Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 25 November 2026

TB2026.92

Title:	**Quality and Performance Committee Report**

Status:	**For Decision**
History:	**Regular Reporting**

Board Lead:	**Trust Chair**
Author:	**Laura Lauer, Deputy Head of Corporate Governance**
Confidential:	**No**
Key Purpose:	Assurance

Quality and Performance Committee Report

1. Purpose

1.1. As a Committee of the Trust Board, the Quality and Performance Committee provides a regular report to the Board on the main issues raised and discussed at its meetings.

1.2. This report summarises the matters considered by the Quality and Performance Committee at its inaugural meeting held on 28 October 2026.

1.3. This report summarises the Committee's work using the following definitions: Alert escalates key risks, opportunities, issues requiring Board attention and gaps in assurance; Advise sets out areas where the Committee received partial assurance but wishes to see improvements, further follow-up or additional reporting; and Assure summarises areas where the Committee received sufficient assurance or undertook routine oversight.

2. Alert: matters escalated to the Board

2.1. Perinatal Quality / Maternity — the Committee received partial assurance on safety, with particular concerns relating to maternity triage, venous thromboembolism (VTE) compliance, results acknowledgement, the scanning pathway and workforce fragmentation and resilience. The Trust Board is asked to approve the Maternal Care Bundle Implementation Plan as reviewed by the Quality and Performance Committee.

2.2. The Committee also noted recent Care Quality Commission (CQC) inspection activity in Maternity and Ophthalmology.

2.3. Safeguarding — the Committee raised concerns about children remaining in OUH beyond clinical need while awaiting an appropriate place of safety. It agreed that this be raised formally with Oxford City Council.

3. Advise: partial assurance received

3.1. Terms of Reference — the Committee suggested amendments relating to clinical audit responsibilities, approval authority, risk and membership.

3.2. National Early Inflammatory Arthritis Audit — the Committee welcomed substantial improvement, while noting that further work was required to sustain progress and address the follow-up backlog.

3.3. Quality Improvement Programme — the Committee noted positive progress and examples of effective quality improvement (QI). Further work was needed to align QI activity consistently with strategic priorities and improve the visibility and deployment of QI capability across Divisions and the wider Trust.

4. Assure: sufficient assurance or routine oversight

4.1. Integrated Performance Report — the Committee noted positive developments. The Committee would focus on cancer performance at its next meeting.

4.2. Patient Safety Incident Response Framework (PSIRF) — the Committee received assurance on the overall patient safety position, while noting continuing work on overdue actions and compliance.

4.3. Patient Experience Annual Report — the Committee received assurance, subject to continued work on complaints handling and the differentiated approach to complex complaints.

4.4. Patient Experience and Engagement Plan – the Committee was assured by the proposed strategic outcome indicators and reporting framework. It noted the priority themes for Year 1 of the plan and the approach to developing Year 2 targets and trajectories.

4.5. Safe Staffing and Nursing Establishment Review — the Committee received assurance, recognising that proposed establishment movements remained subject to the appropriate approval processes.

4.6. Post-death care — the Committee noted progress against the action plan.

4.7. Human Tissue Authority (HTA) Compliance Assessment — following the HTA's closure of the notifications, the Committee considered that the position was under control, subject to completion of the remaining action plan.

4.8. Quality Priorities — the Committee noted progress, while recognising important dependencies, particularly around Digital, and the need for further work to evidence the impact of some interventions.

4.9. Frailty — the Committee endorsed the clinical direction of travel. The investment, workforce model, affordability, implementation arrangements and integrated Hospital at Home model remained to be worked through.

4.10. Clinical Audit / Clinical Effectiveness — the Committee noted improvements in overall participation and governance.

5. Recommendations

5.1. The Trust Board is asked to:

- **note** the Quality and Performance Committee's report from its meeting held on 28 October 2026;
- **consider** the matters escalated under **Alert**;
- **note** the matters brought to its attention under **Advise**;
- **take assurance** from the matters set out under **Assure**, subject to the actions and qualifications identified; and
- **approve** the Maternal Care Bundle Implementation Plan (in Reading Room).