**Paper ref:** PHCDE (07/20) 001

Sandwell and West Birmingham Hospitals NHS
NHS Trust

# Public Health Community Development & Equality Committee - MINUTES

**Venue:** Meeting held via WebEx **Date:** 29th May 2020, 15:00-16:30

**In Attendance:**

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| Prof Kate Thomas (Chair) | (KT) |
| Toby Lewis, Chief Executive | (TL) |
| Rafaella Goodby, Director of People & OD | (RG) |
| Dr David Carruthers, Medical Director | (DC) |
| Paula Gardner, Chief Nurse | (PG) |
| Lesley Writtle Non-Executive Director | (LW) |
| Richard Samuda, Non-Executive Director | (RS) |
| Waseem Zaffar, Non-Executive Director (Arr. 15:12) | (WZ) |

**In attendance**

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| Ruth Wilkin, Director of Communications | (RW) |
| Rajinder Biran, Assoc Director of Corporate Governance | (RB) |

| Minutes | Reference |
|---|---|
| **1. Introductions** [for the purpose of the audio recorder] | **Verbal** |
| The Committee members provided an introduction for the purpose of the recording. | |
| **2. Welcome, apologies and declarations of interest** | **Verbal** |
| The Chair (KT) welcomed Committee Members and those in attendance to the meeting. No apologies (Waseem Zaffar arrived 15:12). There were no declarations of interest. | |
| **3. Minutes of the meeting held on 28th February, 2020** | **PH (05/20) 001** |
| The minutes of the meeting held on 28th February 2020 were reviewed and the following amendment was made:<br>• Page 2, Item 5 – 'The Weigh to Go' campaign spelling to be corrected.<br>The minutes were **ACCEPTED** subject to the amendment. | |
| **4. Actions log and matters arising from previous meetings** | **PH (05/20) 002** |
| KT reported that some actions were on the agenda or not yet due. The following updates were made:<br>• *PH (02/20) 004 - 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.* | |

TL reported there was a remote opportunity for interpreters presented by Visionable and he would report on progress to the July Committee meeting.

- *PH (02/20) 007 - Update on the potential introduction of 'Changing Places' at Midland Met to be included as a matter arising on the May PHSCE meeting agenda.*

  TL reported that discussions were ongoing about its [Changing Places] location.

**MATTERS FOR APPROVAL OR DISCUSSION**

| **5. Gender Pay Gap – Routes to closure** | **PH (05/20) 003** |
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RG informed the Committee that each year the Trust was legally required, as a public sector organisation, to release a gender pay update. The purpose of the exercise was to improve fairness, equality and inclusion.

RG reported that the Trust's mean average gender pay gap had increased by 2.76% in the past year to 22.76%, however, the median average was more positive and had decreased by 11%. RG stated that bank workers had been included along with other, non-gender specific items which might skew pay (such as salary sacrifice schemes, enhanced hours and pay deductions).

RG invited the Committee to consider how the information might influence how the Trust could recruit in the local market, as nearly 80% of the Trust's staff were female.

Referring to tables of pay rates in the paper, RG reported that when median salaries were compared, females were actually paid slightly more per hour than male employees on average. However, when viewed in the different professional groups, the median pay for males was higher.

RG reported that, anecdotally it was found that when new members of staff were recruited, men had been typically more effective than women in negotiating a start at a higher pay scale. This issue had been generally observed in public and private sector organisations. RG reported that a piece of work/analysis would be carried out by the Trust to ensure there was no gender bias (conscious or unconscious) in relation to recruiting to pay scales.

Other actions would include looking at the recruitment data in more depth, so that the Trust fully understood the decision-making process. The Women's Clinical Network would be engaged and childcare factors considered. RG reported that more data and recommendations would be brought back to the Committee at a later date.

