	Question from Member of the Public		Responding:	Response:
1.	**Guy Philppe Gervat**	A & E. I have had very good experiences at the hospital departments at the Royal Sussex, Brighton, apart from at A&E which was appalling. There were trolleys parked in the corridors upon which I spent hours. I have discharged myself twice because I gave up hope of ever being seen. The second time, I thought that I was going to die there, so preferred to do it at home. The staff seemed incredibly busy. So what is going wrong and what will be done to improve A & E?	Andy Heeps	We are sorry to hear your experiences with this department. We recognise that improvements need to be made that is why this year and over the next two years we are investing £50 million in the redevelopment of the ED department at the RSCH. Alongside this we are working with the staff in the department and throughout the hospital to improve flow out of the department and onto the wards. This initiative is known as "continuous flow". We have already seen improvement from this initiative, which is very well led by our Nursing colleagues and we will be looking to expand it over the coming months. We recognise there is much to be done in the department and we are committed to making these improvements as soon as possible. I would like to take this opportunity to thank all the staff involved for their hard work and dedication.
		One of the hospital transport drivers told me that from April 1 2025, a new company will handle coordination of hospital transport. This company were relieved of their contract in the north of England, by the Government, because they were so useless. So why have they been appointed to coordinate down here?	George Findlay	Thank you for your second question. Non-Emergency Patient Transport is commissioned by the NHS Sussex Integrated Care Board (ICB) (NHS Sussex) who have been responsible for the tendering process, and I have confidence in a good process and criteria being followed. There is a good monitoring arrangement in place for contracts so if issues do arise, they will be dealt with through routine management

2.	**Martin Sambrook** – attending via Teams	The following is a piece in today's *(23 July 2024)* news regarding the Helipad. The figures just don't make any sense. Surely it is time to accept that the Helipad is not worth the benefit and invest in a permanent site in East Brighton Park. The journey time from there is 5 minutes and is a lot safer for patients and Helicopter staff. £452k per annum could be used in many other areas of the Trust to greater benefit. *"The £14m platform at the Royal Sussex County Hospital was originally meant to open in June 2019 but has been delayed repeatedly. Airlifted patients currently land in nearby East Brighton Park, and travel to hospital by ambulance. Previously the trust had said 125-145 patients a year might arrive via the new helipad, once it is operational. The landing pad is expected to cost the trust more than £452k a year to operate. In 2019, an appeal raised £1.65m to help build the helipad, believing it would save time in transferring seriously ill patients to the hospital's emergency department."*	George Findlay Rox Smith	We acknowledge that there have been significant delays in bringing the helipad into use around the structural issues and we understand the disappointment in that. The Helipad was commissioned as part of the 3Ts clinical case with benefits for a major trauma centre. Our key priority is always the safety of our patients and staff and the commissioning of a helipad depends on the safety of everyone involved in its use. Consequently, we have undertaken several structural studies that had unfortunately revealed significant issues that we needed to remedy and conducting fixes had been followed by discovery of other issues. We have commissioned a further structural review. Our hope is that the further structural study will conclude by the end of this year to enable any issues to be remedied and commissioning of the helipad next year. We recognise that we cannot do that until it is safe to do so.
	Alex Leaney – Public Governor	Referring to the Helipad - Would it not be better for health and safety reasons to continue using East Brighton park and to invest that money in other areas given that weather conditions could also affect its use.	Rox Smith	We completely recognise the point and the frustration, and it is the right question to ask. At the outset of the 3Ts project, there was a cost benefits analysis completed with the Helipad that concluded this was in the best interests of patients. We recognise that things change, and that time has moved on. We remain committed to

