

HEALTH OVERVIEW & SCRUTINY COMMITTEE ADDENDUM

4.00PM, WEDNESDAY, 23 APRIL 2025

COUNCIL CHAMBER, HOVE TOWN HALL

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ADDENDUM

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Brighton & Hove City Council

Scrutiny Report Template

Health Overview & Scrutiny Committee

Agenda Item 37

Subject: Plans for Capital Development of Royal Sussex County Hospital
Emergency Department

Date of meeting: 23 April 2025

Report of: Chair of the Health Overview & Scrutiny Committee

Contact Officer: Name: Giles Rossington, Scrutiny Manager

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Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

- 1.1 This report provides an update on University Hospitals Sussex NHS Foundation Trust plans to make capital improvements to the emergency department floor at the Royal Sussex County Hospital, using NHS capital funding.
- 1.2 UHSx will present details of the redevelopment plans at the committee meeting. Appendix 1 to this reports contains information provided by UHSx.

2. Recommendations

- 2.1 That Health Overview & Scrutiny Committee noted the contents of this report and its appendix.

3. Context and background information

- 3.1 University Hospital Sussex NHS Foundation Trust provides acute and specialist services at the Royal Sussex County Hospital (RSCH) as well as

at several other sites across Sussex. This includes running a busy Emergency Department (ED) which provides A&E and other urgent services. RSCH ED has historically faced challenges, and these continue, although performance against national A&E targets has significantly improved over recent months. These challenges have multiple causes, one of which is the suboptimal current configuration of the RSCH emergency floor. The HOSC has previously explored the challenges experienced by RSCH A&E and the system-wide work to address these challenges – for instance at the 10 July 2024 committee meeting.

3.2 UHSx has recently been successful in securing a significant amount of NHS capital funding and has plans to redevelop the RSCH ED, improving clinical outcomes and patient experience.

3.3 More details of these plans will be provided by UHSx at the committee meeting.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 None to this report for information.

6. Financial implications

6.1 No financial implications have been identified in this report which is for information.

7. Legal implications

7.1 No legal implications have been identified as arising from this Report, which is for noting only.

Name of lawyer consulted: Victoria Simpson Date consulted 07.04.2025

8. Equalities implications

8.1 None identified for this information report.

9. Sustainability implications

9.1 None identified for this information report.

10. Health and Wellbeing Implications:

10.1 None identified for this information report.

Other Implications

11. Procurement implications

11.1 None identified for this information report.

12. Crime & disorder implications:

12.1 None identified for this information report.

13. Conclusion

13.1 Members are asked to note plans by University Hospitals Sussex NHS Foundation Trust to make capital improvements to the Royal Sussex County Emergency floor.

Supporting Documents

Appendices

1. Information on the Royal Sussex Emergency Department capital development plans provided by UHSx.



University Hospitals Sussex
NHS Foundation Trust

Acute Floor Reconfiguration Programme Overview



Background

- ▶ The Emergency Department and wider Acute Floor at the Royal Sussex County Hospital is outdated and has been identified as needing improvement by the Trust, patients, Healthwatch, the CQC and NHS England's Emergency Care Improvement Support Team, among others
- ▶ While the hospital has benefited from the opening of the Louisa Martindale Building and is planning construction of a new Sussex Cancer Centre, the plans for these developments date back 20 years and Emergency Department improvement was not included at this time
- ▶ The Trust and NHS Sussex integrated care board recognised Urgent and Emergency Care at RSCH is a system priority and agreed to significant funding (c£62m) to support an Acute Floor Reconfiguration programme
- ▶ The programme has been split into a series of projects (Surgical Assessment Unit, Medical Assessment Unit, ED enabling works, Resus and Majors North, and PAT and UTC)

Acute Floor Reconfiguration Programme

- strategic objectives



To facilitate the modernisation of services, including delivering new models of care consistent with best practice, streamlining patient pathways and efficient working practices



To provide increased capacity for ED to reduce patient waiting times and improve performance against national standards



To improve the clinical adjacencies of services to optimise clinical safety and reduce clinical risk



To improve the environment for patients and families



To improve the working environment for staff.

