

GOVERNANCE RISK RATINGS

Oxford University Hospitals NHS Trust

See 'Notes' for further detail of each of the below indicators

					Insert YES, NO or N/A (as appropriate)								
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Action
						Qtr to Mar-12	Qtr to Jun-12	Qtr to Sep-12	Oct-12	Nov-12	Dec-12	Qtr to Dec-12	
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/a	N/a	N/a	N/a	N/a			
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information	50%		N/a	N/a	N/a	N/a	N/a			
Patients dying at home / care home			50%		N/a	N/a	N/a	N/a	N/a				
1c	Data completeness: identifiers MHMDS		97%	0.5	N/a	N/a	N/a	N/a	N/a				
1c	Data completeness: outcomes for patients on CPA		50%	0.5	N/a	N/a	N/a	N/a	N/a				
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes	Yes			
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes	Yes			
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes	Yes			Returns based on historical data from Oct 2011 sourced from OXPAS for former QRH sites from Oct 2011 due to data quality issues within Cerner Millennium.
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	No	No	No	No			The Trust is implementing action plans to ensure compliance and currently delivers 3 of 6 standards and partially meets the remainder. Full compliance expected from Dec 12/Jan 13.
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes			Nov data extrapolated from Oct pending validated data. In Oct, all patients requiring anti cancer drug treatment received it within 31 days as did 96.77% of those requiring surgery and 94.88% requiring radiotherapy, meeting the 94% threshold.
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	No	Yes	Yes			Nov data extrapolated from Oct pending validated data. Screening threshold passed at 100% and 88.80% of urgent GP referrals received first treatment within 62 days against the 85% standard.
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes			Nov data is an extrapolation from Oct pending validated data.
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes	Yes	Yes			Nov data is an extrapolation from Oct pending validated data.
			for symptomatic breast patients (cancer not initially suspected)	93%									
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0		No	Yes	Yes	Yes			Reporting resumed in April 2012 after agreed pause for data quality reasons.
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	N/a	N/a	N/a	N/a	N/a			
Having formal review within 12 months			95%										
3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a	N/a				
3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/a	N/a	N/a	N/a	N/a				
3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a	N/a				
3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	N/a	N/a	N/a	N/a	N/a				
		Red 2	75%		0.5	N/a	N/a	N/a	N/a	N/a			
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a	N/a				
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	No	No	No	No	No			57 cases of C Diff YTD against a ceiling of 60 with 10 cases in November.
			Is the Trust below the YTD ceiling	88		Yes	No	Yes	Yes	Yes			
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes	Yes			No cases of MRSA in November and 2 for YTD against a trajectory of 4.
			Is the Trust below the YTD ceiling	7		Yes	Yes	Yes	Yes	Yes			
	CQC Registration												
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No	No			
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No	No			
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No	No				
TOTAL						0.5	2.5	1.5	0.5	0.5	0.0	0.0	
						G	AR	AG	G	G	G	G	

RAG RATING :

- GREEN** = Score less than 1
- AMBER/GREEN** = Score greater than or equal to 1, but less than 2
- AMBER / RED** = Score greater than or equal to 2, but less than 4
- RED** = Score greater than or equal to 4

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Overriding Rules - Nature and Duration of Override at SHA's Discretion													
i)		Meeting the MRSA Objective	Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters			No	No	No	No	No			
ii)		Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.			No	No	No	No	No			
iii)		RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter			No	No	No	No	No			
iv)		A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.			No	Yes	No	No	No			For Qtr to Jun-12: 2 failures during a 12 month period (Qtr to Dec-10, Qtr to Mar-11) and a failure in following 9 months (Qtr to Jun-12)
v)		Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter			No	No	No	No	No			
vi)		Ambulance Response Times	Breaches: the category A 8-minute response time target for a third successive quarter the category A 19-minute response time target for a third successive quarter either Red 1 or Red 2 targets for a third successive quarter			N/a	N/a	N/a	N/a	N/a			
vii)		Community Services data completeness	Fails to maintain the threshold for data completeness for: referral to treatment information for a third successive quarter; service referral information for a third successive quarter, or; treatment activity information for a third successive quarter			N/a	N/a	N/a	N/a	N/a			
viii)		Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.			No	No	No	No	No			
Adjusted Governance Risk Rating						0.5	4.0	1.5	0.5	0.5	0.0	0.0	
						G	R	AG	G	G	G	G	