

Governor Questions Log

No.	Date	Governor	Query	Response
152	20 April 2023	Tony Lloyd	<ul style="list-style-type: none"> • What is the rate of ED attendance for patients with South Reading and Shinfield listed as their primary care practice? • Are the rates of attendance for South Reading and Shinfield practice disproportionate to patients of other primary care practices who also attended ED? 	<p>No date range was indicated; however the question arose from the results of the Friends and Family Test survey data released in February 2023. Therefore ED data were extracted for February 2023.</p> <p>In total, 11,105 patients attended RBH ED in February 2023.</p> <p>Of these, 228 (2.05%) were patients of South Reading and Shinfield GP practice.</p> <p>Attendance rates were higher among patients from 17 other GP practices who attended RBH ED in February with the 5 highest rates of attendance as follows:</p> <ol style="list-style-type: none"> 1. Western Elms & Circuit Lane: 683 2. University Medical Group: 575 3. Milman & Kennet Surgery: 507 4. Brookside Practice: 400 5. Wokingham Medical Centre: 378
153	24 April 2023	Sunila Lobo	<ul style="list-style-type: none"> • What are the energy bills/upkeep costs for the Oasis Health and Wellbeing Centre? • Who funds the running costs for the Centre? • What are the usage stats for the Centre 	<ul style="list-style-type: none"> • The only running costs for the Oasis Staff H&WB Centre are for housekeeping and consumables (e.g. cleaning materials). This would also include any one-off maintenance issues such as the lift under the general Trust-wide site management plan. <p>The annual costs, based on last year's consumption, is as follows:</p> <p>Electric: £6,501.14</p> <p>Water: £2,928.66 (there was a water leak on the main supply which has</p>

				<p>been repaired, so this will reduce in future)</p> <p>Gas: £4,049.00 (this is currently an estimate based on meter readings, due to a fault with the meter)</p> <ul style="list-style-type: none"> • The Oasis Health & Wellbeing Centre running costs are funded by the Estates and Facilities Department budget. • Between 1 January 2023 – 30 April 2023 the Trust recorded 9,496 card swipes to access the building, this equates to 1,616 unique staff members who have swiped their card to access the building at least once during this time. <p>These numbers are likely to be lower than actual as sometimes staff enter the building in groups and only one staff member swipes their card to unlock the door.</p>
154	9 October 2023	Paul Williams	<ol style="list-style-type: none"> 1. Have all branches of Specsavers hearing services been transitioned within Berkshire West or just the Woodley branch? 2. How many customers are involved in the transition? 3. Was there a press release to announce the transition? 4. Are there any other providers similar to Specsavers involved in the transition? 5. Who was responsible for informing patients, primary care and was the letter clear about repairs and batteries? 6. What are the arrangements to cover the digitally excluded? Do they contact the CAT and what does this mean? 	<ol style="list-style-type: none"> 1. Yes all branches have been transitioned. The Berkshire West Commissioner chose to move back to an integrated service after a public consultation event and recognising the wider benefits this would bring ie. a life-time pathway for the patient so no so no need to go back to the GP for re-referral or onward referral to ENT, Acute Audiology or other specialty. Access to direct MRI, direct Balance, direct Tinnitus services which reduces referral to ENT from 2000 to 250 pts per year. This provides improved patient outcomes eg MRI scan and hearing management in 6 weeks as opposed to the 12 months+ wait for ENT, or direct access to Tinnitus Services to support these patients considered 'routine' ie. AQP but debilitated by this common condition. Patients will benefit from access to an expert team of Clinical Scientists with direct links to ENT, Neurology, Radiology etc. That all being said, we do appreciate that for some individuals this change will be seen as detrimental if there was a Specsavers in very easy reach of their home for the basic hearing aid support. We look to support these, and all our patients, where possible from their own home via the postal service, accessed online

