

Governor Questions Log

No.	Date	Governor	Query	Response
1	24/2/16	J Butler	Why are appointments made by letter and not by telephone with a letter of confirmation?	The Trust sees approximately 600,000 elective patients each year across outpatient, diagnostic and surgical services. On average each patient receives 2.3 letters which in total equates to approximately 1,380,000 letters per year. To include a telephone call with this workload, especially in consideration of patient availability would result in a substantially less efficient and effective process.
2	24/2/16	J Butler	Why do letters from Consultants after appointments/treatment take up to 20 days to arrive?	Currently the time taken for letters to arrive is variable. The Trust recognises that improvements can be made to speed up this process and is in the process of deploying a single system to all clinical administration teams. However it is important to note that in the case of diagnostic or therapeutic appointments/treatments there are often factors that will rightly delay the communication from the hospital. Also, where there is a need to report and review a result or undertake a histological analysis this will create a necessary delay.
3	24/2/16	J Butler	Why do some Consultants seem reluctant to communicate by telephone with patients?	As set out above due to the volume of patients it would be difficult for Consultants to provide this for all their patients.
4	24/2/16	J Butler	Why is email not used for patient correspondence?	NHS Trusts have a duty to ensure that personal and, in particular, medical information is kept secure at all times. Transfer of information via email is not secure and, for example, could be intercepted or could fail to reach the recipient which could equally cause issues.
5	6/4/16	G Lundie	What is the total workforce employed by Royal Berkshire Hospital and the proportion that is British and non British?	<p>Ethnicity is self-reported by staff and may be recorded as 'Other non-specified'. Out of 5455 staff, 35 have identified themselves as White European (Italian, Polish, Mixed or Other)</p> <p>In total 600 staff have identified themselves as having no 'British' connection but this does not mean no European connection. The 600 figure above includes 170 White Irish.</p>

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6	7/4/16	B Tickner	Does the Trust's strategy/recruitment plans take into account future developments which will increase Reading's population eg Crossrail and Reading Borough Council's build of new schools and expansion of existing schools?	<p>As a provider the Trust responds to what local commissioners want to provide for the local population.</p> <p>When considering the Trust's strategies and plans consideration is given to the future size and demographics of the population. This work is informed by local population projections undertaken by the Office of National Statistics.</p>
7	7/4/16	B Tickner	How does the Trust's strategy take in to account the effect of the current shortage of GPs, the number of single doctor GP surgeries and ageing GPs and what can the Trust do to promote a better GP service in our local area?	<p>Individual initiatives and plans will continue to be developed between the Trust and individual practices. However, strategically the Trust is working closely with system partners in developing new models of care. This is taking place at two levels: via the Sustainability and Transformation Plan (STP) and the locally established Accountable Care System (ACS). Our forward plan has been developed is in line with the principles of the ACS and the principles underlying the STP. The development of the ACS is underpinned by a clear and shared objective to address the challenges articulated by the Five Year Forward View which includes: increasing the emphasis on primary prevention, health and well-being. Specifically, this includes a system-wide commitment to "develop and implement a local plan to address the sustainability and quality of general practice". We are committed to working with our partners to this end and would expect that this local plan will endeavour to address the challenges referred to.</p>
8	7/4/16		What benchmarking data does the Trust have in relation to ED attendances and how does the Trust compare to other trusts?	<p>The Trust utilises nationally available information relating to ED performance across the country. This is scrutinised by the Urgent Care Group and where possible this data is incorporated into the ED exception report submitted to the Board.</p> <p>When compared with other trusts in the region, the Trust is achieving a higher level of performance than most however the Trust is not the only hospital experiencing challenge with ED performance.</p>

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9	7/4/16		What plans are there to use handheld devices to improve and speed up recordkeeping, prescriptions etc?	The Trust is looking to pilot a Bring your Own Device (BYOD) mobile phone solution in May, with the view to expand this to include managing tablets and ipads shortly after. When we are satisfied the pilot is successful we will be looking to provide a number of ipads for staff to speed up clinical working and to improve patient experience.
10	9/5/16	D Sander	Are weekend mortality rates at the RBH still raised? Do we have a clear idea of the factors which caused the increase in mortality? What was done to resolve these issues?	<p>The weekend mortality rates are not significantly raised. Both weekend and weekday rates are both statistically significantly lower than the national benchmark.</p> <p>The current (February 2015 to January 2016 rolling 12 months) HSMR emergency weekend admissions is 86.67, and the current (February 2015 to January 2016 rolling 12 months) HSMR emergency weekday admissions is 82.63. Both are the lowest reported rolling 12 months figures in 2015/16.</p> <p>The trend in HSMR has been improving for some time. This is not attributable to a single programme or intervention but to on-going multiple local and Trust-wide</p> <p>Initiatives to improve patient safety and clinical outcomes.</p>
11	20/7/16	G Lundie	At the AGM it was noted that drug income was £3.46m over budget, is this due to providing Hepatitis C treatments?	<p>The majority of this figure (i.e. £2.27m) was due to purchasing Hepatitis C drugs, which from September 2016 became a pass-through cost via the Trust's bank. Previously these Hepatitis C Drugs were paid for directly by the commissioner.</p> <p>It should be noted that the 'over budget' relates to both expenditure and income. There was no overall financial loss for the Trust.</p>

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12	20/7/16	G Lundie	Have there been instances where we have not managed to get 100% reimbursement through Blueteq for high cost drugs?	<p>No. Not where appropriate approval is sought by consultants correctly using Blueteq.</p> <p>The Trust Pharmacy is currently working with clinical areas to ensure that rechargeable high cost drugs are correctly identified when issued and that prior approval is sought from commissioners where appropriate.</p>
13	20/7/16	G Lundie	For what reasons might NHS England refused payment for either Hepatitis C treatments or other high cost drugs tracked through Blueteq and what procedures the Trust has used to ensure that we get 100% reimbursement of the costs?	This would only be the case where NHS England highlighted incorrect prescribing against national permitted use.
14	20/7/16	B Tickner	Are there any comments on the A&E survey carried out by Healthwatch earlier this summer e.g. was it useful and is there learning for the Trust from it?	This would only be the case where NHS England highlighted incorrect prescribing against national permitted use.
15	26/7/16	J Butler	Does the Trust use the Incident Decision Tree (IDT) or a similar alternative to determine a fair and consistent course of action toward staff involved in patient safety incidents?	The Trust does not officially use the IDT. However, we do promote an open, <i>'fair blame' incident reporting and learning culture</i> . This is stated in our Incident Reporting, Investigation and Learning Policy and our investigation root cause analysis templates. One of our standard terms of reference for investigations is <i>"to focus on the processes, systems and organisations – and not the people"</i> .

