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: 24 May 2019, 15:00 – 16:30

Members:

Prof. K Thomas, Chair (arrived at 15:09)	(KT)
Mr R Samuda (Chair until KT arrived)	(RS)
Mr T Lewis	(TL)
Ms R Goodby	(RG)
Dr D Carruthers	(DC)
Mrs P Gardner	(PG)

In Attendance:

Mrs C Rickards	(CR)
Ms R Wilkins	(RW)

Apologies:

Cllr W Zaffar	(WZ)

Committee Support:

Ms S Bullock	(SB)

Minutes	Reference
1. Introductions [for the purpose of voice recording]	**Verbal**
Members each provided an introduction for the purpose of the meeting recording.	
2. Apologies and Declarations of Interests	**Verbal**
An apology was noted from Cllr W Zaffar.	
3. Minutes from the meeting held on 14 February 2019	**PH (05/19) 001**
Prof K. Thomas requested the following amendments to the minutes: • Item 5, Strategic BAF Update - To add to the following wording to the end of the first sentence…*on stress assessment testing.* • Item 5, Strategic BAF Update – Insert the word *category* before the first occurrence of MSK in the last paragraph to read: *They also identified, through various reporting and evidence, that there would be a lot of absences in category MSK, which was mental health absence.* The minutes of the meeting held on 14 February 2019 were accepted as a true and accurate record.	
4. Action Log and matters arising from previous meetings	**PH (05/19) 002**
The following updates on the action log were provided: • *02/19 4 - Connect PG with the appropriate people at Council to discuss the onsite births and deaths registry facility.* TL noted that the item was in regard to a council facility within the hospital and that they would progress that further with WZ.	

- *02/19 4 - Consider inclusion of the early release (Muslim Council) in the relaunch proposition of the Site Practitioners and RCNPs.*
  TL confirmed that early release would be included in the relaunch proposition.

TL requested a verbal update on the Period Poverty Project. RG provided the committee with an update:

- The project would provide free sanitary products for staff, patients and visitors across their sites and the project had the support of the Board.
- Dispensers had been installed in the toilets across all of their sites and were denoted by a purple logo to indicate the products were available at that location.
- The ambition was for Sandwell to become a period positive town. The Sandwell Council had a Red Box Project in place, and they would look at a joint communication project with the Council to target schools.
- Met with Neelam Heera, Pride of Britain Award winner, who was working with Sheikh and Muslim communities around education on menstruation, reproductive health and sexual health. The Trust would support her work through funding and sponsorship of her presentations with their patients – in particular access to the Hospital's gynaecology health services to translate that into a culturally sensitive discussion.
- In the future, introduce a program with the school nurses to promote the Period Poverty Project and the Red Box Project in schools – finesse the program in the Trust first to ensure it was sustainable.

TL requested that RG submit a project summary to the Councils to highlight and promote their work.

Action: RG to submit a Period Poverty Project summary to the Councils to highlight and promote their work.

MATTERS FOR APPROVAL OR DISCUSSION

5. Air Quality Partnership: West Birmingham and Sandwell	**PH (05/19) 003**

TL introduced the Air Quality Partnership: West Birmingham and Sandwell paper. He noted that the immediate action for the Trust was to ready their staff for the clean air zone. He anticipated a more visible partnership with the Councils to try and help local residents understand which parts of both boroughs had bad quality air. One of the issues that they faced was that the public belief that all air was the same quality. At the first partnership event/meeting it was discussed how to change that view in order for people to adjust their behaviour, and also build a strong advocacy position around changing the view in general. He noted that they would build on their generation conversation around Midland Met Hospital, and have more meaningful conversations with the Councils and the community about how to view a green economy as a positive economical step.

TL noted that the Trust's biggest emissions were from NHS logistics and that they would need to engage with the NHS supply chain and NHS logistics to reduce their impact.

