

<p>UHN Quality and Safety Committee Upward Report to Board of Directors</p>		<p>Date of reporting group’s meeting: 25th March 2026 (1 of 3)</p>	
<p>Reporting Non-Executive Director: Chris Welsh (Chair)</p>			
<p>Agenda Item</p>	<p>Description and summary discussion</p>	<p>BAF links</p>	<p>Assurance level *</p>
<p>UHN Corridor Care and UEC (Urgent and Emergency Care) Red Lines oversight</p>	<p>The committee:</p> <ol style="list-style-type: none"> Notes that UHN continues to experience significant operational pressure across the UEC pathway. High Emergency Department (ED) attendances, low conversion to admission rates and a high number of patients who no longer meet the criteria to reside are creating sustained congestion at both the front and back door. As a result, both sites remain reliant on corridor care to maintain flow and safety. Notes the forthcoming NHS England requirement to eliminate corridor care and the introduction of public reporting from May. Recognises the ongoing mitigation work to strengthen patient flow, improve board round effectiveness and enhance oversight of corridor care. However, it emphasises that achieving UEC red lines and reducing corridor care to national standards will require system level action, particularly to support safe and timely discharge. Confirms limited assurance based on continued system wide pressures affecting both the front and back door, and the ongoing use on corridor care. 	<p>UHN15 demand on services</p>	<p>Limited</p>
<p>GIRFT (Getting it Right First Time) Virtual Ward review</p>	<ol style="list-style-type: none"> Received assurance that the Getting it Right First Time (GIRFT) reviews of UHN’s virtual wards and the KGH HomeLink service identified safe practice with no evidence of patient harm. Noted areas that do not fully align with national virtual ward criteria. Assurance was provided that operational teams and system partners are already addressing these gaps through ongoing pathway review and ICB led workshops. A further update will be provided once improvement actions and commissioning alignment are complete. Confirms limited assurance on this item given the further work that is required to achieve full compliance. 	<p>UHN11 Positive safety culture</p>	<p>Limited</p>

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Medicines Optimisation and Antimicrobial stewardship	<p>The committee:</p> <ol style="list-style-type: none"> 1. Noted the continued high fragility of aseptic services across both sites due to ageing estate, capacity constraints and specialist workforce shortages. 2. Noted NGH continues to perform well on antibiotic usage. KGH's usage is increasing due to ED demand pressures, digital limitations and inconsistent clinical engagement. 3. Noted that the plans for nationally funded regional aseptic production hubs are years away. Urgent oncology pathways (e.g acute leukaemia) still require local aseptic capability. Work with UHL continues to explore medium to long term solutions. 4. Notes that despite mitigations, underlying risks require long term estates and workforce solutions, hence limited assurance for the medium/long term and reasonable assurance in the short term with patient needs being met. 	UHN11 Positive safety culture	<p>Limited – medium/long term</p>
Subgroup upward reports: Children and Young People's Board	<ol style="list-style-type: none"> 1. Agreed to escalate to the Board of Directors, concerns from the Children and Young People's Board regarding limited digital visibility of primary care records in urgent and emergency care settings. Current licence restrictions prevent access to System One, and the Shared Care Record does not yet provide sufficient clinical information to support decision-making. This issue has contributed to clinical risk in recent cases and requires system-level action and investment. 2. Recommends that the Board considers this as a priority area for system-wide resolution. 	UHN24 digital transformation	<p>Limited</p>

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Perinatal reports	<p>The committee:</p> <ol style="list-style-type: none"> Noted full NGH compliance with Maternity Incentive Scheme safety actions and non-compliance with two actions at KGH. Noted positive feedback from the CQC's follow up inspection of NGH maternity services with staff praised for being friendly, dedicated and providing person-centred care. The committee commended relevant teams for their work on this. Noted progress on key actions has been slow following a foetal medicine and scanning pathway review which took place last year, with business cases still under development and unresolved financial implications. Acceleration actions are in progress. Noted the temporary pause to the KGH home birth service for three months while required improvements are undertaken. 	<p>UHN11 Positive safety culture</p> <p>UHN12 inclusive care</p>	Reasonable
UHN Mortality Quarter 3 report	<ol style="list-style-type: none"> Noted mortality metrics at both sites remain broadly stable with no new mortality alerts and positive structured judgement review outcomes. All deaths continue to undergo Medical Examiner (ME) review and a joint ME lead is in place. Noted ongoing work to strengthen earlier recognition of end-of-life needs and the impact of wider system pressures on palliative care pathways. While some areas of improvement remain, the committee was assured that risks are understood and appropriate quality improvement actions are underway. 	<p>UHN11 Positive safety culture</p> <p>UHN12 inclusive care</p>	Reasonable
CQC Local Assessment Process report on Medical Care	<ol style="list-style-type: none"> Received positive assurance following the CQC's local assessment of medical care. Noted all requirements of the NGH Section 29A notice have been fully met. Noted positive feedback received from the CQC which had observed compassionate, person-centred care, strong MDT working, effective risk oversight and good leadership. 	<p>UHN11 Positive safety culture</p> <p>UHN12 inclusive care</p>	Limited