			<p>7. Where are the 8 sites so patients do not need to come to the RBH?</p> <p>8. When will the Specsavers customer data be transferred to the RBH?</p> <p>9. The assertion by the system "There are no appointments" needs to be qualified by saying to come back later or following day when appointments will be available.</p>	<p>or by email or phone.</p> <p>2. 2,100</p> <p>3. Communications was managed via the Commissioner with letters going out to stakeholders. A further notice has been sent to go into the next GP Round Up to reiterate the messaging</p> <p>4. No, not in Berkshire West</p> <p>5. A letter went to all patients. This was managed via the Commissioner, and actioned via Specsavers, with input from RBFT to ensure correct onward information</p> <p>6. Email and phone access available as previous, and advertised to patients. Repairs self-booking represents an additional mode of access bringing increased flexibility for those who choose it</p> <p>7. Bracknell Healthspace, Wokingham Community Hospital, West Berkshire Community Hospital, Henley Townlands, Wallingford Community Hospital, Royal Berkshire Hospital, Loddon Vale GP, Pangbourne GP Surgery (latter two sites in process of being re-established with the Mobile Unit, paused during covid)</p> <p>8. There is no contractual requirement to transfer data. However, our software system (Auditbase) allows us to pull prior audiogram information and hearing aid settings from existing devices allowing us to manage the patient</p> <p>9. Indeed, a valid point and this clarification has already been requested via the IT interface team, also to help stream patients to sites where there is higher availability so they can access support across the network</p>
155	8 November 2023	Dhian Singh	Is the 15 steps scheme that is aimed at improving the hospital experience for parents/guardians and children offered to	The 15 Steps is about learning from service users about their first impressions of the department. We ensure that service users who undertake this with us represent a diverse population and, by way of an example, we

			other minority groups? Are you aware of any groups tailored for minority ethnic, disabled and LGBTQIA+ patients or other minority groups?	have specifically made some improvements within maternity based on feedback given by a wheelchair user who was involved.
156	29 November 2023	Alice Gostomski	Accessibility of disabled parking at the Reading site	We have disabled parking available in a number of locations across the RBH site. We are aware of an issue about not being able to provide patient disabled parking spaces immediately outside of the South Block entrance within a staff restricted parking area.
157	29 November 2023	Alice Gostomski	Why can't the operating hours of the patient transport buggy service extend to align with outpatient clinic times.	The service is run by volunteers and they fill the service for as long as we can each day. However, some days we struggle to fill both rotas. We can look at extending the days further but from past experience we know it is extremely difficult to run too late as the volunteers need to return home before dark, have buses to catch, are carers etc. As they give their time freely we have to respect this.
158	19 December 2023	Governor	A concern was raised in relation to the shortage of sonographers at the Trust and whether there was a recruitment plan to address this.	There is currently a national shortage of sonographers for Maternity and Gynaecology. We currently have a vacancy rate of 25%. Whilst we do advertise the uptake and success is very low and over the years, we have had our own in-house training to help fill our vacancies.
159	20 December 2023	Tom Lister	Has training for Gastro Intestinal therapists (health care scientists) been considered in the Trust's plans to extending endoscopy skills to other disciplines?	The Trust has trained a variety of health professionals and allied professionals in endoscopy procedures. Trainers have current reached capacity and are not currently able to accept any more training dates. This is to ensure that they are available to carry out clinical procedures for patients with complex procedures who require treatment.
160	20 December 2023	Governor	How is the Trust promoting dying at home across all relevant wards?	The Trust works on the principle of preferred place of death. Teams hold those conversations with patients and their families at the appropriate point in their pathway. The outcomes of these discussions and decisions are monitored and audited by the Trust.
161	20 December	Governor	How have consultants responded to the Trust's calls to complete Venous	All consultants receive training about VTE in their undergraduate and postgraduate training programmes, it then forms part of ongoing Continuing

