

Board in Public – 11 June 2026

Questions received.

Question from Members of the Public				
	From	Question	Assigned to:	Response:
1.1	Mr Gooderham	<i>What policy does the Trust have in place that ensures openness and transparency in its dealings with members of the Trust?</i>	Chief Executive	<p><b>1. Duty of Candour</b> The Trust complies with the statutory Duty of Candour under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This requires the Trust to act in an open and transparent way with patients and their families when things go wrong, including:</p> <ul style="list-style-type: none"> <li>• Providing timely and truthful information</li> <li>• Offering an apology where appropriate</li> <li>• Supporting patients through the process</li> </ul> <p><b>2. Freedom of Information Act 2000</b> The Trust fulfils its obligations under the Freedom of Information Act 2000, ensuring that:</p> <ul style="list-style-type: none"> <li>• Members of the public can request recorded information about the Trust’s activities</li> <li>• Responses are provided within statutory timescales</li> <li>• Information is proactively published via the Trust’s publication scheme</li> </ul> <p><b>3. NHS Constitution</b> The Trust operates in accordance with the NHS Constitution, which places a duty on NHS organisations to:</p> <ul style="list-style-type: none"> <li>• Be transparent and accountable in their decision-making</li> <li>• Involve patients, members, and the public</li> <li>• Act with honesty and openness</li> </ul> <p><b>4. Public Board Meetings and Governance</b> As an NHS Foundation Trust, the organisation promotes transparency through its governance arrangements, including:</p>

				<ul style="list-style-type: none"> <li>• Holding Board of Directors meetings in public (with limited exceptions for confidential matters)</li> <li>• Publishing Board papers and decision-making information</li> <li>• Engaging with members via the Council of Governors</li> </ul>
1.2	Mr Gooderham	<p><i>In respect of oncology services at St Richards, would the Board please (a) confirm that clinical oncologists seeing patients at St Richards Hospital are employed by Portsmouth Hospitals NHS Trust; (b) outline the Service Level Agreement made with Portsmouth Hospitals NHS Trust, including when that SLA was made, which predecessor Trust made it, and what income is derived by Portsmouth Hospitals NHS Trust as a result, unless this information is deemed to be commercially confidential; (c) confirm that therapeutic radiographers do not work at St Richards Hospital, that there is a national shortage of these radiotherapists, and say if it has any information about there are being no degree courses for them anywhere in the NHS South East Region, other than at Bournemouth University, or whether the Trust is aware of any proposals to introduce such training at universities within or closer to this Trust;(d) say whether surgeons perform operations on cancer patients with solid tumours at St Richards Hospital, and if so whether they are employed by this Trust or by Portsmouth Hospitals NHS Trust; (e) make available on the internet its protocols and policies on systemic anti-cancer therapy, like the Royal Surrey County Hospitals NHSFT has done; and (f) finally, and most importantly, accept that the Trust has a role to play along with many others in the NHS, but is not in the lead, in determining whether there should be radiotherapy services at St Richards Hospital in the future?</i></p>	Trust Chair	<p><b>(a) confirm that clinical oncologists seeing patients at St Richards Hospital are employed by Portsmouth Hospitals NHS Trust;</b> this was discussed at some length in the Trust’s meeting with yourself on 12 May 2026, where this arrangement was confirmed as being those in operation. To reiterate Medical and Clinical oncology services for patients with solid tumours in the Chichester and surrounding population are commissioned primarily through Portsmouth Hospitals University NHS Trust. Oncologists employed by Portsmouth Hospitals University NHS Trust attend St Richard’s Hospital to provide outpatient oncology clinics for appropriate patients, some maybe seen in Portsmouth. Some highly specialised pathways may instead be managed through other tertiary centres, including University Hospital Southampton NHS Foundation Trust. Patients requiring radiotherapy treatment attend Portsmouth for this aspect of their care. Systemic anti-cancer treatment (SACT) may be provided either at St Richard’s Hospital or Portsmouth, depending on the patient’s treatment pathway and clinical needs.</p> <p><b>(b) outline the Service Level Agreement made with Portsmouth Hospitals NHS Trust, including when that SLA was made, which predecessor Trust made it, and what income is derived by Portsmouth Hospitals NHS Trust as a result, unless this information is deemed to be commercially confidential;</b> UHSussex has arrangements in place with Portsmouth Hospitals University NHS Trust relating to the delivery of oncology services, including aspects of systemic anti-cancer treatment provision. Regarding as to when and which Trust engaged with those are to a degree a mute point as the current service is that of the UHSussex. We would suggest if you wish to know more that the Portsmouth Hospital and the Hampshire and Isle of Wight ICB be approached for more about the construct of this SLA (but as you reflect much of this information is likely to be deemed to be commercially confidential).</p> <p><b>(c) confirm that therapeutic radiographers do not work at St Richards Hospital, that there is a national shortage of of these radiotherapists, and say if it has any information about there are being no degree courses for them anywhere in the NHS South East Region, other than at Bournemouth University, or</b></p>

