

Board in Public – 17 September 2026

Questions received.

Question from Members of the Public				
	From	Question	Assigned to:	Response:
1.1	Mr Gooderham	<i>What plans does the Trust have to implement Glaucoma Best Practice Guidance published on 8 June so that patients have much shorter 45-minute appointments, compared with to 2 to 3 hours at present, along with other improvements, at Southland and St Richards Hospitals for example, and will the Trust ensure that patients and the public are involved in these developments?</i>	Chief Medical Officer	Thank you for the question. The Trust is planning to implement the glaucoma best practice model in line with the latest national guidance. As part of the preparation for implementation, a multidisciplinary team from Ophthalmology visited Exeter, following recommendations from GIRFT, to observe the model in operation. The visit provided valuable insight into pathway design, operational requirements, and practical implementation considerations, helping to address several previously identified barriers. A pilot of the recommended pathway was undertaken at Southlands Hospital during May. This demonstrated that the pathway could be delivered, patients spent on average 30 minutes in the department and we happy with the experience. However, it demonstrated some bottlenecks both in how the estate is used, equipment and some training in our teams. Work to rectify this is underway. The aim is for the GIRFT pathway will be established on all sites. As this is rolled out, we will continue to work with and inform our patients of the changes, our teams to support the new way of working. We have established our patient groups following many hundreds being surveyed. We hope that their input will help shape our delivery of UHSx ophthalmology services.
1.2	Mr Gooderham	<i>What discussions have there been with Portsmouth Hospitals University Trust' CMO about radiotherapy services, in respect of the work done by that Trust's clinical oncologists and other staff at the Fernhurst Centre at St Richard's</i>	Chief Medical Officer	Thank you for your question, we have nothing further to add to the responses provided at our previous Board meetings.

		<i>Hospital, and what was the outcome of those discussions?</i>		
1.3	Mr Gooderham	<i>Is the opening of the Acute Stroke Centre at St Richards Hospital due in Autumn 2027 on schedule, where exactly will it be located, and what arrangements will be in place then to transfer stroke patients identified as suitable for mechanical thrombectomy from St Richards Hospital to the Comprehensive Stroke Centre at the Royal Sussex County Hospital.</i> <i>And what arrangements are to be put in place to ensure patient and public involvement in these developments?</i>	Chief Medical Officer	Thank you for this question The Acute Stroke Centre at St Richard's Hospital remains on schedule. We expect the new building that will accommodate the centre to be completed in April 2027. Following completion, there will be a period of commissioning, testing and handover before the building becomes operational. We currently estimate that the Acute Stroke Centre will begin receiving patients during June 2027. The new facility is being constructed to the north of St Richard's Hospital, adjacent to the current Boxgrove Ward, and it will be physically linked to Boxgrove Ward as part of the development. At present, patients at St Richard's Hospital who are identified as suitable for mechanical thrombectomy are transferred to Southampton General Hospital for treatment. However, we expect the thrombectomy service at the Royal Sussex County Hospital in Brighton to become a 24-hour, seven-day service before the new Acute Stroke Centre opens. Once that service is fully operational, eligible patients from St Richard's Hospital will be transferred to Brighton rather than Southampton. These patients will be transferred by South East Coast Ambulance Service (SECamb) as a Category 2 urgent transfer. Following their thrombectomy procedure, patients will be repatriated to St Richard's Hospital in Chichester as soon as clinically appropriate, preferably on the same day. Colleagues have reached out to Mr Gooderham who are leading the TTASC 3 project at SRH, aimed at improving in-hospital pathway for the first few hours of patient journey at SRH. The project is aimed at improving our processes within the hospital to increase the number of patients receiving emergency treatment and also the speed with which it is delivered. Currently the project is limited to the SRH in-hospital pathway in the hyperacute setting. Mr Gooderham would be welcome to be part of the project and represent patient perspective and colleagues will reach out directly to Mr Gooderham when the core team meetings are resumed, thank you very much for your engagement in improving Stroke patient pathways.

