

Board in Public – 31 March 2026

Questions received.

Question from members of the Public in advance of the meeting.				
	From	Question	Assigned to:	Response:
1.	Mr Gooderham	Bearing in mind that -- The planned capital expenditure of £250m for a new cancer centre in Brighton is very much welcomed; the estimated cost of a satellite unit at St Richards Hospital in Chichester is £25m; there are no radiotherapy facilities in West Sussex, following the closure of a small unit at King Edward VII Hospital in Midhurst in 2006; a satellite unit at Eastbourne District General Hospital in East Sussex has existed for several years; cancer patients from parts of West Sussex such as Selsey, East and West Wittering, Bognor Regis and Littlehampton have to travel for over 45 minutes in a private car, and some withdraw from receiving radiotherapy as a result, being taken to the Queen Alexandria Hospital in Cosham, and for longer going to Brighton and Guildford; a specific site at St Richards Hospital has been identified, opposite the Fernhurst Centre in Aberdare Close; there have been bids invited from the then Trusts running the cancer centres in Brighton, Guildford and Portsmouth, and that Guildford was chosen but later withdrew; there have been repeated agreements in principle by predecessor Boards, specialist commissioners, cancer alliances, and other NHS bodies, but no	Chief Medical Officer	<p>We wish to thank Mr Gooderham for his dedicated interest in the development of cancer services in Sussex and confirm our commitment to providing the best radiotherapy services possible for our patients, within the resources available.</p> <p>We share his concerns regarding slightly longer travel times for some patients in the Selsey, Wittering, Bognor Regis, and Littlehampton areas, and we do understand the impact this extra burden can have on them at such a difficult time in their treatment.</p> <p>However, as an NHS provider, we do not have the delegated authority or capital allocation to develop satellite radiotherapy services by ourselves.</p> <p>We must also add that - even if we could commission new radiotherapy services – we would need to be guided by the available evidence.</p> <p>On this issue, this is a report from NHS England South East Specialised Commissioning, published in 2022 entitled: “Chichester Radiotherapy Services – Service Review.</p> <p>It concluded:</p> <p>Provision of an additional LINAC on the Chichester site is not the most appropriate way of addressing Radiotherapy service provision for West Sussex at this time given the local, regional and national picture.</p> <p>How services are commissioned Radiotherapy is a highly specialised service. The authority to plan, fund, and locate these services does not sit with individual hospitals or Trusts.</p>

		implementation; undertakings given have never been fulfilled; recruitment of therapeutic radiographers might be a difficult, but not an insurmountable problem, and clinical oncologists might be able to work remotely and only attend the unit when necessary, - would the Board agree that consideration should be given in due course to a 2 linac satellite radiotherapy unit at St Richards Hospital, linked to the new Brighton cancer centre?"		<p>Responsibility for planning radiotherapy equipment sits with the Integrated Care System, using system-wide operational capital allocations. In Sussex, the ICS is made up of all the local authorities, NHS providers GP practices.</p> <p>The ICS must develop plans in partnership with Specialised Commissioners, Cancer Alliances, and Radiotherapy Operational Delivery Networks (ODNs) – drawing on local, regional and national strategic cases for service investment. As a Trust, our priority is focused on maximising the £250 million pound investment we've received to build the new regional cancer centre to benefit everyone living in Sussex.</p> <p>Our new specialist Centre of Excellence for cancer care is not just a building - it will act as a powerful county-wide catalyst for new research, innovation and treatments at all our cancer departments in Sussex, including the Fernhurst Centre at St Richard's.</p>
2.	Mr Gooderham	While enthusiastically welcoming the opening of the helideck at the Royal Sussex County Hospital, especially as this now allows the Sussex Major Trauma Centre, designated in 2012, to function more effectively, I'd like to know why the Trust has said that the delay has been only 7 years, when the delay has in fact amounted to no less than 22 years, having been approved when the 3Ts scheme was proposed and agreed by all the NHS bodies then involved in 2004, that is: why did the Trust inadvertently mislead the media?	Chief Executive	<p>Thank you, Mr Gooderham for your support for the new helideck and its life-saving role in the work of the Sussex Major Trauma Centre. The seven-year figure you reference appears to be a calculation made by media outlets, likely relating to the completion of the main helipad structure and is more accurate than any suggestion that the project has been delayed since 2004.</p> <p>This was the year in which a public consultation on a proposed redevelopment of the hospital, including the suggestion of a helipad, took place. However, work on the strategic outline case did not begin properly until 2008, planning permission was not granted until 2012, and the final business case was not approved by government until 2015.</p> <p>We have always been transparent about the project's complex history, and the challenging nature of the helipad build and are now focusing on using the facility for the benefit of our most seriously ill and injured patients.</p>
3	Mr Gooderham	Why is it taking 6 weeks to repair or replace the patient entrance doors to the Accident & Emergency department at the Princess Royal Hospital in Haywards Heath?	Chief Executive	<p>Thank you Mr Gooderham for your question:</p> <p>We're sorry for the inconvenience this situation is causing, and we appreciate the temporary boarding is not ideal for the patient environment. The Trust is working to reopen the main entrance to the emergency department as quickly</p>

