

In Year Quality Governance Metrics of Sherwood Forest Hospitals

**Actual for
Quarter
ending 30-
Jun-14**

The Risk Assessment Framework (diagram 13) sets out that Monitor will use executive team turnover as one of the potential indicators of quality governance concerns. Please provide the information requested below and ensure that any changes are explained in your commentary:

Executive Directors

- Total number of Executive posts on the Board (voting)
- Number of posts currently vacant
- Number of posts currently filled by interim appointments
- Number of resignations in quarter
- Number of appointments in quarter

units

Posts	5
Posts	-
Posts	-
Resignations	1
Appointments	1

Worksheet "Targets and Indicators"

Declaration of risks against healthcare targets and indicators for 2014-15 by Sherwood Forest Hospitals

Key:

must complete
may need to complete

These targets and indicators are set out in the Risk Assessment Framework
Definitions can be found in Appendix A of the Risk Assessment Framework
NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Target or Indicator (per Risk Assessment Framework)	Threshold or target YTD	Scoring under Risk Assessment Framework	Risk declined at Annual Plan	Scoring under Risk Assessment Framework	Performance	Achieved/Not Met	Any comments or explanations	Scoring under Risk Assessment Framework
Refer to treatment time, 18 weeks in aggregate, admitted patients	90%	1.0	No	0	91.1%	Achieved		0
Refer to treatment time, 18 weeks in aggregate, non-admitted patients	95%	1.0	No	0	94.1%	Not met		0
Refer to treatment time, 18 weeks in aggregate, incomplete pathways	92%	1.0	No	0	92.0%	Achieved		0
A&E Clinical Quality- Total Time in A&E under 4 hours	95%	1.0	No	0	94.3%	Not met		1
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	1.0	No	0	86.8%	Achieved	we do not reallocate breaches	0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation	90%	1.0	No	0	100.0%	Achieved	we do not reallocate breaches	0
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation	94%	1.0	No	0	100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - surgery	98%	1.0	No	0	100.0%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - drug treatments	94%	1.0	No	0	88.8%	Achieved		0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	98%	1.0	No	0	0.0%	Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	98%	1.0	No	0	98.4%	Achieved		0
Cancer 2 week (all cancers)	93%	1.0	No	0	92.3%	Not met		0
Cancer 2 week (breast symptoms)	93%	1.0	No	0	93.6%	Achieved		1
Care Programme Approach (CPA) follow up within 7 days of discharge	95%	1.0	No	0	0.0%	Not relevant		0
Care Programme Approach (CPA) formal review within 12 months	95%	1.0	No	0	0.0%	Not relevant		0
Admissions had access to crisis resolution / home treatment teams	85%	1.0	No	0	0.0%	Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams	85%	1.0	No	0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	75%	1.0	No	0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	75%	1.0	No	0	0.0%	Not relevant		0
Ambulance Category A 15 Minute Transportation Time	85%	1.0	No	0	0.0%	Not relevant		0
C.Diff due to lapses in care	9	1.0	Yes	1	1	Not met	2 cases under review, 2 cases due to lapses in care and 12 not due to lapses of care 19 total	1
Total C.Diff YTD (including cases deemed not to be due to lapses in care and cases under review)					16			
C.Diff cases under review					0			
Minimising MH delayed transfers of care	<=7.5%	1.0	No	0	0.0%	Not relevant		0
Data completeness, MH identifiers	97%	1.0	No	0	0.0%	Not relevant		0
Data completeness, MH outcomes	50%	1.0	No	0	0.0%	Not relevant		0
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	1.0	No	0	N/A	Achieved		0
Community care - referral to treatment information completeness	50%	1.0	No	0	89.8%	Achieved		0
Community care - referral information completeness	50%	1.0	No	0	55.6%	Achieved		0
Community care - activity information completeness	50%	1.0	No	0	75.9%	Achieved		0
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No	0		No		
COC compliance action outstanding (as at time of submission)	N/A		Yes	1		Yes		
COC enforcement action within last 12 months (as at time of submission)	N/A		Yes	1		Yes		
COC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No	0		No		
Moderate COC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		Yes	1		Yes		
Major COC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No	0		No		
Trust unable to declare ongoing compliance with minimum standards of COC registration	N/A		No	0		No		
Results left to complete			0					0
Total Score			1					4

In Year Governance Statement from the Board of Sherwood Forest Hospitals

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)

For finance, that:

4 The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.

Board Response

Not Confirmed

For governance, that:

11 The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.

Not Confirmed

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22, Diagram 6) which have not already been reported.

Confirmed

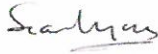
Consolidated subsidiaries:

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.

0

Signed on behalf of the board of directors

Signature



Signature



Name: Sean Lyons

Name: Paul O'Connor

Capacity: Chairman

Capacity: Chief Executive

Date: 31st July 2014

Date: 31st July 2014

Notes: Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.

In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A please see enclosed exception report

B

C