

Annual Members' Meeting 2023 – Questions & Answers

Questions raised in advance

1. Can the Chairman confirm that the Trust will be taking the appropriate action and revisiting the following Dorset NHS Trust policy documents to:- a) remove the right for any man to self-id into women's single sex hospital wards and b) remove the clear influence of Stonewall throughout these policies.

- Same Sex Accommodation Policy dated 2021*
- Privacy and Dignity policy 2021*
- Transgender Guidelines 2021 / 2019*

Some high-level areas of concern are:-

- the UK government banned mixed sex wards in 2010*
- the Dorset NHS Trust policies represent the law as Stonewall would like it to be, and not how it actually is.*
- the terms 'gender' and 'sex' are deliberately conflated throughout these 3 policy documents. (clear language is imperative in any policy/legal document - sex and gender are not the same thing and "gender" is not a protected characteristic in the Equality Act)*
- the Equality Impact Assessments contained within the policies are discriminatory (they do not carefully consider the impact on all the Protected Characteristics within the Equality Act) and therefore in my opinion are unlawful.*

The Trust's policies, which will be kept under review, have been developed with staff and clinicians in line with national guidance. The Trust is proud to be an inclusive organisation and the policies do recognise that sex at birth and self-identified gender are different and both are respected. Teams make appropriate decisions in line with these policies and these issues are managed appropriately in the interests of all patients.

Rob Whiteman, Trust Chair

2. Is University Hospitals Dorset NHS Foundation Trust a Real Living Wage employer?

The Agenda for Change (AfC) pay rates start above the Real Living Wage. Our minimum is £11.45 and it is a national AfC pay rate with no high cost area supplements.

Karen Allman, Chief People Officer

3. *Is the Trust taking any action in response to the Martha Mills case?*

Within paediatrics the early warning system was used where any parent raising concerns would trigger a response by a senior decision-maker. Prior to this case, the Trust has already implemented its “Call4Concern” system which allowed patients or family members on an adult ward to telephone a number and trigger a response from a senior decision-maker. This was part of a national programme.

There were opportunities to make further improvements to communication with patients when decision-makers consulted with each other and on second opinions for complex cases.

Peter Wilson, Chief Medical Officer

Questions from the floor

4. *How is the relationship with local councils, particularly in regard to social care, and how will this develop into the future?*

There was a strong relationship between partners. In July 2023, new statutory bodies known as Integrated Care Systems were introduced which aimed to bring local authorities and NHS providers together to integrate care and ensure that patients were treated by the appropriate service and in the most appropriate place. There were national challenges with social care funding which impacted on the number of patients at the Trust with no criteria to reside awaiting discharge to social care.

Rob Whiteman, Trust Chair