TL noted the slide presentation attached to the report. He expressed his disappointment that the impact on the 900 deaths listed in the presentation could not be worked out. He noted that they would need expert assistance with that type of analysis

TL noted that there were staff that lived on the other side of the clean air zone and the Trust would need to assist them with that transit in some way.

KT suggested that they implement a strategy, similar to what was in place at schools, to instruct people at the hospital entrance to switch off their engines whilst waiting. TL noted that they should do an analysis of standing vehicle issues around their hospital sites, for example taxis and shuttle buses.

DC questioned if the website pollution level indicator was measured and updated regularly, and if it could be monitored. TL noted that it would be nice to see a connection between the current levels with the cleaner levels that they were trying to achieve from 5 July. They would need to have a conversation about the air quality at the same time they were informing people not to smoke outside the Hospital. KT noted that they could call the strategy 'Looking after your Lungs'.

TL noted that a number of stakeholders had noted that there was a lot of conversation around outside air quality (traffic), but not about inside poor air quality through poor quality housing.

6. Engaging the local community around Midland Met	**PH (05/19) 004**

RW introduced her paper on understanding the current and planned community activities for any possible future opportunities for engagement in the hospital development. A Creative Producer had been appointed for the art strategy for Midland Met. The Creative Producer's first priorities were to conduct local engagement/consultation around research and development to further develop the arts R&D strategy that would inform the future bid. Other community engagement activities were:

- Linking the volunteer ambassadors with the Commonwealth Games – Midland Met would open in the same year as the Games.
- More formal engagement: The respiratory medicine changes and development of children's services at City – extend out for community engagement/communication and provides the opportunity to promote Midland Met.

TL noted that they need to be clear about who constitutes the immediate local community and the wider community. The community area that the Council believed would be impacted by Midland Met was different to the Trust's view.

RS noted that Midland Met was big deal as there had not been an investment of that size in the area for quite some time. RW noted that there were very specific campaigns built around use of urgent care and patients attending the right place. RS questioned if the community's view was that they would go to Midland Met as an outpatient. TL noted that that was a dominate misconception at recent community engagement events.

RS questioned the opportunity for schools to be involved at the end of the development, for example arts, history legacy. RW noted that they had a week-long program of community activities which involved schools, and that they would need to pick that up again. She noted that the schools were keen to engage with the Trust.

RS questioned if progression photos had been taken for historical records. RW noted that they had been taking photos regularly. TL noted that they had drone footage of the site and would do another drone session when construction restarted. RW noted they had completed 360-degree tours in-house and would progress that when building developed further.

7. Public Health Plan: update on diversity objective	**PH (05/19) 005**

RG noted that diversity pledges were made in patient care and workforce approximately 18 months ago as part of the People Plan. The paper provided an update on those pledges. There was a strong start in launching some initiatives and the challenge was to sustain what they had already, such as:

- Workforce quality standard (A&E staff).
- LGBT staff network group/Stonewall.
- Long term conditions and disability networks – each network had a chairperson.
- Gender equality in the workforce.

RG noted that as they lift the lid on issues, they would reveal underlying issues that would need addressing – things would appear to worsen before they improved. For example, rebalancing the number of B&E leaders – those initiatives would take time to make an impact. The action plan would need to be monitored and constantly updated to keep momentum.

KT queried if lifting the lid would identify barriers. RG noted that she saw a difference in how people articulated their concerns:

- LGTB – there may be more conscience bias issues around LGTB staff members.
- Long term health conditions and disability – they were just scratching the surface; a lot was around flexible working and people with hidden disabilities or mental health concerns. The past few years have been about bringing things to the surface.

CK noted that the culture in the hospital was changing and some behaviours were not acceptable any more.

TL thought that they had not made as much progress as he would like in vision and hearing impairments.

TL wondered to what extent the diversity message had penetrated the medical mindset and whether they had further to go in that space.