	2023		Thromboembolism training?	Professional Development (CPD). Further learning occurs root cause analyses are carried out for any hospital acquired VTEs and this learning is shared via departmental clinical governance meetings.
162	20 December 2023	Thomas Duncan	Has a date for the completion of the rest facilities and hot food for junior doctors been agreed and what are the reasons for the delay in completing the work?	The location identified for the rest facilities and hot food for junior doctors required works to remove asbestos. Once this has been completed, the rest of the renovation and installation of furniture and equipment will be completed. The work is anticipated to be completed in March 2024.
163	20 December 2023	Paul Williams	Will the Trust reach its target for staff appraisals?	The Trust anticipates and will strive to reach its target for appraisals i.e. 90% However, we are unable to confirm, with any certainty, when we will achieve the target. Care Groups are focussed on increasing their compliance rates so we expect to see the rates increasing over the coming months.
164	20 December 2023	Tom Lister	The recent Guardian of Safe Working report indicated that junior doctors may feel as though they have lost training opportunities to gain further professional competence due to the large community of Physicians Associates. What is the Trust doing to support the junior doctors?	<p>Training opportunities for junior doctors has been impacted by ongoing industrial action. This presents a risk that some junior doctors will not be signed off for competencies because they have missed so much training. The Trust is unable to provide repeated or additional training sessions due to the practicalities of rescheduling the workload and consultant time. The Trust is providing training opportunities where it is possible.</p> <p>The Director of Medical Education has been disseminating information to all junior doctors to ensure they are able to make an informed decision about whether they strike or not. In relation to maintaining professional relationships, the Trust emphasises that all staff should demonstrate the Trust's CARE values in their interactions with each other to prevent tension between colleagues and professions.</p>
165	14 January 2024	Clive Jones	<p>Can the Trust provide assurance that there is a plan to repair the heating system around Adelaide and Charlotte Starmer-Smith ward?</p> <p>Can the Trust provide assurance that temperature levels in the hospital are not</p>	<p>Adelaide and Charlotte Starmer-Smith wards had been reviewed. Both are both operating as designed. They were last serviced in December 2023. At the time of checking, the main ward temperature was 23 degrees and the side rooms were 18 degrees. This is compliant with current guidelines for wards a side room.</p> <p>The Trust does not adjust temperatures in ward spaces in order to reduce energy costs and the Estates team do all they can to provide a comfortable</p>

			being reduced to a very low level so as to save money on heating bills?	<p>and compliant environment for our staff, patients and visitors. However, there are challenges due to the age of heating systems at the Trust. The Trust responds to any requests to adjust temperature which can then cause discomfort in other areas heated and ventilated by the same air handling unit.</p> <p>Ward staff can, and do, report any issues with heating 24/7 and in most cases they are adjusted as required by the shift engineers 24/7. A reminder would be sent to all staff to ensure that they report any patients experiencing discomfort related to heating to the estates service desk (or the site managers out of hours) as soon as possible.</p>
166	23 January 2024	Paul Williams	Does the RBH have a nursery for staff children on the main site or any of the federated sites?	The Trust does have a nursery for staff on Craven Road. Details can be found the Trust website via https://www.royalberkshire.nhs.uk/work-with-us/pay-and-benefits/
167	24 January 2024	Richard Havelock Andrew Haydon	<p>Are exit interviews carried out with all members of staff who leave the Trust?</p> <p>Are exit interviews carried out for staff who move to new/other posts within the Trust? What are the recruitment plans for the internal recruitment and retention post to be refilled?</p>	<p>All staff who are leaving the Trust are sent an exit questionnaire and advised that they can have an exit interview. It is a personal choice whether to complete this.</p> <p>This process has not been formally rolled out and had been trialled unofficially. The Trust is currently looking to refocus work on retention and has recently secured funding to recruit a People Promise Manager who when starts will be focusing on this.</p>
168	24 January 2024	Governor	What is the value of restricted funds in the Charity?	£1.73m
169	24 January 2024	Governor	How does the Trust check and receive assurance that no fraud is being committed in payroll and agency?	We have an experienced payroll and HR team who oversee the hiring of and payment of staff, with internal controls measures, including segregation of duties, 'second pair of eyes' reviews, and automation for approvals, which enables full audit trail of decisions to book and pay for staff salaries and additional hours. Staff are paid on agreed pay scales with executive sign off of any variations to these. We use NHP, an agency which vets temporary

