

## Public Health Community Development & Equality Committee - MINUTES

**Venue:** Room 13, Education Centre, Sandwell  
General Hospital

**Date:** 28<sup>th</sup> February 2020, 15:00-16:30

**In Attendance:**

Prof Kate Thomas, Non-Executive Director (KT)  
(Chair)  
Toby Lewis, Chief Executive (TL)  
Rafaella Goodby, Director of People & OD (RG)  
Dr David Carruthers, Medical Director (DC)  
Paula Gardner, Chief Nurse (PG)  
Waseem Zaffar, Non-Executive Director (WZ)  
Richard Samuda, Non-Executive Director (RS)  
Ruth Wilkin, Director of Communications (RW)

**In attendance**

Rajinder Biran, Assoc Director of Corp Governance (RB)

**Apologies:**

Chris Rickards (CR)

Minutes	Reference
<b>1. Introductions for the purpose of the audio recorder</b>	<b>Verbal</b>
The Committee members provided an introduction for the purpose of the recording.	
<b>2. Welcome, apologies and declarations of interest</b>	<b>Verbal</b>
The Chair (KT) welcomed Committee Members and those in attendance to the meeting. Apologies were received from Chris Rickards. WZ declared that he was Chair of Birmingham's Climate Change taskforce.	
<b>3. Minutes of the meeting held on 29<sup>th</sup> November, 2019</b>	<b>PH (02/20) 001</b>
The minutes of the meeting held on 29th November 2019 were reviewed and the following amendment was made: <ul style="list-style-type: none"> <li>Page 2, Item 5, Point 1 (Sub-point 2) – Accessory 'and' to be removed.</li> </ul> The minutes were <b>ACCEPTED</b> subject to the amendment.	
<b>4. Actions log and matters arising from previous meetings</b>	<b>PH (02/20) 002</b>
KT reported that two actions were on the agenda. The following updates were made: <ul style="list-style-type: none"> <li><i>PH (11/19) 003 - Discuss the development of stories that could be told around the Regeneration Narrative/plans other than construction.</i></li> </ul> TL reported that this was under development and would be included in the Annual Report. Stories	

were being collated from organisations such as the work of the Canals and Rivers Trust.

- *PH (11/19) 006 - Review the pay gap and report back to the Committee with her findings in September.*

RG reported that the deadline for equality reporting was 30<sup>th</sup> March. TL commented that in a workforce that was 78% female, it would be helpful to undertake a mathematical exercise to inform how the gap could be closed.

The gap affected females in full-time as well as part-time employment. RG reported a campaign to get more females apply for senior roles had been reasonably successful.

TL noted that comment but wanted to establish a trajectory linked to explicitly narrowing the gap.

**Action:** RG to undertake a mathematical exercise to identify how the gender pay gap at the Trust could be closed.

#### MATTERS FOR APPROVAL OR DISCUSSION

##### 5. Obesity campaign

PH (02/20) 003

RW acknowledged the role of the obesity campaign and its potential impact in the community but reported that the Trust's starting position would be within its own workforce.

RW circulated copies of some early draft posters supporting the campaign to Committee members. RW reported that there had been a lot of discussion around the campaign because of its sensitivity and the risk that it might be construed as being about appearance rather than health.

RW reported that the first phase would focus on raising awareness and communicating the message that obesity was damaging to health. Staff would be engaged through a survey and some focus groups (including BME networks and shift workers), which could raise thoughts and suggestions.

RW stated that the goal was to launch the campaign in April with a menu of initiative options to effect behaviour change – these would be relevant to all levels and stages.

RW stated that the options included initiatives for teams involving both weight loss and physical activity and incentivisation.

PG expressed the view that it was a great campaign and raised the issue of female menopause and its relevancy to weight gain. RW responded that menopause was an area that had been recognised as important by the Executive Public Health Committee. TL commented that menopause would be one of the focus groups. A workshop managing menopause at work would take place on 8<sup>th</sup> July.

WZ raised the issue of the possibility of partnerships. RW reported that the Trust had engaged with Sandwell Public Health and they were keen to link activity to its 'Weigh to Go' campaign. RW further reported that buying classes at Slimming World, for example, might be considered as the organisation already had a Trust group.

WZ reported that the Active Wellbeing Society was doing some similar activities and programmes in the community and WZ expressed the view that they would be keen to be involved. RW commented that utilising Trust staff who were also had experience as personal fitness trainers was being considered.

RW reminded the Committee that the campaign had three focus areas:

- Food and nutrition
- Exercise
- Mental health

RG commented that the campaign might provide an opportunity for people to proactively get some baseline checks such as blood pressure and blood sugar levels to act as a baseline for improvement. Activities would be branded with the wellbeing brand to present a fresh approach.