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16	26/7/16	J Butler	How much is paid for postage per year by the Trust and is it considered an appropriate expenditure?	The Trust spent £683k last financial year on postage and franking. Where we can we minimise this cost through use of franking and other commercial agreements, and this is kept under review by our Procurement Team. Whilst we continue to explore a number of different ways of informing, and keeping patients informed, of their appointments and other correspondence, formal letters remains a critical part of this process.
17	27/7/16	J Butler	Why is text messaging reminder service not used across all specialties in the Trust?	<p>The cost of text reminders was previously absorbed by specialties who had the service in place and there was no budget to expand the service to further specialties.</p> <p>However, we are currently looking at re-tendering the service which is expected to reduce the per text cost. These savings will be used to fund the expansion of the service to those services for which it is currently not in place.</p>
18	04/08/16	D Cooper	How are the NEDs assured that the trust is able to implement the new junior doctor contract effectively whilst supporting clinical staff?	The Trust is currently monitoring the issue of the new Junior Doctor Contracts and following the Implementation Timeline issued by NHS Employers. The Trust has appointed a Guardian of Safe Working and is bringing together an Implementation Team in order to ensure the implementation is carried out accurately.
19	04/08/16	D Cooper	What are the risks associated with implementing the contract? How is the Board managing these risks?	<p>There are several risks with the implementation of the new contract, as follows:</p> <ol style="list-style-type: none"> a. There is a potential salary cost increase with implementing the new junior doctors contract, which the Trust is currently assessing using tools issued by NHSE. b. There is a risk junior doctors could refuse to accept the new 2016 Contract of Employment when issued to them. One of the tasks of the Implementation Team is to assess and address this scenario.

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				<p>c. The new contract requires a change to current work schedules. However, the Trust has not identified any major changes required to current rotas to make them compliant.</p>
20	04/08/16	D Cooper	<p>What does the Board see as the impact on patient care of any further strikes and of the new contract?</p>	<p>Currently, the junior doctors have postponed any further industrial action. However, this does not preclude the option of carrying out further strike action in the future. Single day industrial action was safely managed by the Trust. However, a full week of industrial action would result in a significant loss of elective activity, and ensuring the safe care of non-elective patients would be a challenge.</p> <p>In terms of patient safety, current indications are that the existing rotas can be safely maintained under the new contract.</p>
21	19/9/16	Clinical Assurance Committee	<p>Does the Trust record data relating to the use of the Discharge Lounge?</p>	<p>Yes, data relating to the use of the Discharge Lounge is recorded by the Trust.</p>
22	19/9/16	Clinical Assurance Committee	<p>Could discussions be held with Reading Borough Council regarding the social worker role in the palliative care team?</p>	<p>Due to the overall increase in social worker presence in the Trust, for example, via the discharge lounge, the palliative care team are able to gain direct input from the social work team when required and there is no requirement for the role to be reinstated specifically in the palliative care team.</p>
23	28/9/16	R Dolinski	<p>How much blood is used across the RBH?</p>	<p>The number of red blood units/bags issued and transfused at the RBH (not including those transfused at spoke sites): 2014: 7,848 2015: 7,693 2016 (to August 16): 4,315</p>

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24	12/10/16	D Sander	How many patients leave via the discharge lounge, how long do they wait there (the range and mean waiting time), how late in the day are some patients in the lounge and are the waits usually related to transport, drugs or paperwork?	<p>In September 2016, 502 patients left via the discharge lounge.</p> <p>Patients may wait from between a few minutes to a few hours depending on whether they need to wait for transport and/or medications. The Trust records waits of less than one hour or more than 4 hours. In September 2016 252 patients waited less than one hour and 16 patients more than four hours.</p> <p>The discharge lounge closes at 6pm. However, occasionally patients will wait in the discharge lounge past 6pm if they are waiting for transport. The latest a patient had been in the discharge lounge is 9.30pm. However, the Trust endeavours to move patients to a more congenial area on a ward if the delay is this significant. This also allows for the possibility that they may need to remain at the Trust overnight.</p>
25	19/10/16	T Lloyd	Does the Trust have a Board approved proactive and coordinated Patient and Public Engagement Strategy?	The Trust has a patient experience strategy which is in the process of being updated. A volunteers' strategy is also being developed.
26	11/11/16	T Lloyd	<ol style="list-style-type: none"> 1) Does the Trust have the means to do MpMRI scans for prostate cancer? (multi-parametric magnetic resonance imaging). By means I mean both the kit and the trained staff. 2) Please comment (and quantify if possible) whether it is a significantly more accurate diagnostic test than current methods. 3) If we don't have the kit, do you have any idea of the approximate costs involved? 4) What roughly is the turn round time per test. i.e. For example, how many people 	<ol style="list-style-type: none"> 1) The Trust has both the equipment capability and appropriately experienced staff to enable us to do mpMRI Prostate. However, due to staff capacity issues the Trust does not currently provide this service. 2) Pre-biopsy mpMRI Prostate is significantly more accurate than other methods. It can accurately identify clinically significant tumours and has a good negative predictive value for ruling out disease, thus negating the need for biopsy in those cases. NICE guidelines (2014) recommend mpMRI for staging, active surveillance and for any negative biopsy where there is still a high clinical suspicion. 3) As above, the Trust has the equipment needed to provide the service. 4) Each scan takes approximately 30 minutes

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			could be scanned in 8 hours	
27	11/11/16	T Lloyd	Is it possible to see the 2011/12 to 2013/14 memory checks in the same format as created on 28/06/2011 by the Risk Department and Patient Safety Team. I'm really interested in the lessons learnt (or not as the case may be) and subsequently whether these memory checks are/will be available on the Intranet.	Trust memory checks have been replaced by a number of other reporting documents. A monthly Patient Safety and Quality Newsletter is circulated to staff and a monthly Quality Report is produced. In addition, the Board Quality Committee receives a quarterly Serious Incident Report. These reporting mechanisms ensure that risks and lessons learnt are shared throughout the Trust.
28	7/12/16	J Butler	If a patient is ready to leave hospital and will require continuing care at home, not to be payed for by social services, it is the responsibility of the patient or carer to make the necessary arrangements for the provision of that care/ care package. Should it not be the hospitals responsibility, at the very least, to facilitate the care provision with the patient/carer and suitable providers?	The Care Act states explicitly that Councils have a responsibility to support patients and carers to find a suitable care package regardless of who is paying for the package. However, the Trust has proactively commissioned a company called CHS Healthcare, which has a track record of chaperoning carers to address issues with putting a suitable care package in place. The A&E Delivery Board was also focused on delayed transfers of care and work across organisational boundaries.
29	23/3/17	Public Member Query	For what reasons is the Royal Berkshire Hospital planning on closing its hydrotherapy pool?	The key component of the Trust's decision to close the service relate to the current and future requirements for core acute clinical service capacity on what is a highly constrained site at Reading.

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30	23/3/17	Public Member Query	How many patients and pool users would be affected by closure?	The Trust holds data for NHS patients only: less than 5% of referrals to the physiotherapy department are for hydrotherapy equating to around 500 patients per year.
31	23/3/17	Public Member Query	Where is the nearest alternative hydrotherapy pool?	There are several options for hydrotherapy in the area and a report is being produced to identify suitable alternative provision. This is being undertaken in conjunction with service users and staff.
32	23/3/17	Public Member Query	What were the running costs and income for the pool over each of the past three years?	Running costs for the Hydrotherapy pool including staffing costs and maintenance of the pool is £127,296 per annum. This figure does not include costs to renovate the pool.
33	23/3/17	Public Member Query	What facilities management contract obligations exist in relation to the pool?	The pool is maintained under the Trusts current maintenance contract and utilises in house contractors.
34	23/3/17	Public Member Query	Which organisations currently refer patients to use the pool?	GP's, Community physiotherapists (on behalf of GP's) and internal therapists and clinicians.
35	23/3/17	S Lobo	How are decisions about the services and (trauma) centres offered by NHS hospitals, made?	These were made centrally some years ago based on specialist services. Our trauma centres are Oxford and Southampton which have Cardiothoracic surgery and neuro surgery.

