Board in Public – 12 November 2026

Questions received.

Question from Members of the Public				
	From	**Question**	**Assigned to:**	**Response:**
1.1	**Mr Gooderham**	How many graduates from the nursing school at the University of Chichester, opened in 2021 in collaboration with the Trust, are now working (or have worked) at St Richards Hospital and at all the Trust's hospitals in total?	Interim Chief Nurse	*Thank you for your question.* *Based on recruitment records available for the three cohorts that qualified between September 2024 and September 2026, a total of 31 newly qualified registered nurses accepted posts within the Trust following completion of their studies at the University of Chichester. These 31 nurses were recruited into substantive roles across University Hospitals Sussex and have supported care delivery across our hospitals. The partnership with the University of Chichester continues to provide an important local pipeline of newly qualified nurses into the Trust, helping to strengthen our workforce and support high-quality patient care. Please note there were no recruits between September 21 and 24 because the pre-registration nursing course takes 3 years to complete.*
1.2	**Mr Gooderham**	Is the helipad in the grassed, hardstanding area marked H near A&E at St Richards Hospital, Chichester, used for the rapid transfer of patients from the hospital's trauma unit by Air Ambulance Kent Surrey Sussex to the Major Trauma Centre at the Royal Sussex County Hospital, Brighton, and if so will the helipad be available in due course for stroke patients requiring urgent transfer between those hospitals, when such patients are assessed in Chichester as suitable for mechanical thrombectomy in Brighton?	Chief Delivery Officer	*Thank you for your question.* *The helipad at St Richard's Hospital is used to support urgent transfers to the Major Trauma Centre at Royal Sussex County Hospital. Our local Helicopter Emergency Medical Service (HEMS) Air Ambulance Kent Surrey Sussex, supports time-critical inter-hospital transfers, including trauma transfers, where clinically appropriate. This could also include stroke patients requiring urgent transfer to Brighton for mechanical thrombectomy. Such patients are considered potentially suitable for time-critical HEMS transfer, depending on clinical need and operational circumstances. Other transfer options are also available, including the commissioned adult critical care transfer service, which supports Category 2 inter-hospital transfers. These are likely to be faster than or as fast as a HEMS transfer in many circumstances. Where HEMS may be the quickest option, for example where a critical care escort is required, we have an established referral*

				process for St Richard's to access this; please note that the appropriate approach will always depend on the individual circumstances.
1.3	**Mr Gooderham**	What steps are the Board taking to deal with the two 'routine' pieces of guidance issued by NHS England on 17 September, namely 'Implementing quality management systems' and 'Achieving excellent patient experience' bearing in mind the other priorities for the Trust and the anticipated demise of NHS England in April 2027?	Chief Delivery Officer	*Thank you for your question.* *The two pieces of guidance should be viewed as supporting implementation of the NHS Quality Strategy rather than as separate programmes. The Quality Management System guidance provides the organisational framework for planning, controlling, improving, and assuring quality, while the Experience Excellence Framework strengthens the experience domain alongside safety and effectiveness. The Trust is therefore incorporating both into its existing quality governance and improvement arrangements, rather than creating additional standalone workstreams.* *NHS Quality Strategy = what the NHS is seeking to achieve* *Quality Management System = how organisations systematically manage and improve quality* *Excellent Patient Experience = what good looks like within the experience domain of quality* *Importantly, the Quality Strategy itself says it does not introduce new requirements but aims to apply proven approaches more consistently to improve outcomes, equity and value.*
1.4	**Mr Gooderham**	Is the Board satisfied with the performance of the Trust in Q2 26/27 on cancer waits, bearing in mind that - according to data on page 4 of the Chief Executive's report - faster diagnosis fell to 72.7% against 73% planned and 78.6% nationally; that the 31-day standard fell to 75.6% against 76.0% planned and 92.1% nationally; that the 62-day standard improved to 66.3% against 66.0% planned and 71.9% nationally; that the September over-62 backlog reached 818; noting also that weekly tumour site reviews, additional skin capacity, improved theatre and diagnostic access	Chief Delivery Officer	*Thank you for your question.* *The matter of Trust performance against all its constitutional targets including those for cancer will be covered within today's meeting. Should you have questions of clarity about our plans then please do come back to us.*