There was a discussion about inclusiveness improving the efficiency of the workplace – statistics indicated that ethnic diversity increased profitability by 33%. There was discussion around male role models in the teaching environment, even though the early signs of disease could differ between genders. TL noted that they were identifying male symbols around the Trust and balancing those out with female symbols, for example on Unity – not all medics were male.

8. Smoke free implementation: Final plans	**PH (05/19) 006**

RW provided an update on the smoke free policy:

- Estates and Infrastructure – signs had arrived and were being installed across the site. Existing signage would be replaced reflecting their enforcement regime.
- Information for patients – letters and the like.
- NRT Provision and alternatives – would be implemented on Wednesday 31 May. Inhalators, patches and NRT provisions in which the staff could issue to patients. Retail outlets would sell gum and lozenges and a pop-up vaping shop at Sandwell and to TBC at City.
- Communication to colleagues – to compile a pack of guidance, for example the language to use when informing people to stop smoking.
- Enforcement – an external company, Safety Net, would provide additional support leading up to and beyond the go-live date. They would commence in June to conduct walkarounds and talk to people/staff who were smoking. They would be enforcing the Policy along with the Trust's security team from 5 July 2019.
- Testing their processes – they had begun testing by identifying people on CCTV and how the process of how they could follow those people up. They had done the paper-based test and would need to test it in practise.
- Everyone Health that provided the stop smoking service/rounds at Sandwell, continued to do that and they had been provisioned to do the equivalent at City Hospital.

KT queried if staff on the wards felt confident about prescribing patches of varying strengths. RW noted that there were guidelines from the National Secondary Care Toolkit that clearly set out on what to prescribe.

RS questioned what the impact was on the security team. RW noted that it was significant – they had the

additional task of identifying smokers on their rounds and through CCTV. The security team would have the additional support from the smoking wardens and Safety Net.

CR noted that 5 July was the NHS' birthday and questioned if there was going to be a birthday celebration in conjunction with the smoke free policy implementation. She noted that they were thinking of hosting something on the Sandwell site and could interlink it. She noted that they were stopping smoking for all the right reasons and that should be celebrated.

RS questioned that if he was a patient that was a heavy smoker, what would his experience be like – how would it be logged in his notes. CD noted that they need to issue a memo on what to do and what to prescribe – the options can get complicated based on the patients' mobility and needs. RW noted that the pharmacy technicians had offered face-to-face communications, especially around the implementation date.

KT queried if the smoke free policy was included in the staff induction. RW noted that it would be part of the regular induction. TL suggested that the week before 5 July, that they issue dummy fines.

TL noted that Sandwell's Public Health Department had agreed to join the Senior Leaders Roadshow.

It was noted that GPs had been informed about the Policy and had been issued with information posters to inform patients that the Hospital would be smoke free.

9. Public Health Plan: update on alcohol objectives	**PH (05/19) 007**

TL noted that the paper reminded the Committee of the overall fourteen goals in the Public Health Plan, and reconnected them with goal progress which would be addressed at the July meeting. He noted that at the CLE Committee meeting, they recognised that they had a coherent approach to, or were within touching distance of, ten of the fourteen goals. TL noted that the two areas of weakness were obesity and alcohol.

TL had invited the Director of Public Health for Sandwell, Lisa McNally, to the Committee's September meeting with the expectation that they would have a co-designed approach to obesity. Public Health England wanted to profile the work they were doing as a national exemplar.

TL noted the data in SWBH Alcohol Team Data Report. The data revealed a high proportion of service contacts were unemployed. He noted that he had requested that Dr Bradberry review the data to see if in their processes they were missing the functional individuals misusing alcohol.

There were large number of patients that were triple diagnosis; mental health, alcohol and drugs. Most statutory services excluded people that were multiple diagnosis, and they were looking at a solution for that. There was a cohort of patients that were intravenous drug mis-users who were the people that their staff were most anxious about in supporting in the smoke free environment. TL noted that he, PG and the trauma team put together a program around intravenous drug use and the skills required to manage that on a psychosocial basis. In a trauma ward that was a regular occurrence and there had been no training provided.

