Sandwell and West Birmingham Hospitals NHS
NHS Trust

Public Health, Community Development and Equality Committee - MINUTES

Venue: Room 13, Education Centre, Sandwell General Hospital

Date: 14 February 2019, 10:00am – 11:30am

Members Present

Prof K Thomas, Chair (arrived at 10:20am)	(KT)
Mr W Zaffar (Chair until KT arrived)	(WZ)
Mr T Lewis	(TL)
Mrs R Goodby	(RG)
Dr D Carruthers	(DC)
Mr Paul Hooton (Standing in for Paula Gardner)	(PH)

In Attendance

Mrs C Rickards	(CR)
Ms R Wilkin	(RW)
Ms S Bullock	(SB)

Minutes	Reference
1. Introductions for the purpose of the audio recorder	**Verbal**
The Committee members introduced themselves for the purpose of the meeting recording.	
2. Welcome, apologies and declarations of interest	**Verbal**
Apologies were accepted from Mr R Samuda and Mrs P Gardner. There were no new declarations of interest to note.	
3. Minutes from the meeting held on 15 November 2018	**PH (11/18) 001**
The minutes of the meeting held on 15 November 2018 were accepted as a true and accurate record.	
4. Action log and matters arising from previous meetings	**PH (02/19) 002**

- **BME panellist – numbers update (RG)**

  RG noted that in December they had 19 panels, and 100% had a BME panellist on them. In January they had 26 panels, and 96% had a BME panellists on them. The 4% represented one panel member that was sick on the day and the interview went ahead.

  WZ queried if the BME panellist was involved in the entire selection process. RG confirmed that the advice that they gave was, that the BME panellist should be involved from the beginning of the process. Management were requested to ask the panel to be involved in the entire process. They proposed to conduct spot checks to ensure that was happening. WZ suggested to return to the December and January panellists and ask them about their involvement. RG confirmed that she would action the suggestion.

  Action: RG to return to the December and January panellists to gain feedback regarding their involvement in the recruitment process.

- **Early release communications – verbal update from PH**

  TL requested clarification on what they had discussed, regarding communications, at the previous meeting. He recalled that they had discussed timely release, and a discussion about the communication on timely release to the organisation. It was noted that the policy was mostly implemented appropriately, but sometimes it was due to lack of staff awareness of the policy. Therefore, they were going to send communication out to staff about the policy as a refresher. TL stated that that was one opinion in the room at the previous meeting, however, they were not going to communicate the general policy, but rather two specific things:

  1. Identify those patients who may die over the weekend. The doctor would be required to attend the hospital on Friday to see the patient, and that would be documented in the patient notes. He noted that this was a significant change of clinical practise which was why they needed to have a February timeline.
  2. That rapid release be explicitly drawn to the attention of <u>all</u> patients for potential death.

  He noted that if they were to communicate those two points, that they would get further than just communicating their policy.

  TL stated that issues with rapid release seemed to occur over the weekend and getting the patient's normal doctor to attend the patient and to organise all of the required documents.

  It was questioned how deep the understanding was with the medical professionals who were present at the working group meeting of the on-call doctor's requirement to attend the patient on the Friday. PH noted that it took some conversation initially, but there was an absolute understanding that any patient that was expected to die over the weekend, that would want rapid release, would be seen by the on-call doctor. TL reiterated that the process was for <u>all</u> patients that were expected to die over the weekend, not just the patient's with rapid release. He noted that decisions made before a relative died and the decisions made in a grieving period after they died, can be different.

  It was noted that the Muslim Burial Council had also met with the Chief Registrar of England, and their position was that if a patient was expected to die, that a death certificate could be signed by a doctor who had not necessarily seen that patient. It was an emerging conversation and it had not yet been confirmed. TL noted that when that happens, they could adjust their approach.

  WZ noted that in recent months that there were some examples of the policy working well. He noted that he had received less phone calls about early release issues. He received more calls about not being able to get an appointment with the Birmingham City Council to register the deaths. TL noted that they had the idea of providing a births and deaths registry facility onsite, and that the Council were interested. More conversations were needed to progress. WZ stated that he would connect TL with the appropriate people at Council in order to hold those discussions.

  Action: WZ to connect TL with the appropriate people at Council to discuss the onsite births and deaths registry facility.

- **Paul/Paula meet with Muslim Council to see if any more can be done around early release? Paul Hooton action – (PG)**

  PH noted that it was a work in progress. There were some blockers to allow for the rapid release. One comment received was that there used to be a bereavement nurse as cost to the organisation, that the removal of that post had contributed to the deterioration of rapid release. Going forward, he questioned if they should consider reinstating that post. TL noted that they were planning a relaunch proposition of the Site Practitioners and RCNPs and he could consider what he could include in that.

  TL questioned the reason why bodies could not be released after 8pm from the mortuary if they were not a rapid release. It was noted that the mortuary was not staffed after 8pm. TL stated that there were staff on-call and questioned why they were not called to attend the mortuary with the deceased's relative. It

was noted that that type of job was not recognised as an on-call job. TL stated that it should be an on-call job and requested that they take an action out of room. He noted that if there was a security concern about one technician attending the mortuary with three relatives, then that was a security issue that they could work through. TL noted for PH to follow up with Paula and her team to action.

