

Public Health Community Development & Equality Committee - MINUTES

Venue: Meeting held via WebEx

Date: 31st July 2020, 15:00-16:30

In Attendance:

Prof Kate Thomas, Non-Executive Director (Chair) (KT)
Richard Samuda, Non-Executive Director (RS)
Rafaella Goodby, Director of People & OD (RG)
Dr David Carruthers, Medical Director/Acting CEO (DC)
Kathleen French, Interim Chief Nurse (KF)

In attendance

Rachel Barlow, Director of System Transformation (RB)
Laura Botea, Good Governance (guest) (LB)

Committee Support

Chris Liston, Executive Assistant (CL)

Apologies

Lesley Writtle, Non-Executive Director (LW)
Waseem Zaffar, Non-Executive Director (WZ)
Toby Lewis, Chief Executive (TL)
Ruth Wilkin, Director of Communications (RW)

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. Apologies were received from Lesley Writtle, Waseem Zaffar, Toby Lewis and Ruth Wilkin. There were no declarations of interest.	
3. Minutes of the meeting held on 29th May, 2020	PH (07/20) 001
The minutes of the meeting held on 29th May 2020 were reviewed. The minutes were ACCEPTED subject to the amendment.	
4. Actions log and matters arising from previous meetings	PH (07/20) 002
<p>KT reported that some actions were on the agenda or not yet due. The following updates were made:</p> <ul style="list-style-type: none"> <i>PH (02/20) 002 - Undertake a mathematical exercise to identify how the gender pay gap at the Trust could be closed.</i> <p>RG reported further analysis is being undertaken and will be presented at a future committee meeting. The workforce analysis capacity is currently being used for phase 3 recovery and planning</p>	

LB joined the meeting at 3:02pm. KT introduced the Committee.

- *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.*

DC reported there has been little use of the interpreting service during the COVID19 restrictions. RG added that prior to the COVID19 pandemic, TL proposed a mapping of the population against the number of interpreters in the Bank. It was also looking at whether during COVID19 could use of electronic devices for interpreting with video links and video chats. The action is deferred to a future Committee meeting.

- *PH (02/20) 007 - Draw up a carbon zero plan for the Trust with Engie to present to the May PHCDE Committee.*

Agenda Item.

- *PH (02/20) 007 - Share baseline, comparative data relating to carbon zero efforts from key UK cities with TL.*

RG advised that data was presented by Fran Silcocks presented an updated plan at the internal committee.

- *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 PHSC meeting agenda.*

Agenda Item.

- *PH (05/20) 003 - Arrange modelling of the impact of the removal of Estates and its predominantly male workforce on the gender pay gap metrics.*

RG stated same item as PH (02/20) 002.

- *PH (05/20) 004 - Draw up a protocol to address refusal to carry out mandatory Stress Risk Assessment questionnaires and report back to the Committee.*

RG said that if someone refuses to undertake the stress risk assessment it will document that and to protect the Trust from any future employment challenge.

- *PH (05/20) 004 - Forward details of the Afro-Caribbean men's mental health group to RG.*

RG to follow up with LW.

MATTERS FOR APPROVAL OR DISCUSSION

5. 2020 Flu campaign

PH (07/20) 003

RG stated that in 2019, although the flu campaign achieved 83% of vaccinations for patient-facing staff, there were several issues that resulted in vaccinations still being administered in January 2020. It is proposed that in 2020 vaccinations will be administered during the first six weeks of Winter via a 'locally driven' peer vaccinator campaign.

The 2020 flu campaign is called “Fluper Trooper” based on an ABBA theme song which will be launched in August. A key part of campaign is to have very strong clinical leadership so that messages are communicated in an evidence-based way to the workforce.

DC advised that the flu vaccine is expected to arrive ahead of any potential COVID19 vaccine. The flu vaccine will not be administered via a nasal spray as this could place immunocompromised patients at risk as the virus is partially active. It is important that staff understand the importance of having the flu vaccine annually as the vaccine is designed to protect against the four most likely flu viruses. Data suggests those who have the flu vaccine on sequential years build up greater immunity rather than those have a single shot in a standalone year. It is proposed that a chart be developed providing an analysis of data related to the number of flu cases, number of staff who contract the flu and the relative success of flu vaccination program in preventing contraction of the flu and mortality from the flu.