**Waseem Zaffar joined the meeting 15:12**

TL commented that the mathematics of the problem (an examination of numbers) would be more meaningful in determining what shift was needed to make improvements to the gap, e.g. in Nursing and Midwifery, there was a small number of men in comparison to women. TL queried whether the Trust's median earnings progress could be more widely recognised. TL also requested that a model be drawn up to indicate the impact of the removal of Estates in April 2021 as it had a 96% male workforce.

In response to a query from KT, RG acknowledged there were more women working flexible hours, but many men also worked part-time.

**Action:** RG to arrange modelling of the impact of the removal of Estates and its predominantly male workforce on the gender pay gap metrics.

| **6. Stress risk assessment rollout plan** | **PH (05/20) 004** |
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RG reported on the revised implementation of the Stress Risk Assessment Plan for employees and explained that it had been changed in the wake of the COVID-19 response.

RG reported that the Plan was still based on the HSE Mental Health Risk Assessment, but an anonymous online assessment would now start the process. An electronic scoring system accompanying a list of questions would automatically trigger a proactive response by way of a phone call from the health and wellbeing team. Appropriate treatment pathways would then be identified in consultation with the employee concerned.

RG reported that a less than 50% score in relation to questions about mood for example, would trigger a response from an independent person rather than a line manager. It was thought that the prospect of reporting to line managers would deter some employees from reporting problems and vulnerabilities.

RG reported that data would be captured in the process at team, directorate and group levels. High risk areas included A&E and End-of-Life care, Maternity and Women and Child Health. Further consideration was being made of areas that had been involved in the response to COVID-19 i.e. Critical Care and redeployed workers.

RG commented that the system would enable careful monitoring alongside the proposed Psychological Scorecard metrics which would shortly be discussed by the Board. RG commented that the challenges of the COVID-19 response had helped the Trust create a better tool.

In response to a query from PG, RG explained that employees whose scores caused alarm would get a response from the Trust's Health and Wellbeing team for referred to either psychological services or other services, depending on needs.

In response to a query from WZ, about the impact of working from home during the pandemic on some employees, RG reported that the Mental Health Risk Assessment would still apply to home workers and if the assessment determined that the person would be safer/happier working in an office environment, then proposals were being discussed which might enable those individuals to rotate into the office. For home workers, some of the interventions and access to support might operate differently.

TL expressed the view that whilst a recent survey had shown a large number (450) of people were currently enjoying working from home, it would be interesting to monitor opinions in 6-12 months' time when the novelty of the situation had worn off.

LW expressed the view that positive communications around asking for help with mental health were needed to address the continuing stigma of mental illness. LW further commented that whilst it was right to target those working in high risk areas, the less obvious groups such as support workers would require

support and needed to be included. Self-referral could also be a barrier.

TL commented that there had been some excellent work enabling individuals to opt into the work, but there were some occupations within health services where stress was wrongly seen as part of the culture. TL suggested that local team leaders in high risk areas be consulted in the next eight weeks. Experts outside of the Trust could also be consulted. Support from trade unions and the BMA would also be very helpful and add value to the work in this area.

DC commented that, in relation to Educational Supervisors and trainees, it would be important for both parties to be able to discuss issues (rather than an independent counsellor), in order to directly help trainees who had scored badly on the assessment. RG commented that upskilling Educational Supervisors, so they were able to refer people to different pathways had been considered.

TL suggested that the 'confidentiality circles' be launched as soon as possible to give people confidence about privacy of data.

KT commented that post-crisis periods could be challenging and it would be important for the Trust to capitalise on this. KT also queried the mandatory nature of the assessments and how refusals would be dealt with. RG commented that the reasons why some people might not want to take part in the assessments would be investigated and a plan to deal with refusals would be brought back to the Committee at a later date. TL suggested that individuals should be expected to log into the assessment but then have the choice of whether or not to answer the questions.

KT commented that Dr Clare Gerada, of the Women's Clinical Network, was an excellent speaker on this topic. TL agreed that it was important for clear and inclusive messaging to accompany the programme.