**whether the Trust is aware of any proposals to introduce such training at universities within or closer to this Trust;** As with your earlier question (a) we did cover this in the our meeting with yourself on 12 May 2026. There are no therapeutic radiographers (which we have interpreted as meaning radiographers specialist in delivering radiotherapy) at SRH, this is because there is no unit on site needing these staff. The Trust is aware that there are national workforce challenges affecting therapeutic radiography services across the NHS. We would reiterate that arrangements for professional training programmes and university degree provision are determined nationally and regionally through NHS workforce planning bodies and higher education institutions and not by any one Trust directly. Given this we can't comment in detail on current or future university course provision within the South East region. As I am sure you would have read evidence has been submitted by the Society of Radiographers to the Health and Social Care Committee's Expert Panel review of cancer services which provides further background on national workforce challenges

**(d) say whether surgeons perform operations on cancer patients with solid tumours at St Richards Hospital, and if so whether they are employed by this Trust or by Portsmouth Hospitals NHS Trust;** again, this was clarified at the meeting with yourself on 12 May 2026, only part of the cancer pathway is delivered by Portsmouth. As was discussed in that meeting the diagnostic and the surgical elements can be delivered at SRH. As I mentioned not all cancer surgery can be undertaken at SRH and referrals to Portsmouth, Southampton, Guildford and London may be required. Where cancer surgery is performed at SRH then those surgeons are employed by UHSussex.

**(e) make available on the internet its protocols and policies on systemic anti-cancer therapy, like the Royal Surrey County Hospitals NHSFT has done;** Our clinicians follow agreed systemic anti-cancer therapy (SACT) protocols developed through the regional cancer alliance arrangements, including the St Luke's chemotherapy protocols, with pharmacy support provided through the Surrey and Sussex Cancer Alliance. As we are a part to that alliance then information regarding these protocols is publicly available via the Surrey and Sussex Cancer Alliance website:

[Surrey and Sussex Cancer Alliance SACT protocols and guidance](#)

**(f) finally, and most importantly, accept that the Trust has a role to play along with many others in the NHS, but is not in the lead, in determining whether**

				<p><b>there should be radiotherapy services at St Richards Hospital in the future?"</b> Again, we explained this at our meeting with you on 12 May 2026, we deliver services in line with NHSE guidance, commissioning structures and regulatory requirements. Decisions regarding the future configuration and location of radiotherapy services are made through NHS England commissioning arrangements and regional cancer service planning processes involving a range of organisations and stakeholders. We take our role seriously to contribute to any discussions that are being held but as we mentioned in our meeting, we are not the sole decision-making body or indeed the lead organisation for determining where radiotherapy services should be established for the population of Sussex.</p>
1.3	<p><b>Mr Gooderham</b></p>	<p><i>In respect of mechanical thrombectomy services at the Royal Sussex County Hospital, what arrangements has the Trust put in place to ensure compliance with the requirements of Section 242, as amended, of the NHS Act 2006, and whether there are any plans to vary any such arrangements.</i></p>	<p>Chief Medical Officer</p>	<p>The Royal Sussex County Hospital is the designated Comprehensive Stroke Centre in the Sussex Integrated Stroke Delivery Network, supporting patients received to Worthing Hospital, Eastbourne Hospital and the Royal Sussex County Hospital.</p> <p>Until September 2025, the Royal Sussex County Hospital hosted a mechanical thrombectomy service Monday to Friday. Outside of the hours of the local service, we had formal mutual aid pathways in place for eligible patients to University College Hospital, London or Southampton General Hospital, established in January 2025. From September 2025, the Royal Sussex County Hospital extended the hours of its service to 7 days per week 0800-2000h. Outside of the hours of the local service, we continue to have formal mutual aid pathways in place for eligible patients to University College Hospital, London or Southampton General Hospital. We hope to extend the hours to 24/7 from later this year, subject to agreement with NHS England on funding arrangements.</p> <p>NHS England recently visited the Royal Sussex County Hospital again in April to review the local mechanical thrombectomy service and support our plans to progress to 24/7 this year.</p> <p>We have not had further public consultation on the development of the local mechanical thrombectomy service. We remain committed to sustaining and extending the local service as described above and as supported by NHS England.</p> <p>The arrangements for mechanical thrombectomy formed part of the public consultation on the reconfiguration of West Sussex stroke services, affecting patients from Worthing and Chichester which was undertaken in 2023. This</p>