KT noted that alcohol mis-use was common across all walks of life and that they should be identifying those that were not presenting as misusing. TL noted that he had discussed that with Dr Bradberry and they were working on that.

KT noted that there was a doctors and dentists alcoholics anonymous group that had high success rates. TL noted that that type of information could be included in the publication going forward.

10. Equality of access to translation and interpreting	**PH (05/19) 008**

TL noted that of almost 2 million patient contacts each year, they had 29,000 with face-to-face interpreting contacts. The data from language line was incomprehensible and they were working with language line on that issue. The matter would be discussed in detail with the wider leadership and investigate the routes to accessing the services, as access was very problematic. Over the next 12-18 months they would need to

migrate to making it socially unacceptable to rely on neighbours, friends, relatives for interpretation. He stated that they wanted to be in the position where their narrative was clear – the data demonstrated that the current arrangements were not working.

RS queried if they had investigated whether there were any Trusts that were more advanced on the matter. TL noted that he had not yet investigated that, however he suspected that there was no other Trust that was more advanced.

It was noted that artificial intelligence, such as robots, was an option.

It was noted that there was a need to recognise the value of the role of the interpreter.

DC questioned if priority should be given to a patient that was waiting with an interpreter – there was better use of interpreter's time than in the waiting room.

KT queried if they were using a British sign language interpreter. TL confirmed that they did. He noted that the GP referral was the best point of identification of a patient that would need communication assistance.

TL noted that in some scenarios the only option was to use a relative as an interpreter, however that was very problematic.

ACTION: TL to bring back progress report on interpreting to the meeting in January 2020

11. Trust-wide work on disposable plastics	**PH (05/19) 009**

TL noted the paper outlined the work they were doing, however there was more work to be done. He noted the following:

- The matter featured in Heartbeat.
- The Paper was brought to the Committee for their awareness only.
- The message was that if the cost difference was marginal, to proceed.

It was noted that plastic straws were part of their bedside clinical practice and there would be a national ban being implemented within the year.

CR noted that they could do more with the correct disposal of plastic bottles as they were currently being thrown in the bin. TL noted that he thought their waste disposal arrangements in situ and in departments were not as clear or as thought through as they should be. It was noted that the messaging was not clear. 98% of the contents of bins were sorted, however if placed in a clinical waste bin, it went to clinical waste when it did not need to.

The disposal of needle covers as indicated in the table at section three in the Paper was questioned. There was a discussion about the safety covers that retracted over the needle. TL noted the table was a brainstorm from the environmental team and they would work that through.

FOR INFORMATION/NOTING

12. DHP report 2018/19 for Sandwell	**PH (05/19) 010**

The committee noted the DHP report 2018/19 for Sandwell.

13. Matters to raise to the Trust Board	**Verbal**

The following matters would be raised to the Board:

- Clean Air:

- Staff readiness.
- Education of population of where poor-quality air was located.
- Remember hospital sites were key because they had a vulnerable population.
- Green economy around Midland Met.

- Engagement of the community around Midland Met
  - Appointed Creative Producer funded by Welcome.
  - Extensive community engagement, including people of all diversities.
- Public Health Plan update on Diversity – making progress but need to sustain the activity.
- Smoke Free
  - Implementation date, 5 July 2019.
  - New signage had arrived.
  - NRT and its use.
- Public Health Plan – Alcohol update
  - Reviewed alcohol service.
  - Looking into whether there was an unconscious bias with the people they were engaging with.
  - The new Public Health Director for Sandwell and TL had been in discussion about childhood obesity and were working in concert.
- Quality access in translation and interpretive services indicated they need to do a lot of work in the area.
- Making progress on the reduction of plastics and clarification on the disposal of needles.

14. Meeting effectiveness feedback	**Verbal**
Not discussed.	
15. Any other business	**Verbal**
No other business to note.	
16. Details of Next Meeting	
Not discussed.	

Signed ……

Print ……

Date ……