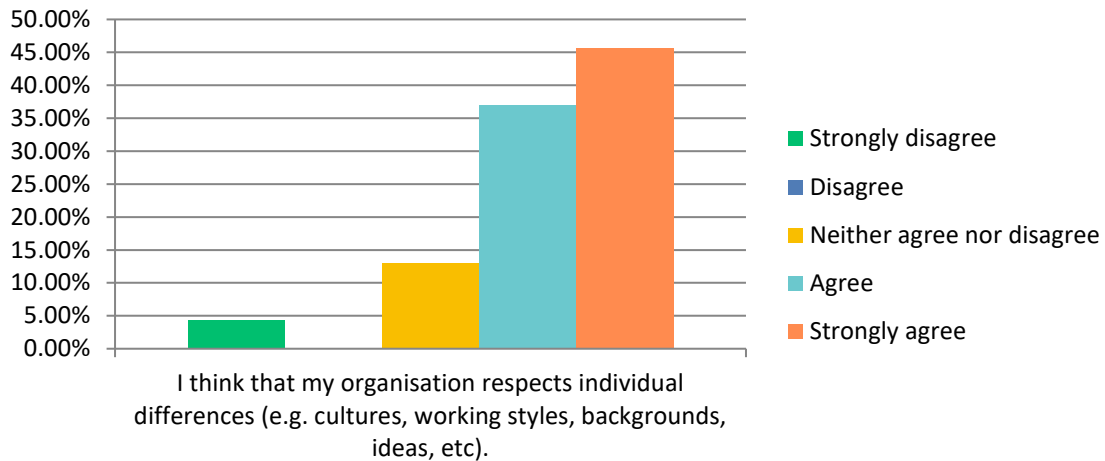
In the last 12 months have you personally experienced discrimination at work from any of the following?



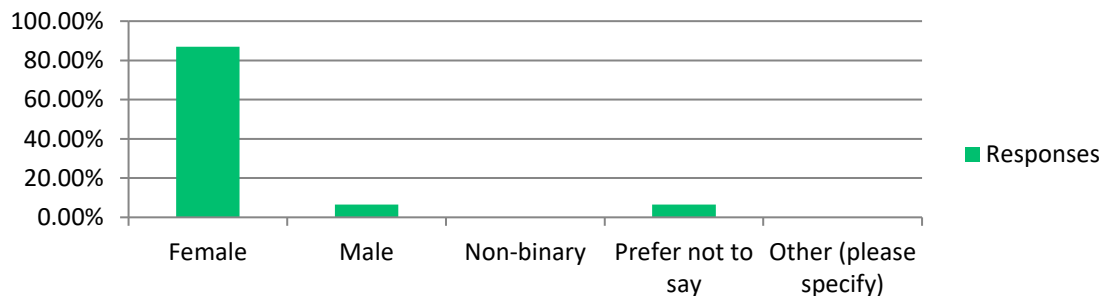
On what grounds have you experienced discrimination at work?

Ethnic background		Religion		Disability		Gender		Sexual orientation		Age		N/A	
0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	4.35%	2	95.65%	44

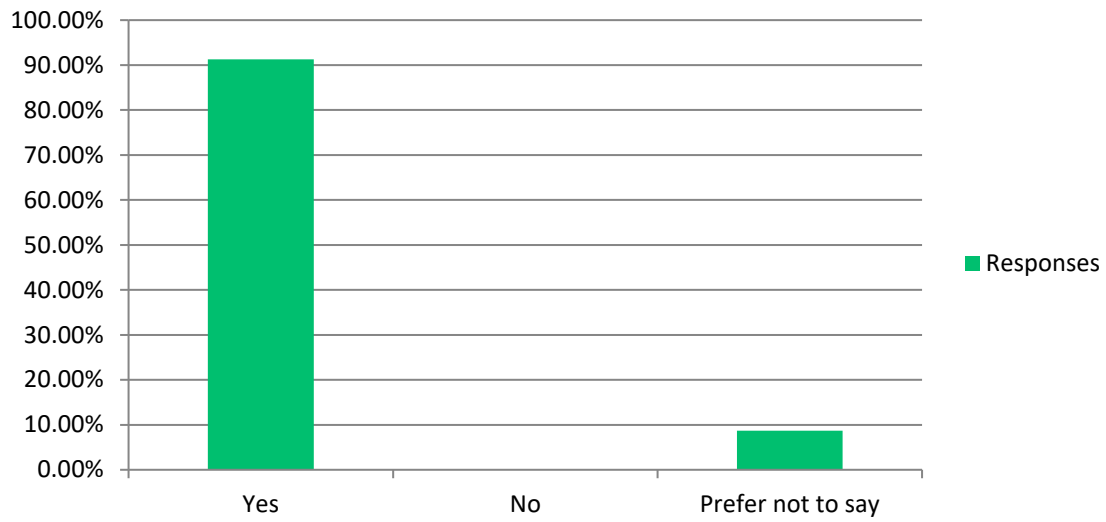
To what extent does this statement reflect your view of your organisation as a whole?