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36	23/3/17	S Lobo	How are we equipped in our NHS Trust to address something like this (the recent attack in London), if, something of this nature were to happen in our community?	The Trust's has major incident plans in place which cover a wide range of incidents. We are also part of the Thames Valley emergency planning network that reviews plans across the area to ensure all plans are fit for purpose. However, in the light of recent events our emergency response plans will be reviewed to determine whether any adjustments.
37	31/05/17	S Lobo	What is the Act that the RBH Trust is complying with in regards to emergency planning?	The Act the Trust is complying with is the Civil Contingencies Act 2004.
38	31/05/17	D Sander	How much staff time is spent on negotiating contracts with other NHS bodies such as CCGs and other trusts as part of the 'internal market' arrangements? What are the implications of this for RBH resources?	The Contracts team comprises 4 staff (3x wte and 0.8 wte) that work on the negotiation of NHS Acute and provider to provider Non-Acute Contracts with both NHS and Private providers. The role of these four staff members is to negotiate the contracts and, more significantly now that the Trust has a two-year contract until the end of April 2019, the team focus is on ensuring that all contractual requirements are met by the Trust, working with operational colleagues and liaising with Berkshire West CCG, in conjunction with the Trust Executive, on the form of an ACS contract and its requirements.

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39	31/5/17	J Bagshaw	Is the Pathology transformation on track to achieve improvements in service levels and/or financial savings over the previous in house service? Can this be quantified and is it in line with the planned objectives?	Service levels have been a challenge in some areas. Service levels in several areas have improved and work is on-going in others that are not at the level the Trust would want them to be. The financial forecast for the year is currently being prepared for review by all Partners.
40	31/5/17	J Bagshaw	Is there any on-going effort by the new providers to ensure service users have a readily accessible helpline if they are unable to access information, or if they need advice on interpretation of results?	The Trust is committed to ensuring that service users have a readily accessible helpline. Telephone numbers are published for each service – both to track a specific result and to seek clinician advice from a consultant.
41		S Lobo	How many PCs left in the Trust are XP machines?	There are approximately 230 PCs using XP. The number continues to decrease as the Trust has a programme of work in place to remove them. There is a potential that a small number (approximately 36) cannot be upgraded due to the compatibility of applications that are run on them. The Trust considers the risk of each one in turn with the appropriate mitigation and with a view to remove, upgrade or 'lock down' these PCs.
42	17/7/17	R Dolinski	As the RBH has now decided to keep the Hydrotherapy Pool open for the unforeseeable future, what work has been done by the hospital to promote/encourage referrals by GPs, Physiotherapist and any other clinicians?	For a number of months while the Stakeholder Engagement Group were exploring alternative options for the provision of hydrotherapy in the Reading area, the Trust has been clear it is open for referrals. Following the recent decision to keep the hydrotherapy pool open for the foreseeable future, the Trust will communicate this to GPs and other referrers so that they are aware of the up to date position. However, capacity was recently made available to charity/stakeholder groups and only taken up in a limited way, and empty capacity is limited to a small number of afternoon and

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				weekend sessions. The Trust will review internal usage and consider plans to optimise weekday capacity.
43	19/7/17	R Dolinski	How many ED admissions as a result of domestic violence in the last 12 months.	It is not possible to determine ED admissions as a result of domestic violence. Whilst there is an increase drive to record how an injury is sustained in a structured reportable format, the information we currently hold would be the presenting complaint i.e. the actual injury or complaint would be recorded - not the cause.
44	24/07/17	D Sander	Now that student nurses no longer receive bursaries and have to pay university fees it is likely that fewer young people will apply for training. Is the Trust making plans to encourage more applications? In particular, what support, including financial, do we give to healthcare assistant, phlebotomists and other staff who might like to retrain?	<p>Nationally Universities have seen on average a reduction of 25% in applications for nursing. However our local University – the University of West London (UWL) have not seen such a big reduction and from what I understand they have filled their course for September. The February intake is currently proving more challenging to fill but has always been more challenging than the September intake. We support the university in their recruitment and selection events.</p> <p>Currently we are not able to give financial support to Healthcare support workers, phlebotomists etc as Health Education England no longer provide salary support nor cover course fee costs to second students other than to those who are eligible to do a Post Graduate Diploma. We are supporting three such students this year. By 2019 UWL will be providing an apprenticeship nursing degree and we would at that point propose to support Healthcare Support Workers who work for us and fit the entry</p>

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				criteria to train via this route funded through the apprenticeship levy that we already have to pay into.
45	10/08/2017	T Neill	<ol style="list-style-type: none"> 1. How many women were denied admission to RBNHSFT maternity services in 2016? 2. Were any complaints received as a result and, if so, may I see the complaints and responses please 3. What does the Trust say was the effect on these women of being denied admission? 4. What internal and external representations have been made in support of lifting the public sector pay cap and, if any, may I see these representations please? 5. What internal and external representations have been made in support of reinstating nursing bursaries and, if any, may I see these representations please? 	<ol style="list-style-type: none"> 1. 34 women were diverted from RBNHSFT maternity services in 2016. 2. No complaints were received in 2016 relating to unit diversion. 3. Personal opinion therefore not applicable under FOI. 4. The Trust does not make representations. However, NHS Providers is an organisation which makes representations on behalf of all NHS trusts. The Trust does not hold this information. 5. See response to Question 4 6. Details of how long our maternity unit been closed since 2010

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			<p>6. Since 2010, for how long has our maternity unit been closed each year?</p> <p>7. May I take a copy our response to the Labour Party's Freedom of Information request please?</p>	<ul style="list-style-type: none"> • 2010 203 hours over 16 occasions • 2011 475 hours over 34 occasions • 2012 532 hours over 36 occasions • 2013 348 hours over 24 occasions • 2014 459 hours over 35 occasions • 2015 792 hours over 45 occasions • 2016 321 hours over 34 occasions • 2017 to date 308 hours over 20 occasions. • <p>7. All information that is requested via the Governors Question Log is published in the agenda and is therefore in the public domain. As we are a public authority all the written material we hold, including any correspondence that is sent to us, may be considered for release following a request to us under the Freedom of Information Act 2000 unless the information is exempt.</p>
46	15/08/2017	R Dolinski	How many appointments are cancelled as a result of administrative errors across all outpatient departments and what is the total cost to RBH Trust?	<p>Whilst administrative errors do happen they are infrequent and usually rectified prior to the day of the appointment. This is incredibly difficult to quantify however the cost in relation to lost capacity is minimal as errors are mainly corrected prior to the appointment.</p> <p>However, we do want to eradicate the potential for clinic notes to have this kind of an impact. Through the Trust Digital Hospital programme a number</p>

