

## Public Health, Community Development and Equality Committee - MINUTES

**Venue:** Room 15, Education Centre  
Sandwell Hospital

**Date:** 15<sup>th</sup> November 2018; 1400 - 1530

### Members Present

Mr Waseem Zaffar (Chair)  
Mr Toby Lewis  
Mrs R Goodby  
Dr D Carruthers  
Mrs P Gardner

WZ  
TL  
RG  
DC  
PG

### In Attendance

Mrs R Wilkin  
Mrs Chris Rickards  
Mr P Hooton  
Ms S Bullock

RW  
CR  
PH  
SB

Minutes	Paper Reference
<b>1. Welcome, apologies, declarations of interest</b>	Verbal
Apologies were received from Prof K Thomas, and Mr Richard Samuda	
<b>2. Minutes of the previous meeting held on 13<sup>th</sup> September 2018</b>	PH(11/18)001
The minutes were approved as a true record.	
<b>3. Matters arising from previous meeting (action log)</b>	PH(11/18)002
Smoke Free can be removed from Action Log as regular progress updates will be provided to the Committee. The other two items are on today's agenda.	
<b>4. Strategic Board Assurance Framework</b>	PH(11/18)003
No paper available. BAF update will come to next meeting	
<b>5. The NHS Smokefree Pledge</b>	PH(11/18)004
<p>RW provided update. The first meeting of the Smoke Free Taskforce has taken place.</p> <p>The Taskforce are looking at 3 audiences: Staff, patients and visitors/relatives. December 17<sup>th</sup> marks 200 days milestone and a lot of promotional activity will begin around our anti-smoking stance. Signage and posters are ready to go up around the sites and in smoking shelters to alert people of the 5<sup>th</sup> July ban date. We have been invited to sign the NHS Smoke Free Pledge which the committee agreed to sign off.</p>	

The next taskforce to look at what the Trust expectations are for members of staff. Conversations need to start between managers and staff now in preparation for 5<sup>th</sup> July so people can begin to plan how they will manage the fact that they will no longer be able to smoke on sites with the message to staff that they have got to get ready.

Discussion took place around what will be on offer, e.g. vaping as an alternative to smoking, other NRT options such as gum/patches and other incentives such as demonstrating how much money someone could save by 'X' date if they stopped smoking. It was felt that the emphasis should be around the positives, rather than alienating staff with the negatives of fines/disciplinary action, although this will be enforced.

The Trust will be employing enforcement officers and will use video cameras around the sites where appropriate as a deterrent but also to demonstrate that action is consistent and fair.

It was agreed that by 17<sup>th</sup> December, the trust needs to be explicit about the details of what is on offer for staff, along with the consequences of non-compliance. Other considerations include a policy on staff smoking in neighbouring streets and/or smoking while in uniform. The level of fines also needs to be considered. A set of questions could be drawn up to ask staff what would help them to give up and these conversations should start as soon as possible to allow time for people to buy-in to the new rules. Talking and engaging with staff in the smoking shelters should be encouraged at management level.

The Board have agreed that vaping should be offered as an alternative to smoking and that vaping would be allowed on site. However, there was a query as to whether PHE do actually support this.

**Action: DC to check with PHE around vaping as an alternative to smoking.**

It is recognised that there will be emotive issues, particularly with relatives who may have received bad news about their relatives and this needs to be handled sensitively by staff involved. The Taskforce will look at options such as providing nicotine gum on the wards to offer as an alternative to a cigarette.

The Trust is committed to getting this right and it is the intention that once implemented, a pack of information can be drawn up as to how it was done which may help other organisations.

The final Policy will be agreed and signed off by this Committee.

## **6. Rapid Release of the Adult Deceased Policy**

**PH(11/18)005**

The existing Policy was distributed to the Committee. This is a robust policy which was approved in July 2016 and is due for review in March 2019. It fulfils the need of all groups who require a rapid release of their deceased loved ones. However, there have been recent issues where rapid release has not been possible causing distress to families. This has generally happened where a patient has died over the weekend and by and largely is due to a death certificate, signed by a doctor, who had seen and cared for the patient in the last 14 days prior to death not being available. Other issues have been reported around mortuary technicians not being available to release a body at the weekend.