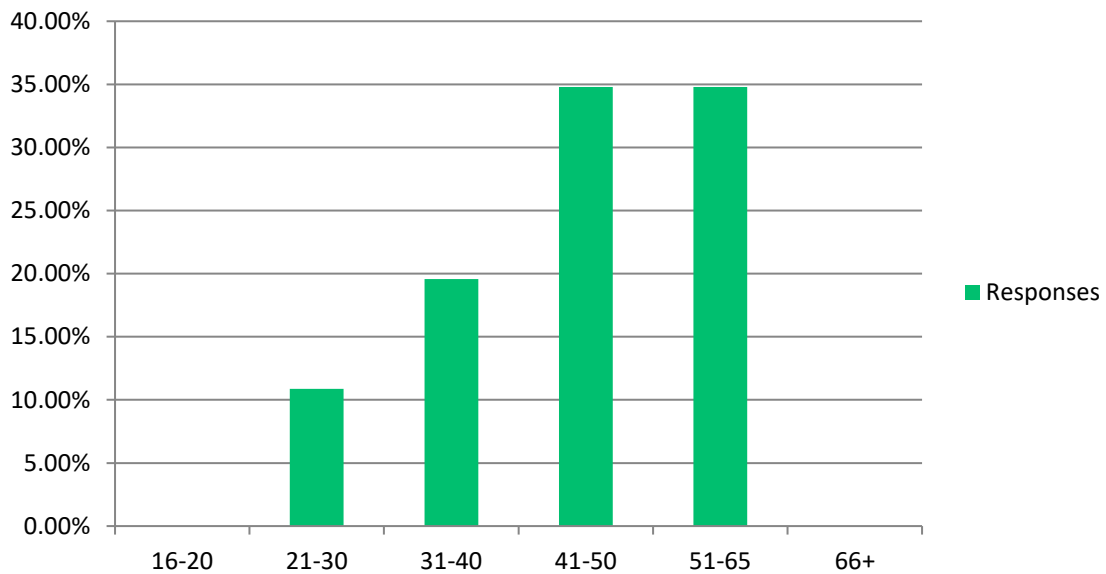
BACKGROUND INFORMATION We would like to know a bit more about you so that we can compare the experiences of different types of staff. What of the following best describes you?....



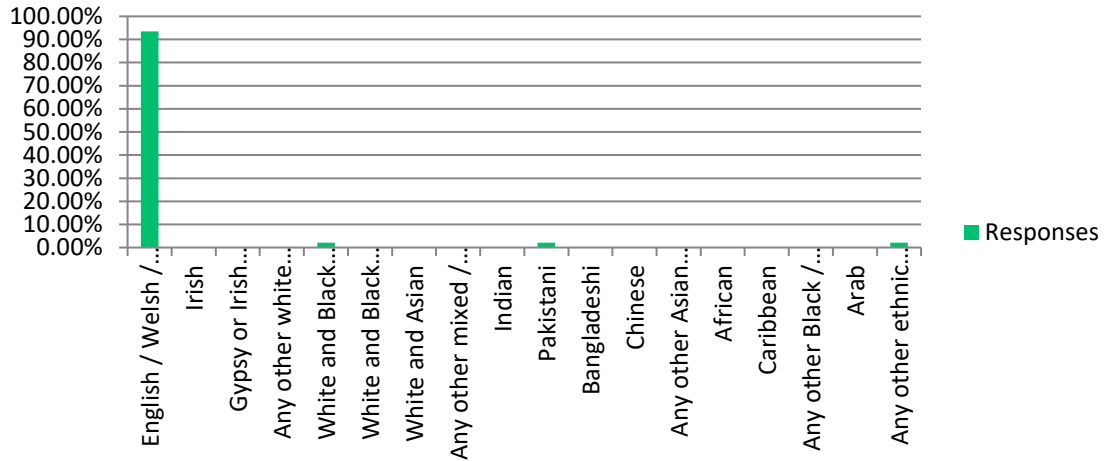
Is your gender identity the same as the sex you were registered at birth?



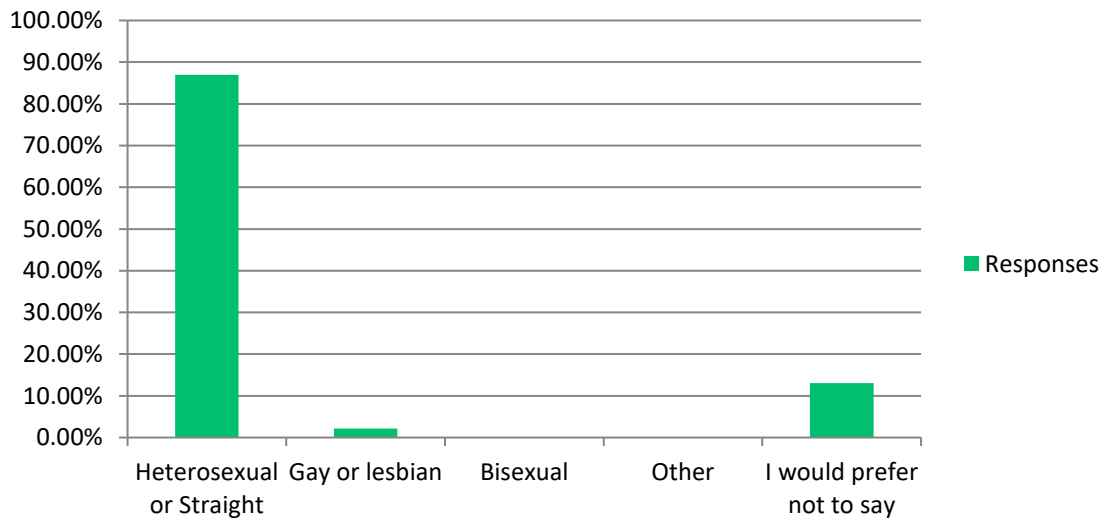
Age:

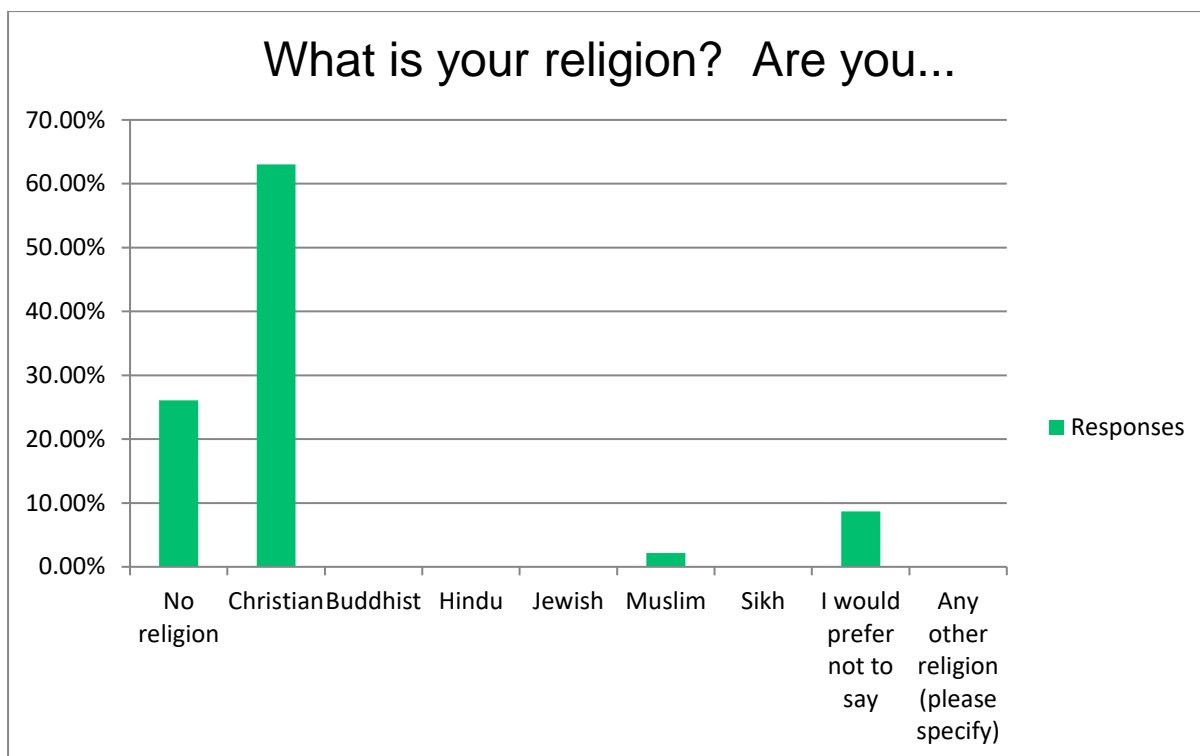


What is your ethnic group? (Choose one option that best describes your ethnic group or background)



Which of the following best describes how you think of yourself?





We continue to review the results from the staff survey and monitor this quarterly for changes and feedback with the staff.

5 Service Access and Reasonable Adjustments

We take pride in providing reasonable adjustments for any patient who needs to access our service.

This year this has been especially challenging. At the Integrated Care Centre access to the building has changed due to the lower ground floor being converted to a COVID 19 unit.

This means there is now no official disabled entrance to the building and staff and patients with a disability or mobility issues are now expected to use the main entrance with all other patients and staff.

As a result of this we have updated our location maps and also produced a flyer with information for patients with a disability advising on them of the best parking and the changes to the access to the building so that they are fully informed before they arrive for an appointment. This is included with every appointment letter to patients with appointments at the Integrated Care Centre.

We have also been working closely with the CCG requesting an update of signage within the building and also externally at the integrated care centre to help to guide patients with a disability so they are able to arrive to their appointments on time with minimal disruption.

5.1 Clinic locations

We offer our clinics at a range of locations across the borough of Oldham so that patients in many cases do not have to travel far from home. We have also been offering telephone appointments for patients who have concerns travelling into clinic during the pandemic.

5.2 Patient Transport

We access the Patient Transport Ambulance service for patients who are eligible. Full training is provided to all staff on the booking of transport for patients.

However the patient transport service has been considerably affected during the pandemic. By using feedback from patients and clinicians we have made the decision to see patients who require patient transport in AM clinic appointments. This has been as a result of observing patients experiencing long wait times and the service not being as reliable in the afternoons. This means that patients will not have to wait too long for their collection following their appointments.

We have worked alongside the booking centre to develop a process whereby Pennine MSK have sole responsibility to book patient transport in order to ensure the patients have a better experience when using the ambulance service.

5.3 Interpreter Service

We access face to face interpreter and BSL services for all patients who request it. We ensure this service is available through a contracted provider and we provide full guidance to all staff on how to access the service. We regularly review with the contractor to ensure a high quality interpreter service is provided.