				as possible and new bespoke doors are already being manufactured by a specialist company, and there is a lead in time for this, before the contractor can install, however following discussion with the contractor, we expect the replacement units to be installed in late April. In the meantime, the emergency department remains fully operational. We ask patients to follow the signs, and if anyone needs assistance, we have wheelchairs available and staff on hand to help patients make the short journey from the hospital's main entrance to A&E.
4.	Mr Cooper	<p>The weakest performance and greatest sources of patient harm as assessed by NHSE are in access, RTT, UEC and patient flow. Yet the board agendas appears to be very light on operational recovery.</p> <p>Recent board agendas, including today's, have allocated significant time to patient and staff experience, a new target operating model, safety, particularly maternity, and a non-regulatory advisory report on whether the trust is well led.</p> <p>The board appears to have spent little time on the operational areas that directly affect patients and the drivers that have seen the Trust be put into segment 5 this month.</p> <p>Does the board feel that the intense focus and time spent on maternity which has been rated as 'good' is the best use of board time rather than focussing on the patient safety issues and harm caused by ED performance, the deteriorating infection control scores, RTT and delayed discharge?</p> <p>Whilst areas such as leadership change, governance and workforce are undoubtedly important is the board assured that these</p>	Chair	<p>Thank you Mr Cooper for your question.</p> <p>You reference NHSE views that the greatest source of harm are in the areas of access, RTT, UEC and patient flow. We know and acknowledge this and the impact it has on patients, the public and our staff.</p> <p>As with governance frameworks in most sectors, a great deal of Board work is undertaken through a subcommittee structure. It is in those Committees that detailed time is spent on the key priority areas and strategic risks. For the matters you raise, that is our Finance and Performance Committee that covers both issues on a regular basis. We seek to avoid duplication as much as possible and the main Board receives a report from each subcommittee at its meetings. The sub committees and main Board also has service presentations that allow a deeper dive into issues and longer discussion. We took patient flow at our December Board with a focus on work taking place in Brighton that seems to be having a positive effect. Finally you will see both RTT and UEC regularly covered in the CEO Board report.</p> <p>You are correct in that the Trust's Integrated Performance Report is not at the Board meeting today, but it was taken at our last meeting in February and will be taken at our next meeting in May 2026. This report covers those areas you refer to but also includes a section on the nationally reported performance metrics providing the Board the opportunity to discuss our performance relative to others nationally.</p> <p>You ask why we spend time on maternity where we have made significant improvements over the last few years. You will know that maternity services are nationally under discussion and there are central mandates on what must</p>

		<p>are the primary drivers of the failure of operational delivery as many of the metrics associated with these areas do not appear to be outliers?</p> <p>Is the board confident that it is aligning its agendas, time and focus to the most critical risks for patients and the population that it serves and the placement into segment 5?</p>		<p>come to Boards. We try not to cover it as much in subcommittee, again, in endeavour to prevent duplication.</p> <p>I thank you for your question, it is the right one and with an organisation of our size and complexity it one the Board often asks itself in Board developments sessions as it works through priorities and tries to ensure focus on the right things. We are acutely aware of the need to focus on and improve flow in all areas and will work hard to make those improvements over the next year or so.</p>
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