Discussion took place on how this can be tightened up and it was felt that we needed to be able to identify who is likely to die over weekend, get one of the on call team to see the patient, talk to relatives, read the notes, and confirm they will complete the death certificate. If the patient does not pass away, then the next shift would take the same consideration. This needs to be run by the nursing staff to be able to pass the information on. It should apply to all patients, not just those who may need rapid release.

The policy will be re-distributed to those who need to know, and will be available on Connect.

**Action: Paul Hooton to meet with BMBC to discuss if there is anything more we can do around rapid release.**

**Action: PG to have conversation with Muslim Burial Council.** However, we need to challenge idea that this is just a Muslim issue.

RG reported that the Muslim Liaison Group want to work with staff members around educating colleagues about what is a 'good death'. Could possibly do something similar with other religious groups. Educating staff about the various rituals of end of life.

**Action: WZ to send RW details of Ruth Jacobs, Chair of Birmingham and West Mids Jewish Council.**

TL queried the implications of 'presumed consent' for organs/tissue which need to be worked through. However, this is not likely to be an issue for expected death as discussion already likely to have happened.

<b>7. Volunteer Service: Status</b>	<b>PH/(11/18)006</b>
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RW reported that the number of volunteers has grown significantly. Currently there are 331 active volunteers, 80 waiting to be placed and 100 waiting in the system, which makes 511 against a target of 400. There are an increased number of roles available for volunteers. A new database has been introduced to capture better data. It was noted that our Trust take 16 and 17 year old volunteers, therefore we have a very young volunteer base. There is very good partnership working with Projects such as Kissing it Better and the Sapphire Project.

There is a challenge to place the 180 volunteers waiting for placements. Most want to work on the wards. Wayfinding is less popular but this is an area where we really need volunteers. A new system has been introduced whereby for the first 3 months, new applicants have to do Wayfinding as part of their role as well as working in other areas. Further work needs to be done to educate staff that volunteers are an asset.

With regard to office support volunteers it was stressed that volunteers won't take jobs from staff. Volunteers complement a service, rather than replace it. Posters have gone up around the sites listing the things that volunteers can and can't do.

Consider incentives for teams taking volunteers..

<b>8. Detailed Analysis of Community Connection by Analysis of Population</b>	<b>PH(11/18)007</b>
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Paper circulated and discussed.

Eastern European Network struggling to get off the ground. Sit down with NASHDOM and the Polish ex-pat community. Arrange a cultural event. Need to be aware that some groups may not identify as being Eastern European.

RG fed back on a Public Health Event Launch she attended and discussion took place around how to scale up the work we are doing.

Karen Saunders from BCC is organising a Migrant Health Morning on 13<sup>th</sup> December, the committee agreed to send a trust representative.

Use-It Project – RG to circulate presentation from Board to WZ.

<b>9. People Plan Diversity Pledges</b>	<b>PH(11/18)008</b>
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RG presented the staff and patient diversity pledges, focussing on the BME Action plan and WRES action plan. The Trust have progressed from 19.7% BME Staff who are employed above an 8A to 23%. . Need to get people in more senior roles of Band 7 and above. Ready Now – targeting people through their PDR. Targeting key senior roles through recruitment process.

BME Interview Panels. 258 interviews conducted, 231 of those have had a BME panellist member. TL stated that the BME panel members need to be involved in the whole process, not just on the day as a token gesture to tick a box. RG agreed to consider.

Discussion around Disability and Long Term Conditions Staff Network chaired by Richard Burnell. It was suggested that we need a baseline survey in this fiscal year, although members thought that this may have already been done.

It was noted that we will be launching BSL Level 1 in January 2019 which will be free for staff to access.

<b>10. Matters to be raised to the Board</b>	Verbal
Rapid Release Success of Volunteer Service - Project 180 NHS Pledge for Anti Smoking Development of WRES Action Plan	
<b>11. Any Other Business</b>	Verbal
Annual Equality Report – agreed to sign off at January 2019 Board	
<b>Date of Next Meeting:</b> <b>Thursday, 14<sup>th</sup> February 2018; 1400, Room 13, Education Centre, SGH</b>	