We have some patients who do not request a BSL interpreter as they are able to rely on lip reading. This became a new challenge during the pandemic since the mandatory use of face coverings. We have now been able to source fluid repellent masks with a see through panel which has enabled clinicians to have better communication with patients who have a hearing impairment.

This is the second year we have used interpreter services for telephone appointments. The COVID 19 pandemic has meant that we have had to change the way we treat patients and many of our clinic appointments are now done via telephone or video link. This helps to keep patients and clinicians safe and also reduce the number of non-essential journeys patients need to make. The use of interpreter services for telephone appointments is going well and the clinicians are now used to using this process and have confidence in having consultations over the telephone with patients who do not speak English.

We continue to use the same system by asking patients in their telephone appointment letter to request an interpreter if they feel that they may require one for their appointment.

This year we have provided interpreter services for 960 appointments which is a decrease of 1445 interpreter of the previous year; this is due to some services being reduced and some appointments cancelled due to the between March and July. We have provided interpreters for 36 different languages, the same number of languages on the previous year.

A breakdown of the languages provided is detailed below:

Language	Number of Interpreters
Albanian	7
arabic	40
bangla	100
Bengali	212
BSL	19
Bulgarian	1
Cantonese	3
Czech	11
Farsi	26
French	1
Gujarati	7
Hungarian	7
Iranian	2
Italian	2
kurdish	11
Lithuanian	11
Mandarin	3
Oromo	1
Persian	2
Polish	32
Portuguese	22
Punjabi	82
Pushto	3
Romanian	24
Russion	1
Sinhala	1
Slovakian	4
Somali	2
Sorani	4
Spanish	3
Sylheti	10
Spanish/Romanian	4
Tigrinya	5
Urdu	267
Urdu/Punjabi	33

The 'Language Line' a telephone based interpreter service is still available for use which we have found very helpful if patients have arrived at clinic without booking an interpreter and for telephone consultations as a backup if the booked interpreter for telephone appointments is unavailable at the last minute.

The process for using interpreters for telephone consultations initially brought some challenges for both the clinician and the patient and we fully recognise this but this also needs to be considered alongside the risk of bringing a potentially high risk patient into a face to face appointment. However as we have progressed with using more telephone consultations during the pandemic we now have a robust process in place which has made this less challenging for both the patient and the clinician. Video consultations have also been a useful tool in this regard. We have also now increased the number of face to face appointments.

5.4 Accessible Information

We aim to provide high quality information and communication methods which best suit the needs of each individual patient so that they can:

- Make decisions about their health and well-being, and about their care and treatment.
- Self-manage conditions
- Access services appropriately and independently
- Make choices about treatments and procedures including the provision or withholding of consent.
- Continue to have a choice of locations to suit patient needs
- Continue to provide suitable access for patients at all locations and since the pandemic have updated maps and information where access has changed accordingly
- To have a choice of days and times to help attend appointments

We continue to offer telephone appointments for those patients who do not feel safe attending face to face appointments during the COVID 19 pandemic, giving patients more choice. We also offer the choice for patients of changing their face to face appointments to telephone appointments if they are concerned that they may have symptoms or they are isolating due to having the virus or being in contact with someone with the COVID 19 virus.

We will:

- Pro-actively ask patients who use our service if they have any information requirements where the need relates to a disability, impairment or sensory loss.
- Pro-actively seek changes to personal information from patients to ensure information is accurate, relevant and accurate.
- Record any information requirements in the patient's record, including 'flagging' these requirements so they are easily noticeable in the patient's notes.
- With the patient's consent, share information or communication needs as part of referral on or discharge processes.
- Do our utmost to provide the information in an accessible format for the patient.
- Include details of the Accessible Information Standard in our patient information leaflet
- Encourage patients to ask us for accessible information by placing posters in our waiting rooms and clinic rooms.
- Include information, in the patient information leaflet of how personal information is used to keep the patient fully informed.

Examples of how we may help:

- Provide information leaflets in large font
- Provide a British Sign Language Interpreter
- Communicate with patients via email rather than on the telephone
- Provide a longer appointment slot.
- Provide patients copy clinic letters in large font
- Provide patient letters and information on yellow paper
- Provide telephone/video appointments on request
- Have clear fluid repellent face coverings to aid communication where required
- Use the accurx APP to message patients direct with information and links to information in formats most suited to the patients requirements.

