

Governor Questions Log

No.	Date	Governor	Query	Response
197	30 April 2025	Paul Williams	<p>Human Tissue Authority Report issued 12 Dec 2024</p> <p>Has the response to HTA been assured by a committee (Quality). If not, should future similar reports from external bodies which raise major issues be notified to the quality committee to see if there are lessons to be learnt.</p>	<p>The HTA Inspection of the Mortuary took place in October 2024 and the inspection report was submitted through Networked Care and BSPS governance as part of a suite of laboratory/pathology inspections that are on a regular rolling programme.</p> <p>Whilst the actions were labelled as 'major' on the HTA report they would not be classified as high risk on the Trust's risk register and mainly related to being able to evidence training records and content in standard operating procedures. To provide context, similar HTA inspections at other trusts usually highlight a greater number of outstanding actions and we were commended on having so few. Most of the actions have now been complicated, with the last few minor requirements being actioned currently.</p> <p>To enhance our processes, it has been agreed that HTA compliance would be reported more explicitly to the Trust Quality Governance Committee and that would be part of the key messages to Board Quality Committee.</p>
198	2 June 2025	Sunila Lobo	<p>The issue of audibility of the calling of names at the A&E waiting room has been brought up by members of the public and mentioned at Public Board too. This is particularly concerning for those with hearing loss as well as other hidden disabilities such as autism, anxiety or phobias.</p>	<p>The team make a huge effort to ensure that the patient does not miss being called. As mentioned in our previous response, the team call the patient numerous times. They call from the triage door, they will go out to the waiting room to call the patient and they will also go outside the front of the department to call the patient. This will happen 4 times.</p>

			<p>Further, the fear of missing a call-out creates added anxiety. Could tech, for instance, as used in GP surgeries or restaurant table buzzers be a solution to this issue?</p>	<p>We have not had many PALS and complaints and certainly none recently about the fear of missing being called or delayed treatment due to missing being called. Due to the nature of the department, buzzers such as those used in GP surgeries wouldn't be suitable. For those patients who are deaf/heard of hearing this would be identified at booking in and a note made on the system to alert the member of staff calling the patient.</p>
199	12 June 2025	Sunila Lobo	<p>UCC from Broad Street Mall to RBH from 1 July 2025: The question is whether patients are able to walk-in to UCC as they used to at Broad Street Mall or only if they are directed by NHS 111 there or through triage at RBH's A&E? When will this be made clear?</p>	<p>The service has been commissioned by the ICB and patients can either be;</p> <ol style="list-style-type: none"> 1. Redirected by primary care when they reach capacity 2. Via NHS111 3. Redirected by ED triage/streamer 4. Walk in <p>The ICB are running the communications, and have tried to focus on patient's using NHS111 to ensure they are redirected to the most appropriate service. We have set up a Trust webpage for patients to better understand the criteria and access routes: Reading Urgent Care Centre</p>