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*