

Annual Members' Meeting 2022 – Questions & Answers

Questions raised in advance

All parts of the NHS are under pressure, but primary care, with falling numbers of GPs and nurses and a reducing share of the NHS budget, is arguably under greater pressure than others, and in some areas is collapsing. More and more patients who should present to primary care are turning up in Accident and Emergency Departments across the county. There are no signs that the Government recognises this shift in workload or has plans to reverse it. How does the Trust plan to address this? Should it have a separate general practice in the A&E department?

The Trust works very closely with primary care; however it is important to recognise the pressures faced across the NHS. Primary care networks are helping to alleviate some workforce pressures. Further discussion with local GPs is required over the coming years to tackle challenges collectively.

Siobhan Harrington, Chief Executive

The Trust's transformation plans include an Urgent Treatment Centre (UTC) at both sites which contain resources for GPs and primary care clinicians to ensure patient needs are met by the appropriate service.

Dr Harry Adlington, Clinical Director for Urgent & Emergency Care

The transformation of the hospitals in our region is of course wonderful, but how are you proposing to staff these hospitals?

Recruitment and retention will be a key focus. The workforce plans for the new buildings are being developed with clinical engagement and although more staff will be required, changing ways of working will have greater impact. The aim is to make the Trust the best place to work, so that people want to come and work here.

Siobhan Harrington, Chief Executive

Is provision being made for easily accessible, comfortable spaces where staff who work on wards can take a rest break to recharge and re-energise?

An example of this would be when His Majesty King Charles (then HRH Prince Charles), opened the Lavender Garden at the Royal Bournemouth Hospital earlier in the year. The Trust continues to focus on caring for staff, particularly over the winter period. The transformation programme also includes the latest access requirements to improve access for patients, families and carers.

Dr Ruth Williamson, Acting Chief Medical Officer

In view of the recent events with Mermaids Charity, have you now stopped signposting to the charity?

Due to the ongoing safeguarding investigations by the Charity Commission and given the fact that the charity's helpline was suspended, the link to the Mermaids Charity has been removed from our website.

Pete Papworth, Chief Finance Officer

Have the UHD senior leadership team read in detail, their recently released “same sex accommodation” and “privacy and dignity” policies?

These policies have been updated and published. These updates included consultation with staff, and specific legal advice was taken to ensure the Trust complied fully with all legal requirements. This has been approved through our internal governance processes and the UHD leadership team are fully aware of the policy.

Pete Papworth, Chief Finance Officer

In regard to your single sex wards, what do you do if a male self identifies as a woman and wants to be placed on a female ward? Do you honour the request and if you do, how do you care for and protect vulnerable females?

Everyone admitted to the Trust would be assessed and placed in the most appropriate area based on their clinical needs identified and their risk assessment, this includes trans patients. As with any patient accessing in-patient treatment at the Trust, an assessment of the risk a patient could pose to other patients' sexual safety would be in accordance with our processes for all patients in mixed sex accommodation and follow safeguarding principles.

Dr Matthew Hodson, Deputy Chief Nursing Officer

Do you consider that medical care is being restrained by the provision of social care?

System working has meant that pressures in one area impact on others. It is important to acknowledge that when patients are unable to be discharged this has an impact on the quality of care. It was up to the Trust, local authorities, primary care and community services to work together to find solutions.

Siobhan Harrington, Chief Executive

Questions from the floor

Now that Government Covid money has gone, how are you meeting the ongoing costs associated with managing Covid in the hospitals?

The Trust received £10m in funding this year, but this is expected to tail-off into next year. However, many of the costs incurred caring for patients with Covid and segregating patient pathways are coming to an end. There will remain some costs for which there is no specific funding and a difficult financial settlement is expected next year.

Pete Papworth, Chief Finance Officer

Energy costs are sky high - are the hospitals receiving centralised money to support this increase in costs, or will this come out of patient care budgets?

The Trust would not benefit from any government schemes and the Trust's energy costs have increased significantly, increasing by 72% from the previous year and expected to increase by a further 92% into next year. There has been some additional central funding for inflationary pressures. There are a number of initiatives in place to reduce energy costs.

Pete Papworth, Chief Finance Officer

Please explain Integrated Care Systems (ICSs).

The Dorset ICS involves all health and care organisations in Dorset, alongside the voluntary sector. This will look at new ways of working to improve population health and reduce health inequalities in Dorset.

Siobhan Harrington, Chief Executive

Is the Trust meeting its commitment on the number of community beds?

Whilst community beds are very important, they are not the only solution. The Trust is working with local authorities and community services to increase care capacity in the community to allow patients to receive care in their own homes. The number of community beds available across Dorset are in line with those available across the country. The Trust is also working in partnership with local care and residential homes to increase capacity.

Mark Mould, Chief Operating Officer

As part of changes to Poole Hospital, are there any plans to increase the surgical services available, particularly cardiac and neurosurgery which are currently performed in Southampton?

The Trust does not have plans to bring in cardiac and neurosurgery from Southampton. It is recognised that patients requiring these procedures do better in highly specialist centres and the Trust is able to quickly transfer these patients. The Poole Hospital site would be established as a high-volume centre of excellence for elective procedures.

Dr Isabel Smith, Medical Director for Transformation

It is widely recognised that single-bed accommodation improves patient recovery rates. Is there a proposal to increase single-bed accommodation in the new buildings?

The new build will contain increased single-bed accommodation, representing approximately 70% of the total accommodation in the new build areas.

Dr Isabel Smith, Medical Director for Transformation