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				<p>of enhancements to our Electronic Patient Record (EPR) have happened and continue to be planned for the future. For example, clinic letters and a number of diagnostic test results are now available within the EPR and through our Connected Care platform it is possible for a clinician to view information held by the patients GP.</p>
47	28/7/2017	D Sander	<p>Why do appointment letters not make reference to the public transport links, such as buses?</p>	<p>The Trust attempts to keep information in appointment letters as short and concise as possible, detailing the specifics of the appointment, what to expect and some information about communication services (interpreters). For more general queries our letters direct patients to contact the relevant department or alternatively information can be obtained on the Trust website where in the 'how to find us' section details are provided for each of our sites. This includes access via public transport. How we enhance the information we can provide patients and how we increase the level of helpful information is be considered through our Digital Hospital Programme as we begin to adopt a more paper-less provision of information.</p>
48	21/08/2017	R Dolinski	<p>Could the Trust look/revisit providing extra volunteer parking bays and or look at alternative solutions to support what clearly is an invaluable service?</p>	<p>Yes. We are undertaking a review of all parking areas with a view to seeing how we can extend the drop off sites for volunteer drivers. The Trust is also looking at a new parking system which is aimed at improving the flow of traffic within the on-site parking as well as the allocation of on-site parking permits, including those given to volunteers.</p> <p>The Trust is also looking at providing more off site staff car parking which would also increase the number of parking spaces available in the multi-storey car park.</p>

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49.	27/09/2017	J Bagshaw	Can you confirm if the total costs of pathology at the Trust are within the 1.6% of total cost of the Trust as recommended by NHSI	Yes. The Gross costs net of direct access income which at a budget of 6.8m for the Trust equates to 1.6% of income.
50	18/10/2017	T Lloyd	How is the Trust planning to communicate about the extension to the Mere oak Service?	The news of the expansion of the Mere oak bus service has been shared with staff via the Trust intranet and through the weekly RoundUp communication sent to everyone. It has also been added to the front page of the website under the patients tab on the left hand side, and also on the Royal Berkshire Hospital page under the 'how to find us' tab as a useful link on the right hand side.
51	12/10/17	T Lloyd	<p>Please can you provide details in which the hydrotherapy pool has been closed over the last 3 months</p> <p>The reasons why it was closed</p> <p>If there are any actions we are taking to address the issues</p>	<p>The hydrotherapy pool has been closed for 43 days over the past three months but these were not consecutive. The main reason for the closures was due to a problem with the pool heating system. This was identified as being linked to an issue with the heating system in another part of the hospital. This has now been temporarily resolved and the installation of a new boiler system is being planned.</p> <p>Further to this refurbishment of the interior of the hydrotherapy pool has been agreed and is also being progressed.</p>

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52.	18/10/2017	T Lloyd	Why don't we send text messages to patients rather than appointment letters?	<p>The use of a text message enabled platform for communicating with patients commenced a pilot phase within the Trust during October 17. Whilst the option to send letters is not planned until a later phase, following successful pilot with the system supplier, the digital enablement of communication with patients is being continually reviewed through the Trust Digital Hospital Programme.</p>
53	04/10/2017	S Lobo	Are we satisfied that the working conditions of the pharmacy team based in the Ground Floor, Eye Block is appropriate in relation the welfare of the staff.	<p>Yes the Trust is satisfied that the working conditions of the Pharmacy team based in the Ground Floor, Eye Block is appropriate in relation to the welfare of the Staff.</p> <ul style="list-style-type: none"> • The Pharmacy is on the ground floor and is on the same level as other departments along the corridor and is not in the basement • The Pharmacy areas are all air conditioned, ventilated and temperature controlled so the room temperatures and air circulation is set to strict levels and always maintained within limits. • The Pharmacy was inspected by the GpHC which inspects all Chemists and we meet the required standards. • Pharmacists are rotational and do not spend all day in the department, visiting wards also. • All staff have necessary rest breaks, a tea room is available with both hot and cold water dispensers • Lighting is designed according to the process followed and is appropriate • The Pharmacy links into the Trust estates strategy and meetings are being held re longer term foot print in the Trust.

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54	05/10/2017	S Lobo	Can you provide evidence that the Trust's strategy (including the Clinical Services Strategy) is being developed in alignment with the work of the Berkshire West Accountable Care System?	The Chief Executive and Chairman are both members of the Berkshire West Accountable Care System (ACS) Leadership team therefore all strategy development is aligned with the work of the Berkshire West ACS. The Trust's Interim Director of Strategy, Andrew Statham, who is responsible for developing the Trusts refresh strategy is working in conjunction with his counterpart Sam Burrows who is the ACS Programme Director
55	22/11/2017	I Clay	<p><u>Operation of Main Car Park</u></p> <p>As we are seeing major queues from 06-45am and the failure of the exit barrier. Queue observed today 22/11/17.</p> <p>a) What is the financial loss to the Trust over the past six months?</p> <p>b) What action is the Board taking to rectify this ongoing problem?</p> <p>c) It should be noted that the brunt of complaints are taken by the Trusts Receptionists and Volunteer Welcomers.</p>	<p>a) We are unable to confirm the number of people parking who may have left without paying but looking at year on year parking income as a proxy shows that for six months ended October 2017 income from patients and visitors was £465k, £76k lower than the same period last year. Whilst there may well be many reasons for this undoubtedly the barriers not working for parts of the time will be a major contributor.</p> <p>b) The Board has received updates on a number of occasions, ensuring that, notwithstanding the complexity, that the situation is a priority for management to address.</p> <p>c) Noted.</p>
56	04/12/17	B Tickner	<p>Mary Sherry mentioned at the Board last week that RBH is still needing to struggle with Delayed Transfer Of Care's (DTCO), and that while Reading Borough's performance was still below par , that RBH considers Wokingham Council as an example of best practice.</p> <p>Could I ask what Wokingham is doing which</p>	<p>This is an on-going discussion by the Berkshire West 10 Delivery Group who has commissioned the Local Government Organisation to undertake a comparative review.</p> <p>We have seen some improvements generally over the Winter period and will look forward to the outputs of the review and working those through with our local authority partners.</p>

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			Reading is not, or conversely, what Reading needs to do specifically to improve its progress on DTOCs?	
57	28/03/18		The Chair advised that he had discussed whether additional seating could be made available in the link corridors with the Director of Estates and Facilities.	The League of Friends have kindly agreed to fund some additional seating in corridors and circulation area's (where safe & appropriate) on all floor levels of the Trust buildings.
58	28/03/18		A query was raised as to whether additional information, including links to other websites providing information for patients, could be added to the website	Speciality pages have additional links available. The Communications Team can add in links if they have been provided by clinical staff in the appropriate speciality to ensure it is a recognised body that they approve.
59	28/03/18		A query was raised in relation to volunteer training as to whether any of the training could be provided online.	<p>Not currently. Training can be completed online in the Trust library if the individual has a trust log-on.</p> <p>However we have been working on reducing the face to face training with paper booklets which volunteers can take home and complete or read.</p>
60	28/03/18	D Sander	Please will the Board consider the barriers affecting referrals and communication between oncology and the Berkshire Healthcare Trust. I have recently found that the problems go in both directions when my physiotherapist found that she could not refer me for hydrotherapy and she cannot access my scan results although these may have implications for the exercise programme that she is suggesting.	<p>The Trust does not provide the physiotherapists to the Berkshire Cancer Centre - they are commissioned through Berkshire Healthcare Foundation Trust.</p> <p>We would accept a Hydrotherapy referral from a physiotherapist, or the GP, provided the patient had no clear contra-indications.</p> <p>If one of our therapists were treating someone we would discuss relevant aspects of the scan findings (i.e. scar tissue density, position and extent) in order to inform an exercise/stretching program providing that the overall scan findings had already been discussed by the doctor and the patient.</p>

