ENFORCEMENT UNDERTAKINGS

LICENSEE
University Hospitals Sussex NHS Foundation Trust ("the Licensee")
Worthing Hospital
Lyndhurst Road
Worthing
West Sussex
BN11 2DH

DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act").

GROUNDS

1. Licence

The Licensee is the holder of a licence granted under section 87 of the Health and Social Care Act 2012 (the Act).

2. Breaches

2.1. NHS England has reasonable grounds to suspect that the Licensee has provided and is providing healthcare services for the purposes of the NHS and is in breach of the following conditions of its licence: NHS2(4)(a) to (c), NHS2 (5)(b) and (c), NHS2(6)(a) to (f) and NHS2(7).

2.2. In particular:

2.2.1. Leadership, Culture and Governance:

The external Well-Led Review (July 2025), commissioned by the Trust, made twenty-two recommendations and described significant cultural and behavioural concerns.

The review's recommendations include action needed by the Trust to strengthen leadership and governance, including clear Board oversight, timely action on concerns, and systematic measurement of cultural and quality improvements. Processes for listening to and acting on patient feedback and complaints require strengthening.

The improvement in the 2025 NHS staff survey results and the CQC well led inspection report rated Requires Improvement published on 6 May indicates some progress made by the trust. The CQC well-led report did however, state that the Trust remains in breach of Regulations 12 and 17 relating to safe care and treatment, good

governance, oversight and management of risk, oversight of action plans following incidents and poor culture.

2.2.2. Access

Under the 2025/26 NHS Oversight Framework, the Trust is in Segment 4 with its performance ranking 121st of 134 acute providers [at the date of these undertakings].

The Trust remains a national outlier for both 4-hour and >12-hour delays within Emergency Department. This remains a priority for improvement. The Trust also remains a national outlier for the number of days from discharge ready date to actual discharge date.

The Trust has delivered significant reductions in the overall size of its elective waiting list, however the number of patients experiencing long waits remain above national norms and the Trust's Referral to Treatment performance remains a national outlier.

2.2.3. Quality and Patient Safety

During an inspection of Emergency Department within the Brighton site in February 2025, CQC identified significant safety concerns associated with long patient waiting times, particularly relating to use of non -patient designated areas and overcrowding. The Trust has since taken wide-ranging actions to address these concerns, but at the date of these undertakings, action was still needed to sustain and embed these consistently in the Emergency Department's and wider hospital's working practices and responsiveness to emergency patients.

2.3. These breaches demonstrate a failure of governance arrangements by the Licensee including, in particular, failure to:

2.3.1. Establish and implement:

2.3.1.1. Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and clear reporting lines and accountabilities throughout its organisation (NHS2(4)(b) and (c).

2.3.2. establish and effectively implement systems and/or processes:

2.3.2.1 for timely and effective scrutiny and oversight by the Board of the Licensee's operations (NHS2(4)(b))

2.3.2.2 to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England, and statutory regulators of health care professions. (NHS2(5)(C))

2.3.2.3 to address matters relating to quality of care. (NHS2 (6) (a) to (f))

2.3.2.4 ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence (NHS2 (7)).

2.4. Need for Action

NHS England believes that the action, which the Licensee has undertaken to take pursuant to these undertakings, is action to secure that the breaches in question do not continue or recur.

3. Appropriateness of Undertakings

In considering the appropriateness of accepting in this case the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

UNDERTAKINGS

For the purpose of these enforcement undertakings, University Hospitals Sussex as Licensee is referred to as the Trust throughout.

NHS England has agreed to accept and the Licensee has agreed to give the following undertakings, pursuant to section 106 of the Act:

1. Leadership, Culture and Governance

1.1 The Trust will put in place principles, systems and standards of governance which would reasonably be regarded as appropriate for a supplier of healthcare services to the NHS. In particular:

1.1.1. The Trust will demonstrate evidence of effective Trust leadership, governance, assurance, risk, and accountability structures.

1.1.2. Governance, assurance, risk, and accountability structures must interact effectively to support timely and informed decision making.

1.1.3. The Trust will demonstrate within timescales agreed with NHS England, that processes are in place to deliver and sustain essential improvements in the quality of services.

1.1.4. The Trust will demonstrate, within timescales agreed with NHS England, improvement in the culture of the organisation and will be accountable for the continued development and progression of planned work in response to the external well-led review completed in 2025 and the CQC well-led review published on 6 May 2026, including work in relation to behaviours and values; leadership development and effective engagement with the workforce.

1.1.5. The Trust will ensure Board visibility of people and culture strategies that includes Equality, Diversity, and Inclusion.

1.1.6. The Trust must ensure an improved culture of speaking up, where staff at all levels are equally encouraged and empowered to speak up; feedback is given to staff on how the Board has acted on concerns raised and managers act promptly, supported by appropriate training, monitoring and analysis of issues and outcomes.

2. Access

2.1. The Trust will improve its Referral to Treatment performance and will be accountable for delivering as a minimum and within timescales agreed with NHS England, the targets set out in NHS England's Planning Guidance, or such other appropriate target as agreed by NHS England.

2.2. The Trust will develop and implement its UEC recovery plan and trajectory within timescales agreed with NHS England, and will be accountable for delivering as a minimum, the improvement in 4-hour and 12-hour waiting times set out in NHS England's Planning Guidance. The Trust will also set out in its UEC recovery plan how it will engage and participate in the work with system partners for example local authorities and NHS Surrey and Sussex to reduce non - criteria to reside delays

2.3. The Trust will ensure it has effective leadership, governance, and processes in place, including Board oversight, to ensure patients using its Emergency Departments are safe. This includes making sustainable improvements to address the findings and recommendations from CQC's February 2025 inspection of the Emergency Department at the Royal Sussex County Hospital.

3. Integrated Improvement Plan

3.1. By 30 September 2026, the Trust will submit to NHS England for agreement an Integrated Improvement Plan, setting out its plan to address these undertakings and a clear timetable for implementation.

3.2. The Trust must ensure successful delivery of the Integrated Improvement Plan agreed by NHS England and in accordance with the agreed timetable set out in that plan.

3.3. The Trust will consult and agree with NHS England any proposed significant changes to its Integrated Improvement Plan, including any proposed changes to the timetable for implementation. Any proposed changes are subject to approval in writing by NHS England.

4. Programme management

4.1. The Licensee will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

4.2. Such programme management and governance arrangements must enable the board to:

4.2.1. maintain clear oversight over the process in delivering these undertakings;

4.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and hold individuals to account for the delivery of the undertakings.

5. General

5.1. In line with the requirements of the NHS Oversight Framework segmentation, the Licensee will cooperate fully with NHS England, health sector stakeholders and any external agencies or individuals appointed to work with or support the Licensee to address regulatory concerns.

6. Meetings and reports

6.1 The Licensee will provide regular reports to NHS England on its progress in complying with the undertakings set out above and will attend meetings, or, if NHS England stipulates, conference calls, as required, to evidence and discuss its progress in meeting the undertakings. These meetings will take place once a month unless NHS England otherwise stipulates, at a time and place to be specified by NHS England and with attendees specified by NHS England.

6.2 The Licensee will comply with any additional reporting or information requests made by NHS England.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under section 111 of the Act (for foundation trusts only) and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

LICENSEE

Signed (Chair or Chief Executive of Licensee)

Dated: 25 June 2026

NHS ENGLAND

Anne Eden
Regional Director of the Regional Support Group (South East)

Dated: 1 July 2026