RG added that a protocol should be developed regarding swabbing for COVID19 as well as the flu if someone has symptoms, which is important in relation to isolation. DC advised it would be a game changer if Point of Care Testing for Flu could also test COVID19 at the same time, as it would enable emergency admissions to stream patients appropriately and determine correct isolation time for staff members.

KF queried whether the herd immunity had been raised from 80% to 90% for this year. RG will investigate whether the standard for herd immunity is 80% or 90%.

RS queried whether primary care outperformed the Trust. RG said that, previously, there had been no requirement for the Trust to be measured against primary care; however, the Trust would be measured on uptake this year. The Trust has worked with primary care in the past and will need to have an early conversation about the changes that they will need to implement, regarding the restrictions on surgery attendance due to COVID19. KT advised that primary care also visits all care homes and offers vaccines to everyone.

KT stated that, in 2019, there were not many Trust doctors who provided vaccinations. DC wrote to the medical directors when discussion commenced on the flu campaign and they all responded that they would do whatever possible to become visible role models. The clinical groups are also going to ensure that medical staff are vaccinators. There is a need to ensure a good spread of professional groups with role models.

Action: RG to investigate whether the standard for herd immunity is 80% or 90%.

6. Midland Met regeneration programme

PH (07/20) 004

RB stated that the Midland Metropolitan University Hospital was intended not only to be a centre of excellence for health care but also to act as a catalyst for regeneration within the local area and for the local population. The core elements are the creation of jobs and careers, education, new housing, an improved transport network inclusive of walk and cycle areas, clean air, canal regeneration and creating community spaces and recreational facilities.

This paper has been to the Estates Development Committee and Malcolm Beattie, Lead Retail Transformation Manager with the Rank Group, who is on that committee as part of the integrated program. His business unit contacted RG to discuss how they could contribute more widely than Midland

Met. They will meet with WZ next week to discuss their involvement and the possibility of funding some of the wider work.

RB to discuss with WZ and RS the possibility of organising a social distancing walk with partners at the canal prior to winter.

RG advised that the Estates Development Committee had found the visuals helpful in understanding the breadth that the Trust could achieve, but there was a request for it to be age profiled. RG will age profile the regeneration plan, focusing on younger people and their development years as well as older people to end of life.

RB advised that plans for having a small university campus on site will need to be revisited due to the effect of the COVID19 pandemic on university funding.

DC queried how to inform staff about the exciting initiatives for the Midland Met regeneration plan, to inspire them in a different way. RB advised that she would install photo boards at each site to tell the story to a wide-ranging audience.

RG commented that the project was really exciting and has really good energy. RG congratulated RB.

RB advised that the stakeholder maps have been revised to allow engagement about regeneration which could also involve a targeted approach.

RS queried Aston University's involvement in the project. RB advised that Jim Pollitt is liaising with Aston University.

KT sought clarification regarding the youth village. RB explained that the Hallam block would be closed this year and would either be sold or demolished. There is interest in converting it to a youth village with housing for young people and creating environments where they can learn and be supported. A feasibility study is being undertaken and the Trust will need to decide level of involvement.

KT commented that the paper is very good and thanked RB.

Action: RB to age profile the regeneration plan focusing on younger people and their development years as well as older people to end of life.

7. No-smoking: One year on and next steps

PH (07/20) 005

DC provided a summary of the No-smoking campaign which was praised by Public Health England. The campaign included establishing vaping sites as well as access to nicotine gum, inhalators and patches as part of a stop smoking strategy.

It is important to reflect whether smoking cessation is discussed with patients at the preadmission clinic and to ensure that they are aware that they have access to nicotine replacement during admission and on ward.

DC is undertaking a review on of the vaping literature and collecting data, as vaping was meant to be a down titration rather than a lifestyle change.

RS queried whether other Trusts have no-smoking initiatives. DC advised that when the no-smoking ban

was introduced only 60% of Trusts had smoking bans. As of April 2020, all hospital sites are supposed to be no-smoking nationally.