		are described as underpinning recovery and bearing in mind that, for example, the figure of 75.6% for 31-day waits means that the Trust ranks 115th of 117 providers in England.? And if not satisfied, what further action does the Board plan to take with the aim of improving the Trust's performance on cancer waits?		
1.5	**Mr Gooderham**	Bearing in mind the very welcome introduction of screening for Inherited Cardiac Conditions with genetic testing currently available at clinics in Chichester, Worthing, Haywards Heath, Brighton and Lewes, would the Board explain the cost-effectiveness of plans to introduce a physiologist-led screening programme at the community diagnostic centre at Southlands Hospital?	Chief Delivery Officer Chief Medical Officer	*Thank you for your question.* *The proposed physiologist-led screening programme at the Community Diagnostic Centre at Southlands Hospital is intended to complement the existing Inherited Cardiac Conditions (ICC) clinics and genetic testing provision across Chichester, Worthing, Haywards Heath, Brighton and Lewes, rather than duplicate those services.* *The proposed service would provide a one-stop, nurse- and physiologist-led clinic, operating once a week and seeing up to six patients. Patients would have their observations, ECG and echocardiogram completed during the same visit and, where appropriate, receive their results and a clear plan for discharge or follow-up. The pathway would be protocol-led, with the specialist ICC team retaining clinical oversight and ensuring appropriate onward referral and management, including links with other affected family members where relevant.* *The principal benefit of the model is that patients who do not require a consultant appointment can receive the appropriate investigations and clinical assessment through a streamlined pathway, while specialist medical capacity is focused on those patients who need it. At the proposed level of activity, this could release approximately 300 consultant outpatient appointments each year. The nurse- and physiologist-led appointments would also be delivered at a lower tariff than consultant-led appointments, providing a more efficient use of NHS resources and specialist clinical capacity.* *There are important benefits for patients as well. Bringing investigations, results and a management plan together in a single visit should reduce unnecessary appointments, delays and uncertainty for patients and families. This is particularly important in inherited cardiac conditions, where timely assessment*

				and a clear plan can provide reassurance or enable appropriate follow-up where further specialist care is required. *Overall, the proposal is designed to improve the efficiency and experience of the ICC pathway while maintaining specialist clinical oversight. It would add diagnostic and assessment capacity at Southlands, complement the existing ICC service across Sussex and enable consultant expertise to be concentrated on patients with more complex clinical needs.*
1.6	**Mr Gooderham**	To what extent has the Trust implemented the findings of research published by Dr Richard Holmes, an Advanced Clinical Practitioner at St Richard's Hospital, on six-month reviews of stroke rehabilitation, by improving the availability of such reviews at St Richard's Hospital and other hospitals managed by the Trust?	Chief Medical Officer	*Thank you for your question.* *The service was substantially informed by the work of Dr Richard Holmes, which provided the evidence base for:* • *Adopting a person-centred approach, including face-to-face assessments, based on evidence that these are more effective at identifying issues such as high blood pressure and atrial fibrillation.* • *Providing home visits where required, particularly for patients in isolated rural areas, to ensure reviews can be conducted in person.* • *Offering flexibility in the timing of reviews, enabling follow-up to align with patients' recovery and return to work, while also supporting timely input into the national stroke audit.* *The service has also worked closely with Ingrid Pugh at UHSussex to ensure patients are appropriately directed to these services at the point of discharge.*
1.7	**Mr Gooderham**	What steps has the Trust taken to implement new guidance from NHS England that trans patients should be cared for on single sex wards or bays that align with their biological identity rather than their gender identity, in accordance with the Supreme Court ruling in April 2025 and following the withdrawal of previous guidance?	Interim Chief Nurse	*Thank you for your question.* *Following the Supreme Court judgment in April 2025 and subsequent national guidance, a Trust-wide Task and Finish Group is overseeing review and implementation. Work includes review of the existing Policy for the Provision of Same Sex Accommodation, assessment of facilities and accommodation, and the structured decision-making and equality impact assessment process.* *Engagement with staff networks and community representatives is informing the Trust's approach.* ***Assurance:** Implementation is being managed at Trust level to support a consistent and appropriately governed approach. Changes will be considered in*