				<p>labour through reference checking and validation of qualifications. We rigorously follow up on any national and local alerts and budget holders are asked to confirm their staffing cohort through regular establishment validation exercise.</p> <p>Transactions and internal controls are subject to regular independent internal audit reviews by KPMG and we contract with BDO to provide us with a counter fraud advisory service. The external auditors, Deloitte, also conduct reviews of transactions to detect any material misstatements. The Chief Finance Officer oversees the operation of this array of internal controls on behalf of the Chief Executive, and there is ongoing education and publicity to staff to raise awareness of the risk of fraudulent activity, and to encourage escalation if there is any concern. This activity is all overseen by the Audit and Risk Committee, which is chaired by one of the Non - Executive Directors, and this committee reports to the Trust Board.</p> <p>The Trust also participates fully in the National Fraud Initiative, a public sector-wide data matching exercise run by the Cabinet Office, which identifies potential anomalies in payroll data for review by Trust teams and, where appropriate, follow-up by the Local Counter Fraud Specialist (LCFS).</p> <p>The LCFS provides annual specialist fraud awareness training to the HR team, and cascades key alerts and guidance throughout the period, which this financial year has included guidance on agency staffing fraud risks.</p>
170	24 January 2024	Paul Williams	When seeking assurances about the proposed development of the Surgical Hub following the removal of South Block Annex, was the reduction in the size of the car park during the demolition and build taken into consideration and what mitigations were envisaged?	The reduction in car parking spaces had been mitigated but cannot be completely avoided. Additional spaces have been made available outside Endoscopy. There are still plenty of offsite spaces available and the usage patterns would suggest that there are staff that could make use of these facilities. Those that use them, especially the park and ride, are very positive about them. We continue to use Trust communication routes to encourage staff to use alternative parking locations and travel options.
171	24 January 2024	Paul Williams	Does the Trust have contingency arrangement for water supply failure as well as power cuts?	The Trust has business continuity plans for all departments. We do have arrangements for water, unfortunately the recent issue (that affected wide parts of Reading) was a water supplier issue and their own communication

			What assurances have you received about contingencies the RBH has and does this appear on the risk register?	and contingency arrangements failed. Senior level improvement meetings are ongoing between RBFT, Thames Water and Berkshire Healthcare CT (also affected) to ensure changes are made. Regarding power, yes we have contingency and resilience with generator back up. Both electricity and water supply are on the risk register.
172	19 February 2024	Sunila Lobo	Can Governors seek assurance about the recent BBC news article on 'NHS hidden wait lists' What is the 'real' backlog and how is the Trust tackling it?	<p>The Trust does not have 'hidden' waiting lists and treats all of patients based on clinical need, whether they are waiting for their first appointment or subsequent appointments. The Trust aims to do that as quickly as possible, addressing backlogs by providing as many appointments as able to.</p> <p>Waiting list times published for each trust on the NHS England website: Statistics » Consultant-led Referral to Treatment Waiting Times Data 2023-24 (england.nhs.uk)</p> <p>The link is midway down the page – Download Waiting Times by Hospital. Open the spreadsheet and select the Trust/Provider of interest and you can select waiting lists by specialty.</p>
173	22 February 2024	John Bagshaw	Cancellation of appointments by RBH is sometimes very late, even to the point that a patient is already at the hospital. Is there a Service Level Agreement for a minimum notice period?	The Trust does not have a Service Level Agreement for the cancellation of appointments. However, we ensure that we do everything to avoid any cancellations especially those at short notice. Occasionally, for factors outside of our control including sickness the Trust does unfortunately have to postpone appointments at short notice.
	8 March 2024	Sunila Lobo	Staff in the Berkshire Cancer Centre are working in small offices that are overcrowded with consequent health and other risks, including fire safety. What is the Trust doing to address this risk?	Over the last few years we have seen an increase in our CNS staff due to service improvements and increasing demand, this set against our rather challenging estate has highlighted this issue. The Care Group Board are aware and have been working with the teams to find some solutions. Currently we are looking to bench out the offices to utilise the space more effectively and are asking teams to look at different ways of working including hot desking or remote working to reduce numbers of staff in the rooms at any one time. We have spoken to our fire safety officer and they