TL acknowledged the hard work that had gone into producing the campaign. TL expressed the view that the Trust needed to be very clear it was a harm reduction campaign and promote the 5 'killer facts'. The link between the contemplation stage and the Trust initiatives also had to be clear to attract wide range of participants.

TL further commented that line managers needed to be equipped to avoid having stigmatising conversations with staff. RW commented that it was hoped the focus groups would aid legitimacy in this area.

RW reported that genuine employee case studies and stories would play an important role in giving people confidence to change their behaviour.

DC suggested that incentivising weight loss to benefit work departments could be considered. TL commented that he was open to the concept of offering rewards for teams, as this could energise the campaign.

KT reported on nutritionist Frances Mason, of the Institute of Applied Health Research, who had published on weight gain at certain times of year/life events. KT reported that Frances Mason's current research centred on parent conversations with their obese children and had worked with teams. TL commented that this provided powerful and useful evidence to underpin the Trust's work.

WZ suggested that teams be involved and pointed to the Fat Loss programme for inspiration.

## 6. Interpreting improvement plan

PH (02/20) 004

TL expressed embarrassment that very little progress had been made since the last discussion on this topic. TL further reported that, unfortunately, it appeared that the service offer did not work.

He referred Committee members to the two solutions listed in the paper and explained that these would

be implemented over the course of a year, in order to change the organisational conversation about what was tolerable. TL expressed the view that time would enable people to come to terms with the impact of their own actions.

TL commented that use of language interpreting should be completely routine in the organisation and not something that required individual reinforcement for it to happen. A definition had been included [in the paper] to ensure consistency of understanding.

TL expressed the view that he was uncomfortable as a Chief Executive with the Trust's current position, which did not reflect well on him or the organisation. RS asked if there was an NHS exemplar in this area. TL expressed the opinion that the Trust was probably lagging behind other Trusts and was performing poorly in this area. RG commented that the issue linked to the Trust's digital ambitions because there was likely a digital solution to the problem.

TL reported that there was a shortage in interpreting services which compounded the problem. TL expressed the view that the hospital ought to work with its local communities to create training and jobs. KT stated that the Trust's 93% access to an interpreter figure might be surprising to staff who had the perception that interpretation services were hard to secure. TL agreed and reminded the committee that the difficulty was that low expectation led to low requests.

PG raised the issue of the time limited nature of the interpretation service and the problems that caused if interpreters had to move on to other 'slots' before essential information was imparted to patients.

TL suggested that the interpretation individual booking model should be reviewed as some languages were more commonly needed than others.

PG commented that she supported the paid programme for staff with other language skills. TL commented that this area had been greatly debated and needed to be further considered and risk assessed.

In response to a query from KT, TL reported that he would deliver a verbal update on progress in this area at every meeting and an account of progress to be delivered to the Committee by/in July.

**Action:** The interpreting improvement plan to be on the PHCDE Committee agenda for verbal update by TL going forward and TL to present a report by/in July.

## 7. Learning works and other programmes

PH (02/20) 005

RG reported that the Trust worked with 192 partners, on programmes focused on providing employment and general economic and health benefits for local people.

RG reported that the Trust was unique in the number of programmes it supported. RG expressed thanks to

TL for supporting this effort.

RG reported that, with the exception of the ambulance service, the Trust was the only one in the West Midlands that had achieved its apprenticeship levy - around 2.3% of the workforce were now apprentices. The Trust was now an 'apprenticeship provider' – the only NHS provider in the Black Country - and had been inspected by Ofsted. The Trust had not yet reached a 'good' rating as this was not possible at the first time of inspection, but the Trust was on track to reach this rating.

RG reported that the Trust took on a lot of apprentices from under privileged families, care leavers or at risk of homelessness etc.

RG reported that there were more than 265 participants in the Healthcare Overseas Professionals Programme and 65 of the number were in accessed employment, with the Trust assisting with IELTS qualifications. RG reported that this programme was starting to build momentum.

RG reported that the Learning Works team had been made substantive and was working with a wide range of people who wanted to get back to clinical practice.

RG reported that the Trust had signed up to the Learning Disability Pledge, championed by TL. People with learning disabilities were currently on supported placements and the Trust wanted to make a corporate commitment to set aside and fund posts for people with learning disabilities. RG commented that the Trust had a very active disability and long-term conditions employee network.

RG reported that there were plans to expand the Live and Work village. Funds had been from Land Aid, Homes England and St Basil's and a gift of materials had been donated by Balfour Beatty. The development would provide flats for young people and care leavers with support in place.

RG reported that the Trust continued to provide work experience placements. The Trust would also be a provider for the NHS employer's pilot scheme on working with ex-offenders. The Trust already employed some ex-offenders, but there would be some funds associate with the pilot programme.