				reconfiguration is in progress with the building of a new Acute Stroke Centre at St Richard's Hospital in Chichester, due to be completed in 2027.
1.4	<b>Mr Gooderham</b>	<i>How does the Trust comply with the duty to involve patients and the public in the development of all services provided by the Trust as required by Section 242 of the NHS Act 2006, leaving aside the soon to be abolished Council of Governors, subject legislation?</i>	Chief Nurse	<p>The Trust involves the voice of patients both routinely, and through bespoke engagement designed to reflect service changes. This includes:</p> <ul style="list-style-type: none"> <li>- More than 130,000 pieces of patient feedback about all Trust services are received each year through the friends and family test surveys. This includes narrative feedback which is analysed to inform service planning and development</li> <li>- Thousands of contacts to PALS are made a every month – this provides insight into the needs and concerns of patients, and along with complaints data, is analysed to inform service developments.</li> <li>- National patient surveys provide detailed insights into the experience of inpatients, outpatients, children, patients attending emergency care, cancer patients and maternity patients.</li> </ul> <p>We also proactively design targeted engagement of patients to inform service developments, using our Trust engagement framework, working with Healthwatch as the statutory organisation reflecting the voice of patients in the local community. Examples include:</p> <ul style="list-style-type: none"> <li>- Engagement of hundreds colorectal cancer patients in the changes to the delivery of surgical services</li> <li>- Engagement of hundreds of cardiac patients to inform changes to cath lab provision</li> <li>- Engagement of the public in new visiting hours</li> <li>- Facilitation of Healthwatch 'enter and views' with their volunteers, including of eye services, emergency services and renal care.</li> </ul> <p>We have valued to role of governors in providing an independent view of service development. Should there be changes to the governor infrastructure, there will remain plentiful opportunities for involvement of local people in shaping the Trust's decisions and delivery.</p>
1.5	<b>Mr Gooderham</b>	<i>Is the Board satisfied that the Trust now has organisational competence, in that the Trust is digitally mature, and finances are published along</i>	Trust Chair	Thank you for your question. In answering this I will take each part in turn.