MATTERS FOR APPROVAL OR DISCUSSION

5. Strategic BAF Update	**PH (02/19) 003**

TL noted that mental health in the workforce flowed into the committee. He proposed that from April it should flow through the People Plan and into the People and OD Committee. He noted that they were likely to deliver on the items that they had agreed to in the space.

It was noted that they were going to adopt the HSE's new guidance on stress assessment testing. The recommended and Board approved approach was that all staff would do it, however they would need to focus their efforts and response to the high-risk areas. From a less controversial point of view, everybody was going to participate as part of an annual health and wellbeing check. Staff would have a mandated conversation in respect of the HSE toolkit. It was noted that they would also identify any stresses, either in the work environment or clinical environment, that they could address in those risk areas. TL queried when they would have the outcome of the A&E stresses. RG estimated that it would be around September as they had to have a PDR conversation, where they would start the conversation about health and wellbeing, and then a follow up conversation where they had the mandated stress risk assessment. She suggested that if they wanted the information sooner, that they could do an early intervention to pilot it in A&E and obstetrics. TL confirmed that he wanted to pilot it an A&E now and obstetrics could wait until the opposite end.

CR queried that if the matter was to be transferred to the People and OD Committee, how would information flow between Committees. RG noted that she would bring updates, such as sickness absence, health and wellbeing, for discussion to the Committee. She noted that all of their input into that was vital for the papers presented to the Board. TL confirmed that he would ask to Chairman to add CR to the new committee too.

It was questioned if they had capacity for the stress that would be uncovered to assist with. It was noted that they did not have the capacity, but they did have the capacity for focus on mental health and they would need to focus that capacity to areas where the most impact would be had. They also identified, through various reporting and evidence, that there would be a lot of absences in the MSK category, which was mental health absence. It was noted that TL was to host a summit on the unpicking of the MSK. There might be actions coming out of that MSK meeting that they may need to invest in, such as, ergonomics, working environment, equipment.

6. Smoke Free Pledge: implementation places for July	**PH (02/19) 004**

RW noted that they had completed a lot of work in three different areas of the plan. The CLE Committee next week would make some decisions in the area.

In terms of Estates and Infrastructure, they had identified which smoking shelters would be removed, and which would be turned into vaping shelters. This would reduce the number of shelters on site.

They had forwarded a lot of notifications to patients regarding the ban in appointment letters, which would continue, and signage that would increase in the coming months. They had conducted a smoking survey that closed at the end of January which generated a lot of responses. Most responses were supportive and there were areas in need of clarification, such as vaping, and there was a suggestion for a guidance document for staff and management for clarification on the ban. The guidance that staff had requested and the additional points were:

- Breaks for staff who smoked, and for those that did not.
- Defining disciplinary action.
- Every member of staff could challenge anyone who was smoking on site.

- They had an arrangement with vaping company, E-Six, who would attend on site to sell products leading up to July.
- Enforcement of legislation – to do what was necessary to apply for the Community Safety and Presentation Scheme. A number of staff would be trained that would empower them to request that an individual stop smoking, and if they refused, record their name and address. This would be done by a team of their security staff and two enforcement staff.
- The fine would be the same as the car parking fines at £50, or £25 if you pay within two weeks, and would be applicable to staff, patients and visitors. Staff that received three fines would progress to the conduct disciplinary process.
- Some work had been completed on bespoke patient approaches that would be reviewed at the next meeting.
- CR expressed concern that the enforcement of smoking fines would end up like the car parking fines, inconsistent and they would not be able to catch everyone. TL noted that it was inevitable that they would not be able to catch everyone, but they would do their best using the enforcement officers, security and cameras. He noted CR's concerns regarding the car parking being a security and health and safety concern, and that that would be approached in the next six weeks. RW noted that they would need to make it clear that enforcement was in place. It was noted that managers did get caught as evidenced through personal experience. KT noted that it would be a learning journey.
- KT questioned if radio and press promotion was planned. RW noted that they had marked the calendar with a countdown and that social media advertising had had a positive response.
- DC questioned if they were comfortable promoting vaping. RW noted that their clinicians and Public Health England had looked at the evidence, and they were following Public Health's lead in recommending vaping as a pathway to quitting.
- TL noted that he continued to have discussions with the Sandwell Council about smoking.

7. Healthcare Overseas Professionals	**PH (02/19) 005**

RG noted that there was positive recent publicity on HOP. She stated that she wanted the Committee's views, guidance and commitment on how they would sustain the program. She provided the Committee with an overview of the history and successes of HOP. She noted that the program had support from the Birmingham City Council. It was an opportunity to use skilled people who were already in the country (no immigration rules), it was cheaper and quicker to get these health professionals back into the profession at a cost £25,000 per head. She asked the Committee for ideas on other ways that they could make it sustainable.