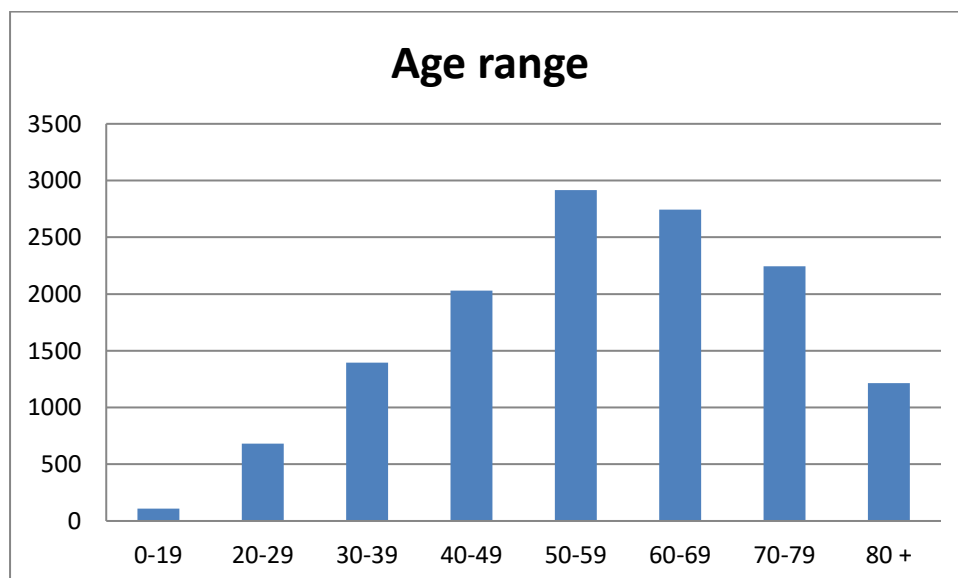
More recently since the introduction of the COVID19 vaccination programme we have been able to provide a link to patients to the government website that provides full information about the vaccine in different languages. Clinicians are using all suitable opportunities to signpost patients to this website. Clinicians have access to a messaging service which can provide information via text message to the patients and also links to useful websites to enable to the patient to make informed choices.

5.5 Patients accessing Pennine MSK

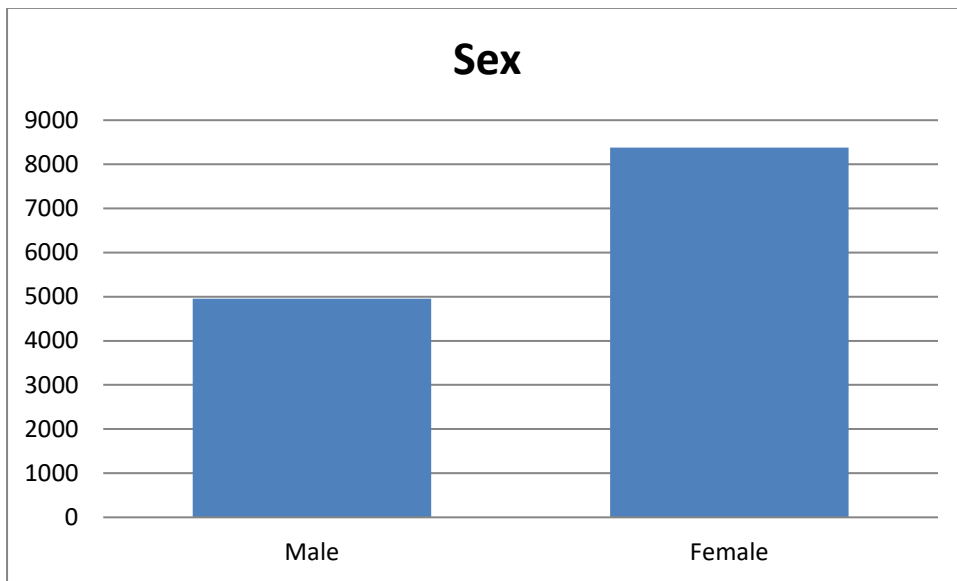
The service has held 13,312 patient appointments this year, a decrease of 5625 appointments on the previous year. This has been vastly affected by the pandemic.

The following charts provide a breakdown by protected characteristic held on our central records