No.	Date	Governor	Query	Response
			<p>There are two possible approaches to solving these issues:</p> <p>* We could work to improve joined up working between the two trusts.</p> <p>* However I have found that most cancer centres directly employ dieticians, physiotherapists, speech and language therapists and psychologists. I note that the gastroenterologists at RBH have now employed two psychologists as part of their team. Personally I feel very strongly that this is what the Berkshire Cancer Centre should be doing.</p>	
61	30/05/18	D Sander	<p>Please can the Trust review, with its Integrated Care System (ICS) partners including partners in South Oxfordshire, the current barriers which affect referrals and communication between oncology services provided by the Trust and those provided by the Berkshire Healthcare Trust. This includes issues with dieticians, speech and language therapists, physiotherapists and</p>	<p>The Berkshire Cancer Centre is meeting with BHCFT to review communication between the two services. This does not require ICS involvement at the present time, as it only involves the two organisations</p>

No.	Date	Governor	Query	Response
			psychologists.	
62	30/05/18	T Lloyd	<p>The queue for phlebotomy at the Trust can be very long at times, particularly in the late morning. Patients have reported having to wait more than two hours to be seen. Presumably at least some of those in the queue will have driven to the hospital and will be occupying a parking space. Can the Trust implement some measures to cope with surges in demand so that patients need wait no longer than 15 minutes for a blood sample to be taken thus freeing up a significant number of parking spaces?</p>	<p>There has been a system wide change in the provision of phlebotomy services. With fewer GPs providing the service, numbers have increased at the RBH and Community hospital sites. The ICS is scoping a project to provide dispersed hospital-led phlebotomy in a fundamentally different way.</p>
63	30/05/18	Council of Governors	<p>A request was made for activity figures before and after implementation of the streaming service could be provided to the Council.</p>	<p>**Type 1 Attendance – Attendance to Accident and Emergency (Traditional A&E)</p> <p>**Type 3 Attendance – Attendance to Primary Care Streaming Unit (GP Streaming)</p> <p>-The Trust introduced Primary Care Streaming during October 2017. For 2017/18 (April to September – pre GP Streaming) the average monthly Type 1 attendance was c. 9500.</p> <p>-Since implementation the average attendance through the Type 1 service has reduced to c. 9300 (-2%). With a monthly average of 900 Type 3 attendances for the same period (Oct 17 – Mar 19).</p>

No.	Date	Governor	Query	Response
				<p>-When Type 1 and 3 are combined this increases the average number of attends to the RBH site to 10100 per month - c.5% increase of walk in urgent and emergency care (Apr 17 – Mar 19)</p> <p>-During 2019/20 the Trust has seen an increase in the average number of monthly Type 1 attendances (c. 9600) and GP streaming has reduced slightly to c. 800pm. A combined average of c. 10400. (3% increase).</p> <p>-At August 19 and using the pre PCU average as the baseline the RBH has seen a c. 9% increase in urgent and emergency care demand through the Type 1 and 3 service.</p>
64	01/08/18	J Bagshaw	Please could we be informed how many days this calendar year up to the end of July the Hydrotherapy Pool has been open and operational?	The Hydrotherapy pool has been open and operational 183 days between 1 January – 31 July 2018.
65	15/08/18	J Crossman	A Query was raised in relation to whether the Trust conducted DEXA scans and if so where the scans take place.	DEXA scanning is outsourced to the Berkshire Independent Hospital.
66	26/09/18	J Bagshaw	In response to a query, the Chief Executive advised that there had been no recent closures to the Hydrotherapy pool despite an issue with the hoist. A new hoist had been ordered and the Chief Operating Officer would provide and update on when the hoist would be on-site.	The new hoist for the hydrotherapy pool was installed on the 15 November 2018.

No.	Date	Governor	Query	Response
67	21/11/18	S Lobo	Who manages the Patient Transport service contract at the hospital, what are the service levels which have been agreed to and are there any penalties for not adhering to them? Should RBH not seek another supplier? Is RBH locked into a contract with this supplier and for how long?	The Trust does not hold a service contract for Patient Transport. This is provided by the Clinical Commissioning Group (CCG) and South Central Ambulance Service (SCAS). There is a member of staff that is the liaison link for SCAS patients. We are in continuous communication with the CCG regarding quality, capacity and timeliness.
68	21/11/18	S Lobo	How often does the LINAC in Radiotherapy break down? And, what backlog, if any, has it created? If Radiotherapy patients become in-patients and are usually warded in Adelaide Ward (as Radiotherapy does not have a dedicated ward). How are they monitored as nurse resources are limited?	<p>The machines in the LINAC have a 95% uptime. The 5% downtime is inclusive of planned preventative maintenance and planned Quality Assurance tests. No backlog is created due to downtime as the department extends the working day on the remaining machines or work weekends as required.</p> <p>Patients that are having radiotherapy can be nursed anywhere in the Trust depending on why they are attending hospital as radiotherapy is used to treat a huge variety of presentations. In-patients that are nursed in Adelaide ward are all well monitored. Staffing is reviewed on a very regular basis on the ward.</p>
69	23/11/18	I Clay	<p>There appears to be a growing concern that patients attending "Out – Patient" appointments are finding it difficult to obtain transport. Patients making an initial request must go via their GP (this has always been the case).</p> <p>Many people are unaware that transport is coordinated by a separate Trust to the RBH. Has the RBH identified Transport as a growing problem?</p>	There is an eligibility criteria for Patient transport to which the patient must meet. Patients can also book themselves on patient transport services but will need to answer a series of questions. Royal Berkshire Hospital receive the service but the contract is between the Clinical Commissioning Groups and South Central Ambulance Service (SCAS). Any queries from patients are raised on the Trust Datix system which is sent weekly to SCAS to investigate. The numbers of Datix vary each month. We are in continuous communication with the CCG regarding quality, capacity and timeliness.

No.	Date	Governor	Query	Response
70	28/11/18	K Boyle	A query was raised in relation to whether servers were backed up on site.	Servers are all backed up according to backup policy (mainly best practice), backups are both on site, but we have a number of critical systems backed up off site for additional resilience. All on site backups are kept in a fireproof safe and have been checked for security by PWC our internal auditors.
71	28/11/18	J Bagshaw	A query was raised regarding the £7.2m saving and what the saving would be as a percentage of costs.	The Medical Director confirmed that the saving as a percentage of cost represented 11.5% of pathology (pay and non-pay) spend.
72	28/11/18		A governor highlighted that the West Berkshire Charity had offered funding to the Trust in relation to an MRI scanner at West Berkshire Community Hospital. It was agreed that this would be reviewed and a response added to the Governors issues log.	<p>The Trust has been offered charity funding for replacement MRI machines. This proposal has been met with a positive response, however the Trust would need to construct the space for the MRI machines which is a challenge as the Trust does not own the building in question. Work is on-going with Estates to review options.</p> <p>The Trust has been offered a total amount of £1.85m. This is on the understanding that it would be used to fund two MRI scanners. The estimated construction cost of the MRI site is estimated to be in the region of £1.5 - £2 million. Meetings are on-going to discuss the way forward.</p>
73	28/11/18		A query was raised in relation to whether the hoist for the hydrotherapy pool had been funded by the Multiple Sclerosis Centre. The Trust Secretary would clarify this and the response would be added to the Governors issues log	The new Hydrotherapy pool hoist was funded by the MS Society.