				will be undertaking an evacuation test. The management team have previously requested some occupational health assessments for individual team members but not one for the environment as a whole which we are currently seeking. They have also involved the space utilisation team, estates, fire safety team but we recognise this remains a challenging problem across the Trust. Once we have the fire safety review and Occupational Health review we will meet with the Berkshire Cancer Centre team to review how we can move forward on any advice and solutions.
175	15 March 2024	Sunila Lobo	Further to the BBC article on waiting lists where we are on top of the table of shortest waiting lists it mentioned that significant progress was being made with that and steps were being taken to reduce variation, including writing to those patients who had waited over 40 weeks to offer them treatment at other hospitals. Given there are RBH patients waiting 52 weeks/a year for elective surgery. Is the offer for treatment at other hospitals made to them?	Patients can of course still choose to be referred to other providers at the point at which their GP refers them. For context, only a very small number of those patients waiting over 52 weeks are actually waiting for surgery (most are waiting for a first outpatient appointment), and typically those patients are unlikely to be able to be operated on at other local facilities owing to complexity. Waiting times are unlikely to be shorter at neighbouring NHS hospitals.
176	25 April 2024	Sunila Lobo	1) The community have heard about 10 month waits for non-melanoma skin carcinomas, which is forcing frightened patients to private treatment. Can Governors seek assurance that Dermatology is taking appropriate action to reassure patients and have set targets to reduce waits towards reducing potential deterioration of patients'	The Dermatology team offer an extremely comprehensive Advice and Guidance (A&G) service where all GPs are able to contact the team with questions/queries/concerns and the team aim to reply to them within 3-7 working days. The GPs have fed back that they find this service invaluable. On average the Trust receives 30-50 requests per day to respond to. The team are often able to suggest treatment for the less urgent skin lesions (and rashes) for primary care colleagues to try in the community which can often mean the patient does then not need to be seen in clinic. This A&G process also means they are able to contact us if they have concerns about a lesion growing, send us photographs to review and expedite it. The Dermatology team haven't specifically contacted patients with regards

			<p>conditions?</p> <p>2) RBH's 4 hours or less waiting times at A&E are at 69% of the targeted 76/78%. There is evidence that A&E waits of 5 hours or more can lead to significant deterioration or even death. What percentage of waits at A&E are 5 hours and more? Can Governors seek assurance that RBH will be taking action to achieve its waiting time target and by when is this hoped to be achieved?</p> <p>3) In a National long-term plan, a target of reducing the stillbirth rate by 50% by 2025 was set. Can Governors</p>	<p>to waiting times to reassure them but they are comparable (or even better) to many of our surrounding counties. We have also set up several initiatives to try and improve things and reduce our waiting times. These include but not exclusively:</p> <ul style="list-style-type: none"> • Recently employed a trust locum consultant (March 2024) • Planning on employing another trust locum if a suitable candidate applies to our recent advert (advert closed this week) • 12 month GP education outreach programme to try and educate GPs and other primary care clinicians • Employing a dermatology pharmacist to see a certain cohort of patient and free up dermatologists to see more skin cancer and complex dermatology cases • Running extra Saturday clinics to undertake skin cancer reviews and dermatology surgery procedures • Looking at external providers <p>The percentage of waits in the Emergency Department (ED) over 5 hours between January and May 2024 is an average of 26% (including eye casualty). The Trust has a strong focus on improving waiting times in the Emergency Department (ED), monitored through the trust-wide improvement programme Improving Together, along with initiatives to improve hospital flow and length of stay through ED and the organisation. There are also a number of initiatives to support the reduction in waiting times outside of ED including support from Berkshire West Place, in commissioning of an onsite Urgent Care Centre from October 2024 to increase same day access for patients attending with minor illness and to support meeting the demand for primary care.</p> <p>Reducing perinatal mortality is one of the main priorities for maternity services at the Trust. The specific initiatives for reducing perinatal mortality are grouped together under the umbrella of the Saving Babies Lives Care</p>
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			<p>seek assurance on the actions taken or to be taken to achieve this target?</p>	<p>Bundle (NHSE version 3 published in May 2023) The bundle contains standards for the following:</p> <ol style="list-style-type: none"> 1. Reducing smoking in pregnancy 2. Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction 3. Raising awareness of reduced fetal movements 4. Effective fetal monitoring during labour 5. Reducing preterm birth 6. Management of diabetes in pregnancy <p>Each of these elements has multiple standards. Compliance with these standards is monitored quarterly through the organisation governance processes and externally through the LMNS Board (Local Maternity and Neonatal System within the ICB) Ultimately our partners at the LMNS confirm and assess our progress and compliance. The latest quarterly report (Q4) confirmed that we are fully compliant.</p>
177	9 May 2024	Benedict Krauze	<p>What is the Trust's process for keeping patients informed as to their date for surgery including support for managing their condition whilst they are waiting e.g. pain management? Are they provided with a contact number that they can call to get an update rather than going to their GP.</p> <p>Also, what specialities are covered by Health Coaches.</p>	<p>Each specialty at the Trust has its own Clinical Administration Team (CAT) that patients are able to contact for updates related to their pathway, although each department will have their own processes for updating patients/providing additional support contact details and material for advice. The contact number for the individual CAT is listed on all correspondence letters to the patient as well as available via the Trust website under the department.</p> <p>The Trust has Health Coaches that screen in-patients in Trauma & Orthopaedics and Colorectal Cancer to support them. In addition, we have a transitional pain service for patients who are picked up as needing specialist pain support by our Health Coaches.</p>
178	3 June 2024	Paul	<p>We would like to know the average waiting time from referral to operation for both hip</p>	<p>The average wait for hip & knee from referral to surgery is currently 61 weeks. However, this could vary depending on urgency, availability for</p>

