

# Brighton & Hove City Council

## Health Overview & Scrutiny Committee

## Agenda Item 6

**Subject:** Royal Sussex County Hospital: Acute Floor Reconfiguration

**Date of meeting:** 08 July 2026

**Report of:** The Chair, Health Overview & Scrutiny Committee

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**Ward(s) affected:** (All Wards);

**Key Decision:** No

### For general release

glossary	
RSCH	Royal Sussex County Hospital
UHSx	University Hospital Sussex NHS Foundation Trust – acute NHS trust that manages RSCH and other hospitals
ED	Emergency Department (including A&E)
SAU - Surgical Assessment Unit	dedicated unit for diagnosis and support of patients with acute surgical conditions
MAU - Medical Assessment Unit	dedicated unit for triage and diagnosis of acutely ill patients, either referred by GPs or by A&E
3Ts	Major programme to redevelop RSCH site as a regional centre for Trauma, Tertiary and Teaching
Resus	'resuscitation' – area within A&E providing critical care, advanced life support
Majors	Subdivision of A&E for seriously ill patients
PAT - Patient assessment & triage unit	space within A&E where patient needs are assessed and prioritised
UTC – urgent treatment centre	Provides medical help for urgent but not life-threatening injuries and illnesses such as sprains, minor burns and infections.
Emergency Care	For life-threatening or critical conditions such as chest pain, loss of consciousness or severe trauma (most people refer to this as A&E)
Acute Floor	The area of the hospital where UTC and Emergency Care (A&E) are co-located
No criteria to reside (NCTR)	Term used to describe patients occupying hospital beds whose medical care has finished but who cannot be discharged e.g. because they are waiting for a care placement

## **1. Purpose of the report and policy context**

- 1.1 This report presents members with an update from University Hospitals Sussex NHS Foundation Trust (UHSx) on progress in reconfiguration of the acute floor at the Royal Sussex County Hospital (RSCH). Information provided by UHSx is included as Appendix 1.

## **2. Recommendations**

- 2.1 Health Overview & Scrutiny Committee notes the information provided in this report.

## **3. Context and background information**

- 3.1 The RSCH emergency department, and the wider acute floor, have long been seen as outdated and in need of improvement. The major improvements that have taken place at RSCH in recent years (the '3Ts programme'), including the construction of the Louisa Martindale Building and the Sussex Cancer Centre, have improved many aspects of the hospital, but have not directly addressed issues relating to the acute floor.
- 3.2 Capacity is a major issue. When it was opened in 1070, RSCH A&E was intended to manage around 20,000 patients per year. It currently manages more than 100,000. In addition to demand having outstripped capacity, there are significant issues with flow through the RSCH, particularly in terms of patients who have 'no criteria to reside' occupying beds they have no medical need for. Addressing RSCH emergency capacity problems requires a two-pronged approach: modernising urgent and emergency care facilities and working with system partners including NHS mental health and council social care to improve flow and discharge. This report focuses on the work being undertaken to modernise urgent and emergency care facilities; the HOSC has previously considered reports on how the local health and care system is working in partnership to better manage discharge pressures.
- 3.3 In order to modernise facilities, UHSx and NHS Sussex Integrated Care Board (ICB) agreed an Acute Floor Reconfiguration Programme (AFR), supported by more than £60 million of capital funding.
- 3.4 AFR is in 3 phases. The first phase, constructing a new Surgical Assessment Unit (SAU) and a new Medical Assessment Unit (MAU), was completed in December 2025. The SAU and MAU provide dedicated spaces for the assessment and treatment of patients, ensuring the patients are seen more quickly and relieving pressure on the rest of the acute floor.
- 3.5 Phase 2 of the programme is the modernisation of majors and resus. (Majors is the subdivision of urgent & emergency care for the most seriously ill patients; Resus is the area where staff provide critical care including advanced life support.) Phase 3 is the modernisation of PAT and UTC.

(PAT, or patient assessment & triage, is the space within urgent & emergency care where patient needs are assessed and prioritised. The UTC, or urgent treatment centre, is where patients with urgent but not life-threatening conditions are treated.)

- 3.6 Once completed, the phase 2 and 3 works will increase capacity and provide a much better environment for both patients and staff (see Appendix 1 for more detailed information). However, phases 2 and 3 pose significant logistic and other challenges as they require UHSx to build new facilities while continuing to deliver extremely complex services on the same site. Appendix 1 includes details of how the build will be managed, the major risks identified and how these risks will be mitigated. Phase 2 and 3 works and will take several years to complete; the target completion date for phase 2 is December 2028 and phase 3 is May 2030.
- 3.7 UHSx has previously briefed the HOSC (23 May 2025) on the acute floor reconfiguration programme. Minutes of this discussion are available here [For enquiries on this agenda please contact](#). UHSx has also invited stakeholders, including the HOSC Chair, to visit RSCH to see the progression of works. The HOSC has also previously received reports on health and care system plans to better manage flow at RSCH, for example in July 2024: [PowerPoint Presentation](#).

#### **4. Analysis and consideration of alternative options**

- 4.1 Not relevant to this information report.

#### **5. Community engagement and consultation**

- 5.1 None directly for this information report.

#### **6. Financial implications**

- 6.1 None identified for this report to note.

Name of finance officer consulted: Ishemupenya Chagonda Date consulted: 29/06/26

#### **7. Legal implications**

- 7.1 There are no implications for this report to note.

Name of lawyer consulted: Elizabeth Culbert Date consulted: 29/06/26

#### **8. Risk implications**

- 8.1 None directly from this decision as this is an information report. The RSCH acute floor reconfiguration programme is intended to reduce the risks associated with the city's main acute hospital having an emergency department that is sub-optimally configured and has inadequate capacity. However, as the programme moves into Phases 2 and 3, there are short

term risks associated with managing a live acute floor alongside a building site. Specifically, members may wish to seek assurance that robust plans are in place to manage services with reduced capacity/floorspace while works take place.

## **9. Equalities implications**

- 9.1 None directly for this information report. Members may wish to seek assurance that the acute floor reconfiguration plans and risk mitigation of Phases 2 and 3 of the programme take into account the specific needs of people with protected characteristics. This might include: how the reconfigured services will ultimately provide a better environment for patients who struggle with current waiting arrangements, particularly people with autism or with learning disabilities, and what mitigations are being considered to support these vulnerable patients while works take place.

## **10. Sustainability implications**

- 10.1 None directly for this information report.

## **11. Health and Wellbeing Implications:**

- 11.1 These are addressed in the body of the report.

## **Other Implications**

### **12. Procurement implications**

- 12.1 None identified.

### **13. Crime & disorder implications:**

- 13.1 None identified.

## **14. Conclusion**

- 14.1 Members are asked to note the update on the RSCH acute floor reconfiguration programme.

## **Supporting Documentation**

### **1. Appendices**

1. Information provided by UHSx on the acute floor reconfiguration programme