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74	28/12/18		A query was raised in relation to whether incidents of discrimination amongst staff were recorded by the Trust. The Chair of the Workforce Committee would confirm if this information was recorded.	The employee relations team record any allegations of bullying and harassment, and for assurance the Workforce Committee review this data at least once every 12 months.
75	02/01/18	S Lobo	What training is given and how is performance monitored of staff (in their dealings with patients and their families) at A&E and X-ray?	The Trust staff training includes conflict resolution, managing difficult conversations, and customer services. It is monitored by their Appraisal.
76	03/01/19		<p>A query was raised about a patient who had a recent hospital appointment. She did not receive an appointment letter; however, she received a text notification of her appointment about 10 days prior to her appointment and a subsequent reminder a few days before. Neither of the text notifications specified which department her appointment was with. Once the appropriate department was found the patient queried why she did not receive a letter with the department details on it.</p> <p>The answer was that the department does not send letters now. When asked how is the patient supposed to manage their appointment the response was that "they hadn't worked that out yet."</p>	<p>No process has been implemented by the Trust to no longer send appointment letters in the post. The text reminder service is in addition to an appointment letter being sent to a patient and is a key part of assisting patients to attend their appointments.</p> <p>We have recently been improving our administration processes in respect of implementing a hybrid mail process to automate our letter despatch and improvements our dictation processes both of which are going forward successfully.</p> <p>In order to fully answer the concern it would be helpful to know the specifics of the department/type of appointment in question so that we can look at this further.</p>
77	31/01/19	K Boyle	A query was raised relating to the return of heart monitors. When returning them, is there a way that they could be left in a	The Trust requests that patients return the monitors to cardiology department due to the value of the monitors as they cost between £2000-£3000 for each device.

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			<p>secure location near to the main entrance, to avoid the need for those returning them, having to make the long journey to the Cardio clinic?</p>	<p>Additionally, the department uses the drop off appointment to assess whether patients had any problems with the monitors, or if they had any out of the ordinary symptoms.</p> <p>The Trust usually ask patients if they are able to return them, if not, the monitor can be returned by family/friend/neighbour.</p> <p>Any patient that has difficulty should contact the department to discuss a solution. Or additionally, communicate that they will have an issue returning the device when they visit for the monitor to be attached.</p>
78	11/03/2019	I Clay	<p>A Governor asked a question related to phlebotomy:</p> <ul style="list-style-type: none"> •I have been advised that there is no phlebotomy service at the Trust on the Weekends. Can you advise if this is correct and if so what happens to patients that urgently need this service. 	<p>The current phlebotomy department model is comprised of a Monday to Friday service for Outpatients, and a weekend service which is voluntary depending on Staff availability.</p> <p>The Phlebotomy Service does prioritise Outpatients in need of urgent care when attending the clinic in normal working hours.</p> <p>Any Outpatients requiring urgent blood services are able to be seen at the Accident and Emergency department.</p> <p>Additionally, phlebotomy services are available to inpatients who require this service 7 days a week.</p> <p>The Integrated Care System (ICS) is reviewing the current service model and the possibility of providing phlebotomy services across the system.</p>
79	27/03/2019		<p>A member had highlighted that the podiatry service was not being provided at the Trust's site local to their home</p>	<p>The Trust commissions an Acute podiatry service from our partner BHFT to provide on-site care to in-patients and for those patients who need to be seen in multi-disciplinary clinics with our Acute team here on site. Community podiatry is commissioned by the CCGs from BHFT and is widely available in community settings. Our aim is to refer patients back into</p>

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				the community setting once the Acute element of the pathway is completed.
80	27/03/2019		A member had contacted the wheelchair service regarding an issue with their wheelchair and had not received a response despite leaving a telephone message.	<p>The wheelchair service line is 0118 322 6706 which is open between 8am – 4pm Monday to Friday, excluding bank holidays.</p> <p>There is an automated recorded message on that line to cut in when the line is busy/unavailable, which provides information required for a repair or emergency repair – which is to contact Millbrook Healthcare on 0333 234 0303. They are our approved repairers who assist with all repairs and emergency repairs.</p> <p>The Trust is only able to assist those patients who are registered and have equipment from our service. The Trust does not repair private wheelchairs.</p>
81	27/03/2019		A Governor raised a query regarding what arrangements were in place in periods of bad weather to ensure access to the Trust was safe for patients.	In periods of bad weather the roads surrounding the hospital are gritted as part of the Reading Borough Council priority gritting routes. These usually follow along the bus routes which means that the majority of public transportation remains on the roads allowing access to the Trust for both patients and staff. All the hospital pathways, level 6 of the car park (and ramps) and main public footfall areas are gritted by CBRE as part of the Trust's estates and facilities adverse weather response. A watchful eye is kept on the Met Office forecasts during the Winter months, and when ice and snow warnings are received then the response is actioned.
82	27/03/2019		The Committee recommended that the matter arising related to surfacing of the car park in South wing, lack of lighting in the south wing were added to the Governor question log so that it was clarified these had	<p>The Trust Estates department carried out pothole repairs to the south block and north block car park during the financial year 2017/2018 as well as regular external lighting inspection/repairs.</p> <p>In addition, the Estates department is aiming to re-surface and reline the</p>

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			been reviewed and completed as necessary.	South and North block car park as part of this financial year's capital program.
83	27/03/2019		The Committee recommended that car parking in relation to incorrect information on letters and the Trust website would also be included on the Governor question log with confirmation that this had been concluded	<p>All booking letters are handled through templates in EPR. These are standard templates and not modifiable outside of a documents request for change via the EPR back office team. The current template does not state that the hospital offers free parking.</p> <p>If examples of letters received in the way described can be made available we can look at this further.</p>
84	29/03/2019	J Bagshaw	<p>A Governor asked a query related to compliance with Life Sciences Industry Registration Council:</p> <p>Does the RBH NHS FT comply with the request from the Life Sciences Industry Registration Council as follows:</p> <p>The LSI Registration Council has just sent out a letter to all Trusts which encourage the use of the LSI Credentialing register. The letter stresses that a Professional Standards Authority (PSA) credentialing register provides a level of assurance that is not available elsewhere through other systems.</p> <p>Or does the Trust expect suppliers to register with a different credentialing body, creating additional costs and administration</p>	<p>Registration to the LSI credentialing register is not a national mandate. Where suppliers are procured in this area, The Trust would ensure that the supply chain is compliant where applicable.</p>