		Williams	<p>and knee replacement.</p> <p>Reading has been suffering from water supply outages for a few days not only affecting Tilehurst - Pangbourne but much nearer to the RBH in Redlands (Alexandra Road). Most organisations have contingency arrangement for power cuts but not water supply failure. What assurances have you received about contingencies the RBH has and does this appear on the risk register?</p>	<p>cancellations or complexity of the procedure.</p> <p>The Trust has business continuity plans for all departments. The Trust does have arrangements for water, unfortunately the incident this relates to (that affected wide parts of Reading) was a water supplier issue and their own communication and contingency arrangements failed. Senior level improvement meetings were held between RBFT, Thames Water and Berkshire Healthcare CT (also affected) to ensure changes are made and since the incident the Trust now has a clear arrangement with Thames Water for water supply disruption resolution. The Trust also contingency and resilience plans for power with generator back up. Both electricity and water supply are on the Estates & Facilities risk register.</p>
179	14 June 2024	Paul Williams	<ol style="list-style-type: none"> 1. Is it possible for a doctor to sign a DNACPR even if the patient disagrees? 2. What the doctor should do? e.g explain CPR - what it includes and the possible side effects and if it is medically appropriate 3. Can patients seek a second opinion? 4. Is information on this topic available on the Trust's website? 5. Should the patient at first discuss DNR with his/her GP?. 	<ol style="list-style-type: none"> 1. It is possible but not recommended and the doctor concerned would need to state that this was the case and their reasons for doing so. 2. Yes all of these. As with all medical consent what the pros and cons might be and to anticipate and answer any questions the patient might have 3. Yes 4. Information was on the old Trust website but was not carried forward when the new website was implemented. The resus team are working with Comms to get this information republished. A draft version has been produced and is awaiting approval by the Resus team. In due course, a section of the website called 'your stay in hospital' in which this information will be made available. Ahead of this it will be on the visitors' section of the website. 5. Not necessarily and in the current times, this may be difficult 6. There is no age limit. It relates to how likely CPR would be