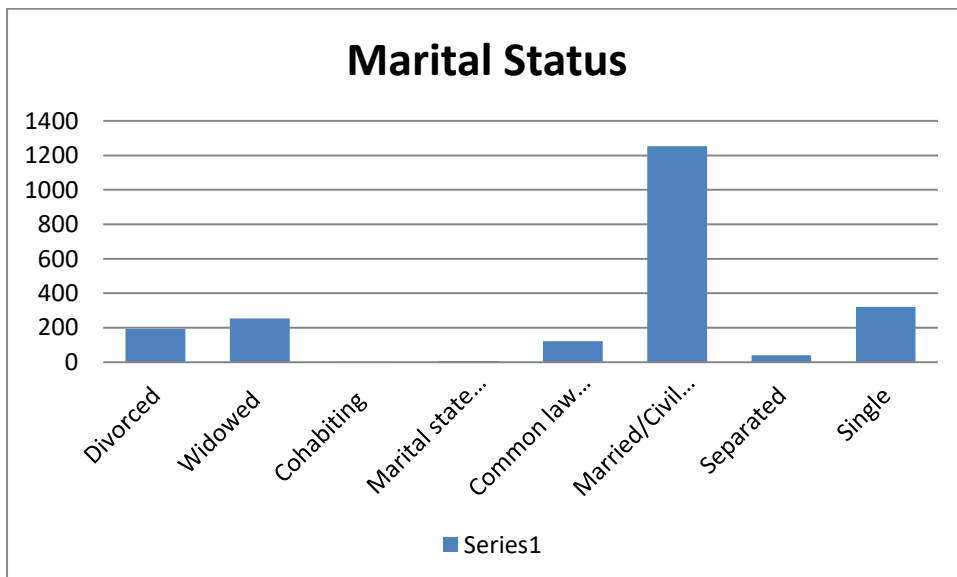
Age



Sex



Marital Status



Ethnicity

Ethnicity	Patient Count
Race: Afro-Caribbean	9
White British	11
Asian - ethnic group	1
British or mixed British - ethnic category 2001 census	2716
Irish - ethnic category 2001 census	21
Other White background - ethnic category 2001 census	4
White and Black Caribbean - ethnic category 2001 census	1
White and Black African - ethnic category 2001 census	1
White and Asian - ethnic category 2001 census	1
Other Mixed background - ethnic category 2001 census	2
Indian or British Indian - ethnic category 2001 census	33
Pakistani or British Pakistani - ethnic category 2001 census	250
Bangladeshi or British Bangladeshi - ethn categ 2001 census	78
Other Asian background - ethnic category 2001 census	1
Caribbean - ethnic category 2001 census	5
African - ethnic category 2001 census	13
Other Black background - ethnic category 2001 census	1
Chinese - ethnic category 2001 census	2
Other - ethnic category 2001 census	43
Ethnic category not stated - 2001 census	7
English - ethnic category 2001 census	3
Italian - ethnic category 2001 census	1
Kashmiri - ethnic category 2001 census	1
Sri Lankan - ethnic category 2001 census	1
Muslim - ethnic category 2001 census	1
Polish - ethnic category 2001 census	10
White British - ethnic category 2001 census	9
Czech	1
Race: Not stated	3

Religion

Religion	Patient Count
Religious affiliation	1
Roman Catholic	17
Atheist	26
Hindu	10
Christian	855
Not religious	238
Methodist	1
Buddhist religion	3
Pentecostalist religion	1
Muslim	25
Church of England	6
Spiritualist	11
Pagan	2
Islam	115
Anglican	1
Religion (Other)	65

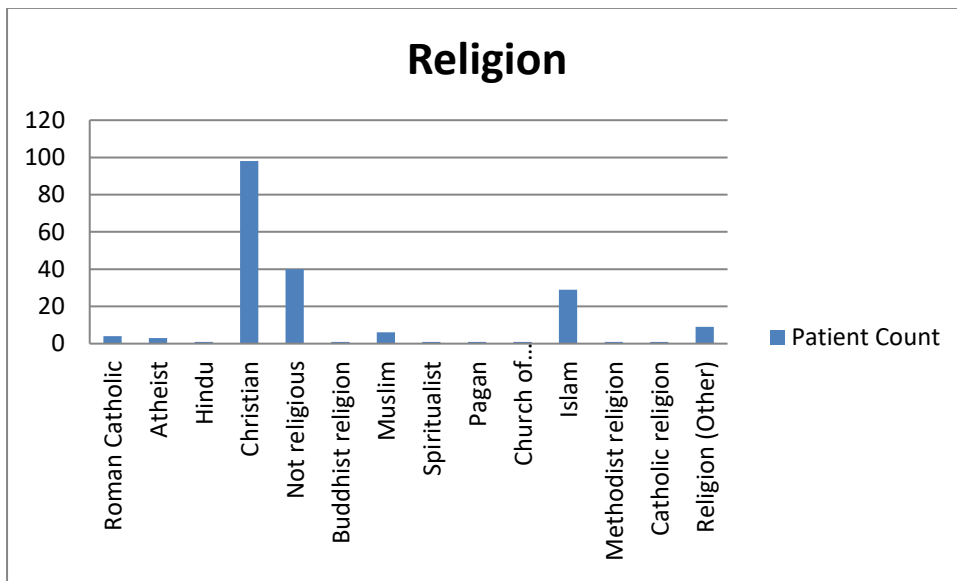
Disability

193 patients declared a disability this year and we now have a disability recorded for 1482 patients. We will continue to monitor and record this data to help us to meet the needs of our patients.

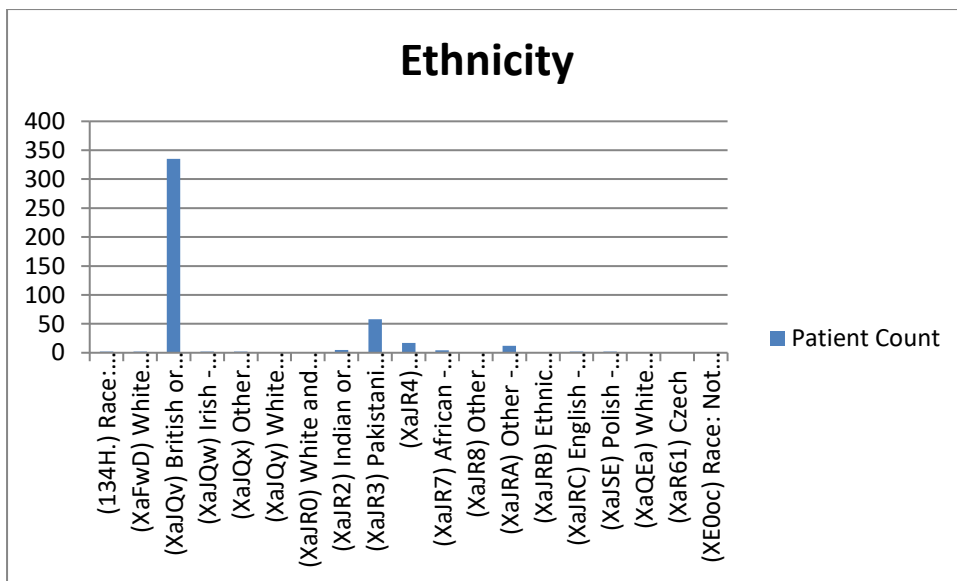
DNA appointments

1974 patients did not attend their appointments in this reporting period, see breakdown below.