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			burdens	
85	29/03/2019	W Murdoch	A Governor queried whether there was any Dermatology cover in place at Townlands and if so, could the arrangements for cover at Townlands be confirmed.	<p>The Trust does offer dermatology cover at Townlands, there is an all-day clinic running on a Wednesday. It covers 2-week wait and general dermatology with minor procedures carried out there as well in the minor ops room.</p> <p>The Trust currently has no substantive consultants employed. However we have entered into a partnership with Oxford and the consultant service at Townlands is provided by 2 of the Oxford consultants who we “buy” in on a Wednesday. The other staff there, nurses and admin are Trust staff.</p>
86	29/03/219	J Bagshaw	A Governor queried whether the Trust was able to fulfil the rota, 24/7 in Paediatric A&E	Paediatric A&E nursing is fully staffed with no vacancies and staffed 24/7.
87	29/03/2019	T Lloyd	A Governor queried whether the Trust had any concerns about our neurological services.	<p>The Trust’s Neurology service is performing well against all plans. We are undertaking a service review to look at ways of responding to the continually increasing out-patient demand which includes looking at using video-conferencing and referral triage.</p> <p>The Trust is formulating a proposal to increase Neurology Nurse capacity to cope with the rising demands.</p> <p>From a Neuro-rehabilitation point of view The Trust has recognised the increasing demand for Neuro-rehabilitation beds and an ICS (Integrated Care System) approach is being applied to this to develop solutions which provide best care for patients.</p>

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88	12/06/2019	J Bagshaw	A Governor queried how many exception reports were received from junior doctors in the last year, and how many resulted in service or rostering changes.	In the financial year 2018/19, 255 exception reports were submitted. The precise number of these which resulted in service or rostering changes is not known, because these changes are usually performed on the basis of patterns of exception reporting, rather than on the bases of individual reports. However, rostering and service changes were made in at least three departments over the year, on the basis of, or in part due to exception reporting.
89	03/07/2019	J Bagshaw	GPs at my local surgery tell me that patients are often discharged home without their knowledge and notification may be significantly delayed. Is there a standard process and timescale for GPs to be informed?	<p>The Trust aims to provide patients, following an inpatient stay, with an electronic discharge summary (EDL) prior to leaving the building. With an electronic copy sent to the GP within 24 hours of discharge. Where this is not possible for valid reasons the summary should be completed within 24 hours.</p> <p>To improve timely provision of information the Trust has</p> <ul style="list-style-type: none"> • Extended our digital information transfer solution (DOCMAN) to include all regions – not just Berkshire West (the signing of an EDL as complete triggers DOCMAN to send to the GP automatically). Avoiding the need manual intervention. • Digital Hospital Programme – as part of the ClinDocs/EPMA go live (Oct/Nov 18) the standalone EDL solution was replaced with a solution integrated within the core electronic patient record (EPR) – providing a semi-auto populated EDL which is embedded closer to the discharge process. • GPs in Berkshire East and West have access to the Connected Care Shared Care Portal. Within Connected Care admissions, discharges and transfers are available.

No.	Date	Governor	Query	Response
				Work will continue through 2019/20 to optimise the use of the EPR
89	28/08/2019	Public	What plans are in place for ensuring that the RBH Foundation Trust will be carbon neutral by 2030?	A response has been provided to the member of public from the Chief Finance Officer and is available on request
90	14/10/2019	J Cheng	Why has one of the lifts in the Eye Block been out of order since the beginning of 2019?	<p>The Eye block lifts were functional until a flood during August 2019. Following this period, the lifts were out of use until 20th September 2019. There may have been occasions prior to the flood where one of the two lifts was not working. Since 20th September 2019 both lifts have been fully functional.</p> <p>There is one lift in Battle block that requires a full hydraulics change. This is an expensive repair and the work has been included as part of a site-wide capital project to upgrade all lifts. We are prioritising bringing back the Battle Block lift into service.</p>
91	14/10/2019	J Cheng	What are the plans for Pre-Op Assessment' as the environment is not ideal for patients?	<p>Refurbishment of the South Wing Annexe, where Pre-Op Assessment is located, is rated as high priority, along with several other areas of the Trust estate, in the wider Trust Estates Master Planning exercise. This is currently being developed with significant engagement and input from patient services.</p> <p>As part of on-going estates maintenance, the physical environment in the department is reviewed regularly to keep the building functioning and to assess issues as proactively as possible. An alternative venue is being scoped in partnership with a sister department to relocate the service to a long-term base and to provide some services from other hospital sites</p>

No.	Date	Governor	Query	Response
92	27/11/2019	J Barker	<p>A Governor highlighted that a member of the public was recently admitted to the Royal Berkshire Hospital as an inpatient. The patient (who was pregnant) was taken to the outpatient phlebotomy department to have a blood glucose test. The patient had to wait for over an hour for this test and queried the Trust's inpatient phlebotomy process. The Chair of the Trust advised that this would be raised with the Chief Nursing Officer for a response.</p>	<p>The Chief Nursing Officer is unable to advise on specific cases. It is suggested that the lady in question raises her experience with the Talk to Us team directly. talktous@royalberkshire.nhs.uk</p>
93	16/12/2019	T Lloyd	<p>The wi-fi available to patients is reasonably easy to access in most parts of the hospital with five bars being the norm. However, the bandwidth available to those accessing the system is very limited with many operations timing out before they can complete.</p> <p>This was verified by a very experienced IT professional who was trying to activate a new mobile phone for one of his clients on a ward at the RBH. (contact details available if required)</p> <p>Can this be rectified in order to improve patient's experience during their stay in hospital?</p>	<p>The Trust is in the process of implementing a major programme to replace and improve both switches and Wi-Fi coverage over the next 12 months; this is starting in Maternity at the end of February 2020. This will improve access and bandwidth for both staff and patients.</p>

No.	Date	Governor	Query	Response
94	04/01/2019	J Bagshaw	Does the RBH have a policy of fast tracking appointments for ex-service personnel, and if there are special arrangements are staff aware of it?	There is no policy in place to fast track appointments for ex-service personnel.
95	15/1/2020	T Lloyd	A member has reported that it was impossible to get a phone call through to neurology on Monday of this week (Callers were informed throughout the day that they were 7th in the queue). On making further enquiries it was divulged that CAT 10 had received no external phone calls on Monday and that this had happened on previous Mondays.	The Trust had experienced intermittent problems with incoming calls, Monday mornings between about 09:15 and 10:30, it improves after that time. This affects many areas and is not confined to the Clinical Admin Teams (CATs). The Trust is currently looking for a resolution to this intermittent issue and early indications are positive.
96	19/02/2020		Who is the Trust contact for Healthwatch organisations; Reading, West Berks and Governors	<p>The contact for Healthwatch Reading is Sharon Herring, Director of Nursing for Networked Care.</p> <p>The contact for Governors is Caroline Lynch, Trust Secretary</p>
97	25/02/2020		When attending Cardiology patients are being called by a number instead of their name. This is not appropriate. It's not for reasons of confidentiality as when attending other appointments within the clinic patients are called by their name. Can this be rectified to address patients by their name and not make them feel like a number?	<p>All patients visiting for the majority of Cardiology investigations as well as Consultant appointments are called by name.</p> <p>The exception is for those patients requiring an echocardiogram (ECG). The Cardiology outpatient waiting area is often full with a combination of Cardiology-booked ECG patients as well as ECGs for patients referred from other departments. As such, it was difficult for the Physiologists to identify which patient is next in line for an ECG. The decision to use numbers rather than names was to ensure patients are seen in the order that they presented to the Cardiology department and provide a fair and efficient</p>