		<p><i>with workforce indicators in relation to the demography and geography of the whole population served by Trust?</i></p>		<p>The Trust received assurance on its Digital Maturity through the Chair of the Research Innovation &amp; Digital Committee reports, this is complemented by the work of the Audit Committee who monitors our response to the DSPT (Data Security and Protection Toolkit), aligned to the CAF (Cyber Assessment Framework).</p> <p>In respect of our finances both through the oversight of the Finance and Performance Committee and the integrated performance report the Board is assured over the actions taken to address the Trust's financial challenges and as was reported at the last Board meeting in May, the hard work of the Trust's staff saw the Trust's financial plan achieved. The Chair of the Finance and Performance Committee provided a report to the Board on the level of risk within the Trust's financial plan and the progress with the required efficiency savings.</p> <p>In respect of the third element of your question the Board received again at our last meeting in May the Workforce Race Equality and Disability Equality Scheme data comparing our demographic to our local population. This information is also published online each year and is provided within the Trust's annual report, that itself is subject to external audit review and presented each year at our Annual Meeting and includes an analysis of the demographic of our workforce, leadership teams and the board itself.</p> <p>There are multiple areas where the Board through its People Committee seeks assurance that particular demographics are not disproportionately impacted by incidents of violence and aggression, bullying &amp; harassment, experience of disciplinary processes and tests how these are reflected in responses to our staff survey. Many of these metrics will be summarised in our Annual Equality Report (date). These assurances are reported to the Board through the report of the Chair of the People &amp; Culture Committee.</p> <p>Finally, our Board seeks to ensure that we deliver high quality services across the whole of the Trust's geography. To oversee this, the Council of Governors has elected representatives from each constituency within Sussex and staff Governors from each hospital site.</p> <p>Based on the above I feel as a Board assured that through the Trust Operating Model changes we have the organisational competence to continue to improve</p>
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				our digital maturity, address the Trust's financial challenges and to maintain a focus on our workforce demographics.
1.6	<b>Mr Gooderham</b>	<i>Bearing in mind that helicopters used by the Air Ambulance service are technically able to use the helideck on Thomas Kemp tower at the Royal Sussex County Hospital by day and after dark, would the Board please comment on the fact that the helideck does not currently have planning permission for full 24 hour operations, despite being equipped with compliant lighting and is safe and fit for use?</i>	Chief Financial Officer	<p>Currently the Trust has planning permission that permits landings between the hours of 7.00 and 19.00. This was noted in the planning approval: The helipad shall only be used between 07.00 and 19.00 hours except in the case of a Major Incident. A Major Incident is defined within the NHS Emergency Planning Guidance (2005), or any subsequent update to this Guidance. Reason: To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton &amp; Hove Local Plan. The number of helicopter flights landing on the helipad hereby approved shall be limited to 64 per annum plus a tolerance of 10 %. Reason: To safeguard the amenities of local residents and to comply with policies SU10 and QD27 of the Brighton &amp; Hove Local Plan.</p> <p>The Trust applied for daytime operation in order to give due consideration to impact on neighbours. Should the Trust wish to change this it would need to apply for a change in the planning restrictions. HEMS data demonstrates that 85% of patients that would be most appropriate for a helicopter transfer present during the daytime hours and this is backed up by clinical data. (RTCs, work injuries most common during daytime hours, cardiac arrests and strokes also most likely upon waking up). Additionally, there is a revenue cost impact to the Trust of operating 24 hours per day as a safety crew would need to be in place for a full 24 hours.</p> <p>The Trust recognises the needs for local residents and their support for the increased volume of activity at the RSCH site, including the building works associated with the Sussex Cancer Centre. The Trust will continue to work with local residents, clinical leaders within the Trust, local government colleagues and Regional and National NHS networks to monitor the benefits and impact of the Helipad facility. Any changes to operating hours proposed will be subject to full consultation.</p>
1.7	<b>Mr Gooderham</b>	<i>Following the successful transvascular tricuspid valve replacement operation performed recently at the Royal Sussex County Hospital, would the Board indicate how many Sussex patients will be eligible for this innovative procedure, what programme enables this development to take</i>	Chief Medical Officer	<p>Thank you for your question</p> <p>The tricuspid valve trial (TTVR) is an HRA-approved clinical trial of the implantation of the V-Dyne percutaneous valve as an alternative to open heart surgery. We are pleased to be one of only two sites in the UK chosen to implant this technology. We have successfully completed 4 cases at the Royal Sussex</p>

		<p><i>place, and what patient and public participation was involved.</i></p>	<p>County Hospital site. This a European trail aiming to recruit 70 patients and we anticipate that up to 10 patients will go into this initial trial from across Sussex, noting that the patients who are considered for the trial are those that would not be candidates for traditional open-heart surgery.</p> <p>Clinical research is deeply embedded in the philosophy of our Cardiac Unit and this unit is currently running 40 clinical trials and has 10 dedicated research staff which enables such groundbreaking innovations to be possible.</p> <p>In respect of the element of question on public and patient participation then as with all such national trials this is obtained prior to Ethics application and in this specific case would have been undertaken by the Trial Sponsor of the Study (V-Dyne).</p>
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