The Case for Change: Patient Experience

January 2024



“Brighton crash victim's horror at Royal Sussex corridor care”,
The Argus, Jan 2024

January 2025



The RSCH ED corridor showing reduced overcrowding in Jan
2025 (same corridor as in Jan 24 picture from the other end)

After the Reconfiguration



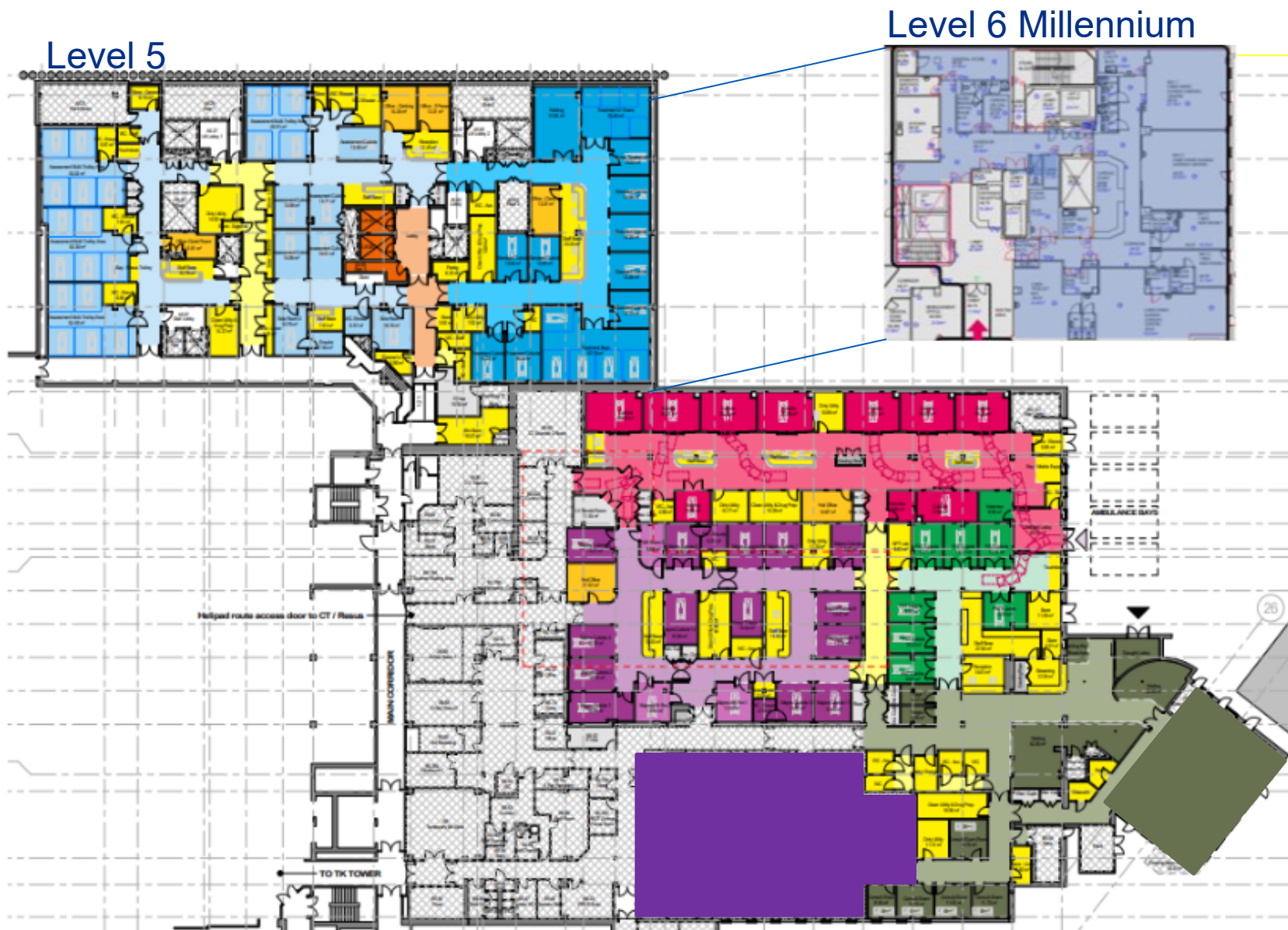
Example future Majors based on previous projects by ADP, the
architect firm working on the RSCH Acute Floor
Reconfiguration

Summary

- ▶ The new Acute Floor will have more physical space with all clinical areas brought up to modern standards.
- ▶ The main inhibitors to ED function (hospital flow and MH demand) must be resolved
- ▶ Thanks to cross-speciality working, an innovative and ambitious design has been produced despite known challenges relating to the footprint of the RSCH estate.