LW commented that there was an active Afro-Caribbean men's [mental health] group and offered to forward details to RG.

TL expressed the view that it was important to consider how to message and support local managers who would be dealing with the immediate feedback about stress levels from department staff.

**Action:** RG to draw up a protocol to address refusal to carry out mandatory Stress Risk Assessment questionnaires and report back to the Committee.

**Action:** LW to forward details of the Afro-Caribbean men's mental health group to RG.

| **7. Obesity in employees and patients – triple aim 20/21** | **PH (05/20) 005** |
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RW reported that arrangements to launch the obesity campaign in March had been put on hold because of the pandemic.

RW stated that the Campaign would now be launched in August 2020 and commented that healthy weight fitted with the Trust's restoration and recovery plan and the overall wellbeing agenda, i.e. how staff were feeling mentally and physically and how the Trust could support them. In addition, data from COVID-19 patients had indicated that diabetes, hypertension were contributing factors for poorer outcomes.

TL stated that by the July 2020 Committee meeting, the Trust needed to be confident that the following specific support actions could be delivered:

- Changes to grounds and gardens including the siting of outdoor equipment
- Introduction of cycling and e-scooter offer
- Hugely increasing the salience of vegan and vegetarian food options
- Providing tracking equipment for employees to track their health
- Introducing paid-walking time pilots
- Starting sports clubs and competitions each month

TL reported that the plan to pay people for going for walks would be controversial and could attract negative media comment.

TL commented that the Trust needed to take the campaign sincerely and avoid tokenism. WZ commented that the campaign was about public health and plans were being discussed [by Council] to extend the cycle lane to Midland Met.

RG commented that health learnings during the pandemic had been helpful in getting people to think about their own wellbeing.

The focus of occupational health was being restructured towards health and wellbeing and RG expressed the view that it might be a good time to launch a conversation about potentially contacting employees after they had a couple of days sick leave to offer general health checks. RG commented that early intervention would help to demonstrate the seriousness of the new campaign.

DC commented that the obesity campaign was different from smoking cessation because of the differing pace of change. DC further commented that more staff working from home posed a risk as well as an opportunity because of the lack of travel/commuting time which reduced exercise chances.

TL expressed the view that it was important to have authentic faces (internal and external) to front the campaign. The risk was the Trust may be perceived as being sanctimonious unless messaging was carefully considered. TL further commented that it was important to demonstrate that the Trust was comfortable in having the difficult conversations around obesity.

RS agreed that the visibility of the campaign would be important and expressed the view that the new timing appeared to be supportive.

**FOR INFORMATION/NOTING**

| **8. SBAF: Progress on assurance levels** | **PH (05/20) 006** |
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RG reported on the progress of SBAF 13 – Workforce wellbeing including mental health.

RG reminded the Committee that the launch of the long-term psychological work had been agreed and this would carry into Wave 2. Additional data points and governance would be added to ensure 'adequate' assurance could be maintained.

| **9. Matters to raise to the Trust Board** | **Verbal** |
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KT suggested the following matters be raised to the Trust Board:

- Stress Risk Assessments

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| • Obesity campaign | |
| **10. Meeting effectiveness feedback** | **Verbal** |
| • Not discussed. | |
| **11. Any other business** | **Verbal** |
| **<u>Smoking</u>**<br>TL commented that more smoking amongst staff had been observed during the COVID-19 response.<br>TL reported that the Trust had promised to produce annual reports on smoking levels on 1st July each year, in return for John Middleton (European President of the Association of Health Physicians) not opposing the Trust's vaping strategy. Therefore, data would need to be produced ahead of the first anniversary in 2020. | |
| **8. Date of next meeting:** | **Verbal** |
| The next meeting will be held on Friday 31st July 2020, from 15:00 to 16:30, Room 13, Education Centre, Sandwell General Hospital. | |

Signed …….

Print …….

Date …….