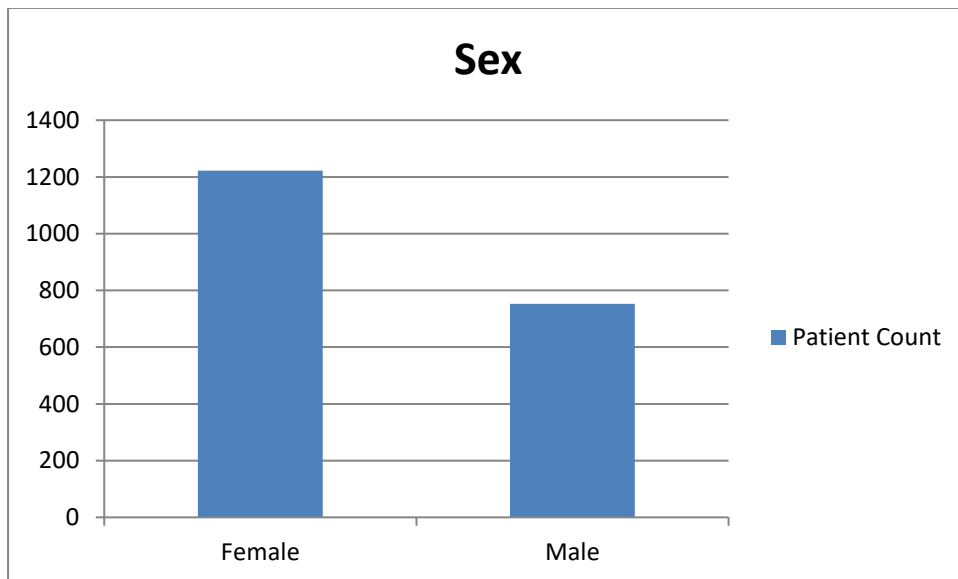
Religion



Ethnicity



Sex

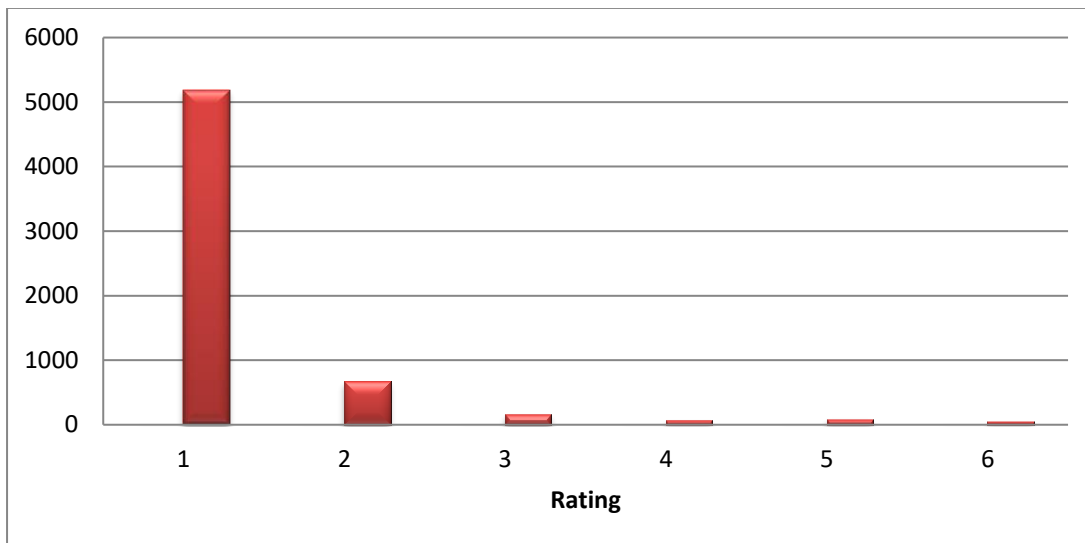


5.6 Patient Experience

- Capturing patient experience is an important aspect of our service. And it represents a very high indication of service quality. Since the pandemic we have been unable to conduct surveys with our patients in the waiting room however we continue to use the 'Friends and Family' test which is sent by text and/or voice message

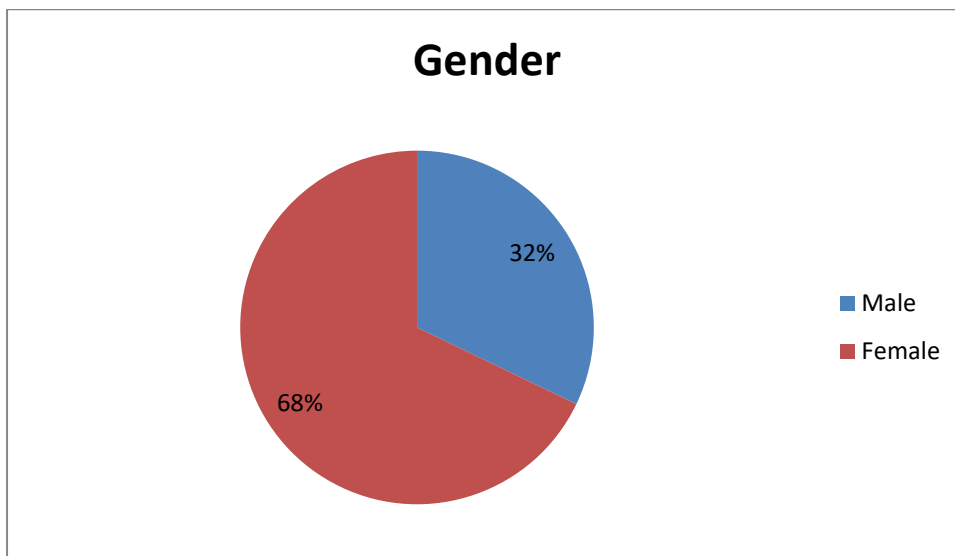
With our friends and family test we have enhanced our reporting and we have been able to analyse our responses by gender and protected characteristics.