RSCH Acute Floor Reconfiguration Design



Urgent Treatment Centre - All walk in patients will present to this area for clinical streaming/triage and to be seen and treated



Patient Assessment and Triage (PAT) - initial assessment and decision about onward pathway for all majors patients



Resus – area for major trauma and acutely unwell patients



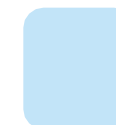
Majors North - the area or unit where patients with serious but not immediately life-threatening conditions are treated



Majors South – Additional majors cubicles and Ambulatory Majors. This area will be a lighter touch refurbishment



Surgical Assessment Unit – area for review and assessment of patients referred to Surgical Specialties



Medical Assessment Unit – area for review and assessment of patients referred to Medical Specialties

Acute Floor Reconfiguration – Programme Summary

Phase	Area	Dates
Phase 1A	Surgical Assessment Unit (SAU)	Opened Q2 2024/5
Phase 1B	Medical Assessment Unit (MAU)	In Progress – to open October 2025
Phase 2 Enabling Works	Staff Rest area, ED Store, Temporary Bins	July 2025 – Feb 2026
Phase 2	Resus and Majors North	Feb 2026 - Aug 2027
Phase 3	Patient Assessment & Triage (PAT) and Urgent Treatment Centre	Scheduled to start Sept 2027

Clinical areas of the current department will be impacted from September 2025 onwards as part of the Phase 2 - enabling works.

To manage the risks to the functioning of the department during each phase:

- The Acute Floor Clinical and Operational team is working on detailed plans for each phase for how the department will operate as well as robust plans for service moves
- Attendance/admission avoidance and flow improvement work to reduce the demand

Challenge: Poor waiting experience for UTC patients & split clinical areas

Current physical/environment challenge

- **Insufficient waiting chairs** in the current department
- Activity **split across UCC & UTC modular**



How this is addressed in the Design

- Single walk-in entrance with clinical streaming on arrival
- Expanded UTC waiting area by c.100%
- All UTC consultation rooms co-located

Current pathway/process challenges

- Current UTC **not fully optimised**



Pathway/process improvements

- Work on standardising UTC offer across the Trust

Challenges:

- Ambulance handover delays
- Overcrowding in department and non-compliance with 4hr performance for patients needing specialty review

Current physical/environment challenges

- Insufficient Patient Assessment & Triage (PAT) spaces
- Lack of resus capacity
- Undersized clinical spaces
- Lack of privacy and dignity
- Poor temperature and lighting control
- Route between resus and CT can be congested

Current pathway/process challenges

- Delays to Specialty Review for referred patients
- Lack of flow for patients referred to Specialty and with Decision to Admit.
- Key driver is lack of ward capacity due to **Non-Criteria to reside (nCTR) patients** who are waiting for onward health and social care

How this is addressed in the Design

- Increased PAT capacity (from 5 to 7 cubicles)
- PAT adjacent to UTC to allow patients to be appropriately streamed
- Resus expanded by 3 cubicles (from 5 to 8)
- Size of each cubicle expanded and equipped to meet modern standards
- More walled individual cubicles
- Resus will have direct access to CT
- Increased capacity Ambulatory majors area
- Improved ventilation/heating and lighting
- Dedicated Acute Assessment Units: Surgical Assessment Unit (SAU) and Medical Assessment Unit on L5 Millennium for both trolley assessment and Same Day Emergency Care/hot clinic