RS queried whether there had been an increase in referrals due to the no-smoking campaign. DC advised that he does not have patient data but will include it in future analysis.

RG queried why there was a variation in nicotine products across wards. DC said he would work more closely with Pharmacy to understand the distribution, as every ward has a supply of inhalator fake cigarettes and patches which require a prescription.

RB commented that there was functionality in Unity to measure the number of referrals around lifestyle habits, but there may be issues with reporting. TL was keen to have a reward and recognition for every referral, which may need to be introduced to have longer term sustainable impact on going smoke free.

KT queried whether weight reduction was the next campaign. DC advised that the weight-loss campaign would be launched mid-August, as part of overall wellbeing. This will be tied in with mental wellbeing from increasing exercise and healthy eating.

8. ENGIE: Sustainability plans

PH (07/20) 006

RB advised that the net zero carbon project had been delayed, as the team at ENGIE had just come back to work. ENGIE's view is that achieving net carbon zero by 2025 is ambitious, and probably doubtful. ENGIE will develop a plan aimed at net carbon zero by 2025 but proposed undertaking tactical purchases from wind farms and alternative fuels in the lead up to sustaining net zero carbon independently.

ENGIE will undertake a site survey of Sandwell and develop a milestone program of work for the next one to three years. In terms of strategic partnership, ENGIE has agreed in principle and will consider developing the first newly built net zero carbon building, as part of the Metropolitan Met regeneration plan.

Smart building technology will be installed in Midland Met, enabling every asset to be tracked, including people, equipment and even forecasting how many sandwiches should be ordered so there is no food wastage.

RS queried whether ENGIE would review all of the Trust's energy plans, including MMUH. RB stated that energy plan reviews are part of the detailed plan that ENGIE would prepare. The Sandwell site will be de-steamed, two carparks are obvious places for the installation of solar panels and there is a large amount of roof space at Sandwell that is not being utilised.

RG commented that Birmingham City Council had built a carbon neutral building at 10 Woodcock Street. RG will connect RB to the people who designed 10 Woodcock Street.

RS queried how energy was sourced from the canal. DC advised that it is a heat exchange system, with the cooler water at the base being used to generate some form of energy. RB said there is a buried well on the Sandwell site which could be used for thermo exchange which might be a possibility for the canal site.

DC commented that the net zero carbon project will get people excited about the new hospital because it will not be a great big monolith sucking in energy.

RB sought guidance from the Committee as to the next step. KT requested a progress report on the net

zero carbon project be provided at the January 2021 meeting.

RB left the meeting at 4:06pm.

Action: RB to provide a progress report on the net zero carbon project at the January 2021 meeting.

Action: RG to connect RB to the people who designed 10 Woodcock Street.

FOR INFORMATION/NOTING

9. SBAF: Progress on assurance levels

PH (07/20) 007

RG reported on the progress of **SBAF13** stating that it has adequate assurance and additional mitigations are being undertaken in order to mitigate this risk.

The Stress Risk Assessment was launched six weeks ago, and an additional tool has been developed to measure anxiety or how at risk a person is of becoming unwell through non-work-related stress. This assessment is based on the Hospital Anxiety and Depression Rating Scale and offers additional assurance against this item.

RG suggested the assurance level be reviewed after the additional mitigation has been in place for six months.

KT asked how the stress risk assessments had been received. RG advised that the stress risk assessments had been well received. RG advised that the launch of the wholistic assessment tool would require a clear communication strategy, otherwise people may become confused.

Action: SBAF13 assurance level to be reviewed six months after implementation of the additional mitigation.

10. Matters to raise to the Trust Board

Verbal

KT suggested the following matters be raised to the Trust Board

- 2020 Flu campaign
- No smoking: one year on and next steps
- Midland Met regeneration programme
- ENGIE sustainability plans

11. Meeting effectiveness feedback

Verbal

- Not discussed.

12. Any other business

Verbal

No items.

9. Date of next meeting:

Verbal

The next meeting will be held on Friday, 25th September 2020, from 15:00 to 16:30, Room 13, Education Centre, Sandwell General Hospital.

Signed

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Date