

- 108.1 Agenda items 108 and 109 were heard together so that the Chief Executive of Brighton and Sussex University Hospital Trust, Matthew Kershaw, could contribute to both items.
- 108.2 Mr Kershaw first updated committee members on the 3T development plans, which was still awaiting confirmation of the capital funding. The hospital trust has weekly conversations with the Treasury; a response was expected by the end of February 2014. Mr Kershaw anticipated a positive response although this was not definite.
- The Trust has already started the decant work, moving some of the administrative functions onto the St Mary's Hall site. If the 3T development was not approved for any reason, the Hospital Trust still needs to update buildings and facilities so the decant needs to take place in any circumstance.
- 108.3 Mr Kershaw then gave an update on the current Emergency Department situation. Members had already had briefings on the action plan, and this remained the action plan. The department was performing much better in comparison to this time last year although there were still days and weeks that were comparatively low-performing. December and January had been particularly pressured months.
- 108.4 The department's target was 95%; they were regularly hitting 94% so additional work needed to be done. The target figure refers to the four-hour target in emergency departments which was introduced by the Department of Health for National Health Service acute hospitals in England. The target is that at least 95% of patients attending an A&E department must be seen, treated, admitted or discharged in under four hours.
- 108.5 The Hospital Trust continued to work closely with the CCG and Ambulance Trust amongst other partners. Key issues are the medically fit for discharge patients, ambulance conveyance, time of day of discharge and also flow within the hospitals.
- 108.6 Positive news was that elderly patients had an average length of stay that was two days less than this time last year.
- 108.7 Mr Kershaw ended by saying that he visited the Emergency department either in Brighton or in Princess Royal Hospital almost every day, so that he could observe it firsthand.
- 108.8 The item moved on to the update on the Major Trauma Centre (MTC), presented by Dr Jonathan Andrews, Consultant Anaesthetist, Clinical Lead, Major Trauma Centre.

Dr Andrews gave a presentation on the centre, and explained the reasons that it had been developed. He and Mr Kershaw then answered questions from HWOSC members.

108.9 Members queried the comment in the presentation about 'challenges for rehab' and asked what this meant. Dr Andrews said that the MTC provided very specialist high-end care for patients needing intensive nursing, but that when they no longer needed such intensive care, it was better to move the patients to a more suitable setting. In the case of patients from East and West Sussex, this entailed moving them to the most appropriate local setting.

108.10 Members asked about the link between the MTC and the 3T development; was the trauma centre development dependent on the 3T funding being granted?

Mr Kershaw said that even assuming that the funding were to be granted, it is a major redevelopment; some parts of the build are not scheduled for five years. Some of the planned changes cannot wait that long or the hospital trust will not meet the necessary service specifications. The Trust has to make changes to services now to make them compliant, in advance of the 3Ts.

108.11 One member said that he was concerned about the dilution of capacity in neuro-surgery at the PRH site, as it seems to be splitting expert teams. Mr Andrews said that it is true that some services will no longer be at Hurstwood Park, but that the split was a logical one. There are plans for a more coherent pathway for spinal patients. It will also allow for improvements in critical care facilities at Hurstwood Park, which are long overdue.

Mr Andrews said that he wanted to pay tribute to the staff at Hurstwood Park who have been involved in the redevelopment plans for all of their support in the work to date.

108.12 A member said that she had heard several reports about problems with the patient transport service. Mr Kershaw said that the Trust has regular meetings regarding the patient transport service and these would continue to happen.

Mr Kershaw said that the 'medically fit for discharge' list was managed with input from the CCG and social care. This generally worked well but when the list of patients grew, this increased pressure throughout the system; more work needed to be done to address the impact.

108.13 Members asked about the air ambulance, could it be used at PRH? They heard that it was harder to access the site than it had been in the past, due to a new housing development on the edge of the PRH site. In Brighton, the air ambulance currently landed in East Brighton Park, which worked well.

108.14 The report was noted and agreed, with further updates requested when available.