				the clinical model but await what the next structural survey tells us. The Trust will continue to test the project against that as we must constantly ensure that we are spending money in the best way possible. For the time being we still think it is the right thing to do
3.	**Kate Evans,** Lead Stoma Care & Pouch Support CNS, RSCH and PRH	Living with a stoma can be difficult but living with a temporary stoma, not knowing when it will be reversed, is especially challenging. When and how is the Trust going to address the exceptionally long waiting list for stoma reversals for those having had surgery at RSCH?	Katie Urch	Echoing the earlier presentation on waiting times we apologise to all the people who are waiting too long for any surgery including this example of delays to have Stoma's reversed. Part of the transformation is looking at where we can best deliver elective care on the optimal sites as we cannot squeeze that activity onto sites beyond their capacity and patient safety is paramount. This is one of the reasons why we are re-mapping our elective activity to identify the right sites, making the best use of our theatre space that we have, where we can more effectively deliver our elective work in the best and most timely manner.
4.	**Michael Creedy –** attending in person	University hospitals relies on the community and its good relationship with the us. If any problems should arise then it would be expeditious to address and resolve these quickly. Sustainability requires accepting responsibility for the whole organisation and not outsourcing elements which may prove challenging. From laundry done in Chichester, to food being provided by third party which then has little accountability, to	Darren Grayson	Thank you for your observations and questions. The laundry service at SRH is not outsourced, we invested heavily in this service as we believe where we can provide high quality services, we should do that ourselves. This decision has enabled us to ensure this vital service is of the highest quality for our patients. We have very few

		board of governor's meetings being held where 1 governor attends and questions are only permitted 48 Hours. working in advance and the public cannot challenge anything said at a meeting - suggests a lack of transparency and a willingness to engage with alternative points of view or to improvements to procedure. How can University Hospitals take on challenges to its sustainability if even problems raised by its own staff are not listened to by management or governors and the only permitted future requires greater funding with a lack of willingness to self-reflection?		outsourced services and have no plans to outsource further. In respect of your observation of 1 governor attending a board of governors meeting that is just not correct, we have a well-attended council of governors (quoracy being at least 7 governors). We also regularly have a couple of governors in the public audience for our Board meetings with many more watching online. At the Council meeting we allocated time at each meeting to received feedback from our public, staff and appointed governors. We do ask that questions are submitted at least 48 hours before our meetings so that we can be sure to provide an answer as the questions do not have to be limited to agenda items. It terms of the questions, we have a number of routes by which we listen to our staff, be these through site-based forums, surveys, through routes such as our freedom to speak up guardian but nothing replaces our managers and our Board going and talking to staff as they work which whilst the organisation is large we seek to do on a regular basis.
5.	**Talhah Atcha,** Operation Manager	What leadership & management training will be provided at UHSussex to improve the culture and well-led aspects for the Trust that are not just modules on IRIS? Will there be regular	David Grantham / Sandi Drewett	IRIS is our e-learning platform where we collate and curate all our training and leadership offerings. We have been

	for General Surgery, RSCH/PRH	in-person meetings of senior managers similar to other Trusts that are rated well-led?		developing support for our Leaders since the Trust merged. We are currently undertaking a programme of leadership development and community building for the top 79 leaders who run most of the services and recognise that this is an area to be widened and strengthened as part of our cultural improvement. Additionally, we are trying to make better use of the apprenticeship levy and working with academic providers. The Charity had also stepped in to help where there was a rapid support need for Clinical Directors and senior nurse leaders.
6.	**John Thompson**	In light of published allegations of bullying and whistleblowing, what actions are the Executive taking to ensure that patient safety is always put first?	George Findlay	We have a risk appetite as a Board and confirm that we have no acceptance of risks to patient safety. We focussed on supporting staff to raise concerns so we can respond. We decided 12 months ago to use an external guardian service giving confidence in their independence and have seen a steady use of this route and this enables the executive team to identify where staff have concerns about patients' safety and to address those concerns The Trust has a zero tolerance to bullying and we try to reconfirm that commitment through our values and behaviours that underpin those values. Also, through line manager conversations and using informal