	8 August 2024		<p>6. Is CPR not appropriate for older (define 65+?) and frail people or people who have a serious illness and is near to end of life</p> <p>7. The experience of a number of patients has been different, so what assurance can be given to show there is oversight in the process to ensure a consistently correct handling of DNR?</p> <p>8. Is the guidance and information contained on www.resus.org.uk recommended by the RBH.</p>	<p>successful and whether it might be the right thing to do for that patient at that stage of life. It should always be an agreed decision between the patient (and often their close family) and the clinical team caring for them. The decision may change with time as the patient's condition changes.</p> <p>7. We undertake an annual audit of the ReSPECT documentation which is cascaded to all teams. We also undertake a microaudit on a monthly basis of patients with a current DNACPR to check whether they have an associated ReSPECT form that has been formatted correctly and if we find gaps we address these with the teams.</p> <ul style="list-style-type: none"> • We facilitate a talking DNACPR with ReSPECT course which enables staff to have these conversations we also have an SOP for specialist practitioners to also be able to document these decisions. • We undertake ward based training and have a footprint on doctors induction to share the message as widely as possible. • We have links with the regional team looking at how Connected Care can best be utilised so that the ReSPECT form is visible both in hospital and in the community setting so that we are sharing this information as widely as possible. • We have good links with the PALS team to enable us to address any concerns raised by patients/families with regards to ReSPECT decisions and we will make contact address these directly which, on the whole, is very well received. <p>8. Yes. The Trust recommends the guidelines contained on www.resus.org.uk</p>
180	19 June 2024	John Bagshaw	Following the recent Mail article Scandal-hit hospital where celebrity make-up artist died from sepsis is accused of 'putting lives at	There is a very clear code of practice set by the Faculty of Physician Associates, and rigorous governance around the work of our Physician Associates (PAs). We do not use PAs in place of doctors and we ensure

			<p>risk' by having unqualified medics covering doctors' shifts in A&E</p> <p>Is the Trust limiting the use of PAs in the emergency department (as in some other Trusts) and are any used in paediatric emergency cases?</p>	<p>that they can practice safely. They are also subject to dedicated training and thorough competency-based assessments to monitor the safety and standard of their work which is also subject to stringent supervision from appropriate clinical colleagues.</p> <p>We have a strong track record on the use of PAs who bring added value to our multi-disciplinary teams. We currently employ more than 40 PAs who play key roles across a wide range of services including Emergency Department and Paediatrics.</p> <p>Physician Associates are a valued and integral part of our multi-disciplinary teams and their input in enhancing patient care cannot be underestimated.</p>
181	10 July 2024	Bill Murdoch	Governor raised an issue in relation to car parking at Townlands Memorial Hospital	NHS Property Services who own the building and car park at Townlands Hospital is aware of the issues with car parking and are in active discussions with the relevant parties to address the issues. The Trust has asked NHS Property Services for updates as these discussions progress.
182	16 July 2024	Alice Gostomski	A query was raised as to whether the Endoscopy outpatient team were able to call patients to attend when an outpatient slot became available due to another patient not attending at short notice.	Yes the team can and do fill short notice cancellations in outpatients, a vacant slot list is pulled from EPR to identify the slots and patients are called to fill them. However, this is very dependant of staffing level within the Clinical Admin Team (CAT).
183	10 October 2024	Paul Williams	Patient Transport non-emergency service. This is a contract which is let by the RBH and is currently with South Central Ambulance Services (SCAS). It has been suggested that this service has been re-tendered and has gone to another provider. Can you confirm that this is the case and whether there will be any changes to the	The Trust's Non-Emergency Patient Transport contract was put out to tender last year. A new contract was awarded to Alpha Ambulances in November 2023 with a commencement date of January 2024 to allow for mobilisation. The contract features enhanced requirements, covering all aspects of the service to ensure the highest standards of patient care are maintained throughout.

			service provided by SCAS?	
184	11 October 2024	Paul Williams	Patient Transport non-emergency service. Governor asked for examples of the enhanced service or a link to where it might be found?	Response awaited
185	14 October 2024	Beth Rowland	Does the Trust have the equipment to carry out non-invasive autopsies for children or are we planning to purchase equipment in the near future?	Response awaited