1.4	Mr Gooderham	<i>What action did the Trust take to reduce heat related deaths in each of its seven hospitals this summer, and what plans does the Trust have for next year?</i>	Chief Medical Officer	Thank you for your question There were no increases in hospital deaths during June or July heatwaves. There was an increase in people found dead in their homes which led to the media news story of increased deaths Heatwaves like other events are planned for and to the best of the ability of the estate the temperatures in clinical areas are maintained. Areas that overheat such as theatres did have to close.
1.5	Mr Gooderham	<i>What consideration has been given by the Board to the possibility of a demerger of the Trust, for example creating two Trusts: the first covering West Sussex with a population of some 920,000 at the at the last count, comprising St Richards, Worthing, Southlands and Princess Royal Hospitals; the second covering Brighton & Hove with a population of some 240,000 at the last count, but maybe to be enlarged soon, comprising the Royal Sussex County, the Royal Alexandra Children's and the Sussex Eye Hospitals, bearing in mind the acknowledged difficulty found elsewhere in the NHS of managing very large, complex Trusts, and the variety of issues being faced at the different hospitals in this Trust?</i>	Trust Chair	Thank you for your question. The Board approved strategy is very clear that the Trust confirmed that it would remain as one Trust and through the development of the Strategy the value of being one Trust was clearly articulated, this was broadly supported by the consultation undertaken both internally, with partners and our wider membership. We maintain a robust overview of our strategy through a dedicated Board Committee and therefore we have no reason to reconsider this position which is clearly set out in the Trust's publicly available strategy.
1.6	Mr Gooderham	<i>Would the Board kindly confirm and clarify details of the recent announcements by No 10 and DHSC of the Mental Health Emergency Departments at 'Royal Sussex Hospital, Brighton' and 'Worthing General Hospital or St Richards, Chichester' in terms of exactly when and where these will be?</i>	Chief Delivery Officer	Thank you for your question. Sussex Partnership Foundation Trust (SPFT) has been awarded funding to build three mental health Emergency Departments (ED's) across Sussex over the next three years. The location of two are confirmed: Eastbourne, which opens imminently, and Brighton (Royal Sussex County) which is planned for 2028. The third location is West Sussex, which is planned for 2029. Please note there has been no decision made yet on the location, but it will be at either Worthing

				Hospital and St Richard's. We are working closely with SPFT on the two planned for our hospital sites, including on the options appraisal for which West Sussex site to locate the third unit.
1.7	Mr Gooderham	<i>Is the Board concerned that the Trust does not appear to be included in the comprehensive national list of allocations published on 11 September for Estates Safety Fund initial schemes for 2026 to 2030, to address critical infrastructure and safety risks in NHS hospital buildings.</i>	Chief Financial Officer	Thank you for your question. The Trust is aware of the initial national list of Estates Safety Fund schemes and associated allocations for 2026/27 to 2029/30 published on 11 September, and that UHSussex is not included in this initial publication. It is important to note that the publication represents an initial tranche of approved schemes rather than the final allocation of the Estates Safety Fund. Further schemes and allocations are expected to be confirmed as the national and regional programmes progress. UHSussex has previously benefited significantly from the Estates Safety Fund, receiving £11.75m in 2025/26 to support priority infrastructure and safety works across our hospital estate. For 2026/27 the Trust has secured some £9.85m from this fund for critical ventilation systems. For future years, our capital planning has been undertaken on the broad expectation that the Trust will continue to receive Estates Safety Fund support of around £10m per annum. This is a planning assumption rather than a confirmed annual allocation and remains subject to the regional prioritisation and approval of individual schemes. We remain in regular and constructive contact with the NHS England South East Regional capital finance team, who have been very helpful in working with the Trust on our capital requirements and priorities. We will continue to work closely with them to ensure that the significant critical infrastructure and safety risks within the UHSussex estate are appropriately reflected in regional prioritisation and future funding decisions. We will update the Board and Public as further allocations and individual schemes are confirmed.

1.8	Mr Gooderham	<i>Accepting that the opening of the Trust's new head and neck radiotherapy service in Eastbourne, as described in the second paragraph on the eighth page of the Chief Executive's report, is very good news for cancer patients in the town and surrounding area, will the Board contrast that with the total absence of radiotherapy facilities in West Sussex, which means that a significant minority of cancer patients in the county requiring radiotherapy will have to travel 75 minutes to Portsmouth or 60 minutes to Brighton, with there being no prospect of complying with the predecessor Boards' decisions on having radiotherapy facilities in West Sussex, would the Board reflect on that position in the light of the Trust's strategy for 'Excellent Care Everywhere?</i>	Chief Medical Officer	Thank you for your question. The Board has sought to provide a thorough answer to questions raised regarding the UHSussex radiotherapy services as referenced in previous meetings below: 11 June – question 1.3 https://www.uhsussex.nhs.uk/resources/public-board-11-june-2026-questions-and-answers/ 14 May – question 3.2 https://www.uhsussex.nhs.uk/resources/trust-board-14-may-2026-questions-and-answers/ 31 March – question 1 https://www.uhsussex.nhs.uk/resources/public-board-31-march-2026-questions-and-answers/
1.9	Mr Gooderham	<i>In the light of reported failings, will the Board comment on the mortuary at Worthing Hospital?</i>	Chief Medical Officer	Thank you for your question. We recognise the findings of the Human Tissue Authority and take them extremely seriously. The dignity, security and respectful care of people after death is of fundamental importance to us, and the inspection identified areas where our standards needed to improve. “A number of the issues highlighted were already known to us and were being managed, and since the inspection the majority of the issues raised by the HTA have now been fully addressed. “The work we have already completed includes reviewing and strengthening training and working practices across our mortuary services, and making immediate improvements to the mortuary environment. We still need to complete a longer-term programme of environmental improvements across our sites, with refurbishment work already complete at one hospital, and currently underway at another, with further improvements planned elsewhere.