				and formal HR processes when things are at that stage
		What is the action timeline for returning the Trust to a CQC rating of Outstanding?	George Findlay	Success will be when our patients get timely treatment, when our staff feel motivated and engaged with the organisation, when we get really good quality outcomes for patients and all within the financial envelope we are allocated. We need to remain focussed on our improvement plans as they will drive what we need to do for our patients. Our single improvement plan will enable us to significantly improve in the safety and quality of the service we provide. Which we are confident will be reflected in future CQC inspections.
	Questions from the Audience not previously submitted			
	[Enquirer not identified] **Volunteer – Stroke Ward**	Most stroke patients arrive to the ward via A&E (which is described as a war zone) but if more beds were available on the wards it would help to move patients out of A&E faster. The delay seems to be in providing care packages partly due to carers being badly paid and not supported. Maybe with some blue sky thinking, more beds and perhaps the Trust's own team of people to provide care in the home it would help to get patients out of A&E quicker.	George Findlay	As mentioned already in Andy's part of the presentation, one of the issues that we face is to get appropriate flow through our beds. Some of that is in our gift being things the Trust needs to do better, some processes that could be improved and some of it relies upon system partners. As an integrated care system we work collaboratively. The Primary Community Care collaborative consists of community partners and social care colleagues and there was a real focus during June to think about what we could do differently to discharge more patients more quickly, and we saw an improvement. It is a difficult issue

				for the Trust but by collaboratively using resources differently we can aim at getting more patients to the next best destination for their treatment more quickly.
	Alex Leaney - Public Governor	This is about culture in A&E. The A&E department is very good and the nurses are very dedicated, but there have been a few occasions when clinical staff seeing someone in a wheelchair and hearing a speech impediment presume a learning disability, and they should know better. Maybe their training should include the difference between a physical disability and a cognitive disability. When you get treated as though you're stupid it's not a good advert for the Trust.	George Findlay Maggie Davies	George thanked Alex for that feedback and acknowledged that should not happen. Maggie thanked Alex for the important feedback and apologised that his experience had not been as good as it should be. When feedback like this is received, we review our training modules to see how they can be developed and to support teams. With permission, Maggie offered to reach out individually to Alex to have a conversation to see what could be done to incorporate some of the experience into the Trust's training.
	[Enquirer not identified]	You mention the scale of the waiting lists and it sounds like you are looking for spare capacity in the County for spare capacity to treat patients. Are you also looking at the NHS out of the county for spare capacity?	George Findlay	The Trust is working as part of the integrated care system to maximise capacity within Sussex for Sussex patients and that includes other NHS providers, the independent sector, tender sourcing arrangements and utilising all the organisation's capacity and this year has seen a real change as a result of that cooperation. Colleagues in East Sussex, where waiting times are lower, have been treating a large number of patients who were willing to move to get treatment. We will do more collaboration across the system and outside the county too.

			Andy Heeps	It's not just a 'County' (RSCH) issue. The RSCH Trauma Centre needs to preserve its capacity to deal with urgent emergency cases. The largest waiting list, for example, in Chichester is trauma and orthopaedics and PRH are helping with that, and Worthing and St Richard's are helping with others to ensure we are using our capacity within UHSussex. East Sussex are helping us with ENT, Queen Victoria Hospital are helping with Maxillofacial surgery; Barking, Havering and Redbridge are helping also, and Southampton are dealing with some of the more complex elderly patient needs. In respect of patient choice, patients are not disadvantaged if they prefer not to move elsewhere for their treatment, but we try our best to find whatever access we can whenever we can.
	[Enquirer not identified]	I am a fan of self-referral and have benefited from it myself. A friend in her 70s wanted to have a mammogram because she had symptoms but she wasn't allowed to have a mammogram without going to her GP, and we all know how busy GPs are. Why is it that older people are not allowed to take advantage of diagnostic tests via self-referral?	Andy Heeps	There is a clear screening programme across the NHS where the Trust is commissioned to provide patients with a mammogram in a certain age range and our breast pathways are quite significantly challenged. Currently direct access is not part of the agreement we have with our system partners. It is something that we can look into but we have to operate in line with the national screening standards which is that women in that age range that need to

				come through would at present have to follow the primary care route.
			A GP in the audience, Dr Hill, added:	Any woman who is out of the screening age can phone the breast clinic and request a mammogram. If you have symptoms, then you should see your GP and they will refer you. If you don't have symptoms, and you still want a mammogram and you're out of the screening age you can phone the breast clinic directly.