WZ noted that one of the key actions arising from the last Council meeting was to get this on the health and wellbeing agenda at Birmingham City Council. He had had a discussion with Councillor Paulette Hamilton, and she was very interested. He noted that he would send the brief to her and to John Cotton.

DC noted that the Global Attachment Policy had been finalised and they could feed into that.

TL questioned how many refugees with health profession experience were in the area. RG noted that she could not provide that information in the moment. He noted that 193 refugees were great, but if there were 2000 in the City, he questioned how they got reach into it.

RG noted that they had negotiated a great deal on IELTS with Brushstrokes and their medical provider.

It was questioned if they could offer something to existing employees in the organisation, who were overseas healthcare professionals, and had not met expected standards. RG noted that originally that was not in the plan, however they had had a number of staff contacting them after they had sent out email notifications of the program. They would like to add that to the program in the future when there were defined structures in place. She noted that if they introduced that now, they would be inundated with applications and the infrastructure was not in place to deliver it. She noted that they had not advertised the program at all, apart from The Guardian article, it was all word of mouth.

TL noted that they would need feedback from the team on what it was going to take to run 400 clients through the process. The supply side would need to be considered and then look into the community for statistics. He

suggested that there were things that they could do to scale up instead of focus on the publicity side.

8. Period Poverty	**PH (02/19) 006**

RG provided the Committee with an overview of the Period Poverty: FreeFlow Project. The key points of the project were:

- Free sanitary products in their staff and patient toilets, designate some gender-neutral toilets also.
- Sponsorship from Asda.
- They had applied for £9752 from the Tampon Tax.
- Staff were bringing in sanitary products and leaving them for others to use, they would like to advertise and encourage that behaviour.
- Rebecca Williamson (Maternity Ward) had requested if they could consider a complementary maternity sanitary goodie bag.
- Program was due for launch in March.
- Estates were creating sustainable boxes to mount to the toilet walls. If they were not ready in time, they would use wicker baskets with laminated signs.
- The supply process would need to be defined on how to resupply the products.
- New communications to be developed around the program.

RG noted that more people were talking about the subject, and she recommended that they use words associated with periods more frequently to encourage discussions. People from different communities were coming forward to offer their assistance with the program.

TL noted that they approach schools and invite them to partner together to introduce it into the schools from next September. RG noted that they could sponsor some of the Red Box Project boxes with the funds raised.

WZ noted that he could discuss it further with Councillor Nicky Brennan, West Birmingham City Council.

It was suggested to put a box in every GP practise, however the logistics of replenishment was questioned.

TL questioned the number of males that were involved in the project and suggested that more male involvement would be helpful as this is everyone's issue.

9. Volunteers	**To be tabled**

RW noted that they reviewed their data every week on the numbers actively in placement, coming in from City, placements required and incomplete applications. She noted that they received a lot of applications and they also had high turnover. They need to get to the point where they could manage the 40 that come through each month, the turnover and the incomplete applications. In order to work through the volume of applications, they would offer £1,000 as an incentive to wards or other services to take on 20 volunteers at a time. It was important that the volunteers had a good placement experience so that they wanted to stay. Through the incentive scheme, they could build that number up.

She noted that they were anticipating commencement of their new volunteer intervention, Bleep Volunteers in September. Bleep Volunteers was part of the HelpForce program, and its purpose would be to assist with patient mobility in the assessment units. This would provide another opportunity to place a bulk number of volunteers.

It was queried if volunteers were supported by staff. RW noted that some areas were incredibly supportive and helpful, while in others volunteers felt like they were more of hinderance than help.

It was noted that they would need clear position descriptions for the volunteer roles so that they understood what the scope of their role was. Staff would also need to be clear on what the volunteer was there to do, and not to ask them to do something that was not within the scope of their role. It was noted that they need to make it clear that volunteers were there in a support capacity.

The budget in which the £1000 incentive was allocated to was questioned. RW noted that it would go in the

ward budget, if it was a ward, to use as seen fit.

It was suggested that they should take a 'what's in it for me?' approach, rather than it was expected that they take a volunteer. The value of the volunteer program would be appreciated more.

DC noted that it would be difficult to define metrics from beginning to end of what the material gain was, he suggested that the areas needed to define and track that. RW noted that they had completed some of that in the mobility scheme. The mobility scheme volunteers clocked in and out and were asked a series of questions regarding their shift. That was providing valuable information on volunteer/customer interactions. They planned to add two more surveys – one for patients, and one for staff. The staff were questioned how much time the volunteers saved them, and it was recognised that more of their time was released to the volunteer in order for the staff to complete the work that they were paid to do.

OTHER MATTERS	
10. Matters to raise to the Trust Board	**Verbal**

The following matters would be raised to the Board:

- Early release communications
- Period Poverty
- HOP
- Volunteers
- Moving BAF into the People and OD Committee.

11. Other business	**Verbal**

No other business to note.

12. Date of next meeting

The next meeting will be held on 24 May, 15.00 pm in Room 13, the Education Centre, Sandwell General Hospital.

Signed ……..

Print ……..

Date ……..