				the context of the revised national requirements alongside clinical need, patient safety, privacy, dignity and applicable equality requirements. *Implementation will balance the requirements for single-sex provision with clinical priority and the Trust's continuing duty to provide safe, respectful and non-discriminatory care including respect for the dignity and rights of all patients with the protected characteristic.*
1.8	**Mr Gooderham**	What further planning consents are now being sought for the helideck at the Royal Sussex County Hospital, why were these not dealt with when the helideck was first proposed in 2008, or when the Major Trauma Centre was approved in 2012, or at any time since?	Chief Financial Officer	*Thank you for your question.* *The Trust is preparing to submit a Section 73 planning application to Brighton & Hove City Council to vary the existing planning conditions attached to the Royal Sussex County Hospital helipad, including the condition relating to the number of helicopter landings.* *The amendment is being sought because actual demand since the helipad became operational in March 2026 has been higher than was anticipated when the original planning conditions were considered more than a decade ago.* *Decisions to transport patients to the hospital by helicopter are made by the ambulance service and Helicopter Emergency Medical Service, based on acute clinical need and location.* *The original conditions reflected the information and anticipated level of use available when the development was first considered. Now, after six months of operation, the Trust has evidence of the helipad's actual operational use, which will enable the planning authority to consider the existing conditions against current operational requirements.* *Further information is available on the Trust's website at: www.uhsussex.nhs.uk/news/life-saving-success-of-royal-sussex-county-hospital-helipad-prompts-update-to-planning/.*
1.9	**Mr Gooderham**	Welcoming the nationally recognition of the specialised cardiac CT team's service based at Worthing and Southlands hospitals, to what	Chief Delivery Officer	*Thank you for your question.*

		extent is this service provided at other hospitals managed by the Trust?		*Cardiac CT scanning is available across all four acute hospital sites managed by the Trust, including Worthing Hospital, Southlands Hospital, Royal Sussex County Hospital, Princess Royal Hospital and St Richard's Hospital.* *The recognition reinforces University Hospitals Sussex's commitment to delivering high-quality, specialist care for patients across Sussex, in line with the ambitions of the Trust's Excellent Care Everywhere strategy, which focuses on improving outcomes through specialist expertise, innovation and continuous improvement.*
1.10	**Mr Gooderham**	What plans does the Trust have to extend the pilot service provided by the Integrative Menopause Support Clinic led by Dr Renske McFarlane so that more women can benefit following breast cancer treatment?	Chief Delivery Officer	*Thank you for your question.* *The Trust recognises the significant impact of menopause symptoms following breast cancer treatment and the importance of providing specialist support to improve women's quality of life and treatment experience.* *The Integrative Menopause Support Clinic, led by Dr Renske McFarlane, was established as a pilot within the breast services to address this unmet need. To date, approximately 100 women have accessed the service, with encouraging initial feedback and demand exceeding current capacity with a waiting list demonstrating the need to consider how the service could be extended across other hospital sites. The next step is to build on this success through an 18-month research and service-development programme, for which funding has now been awarded through Sussex Cancer Fund-Sussex Cancer Research Centre grant programme. This includes funding for dedicated time for Dr McFarlane (0.25 PA/1 day a week of her full-time role) to lead the evaluation and development of the service. Working in partnership with patients and multidisciplinary colleagues, the programme will evaluate patient outcomes and experience, develop a standardised referral and treatment pathway, and co-produce accessible patient information and educational resources. It will also explore extending the model to women following gynaecological cancer treatment. Our longer-term ambition is to develop a sustainable model of specialist menopause care with improved access for women across University Hospitals Sussex. The research will provide important evidence to inform future service capacity, commissioning and wider implementation.*