Pathway/process improvements

- Interprofessional standards for specialty review relaunched
- Work underway to improve pathways to bypass ED for expected patients referred by others healthcare professionals
- Medicine Division HALO programme - attendance and admission avoidance (incl. SECamb navigation hub , Virtual Ward, Same Day Emergency Care Pathways)
- Implementation of Continuous Flow to wards from June 24
- Ring-fencing current Assessment Unit for Medical Patients from Feb 25
- Ownership of the SAU is now transferred to surgery; opportunities to improve SAU length of stay
- System Discharge Improvement Programme to reduce delays between a patient becoming medically ready and leaving hospital

Challenge: High number of Mental Health patients staying over 24hrs waiting onward care

Current physical/environment challenge

- **Acute Floor clinical space** (area 2C) utilised to support **patients who do not need acute hospital care**



How this is addressed in the Design

- **Three specially designed mental health rooms** will be in Majors North
- Current **2C area not re-provided** in the design (closes at start of Phase 2 – Feb 26)

Current pathway/process challenges

- **Patients needing mental health bed, and**
- **Patients with sub-acute mental health challenge** in combination with complex social needs stay in the department whilst waiting onward care



Pathway/process improvements

- **Additional SPFT beds to come online this month**; impact to be tested.
- Deeper analysis needed on **why sub-acute mental health patients with complex social needs present to ED**

Phasing Designs

Phase 1A – Surgical Assessment Unit (SAU)



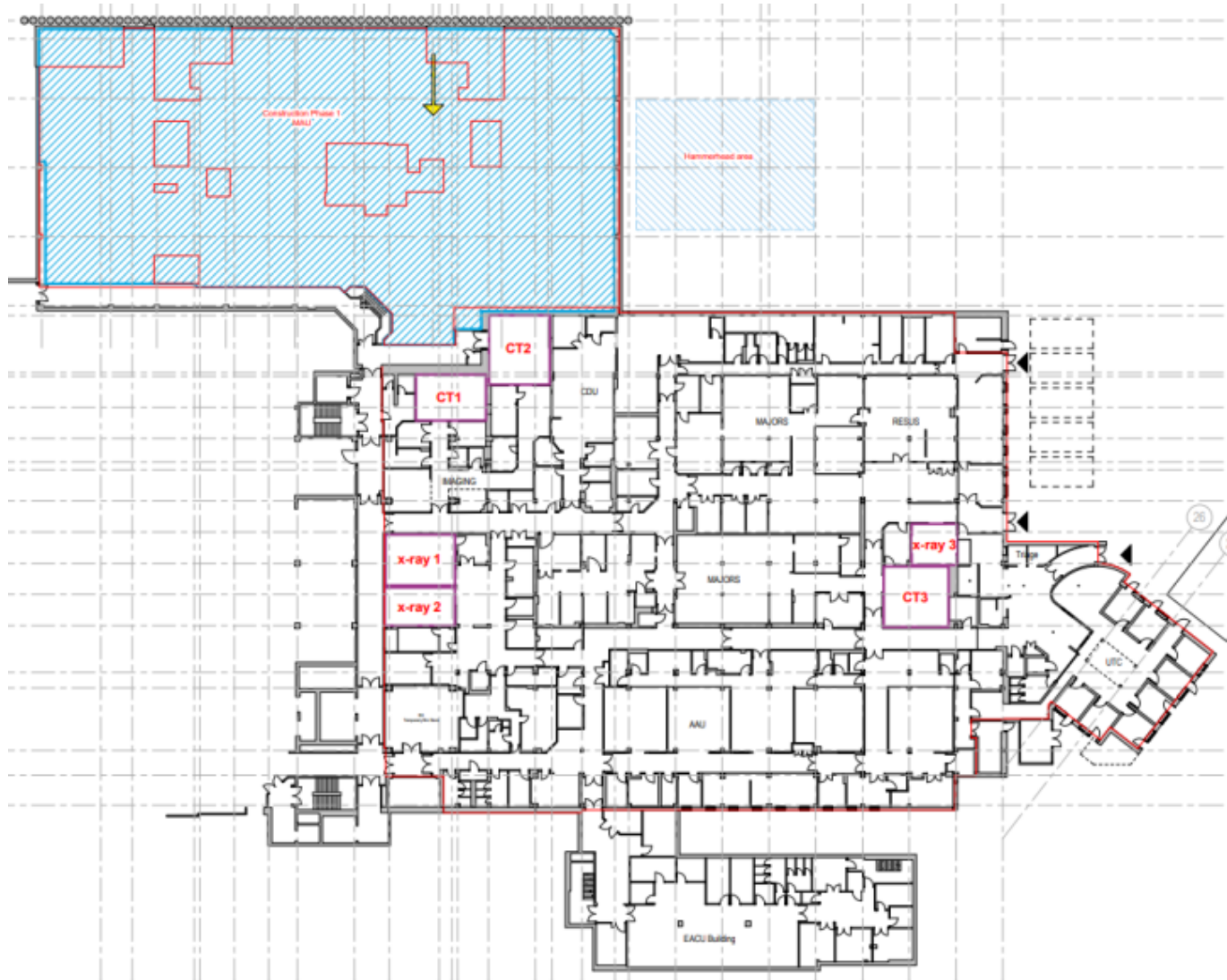
Surgical Assessment Unit – Opened Oct 2024