				The Human Tissue Authority has not suspended or revoked the Trust's licence, and we continue to work closely with the regulator to ensure the highest standards of care, dignity and respect for deceased patients and their families."
2.1	Action against Medical Accidents, the UK's patient safety charity:	<i>Given the Trust's record on supporting patients and families affected by avoidable medical harm in a timely, compassionate and coordinated way (and which can lead to harm being 'compounded') will the Trust's Board commit to working with stakeholders, including patient groups, to develop and implement a defined pathway for harmed patients and families that ensures that they receive consistent standards of care and support across the Trust following an incident of avoidable harm?</i>	Chief Medical Officer	Thank you for your question Patient safety incident awareness and response is demonstrated by our culture of high reporting (national benchmark in top third datix/1000 bed days) and full integration of PSIRF. The PSIRF program supports investigation to understand the system, process and human factors contributing to the incident plus always involves patients or their families. Their concerns and questions are central and all investigations are shared with patients or families. The focus is on learning and improvement in line with national patient safety program. Complaints are responded to via our patient experience team again with direct contact and involvement with patients in family. We have a very low re open rate post PHSO involvement indicating the efficacy of the initial response. All patients are managed as their clinical need requires. Our Trust values and professional standards ensure compassionate, and all staff strive to provide high quality care.
3.1	Anita Mackenzie	<i>We have summarised the lengthy email from Anita below, without losing the key observations</i> <i>I received a letter from, St Richard's to attend appointment at Trauma & Orthopaedic in August.</i> <i>I phoned the hospital after two phone calls which were not answered by a secretary, when I phoned again my call was answered by EVA (AI). It took me some 15 minutes to speak to someone.</i> <i>I understand that the hospitals are having a number of lost attendances. I believe an element of this maybe the frustration of patients calling the</i>	Chief Medical Officer	Anita thank you for your feedback, and we are sorry that your experience was not as we would have sought you to have had. We introduced AVA to assist with the challenge we had with dropped, unanswered calls. As the system has been established, likely over the period you were engaging with us, we now have an average call answer time of 3 minutes from what used to be averaging 30 minutes. This has seen a reduced call abandonment rate from over 30% to less than 10%. In respect to your comment of offering the caller the opportunity to speak to a person we have set within the system that it asks "would like to speak to a human" allowing the caller to be put in touch with a person, noting though that there is a limited number of these so this can introduce a queue.

		<i>Trust and there calls not being answered, as I nearly gave up on this process myself.</i> <i>I understand that there are a great number of people not happy with the system. It does not let you say the reason, or allow you to speak to an advisor.</i> <i>I am seeking to understand what is being done to support patients getting their calls answered quickly and being offered the opportunity to speak to a person directly as I see this as a way to reduce lost appointments. I would like you to present my reflections to the board.</i>		We are aware that by improving this area as you reflect will aid patients to engage with their appointments which may reduce the level of do not attends, but we have also introduced other processes of automated reminders for patients, offering them the opportunity to amend these to a better time for them. We would add that the use of AVA has also enabled us to offer the ability to engage with request in different languages. We would say that AVA also aids patients to get to the right team as previously more than 30% of calls to the booking team were not relating to a booking, which required the patient then having to be moved onto to another team causing a poor experience and add to the time they are on the phone to resolve the matter they are calling for.
4.1	Clare Jones. (for No Palantir in the NHS Brighton & W Sussex)	Our question for the UHS board is, will they 'Back the Break Clause'? Will the UHS Board heed the recent concerns of the Science, Innovation and Technology Select Committee and the Health & Social Care Select Committee and ask the Department for Health & Social Care, the Secretary of State for Health and the Prime Minister to 'cut ties' with Palantir? This question is urgent because the FDP contract with Palantir could end in Feb 2027 when there is a contract renewal option, but the decision is being made now.	Chief Strategy Officer	Thank you for your question. We recognise that some patients, staff and community groups have concerns about the Federated Data Platform and the company contracted nationally to provide it. We respect those views and understand why people want reassurance about how NHS data is used and protected. At University Hospitals Sussex, our focus is on how we can use data safely and effectively to improve patient care. The Federated Data Platform is a national NHS programme and NHS trusts have been asked through the NHS Operating Plan to implement it by 2028/29. It is important to be clear that patient data remains under NHS control. Data used through the platform is hosted within NHS digital infrastructure, not shared with or owned by the supplier. Access is strictly controlled, governed by NHS information governance requirements and only authorised NHS users can access data for approved purposes. Our focus is on making the best use of the platform locally to improve care for patients, while ensuring the highest standards of information governance, security and patient confidentiality.