RG reported that the Trust had already signed up to the Step In To Health Charter – working with ex-services employees. People in the Trust workforce who were special constables with West Midlands Police, or who volunteered with other organisations would be celebrated.

TL commented that some of the work differentiated the Trust from others, but more work needed to be done on communicating it internally and externally. WZ agreed and expressed frustration that the special work [described above] was not being communicated well enough and needed a communications strategy and resource.

TL suggested the addition of ex-Military and the 'Silver' project because there was power in volume. RS suggested the addition of schools' work.

TL commented that it would be useful to do some work on the ROI as well as the social impact.

## 8. Towards zero carbon

Presentation

TL reported that NHS Midlands was holding a programme on the zero carbon topic in April, but the Trust

would be helped in this area by its partner, Engie.

TL reported that sustainability was a focus for the NHS at national level and therefore funds would be available.

TL reported that one issue was that Midland Met materially grew the footprint of the Trust because it was a hospital and a sealed environment, making its ventilation and heat needs significant. TL reported this was the case with much of the estate.

TL reported that the Trust was working with local Councils as they had an interest in this agenda. Sandwell Council was currently consulting on its climate change strategy. TL reported that discussions had taken place with Paul Fisher about potential impacts.

TL reported that money for the 'Greening our Fleet' project had now been signed off.

TL reported that the challenges lay in the 7,000 strong workforce travel between sites, and the hospital supply chain.

There were particular areas of focus:

- The energy grid was becoming reasonably sustainable - SMART business technology would assist energy saving.
- Travel – TL reported the historic discounts on bicycles and public transport/car park passes would need to be greener using data to create personalised packages.

TL commented that carbon offsetting obligations would need to be seriously considered and could involve tree planting in order to achieve a carbon zero measure by 2030.

RS raised the issue of suppliers. TL commented there was more thinking to do around this issue.

WZ commented that he was carrying out a piece of work on tree canopy cover in Birmingham. WZ stated there was a direct correlation between tree canopy cover and quality of life. WZ stated that he had baseline, comparative data comparing data around carbon zero efforts from key cities which he could share.

TL suggested arranging a small Engie briefing for the Committee. KT agreed.

**Action:** TL to draw up a carbon zero plan for the Trust with Engie to present to the May PHCDE Committee.

**Action:** WZ to share baseline, comparative data relating to carbon zero efforts from key UK cities with TL.

**Action:** TL to arrange a briefing from Engie to the Committee about sustainability/carbon zero plans.

## 9. SBAF: Progress on assurance levels

PH (02/20) 006

RG reported that, at the previous PHCDE meeting, the Committee had discussed the proactive health risk assessment that had not been implemented as expected. The CLE had implemented a turnaround plan which was going live from 1<sup>st</sup> April.

RG reported that additional work had been carried out in the area of mental health and the junior doctor workforce that had now been expanded more widely. RG expressed the view that this had been very positive and was building momentum.

RG reported that the health risk assessment had been kept as 'limited' assurance status because of the lack of a plan, but now that a solid plan was in place, RG suggested the assurance would be 'adequate' by the end of March.

RS raised the risk of COVID-19. RG reported that the SBAF item was about the mental health and wellbeing of the workforce and she could not see a link with the flu-type Coronavirus, however, acknowledged it might have an effect on stress levels. RG commented that the assurance meant that controls and contingency plans were in place.

#### 10. Annual Equality Report

PH (02/20) 007

RG referred the committee to the Report for noting and approval.

RG reported that the Equality Report was the culmination of the national response to the Workforce Race Equality Standard and the Workforce Disability Equality Standard etc, encompassing all the work the Trust was doing to improve equality and diversity for staff.

In response to a query from WZ, RG confirmed that work in this area was resourced and had budgets.

In response to a query from PG, TL confirmed that the introduction of 'Changing Places' at Midland Met for LD and physically challenged patients was being explored.

TL commented that the Report was very upbeat and suggested some limitations be included.

**Action:** An update on the potential introduction of 'Changing Places' at Midland Met to be included as a matter arising at the May PHSCE meeting.

#### FOR INFORMATION/NOTING

#### 11. Matters to raise to the Trust Board

Verbal

- Obesity
- Translation
- Learning Works and other programmes
- Carbon Zero

#### 12. Meeting effectiveness feedback

Verbal

The Committee expressed the view that the meeting had been very productive.

#### 13. Any other business

Verbal

None.

<b>14. Date of next meeting:</b>	<b>Verbal</b>
The next meeting will be held on 29 <sup>th</sup> May 2020, 15:00, Room 13, the Education Centre, Sandwell General Hospital.	

Signed .....

Print .....

Date .....