Creation of a new Surgical Assessment Unit, including a trolley assessment area and a chaired Same Day Emergency Care/hot clinic area.

This is designed to help decompress ED by:

- Taking surgical patients out of ED at the point of referral to a surgical specialty. Patients will have their specialty review and senior decision on their onward plan (discharge or admission)
- Enable expected patients (from GPs/interhospital transfers)

Phase 1B – Medical Assessment Unit (MAU)



Medical Assessment Unit – To open Oct 2025

Creation of a new Medical Assessment Unit, including a trolley assessment area and a chaired Same Day Emergency Care/hot clinic area.

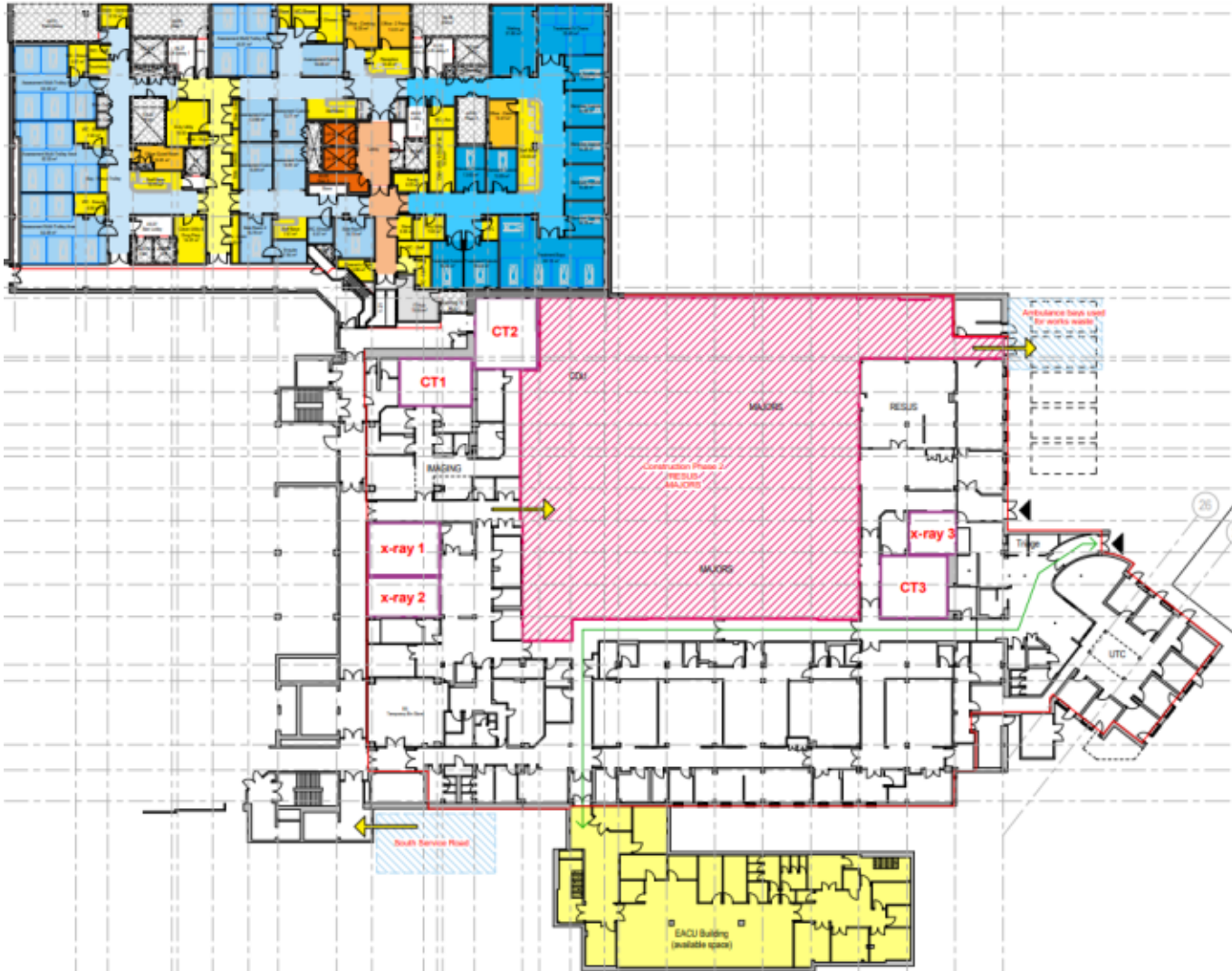
This is intended to help decompress ED by:

- Taking surgical patients out of ED at the point of referral to a surgical specialty. Patients will have their specialty review and senior decision on their onward plan (discharge or admission)
- Enable expected patients (from GPs/interhospital transfers)

Construction challenges

- ▶ **This will be disruptive** – from Phase 2 Enabling Works onwards a live Acute Floor environment will be functioning alongside a building site
- ▶ **Mitigations**
 - Robust planning with the Acute Floor Clinical and Operational Team for each phase of the build
 - Review of staffing needed at each phase and to support with service moves
 - Exploring additional help from volunteers to support wayfinding
 - Clear communication campaign internally, with external partners and with members of the public
- ▶ **Help required from system partners:**
 - Optimisation of attendance and admission avoidance pathways: utilisation of SDEC / 111 / pharmacy first, etc etc)
 - Awareness and support with communications to patients
 - Discharge improvements to reduce discharge delays for patients who no longer meet the criteria to reside

Phase 2 – Resus and Majors North



Resus and Majors North

Creation of a new resus and ED Majors area. This is critical to bringing the area up to modern standards to support the functioning of RSCH as a Major Trauma Centre and regional centre for tertiary services.

Enabling works will be carried out before the start of this phase to support the decant of areas in the construction zone.

Space vacated by the opening of the Medical Assessment Unit will support the decant of majors.

Phase 3 – Patient Assessment & Triage (PAT) and Urgent Treatment Centre (UTC)

