Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22nd June 2016

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 2) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Please pages 2&3 for a highlight report as at May 2016.

- Note that this report continues to be developed. This revised format incorporates feedback from users of the report, the recommendations from the recent Governance Review of the Well-Led framework plus best practice examples from other organisations. Data Quality kite marks are to be developed by Quarter 3.

- An enhanced version of this report is provided on a quarterly basis.

Risks Highlighted:

•   From this quarter there is a new requirement to report to Monitor performance against internal KPIs (eg training, quality priorities & contract metrics) – these are currently not fully achieved in month two, progress will be reported to NHS Improvement at the end of Quarter One. (see page 4)

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: None

Outcome Required / Recommendations: Information

Link to Policies and Strategies: Monitor – Risk Assessment Framework, 2016/17 NHS Standard Contract

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

NTW Integrated Commissioning & Quality Assurance Report

2015-16 Month 2 (May 2016)

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Northumberland, Tyne and Wear **NHS**
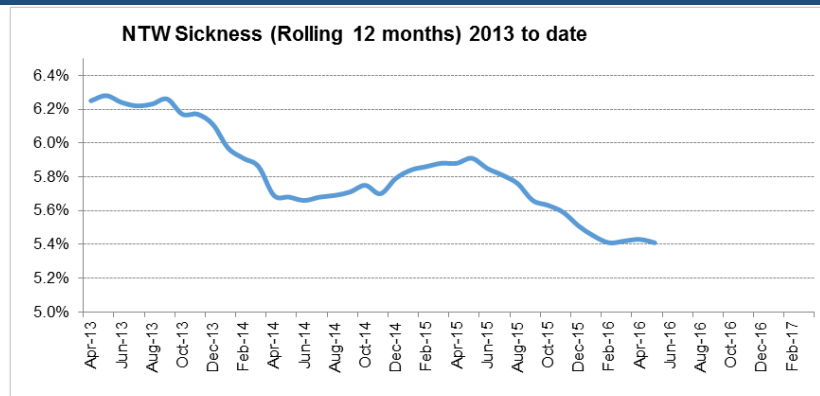NHS Foundation Trust

Monitor Risk Assessment Framework:	✓	Governance Risk Rating Month 2:	Financial Sustainability Risk Rating Month 2:	The Governance risk rating remains green (lowest risk) and the Financial Sustainability risk rating is 3 (low risk) for 2016-17 month 2 (May).
		Green	3	While all of the Risk Assessment Framework requirements are achieved in the month, including the new waiting times requirements for Early Intervention in Psychosis, reporting performance against internal KPIs to Monitor is due to commence at the end of quarter 1 and currently these are not all achieved (iunderperformance relates to training and contract quality metrics).

Quality Priorities:	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:	In total there are seven quality priorities identified for 2016-17 and at month 2, all are forecast to be achieved as at the end of quarter one.
	7	0	

CQUIN:	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:	There are a total of ten new CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services and at month 2, all are forecast to be achieved as at the end of quarter one.
	10	0	

Workforce:	Statutory & Essential Training:				Appraisals:
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):	Areas of underperformance are clinical risk (79%), PMVA basic (80.4%), PMVA Breakaway (81.5%) and Information Governance training (90.6%). There is an improvement plan in place with trajectories to achieve the required standards by July 2016.	Appraisal rates have decreased to 84.1% in May 2016.
	16	4	1		(was 84.3%last month).

Sickness Absence:

NTW Sickness (Rolling 12 months) 2013 to date

The in month sickness absence rate decreased to 5.02% in May 16. The rolling 12 month sickness average remains the same at 5.4%.

NTW Sickness (in month) 2013 to date

At a glance
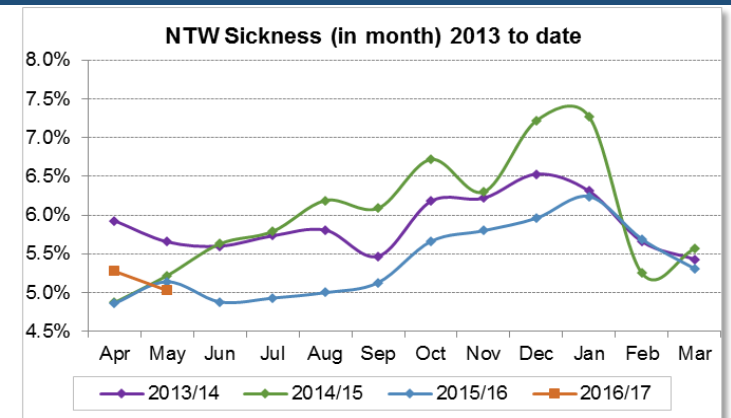
Finance:

Finance Dashboard - At Month 2, the Trust has a deficit of £0.2m which is £0.7m behind plan. This delivers a risk rating of 3 but this is expected to drop to a 2 next month. The Trust has agreed to accept £1.8m from the Sustainability and Transformation Fund but this is offset by a corresponding increase in the Trust's control total to £6.6m. The Trust faces a significant challenge to deliver this and the current forecast surplus is £4.2m which is a £2.4m shortfall. The main financial pressures are in Specialist Care and relate to CYPS In-patient & Community, Neuro-rehab and LD transformation with some pressures also developing in Community Services. The staffing overspend in Month 2 across the Trust was £0.9m and a significant change in spending on temporary staffing (agency, bank and overtime) is required quickly to turn this around. Detailed spend trajectories are being produced for the main pressure areas and the planned mitigations and some specific savings schemes are being looked at . However all areas of the Trust need to minimise expenditure to help get back on track and deliver this year's financial targets. The Trust's cash balance at the end of Month 2 was £22.0m which was £1.2m less than plan

Contract Summaries:	NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
	1 5% / 15 94%	10 100%	10 100%	10 100%	14 100%	2 25% / 6 75%	8 100%
	Low and Medium Secure patients with a HCR 20 complete within 3 months of admission.	All achieved in month 2	All achieved in month 2	All achieved in month 2	All achieved in month 2	Completion of Crisis & Contingency plans & CPA reviews under performed at a contract level. Both related to 3 patients	All achieved in month 2

At a glance

2. Compliance
a) Monitor Risk Assessment Framework May 2016

Monitor Risk Assessment Framework Dashboard

Key Indicators:	Standard	Q2 2015-16			Q3 2015-16			Q4 2015-16			Q1 2016-17			Trend	National benchmark	Data Quality
		Jul	Aug QTD	Q2	Oct	Nov QTD	Q3	Jan	Feb QTD	Q4	Apr	May QTD	Q1			
Governance Risk Rating														—		
Financial Sustainability Risk Rating		4	4	4	4	4	4	4	4	4	3	3		—		
7 day follow up	95%	99.3%	98.8%	98.6%	98.4%	98.5%	98.7%	98.5%	98.3%	98.1%	95.7%	97.2%		▲	TBC	
Service users on CPA 12 month review	95%	96.5%	96.5%	96.9%	96.3%	97.0%	97.2%	96.0%	97.0%	97.2%	97.1%	95.9%		▼	TBC	
Gatekeeping admissions by CRHT teams	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		—	TBC	
EIP 2 week wait	50%							35.3%	76.1%	74.7%	90.3%	88.8%		▼	TBC	
IAPT 6 week wait	75%	95.1%	95.4%	96.3%	98.8%	98.8%	99.1%	98.4%	98.8%	98.8%	99.6%	99.0%		▼	TBC	
IAPT 18 week wait	95%	100.0%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	100.0%	99.8%		▼	TBC	
RTT waiting times (incomplete)	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		—	TBC	
Clostridium Difficile objective					1									—	TBC	
Delayed Transfers of care	7.5%	3.2%	2.8%	2.3%	2.2%	2.3%	2.4%	2.7%	2.7%	2.6%	2.7%	2.3%		▲	TBC	
Data Quality : Outcomes	50%	92.4%	92.3%	92.6%	92.4%	93.1%	93.0%	92.4%	92.8%	93.4%	93.4%	93.1%		▼	TBC	
Data Quality: completeness	97%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%		—	TBC	
LD access requirements														—		
Risk/failure to deliver Commissioner Requested Services		No	No	No	No	No	No	No	No	No	No	No		—		
CQC Compliance action outstanding		No	No	No	No	No	No	No	No	No	No	No		—		
CQC enforcement action in the last 12 months		No	No	No	No	No	No	No	No	No	No	No		—		
CQC enforcement action in effect		No	No	No	No	No	No	No	No	No	No	No		—		
Moderate CQC concerns		No	No	No	No	No	No	No	No	No	No	No		—		
Major CQC concerns		No	No	No	No	No	No	No	No	No	No	No		—		
Non compliance with CQC registration		No	No	No	No	No	No	No	No	No	No	No		—		

Access (row group label for 7 day follow up through Clostridium Difficile objective)
Outcomes (row group label for Delayed Transfers of care through LD access requirements)

Data Quality kite marks to be developed by quarter 3

Comments: For EIP we have now developed metrics for calculating the waiting times which feeds directly from the RiO information and no longer requires a manual calculation, therefore the figures for April and May have now been recalculated using the metric and the figure has been updated for April to reflect this.

Legend:
- (green) meeting target
- (red) breaching target
- ▲ improved from last month
- — no change from last month
- ▼ worse than last month

	Standard										Apr	May QTD			
Statutory & Essential Training	85%										81.0%	80.0%			16 of 20 achieved
Information Governance Training	95%										88.7%	90.6%			
Local Contract Quality Standards	95%										89.9%	96.0%			73 of 76 achieved
Internal Quality Priorities	90%										100.0%	100.0%			all RAG rated green

Internal KPIs (row group label for the above four rows)

Compliance

2. Compliance

b) CQC Update May 2016

This section incorporates any updates in relation to CQC registration, inspection and other issues, which were previously provided to CDT via a separate report.