No.	Date	Governor	Query	Response
				experience for our patients.
98	25/02/2020		Patients attending phlebotomy in RBH are unhappy with the general ambience and atmosphere of the service, stating they do not know why cartoon posters, pictures and magazines etc have been removed, and they feel the department is now overly sterile, with "nothing to take your mind off the blood test". What is the Trust doing to reverse this decline in patient experience?	The posters and magazines were removed to ensure the department was compliant with infection control. The Department has been closed for a period of time due to the Covid pandemic and the Trust is reviewing options to re-open this service that could include an appointment system to reduce waiting times and adhere to social distancing rules.
99	01/07/2020	J Ruddle	<p>Question in relation to outpatient appointments: In particular, I would like to know:</p> <ul style="list-style-type: none"> a. Scope, i.e., which departments are included b. Whether patients will be given the option of face-to-face vs online/phone appointments c. Whether a distinction will be drawn between initial consultations versus follow-ups d. What steps will be taken to help patients who may not be so familiar with technology or have the appropriate set up e. What timings are proposed for implementation 	<ul style="list-style-type: none"> a. All departments were offered the use of the Attend Anywhere portal. Paediatrics, Women's & Children's (including Midwifery and Community Midwifery), T&O, Head & Neck (except Ophthalmology), Elderly Care, Respiratory, Audiology, Physiotherapy, Sexual Health Clinic and Neurology have all adopted video consultations b. Yes patients are offered the opportunity for a video or telephone appointment by departments but individual specialties would need to confirm this. This did change over COVID as there were no face to face appointments, a text message went out to patients asking their preference telephone or video. c. Video consultations were initially introduced as FU's but have also been introduced for new appointments. Since June there has been a greater number of video consultations delivered as follow ups where as previously between March and May more new appointments were delivered by video than follow ups. ENT for example do a significant number of new appointments via telephone

No.	Date	Governor	Query	Response
				<p>and T&O does a high number of follow ups via telephone</p> <p>d. Patient leaflets are available and are sent by departments to patients to provide them appropriate guidance for the consultation. There is also a patient video that can be shared to support patients.</p> <p>e. Due to the pace of change during the COVID pandemic from March to April the majority of specialties were introduced to the online portal. Some departments adopted video consultations into practice in May but the majority of specialties had begun using this technology by April.</p>
100	03/10/2019		What are the plans for Pre-Op Assessment as the environment is not ideal for patients?	<p>The South Wing Annexe is currently rated as high priority, along with several other areas of the Trust estate, in the wider Trust Estates Master Planning exercise which is currently being developed with significant engagement and input from services.</p> <p>As a short term measure, the department is reviewed regularly with management and the estates team to keep the building functioning and to assess issues as proactively as possible. An alternative venue is being scoped in partnership with a sister department to relocate the service to a long-term base and to provide some services from other hospital sites.</p>
101	15/07/20	M Garman	In the relative respite afforded by the huge effort on the first wave of Covid, can we be assured that every effort will be sought to ensure that everyone from cleaners and porters and caterers up, feels acknowledged and respected for their above and beyond efforts? Where reward is due, the responsibility falls on us, in our various roles,	<p>We have always been and remain committed to equality right across all of our staff groups and volunteers and the messages from the CEO and senior leadership team reinforces that commitment.</p> <p>Throughout the pandemic we were inundated with generous gifts - everything from hot food, soft drinks, ice cream, luxury body creams through to 30 pairs of free tickets for a day at Highclere Castle. All of these gifts from our community, local restaurants, businesses and partner organisations</p>

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			to see it honoured.	<p>were shared equally with all of our staff and volunteers regardless of job title or paygrade.</p> <p>We hope that once we are completely free of the virus we will be able to hold a celebratory event by way of recognition and thanks that all staff and volunteers will be invited to attend.</p>
102	31/07/2020	K Boyle	I've heard from the information officer at South Reading Patient Voice (PPGs) that plans have been made to transfer Audiology and ENT to Townlands. Could you confirm please if this is correct and if so what consultation was carried out?	<p>While we've been looking to improve the facilities for these services for some time, the principle reason for taking the space at Townlands at this time is to restart an effective service to our patients.</p> <p>In a post-COVID world the ENT plastics and audiology procedure rooms at RBH have to be left free for an hour between patients for a full air change to take place. At Townlands that is down to 15- 20mins so we can see 3-4 times more patients, which is critical if we are to deal with the backlog of patients that's built up during COVID.</p> <p>We have proceeded on the basis of the move to Townlands being a temporary move, and we've only taken a 12-month lease on the building. To support patients in Reading and West Berkshire, we have made some changes to our ENT ward so that we can still provide the full range of OP services on the RBH site, and we've boosted the number of Out-Patient clinics we will run out at Newbury and Bracknell.</p> <p>Over the next 12 months we will be evaluating and engaging as to whether we should make the move more permanent in order to support the wider redevelopment of the RBH site, and to make best use of the facilities at Townlands which have been laying idle for a long time.</p> <p>We took advice from the Independent Reconfiguration Panel and Berkshire West CCG and both parties confirmed that as we were retaining access to</p>

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				services at RBH and were making a temporary move, we did not need to conduct a public consultation exercise. We did of course, consult with our staff.
103	14/08/20	F Anderson	Why was the funding removed for the Clinical Psychologist in the Audiology department and is there a possibility funding will be reinstated in future.	The funding for this position has not been removed. The Trust has been unable to recruit into the post.
104	14/08/20	F Anderson	There is no seating area or toilet within the long corridor from Cardiology on Level 1 to the main entrance. Can a bench be installed for patients and there are any plans for a further toilet to be located in this area.	<p>There are toilets situated to the left hand side of the cardiology department. There are no plans, nor is it feasible unfortunately (no location with suitable drainage etc), to put in any further toilets.</p> <p>Bench seats were ordered pre Covid, and have been delivered for the corridor as well as for several other locations. However due to social distancing requirements (both for seating and width of corridors for safe passing, they cannot be currently deployed).</p>
105	30/09/20	W Murdoch	Has the nurse led heart failure service been suspended?	The service hasn't been suspended, we're aware of some disruption to the community provided part of the service last year which was due to staff vacancies but we believe that to be resolved now. The RBFT nurses have been running clinics out from Bracknell Health space and doing more telephone clinics during the pandemic.
106	30/09/200	K Boyle	What is the waiting for treatment for ophthalmology, in particular cataracts?	<p>Treatment waiting times are currently distorted as a result of COVID-19. New triage pathways are in place to identify patients in need of more urgent review and these patients are seen within a matter of days/weeks.</p> <p>Triaged routine pathways are being managed in chronological order, balancing both risk to patients and patient choice. Currently 60% of</p>

No.	Date	Governor	Query	Response
				patients referred to the Ophthalmology service are >18 weeks.
107	26/11/2020	J Ruddle	What steps are being taken to allow Governors to see, on a regular basis and suitably anonymised, some detail of the formal complaints that are raised with the Trust?	The Patient Relations Annual Report for 2018/19 has been circulated to Governors. The 2019/20 is due for review by the Quality Committee after which time this will be shared with Governors.