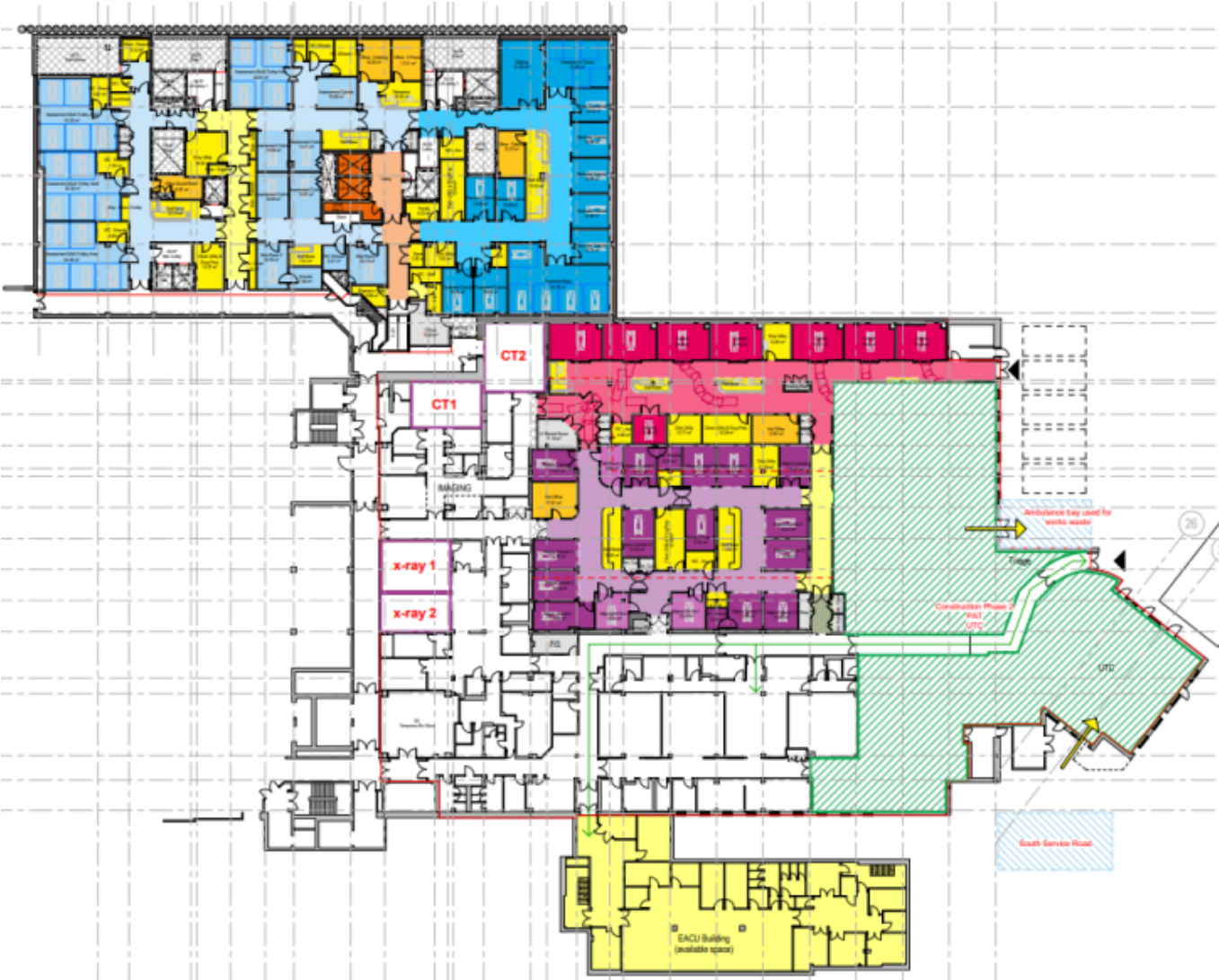
PAT & UTC

Creation of a new Patient Assessment & Triage area and improve Urgent Treatment Centre

Enabling works will be carried out before the start of this phase to support the decant of areas in the construction zone.

Two of the new resus bays will be used as a temporary PAT during this phase.

Walk in patient will arrive to the UTC modular for clinical streaming/triage and then be seen in this area or move to the vacated area shown in yellow (EACU Level 5).



Final Design

Key

	Medical Assessment Unit - Assessment Trolleys
	Medical Assessment Unit - SDEC/ Hot Clinic
	Resus
	Majors
	PAT
	UTC

Surgical Assessment Unit



Area	Current	Future	Var.
PAT	5	7	2
Resus	5	8	3
Majors cubicles*	25	24	-1
Ambulatory Majors*	5	12	7
UTC triage	2	2	0
UTC waiting	49	60	11
UTC consultation rms	13	13	0
Ambulatory CDU*	12	12	0
ED Total	116	138	22
AAU Bed	36	0	
MAU assessment trolleys	-	26	
SAU assessment trolleys	-	12	
Assessment Total	36	38	2
EACU	37	-	
MAU SDEC/Hot Clinic	-	37	
SAU SDEC./Hot Clinic	-	14	
SDEC/Hot Clinic Total	37	51	14

* 8 majors cubicles, ambulatory majors & ambulatory CDU will fall outside of the main programme scope. Clinical numbers for the latter two are still TBC; numbers here are the minimum.