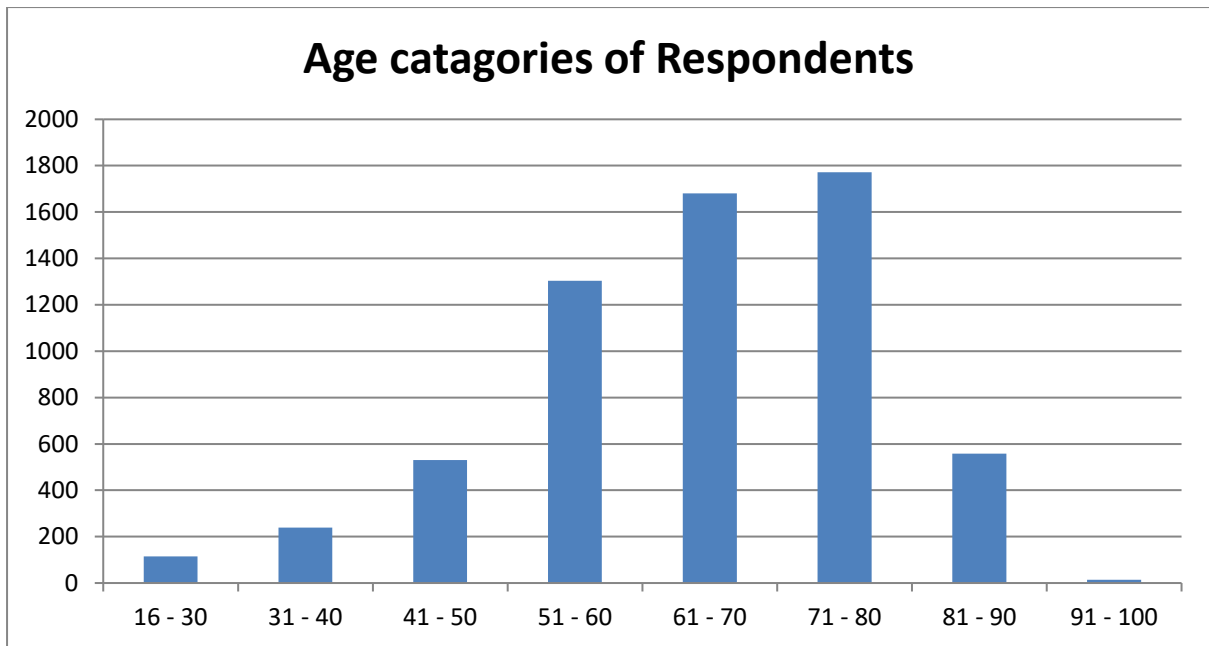
See following examples of feedback:



Key

- 1. Very Good
- 2. Good
- 3. Neither Good nor Poor
- 4. Poor
- 5. Very Poor
- 6. Don't Know





Patient Complaints

For the period of this report we recorded 71 patient complaints in total.

None of these patients declared that they had a disability.

None of these patients declared their ethnic origin:

All 97 complaints were resolved with a satisfactory result and within guidelines.

5.7 Reporting and Monitoring

We continue to encourage more collection of equality data with existing patients via the team of Health Care Assistants running the clinics at the Integrated Care Centre. This data is collected from patients who are willing to participate in answering the Equality and Diversity questionnaire whilst at an appointment with the Health Care Assistants.

We also try and engage patients when they contact or service via telephone. Our administration team will ask the patient if they are willing to answer our questionnaire and therefore this allows us to collect more data from patients willing to engage.

6 Equality Objectives for 2022

Having considered the data we have set the following objectives for 2022.

- We will ensure that our patients receive the best care tailored to their individual needs as we want our patients to recommend us as a service that provides outstanding care across all our services.
- To create an inclusive workplace culture, by celebrating and promoting the diversity of our workforce as we want the service to be recommended as a place to work
- Further develop the workplace to feel safe and open for all staff especially as the pandemic continues and guidelines continue to change
- Develop more patient feedback and involvement around equality issues as the COVID 19 guidelines continue to relax
- To improve the recruitment, retention, progression, development and experience of the people employed by Pennine MSK to enable the organisation to become an inclusive employer of choice.
- To reach out to our CCG colleagues and other providers in Oldham to see if we can learn from any best practice in increasing our Data capture.

Report prepared by Julie Bedford, Business Operations Manager and approved by the Board of Directors of Pennine MSK Partnership Limited on 28 February 2022.