1.11	**Mr Gooderham**	Will the Board accept the wholehearted welcome of the award given by the Tessa Jowell Brain Cancer Mission to the neuro-oncology centre at the Royal Sussex County Hospital, for the team led by Dr Cressida Lorimer paying tribute to the work being done on the treatment, care and research in respect of incurable astrocytoma, noting in particular the participation in clinical trials by the Trust?	Trust Chair	*Thank you for your question and I am pleased to confirm on behalf of the Board that we acknowledge and support the great work by this team led by Dr Lorimer that led to award of this accolade which the Chief Executive refers to within his Chief Executive's report to the Board.*
2.1	**Justin Pilkington**	The question is in relation to Best Practice Tariffs, given the Trusts Financial position. Under the 2026/27 payment scheme, Trusts will only receive the best-practice top-up for hip fractures if patients meet all criteria. In 2024, over 44% of the Trusts patients failed to achieve this. In 2025, figures did not improve. Given this, does the board know: • How much income is at risk this year? • What the plan is to improve clinical care to close this gap? • How is the Trust improving record-keeping to ensure it captures this revenue?	Chief Financial Officer	*Thank you for your question. The Board is aware of the position. You are right that the extra payment is only received where a patient's care meets all the required standards.* *How much income is at risk this year?* *For the first quarter of 2026/27, the estimated income at risk is £113,000. The position for the rest of the year will be monitored and reported as data becomes available.* *What is the plan to improve clinical care to close this gap?* *The hip fracture pathway is a core focus of the Trust's Planned Care and Cancer Improvement Programme. The aim is to make the pathway consistent across our sites and ensure the standards are met. Clinical teams have just held a multidisciplinary workshop, which will set out specific recovery actions.* *How is the Trust improving record-keeping to capture this revenue?* *Achievement of the standards is checked directly against records in the National Hip Fracture Database. The finance team reviews these records routinely, so that our income position is accurately reported. Additional resource has also been allocated to work with clinical divisions on all areas where we are not meeting best practice standards, including hip fracture care.*
3.1	**Justin Beal**	The CEO report highlights 500 nominations for the annual Star awards. This is a fall of at least 700 nominations or 60% since 2025. What actions	Chief Strategy Officer	*Thank you for your question.*

		have been taken to assure the board about the causes of the collapse in participation and what plans are in place to rebuild staff engagement?		*We are always looking to improve how we recognise colleagues and our STAR Awards programme remains a key part of that work. This year we made some changes to the awards designed to make recognition more inclusive, linking them more closely to our values and newly launched Behavioural Compass. For example, this included involving our experimenteers as judges for one of the categories, bringing staff directly into the recognition process.* *While fewer nominations were received, this year's nominations provided fuller accounts of colleagues' contributions. However, we also recognise the importance of understanding the reduction in the overall number of nominations and are reviewing the changes to the awards, including the format and nomination process to identify what worked well and what we can further improve for future years.* *The annual awards are also part of a wider approach to recognising colleagues throughout the year. Our Everyday Star programme has generated almost 12,000 nominations to date, giving staff an additional opportunity to recognise their colleagues' good work.* *More broadly, strengthening staff engagement is a priority in our strategy, which the Big Conversation helped shape. This includes a commitment to strengthening staff networks and giving colleagues greater opportunities to influence the Trust's work. Launching the staff panel and involving experimenteers more widely are steps towards this and the staff engagement score improved in the 2025 Staff Survey. We know there is more to do, and we continue to use the annual survey, monthly Pulse surveys and direct feedback to understand colleagues' experiences and identify where further action is needed.*