Key Questions:	
Are we safe?	To be determined via the forthcoming CQC comprehensive inspection
Are we caring?	
Are we effective?	
Are we responsive to people's needs?	
Are we well led?	

Preparations for the CQC comprehensive inspection update 08.06.2016:

The CQC commenced their Comprehensive Inspection of NTW on Tuesday 31 May 2016. On the first day the Chief Executive gave a 30 minute presentation to the CQC covering the following areas; about the Trust, areas that we do well, areas that require improvement. Due to a number of inspectors joining the team the week commencing 6 June 2016 the Chief Executive gave the same presentation was given to the CQC on the 6 June 2016.

100+ inspectors arrived on site on the afternoon of the 31 May 2016 and the inspections continued up until the 9 June 2016. The Trust will receive formal feedback from the CQC on the 10 June 2016.

CQC requests for information have continued throughout the duration of the inspection and will continue 2 weeks post inspection.

Registration notifications made in the month: none

Mental Health Act Reviewer visits in the month:

06/05/16 – Bede Ward

10/05/16 – Roselodge

11/05/16 – Lindisfarne Ward

At Bede Ward and Roselodge the detention documents were either difficult to follow (due to additional photocopies, being out of date order and or missing) or not available at all within patient files.

At Bede and Roselodge it was unclear how a patient's perspective of how section 17 leave had gone, was sought or recorded. Note that a considerable amount of work has been undertaken to improve the documentation of s17 leave following these visits and implemented across the Trust.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Link to Report
Bradford District Care NHS Foundation Trust	Jan 16	08/06/16	Good	here
Dudley and Walsall Mental Health Partnership NHS Trust	Feb 16	19/05/16	Requires improvement	here
Epsom and St Helier University Hospitals NHS Trust	Nov 15	27/05/16	Requires improvement	here
Greater Manchester West Mental Health Trust	Feb 2016	03/06/16	Good	here
Newcastle upon Tyne Hospitals	Jan/Feb 16	06/06/16	Outstanding ☆	here
Poole Hospital NHS Foundation Trust	Jan 16	25/05/16	Requires improvement	here
Royal Cornwall Hospitals NHS Trust	Jan 16	12/05/16	Requires improvement	here
Staffordshire and Stoke on Trent Partnership NHS Trust	Nov 15	11/05/16	Requires improvement	here
Taunton and Somerset NHS Foundation Trust	Jan/Feb 16	25/05/16	Good	here
Tavistock and Portman NHS Foundation Trust	Jan 16	27/05/16	Good	here

Anticipated CQC inspection reports of note:

- North East Ambulance Service inspected April 2016

News Stories

Investigating and learning from deaths:

The CQC are looking at how NHS acute, community healthcare and mental health trusts investigate deaths and learn from their investigations. They also want to assess whether opportunities to prevent deaths have been missed. To carry out this work, the CQC will:

- listen to families and invite comments and discussion through its public online community
- work with an expert advisory group made up of a range of people and organisations, including charities, campaigners and government bodies
- work with its partners, including NHS England, NHS Improvement and the Department of Health

- carry out a national survey with all NHS trusts
- talk to NHS trusts through our online community for providers
- visit a sample of acute, community healthcare and mental health NHS trusts to gather evidence

The CQC will work with national partners to make sure there is clear guidance for NHS trusts that describes the expected good practice in identifying, reporting and investigating deaths and embedding learning to improve care. The CQC aim to publish a report setting out its findings and recommendations in December 2016.

A different ending: End of life care review:

Following the recommendation of More care, less pathway, the independent review of the Liverpool Care Pathway (link to report), the CQC looked at 'how dying patients are treated across various settings'. Following feedback from patients, commissioners, providers and staff about how they address the needs of the different client groups the CQC have published a report of its findings including examples of good practice in end of like care. The full report can be found here.

Better care in my hands: A review of how people are involved in their care

Better care in my hands describes how well people are involved in their own care and what good involvement looks like. The CQC's evidence from this review points to some 'enablers' that service providers, commissioners and partners in the voluntary and community sector can put in place to support a culture of care the involves people as they use difference services. The CQC have encouraged service providers to focus their efforts on ensuring that the following measures are in place:

- Personalised care plans – written with people, for people, and with their wishes and preferences clearly identified and monitored.
- The sustained and supported involvement of families and carers in the care of their loved ones.
- The coordination of people's involvement in their care as they move between services – for example, through the use of health and care passports and the provision of community and peer support programmes.
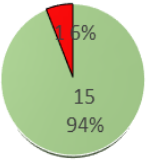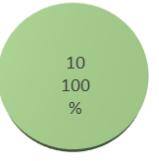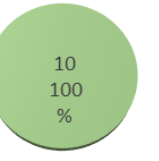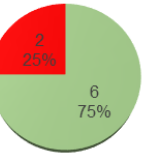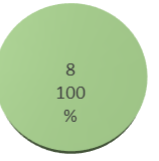
The full copy of the report can be found here.

Consultations: NHS Patient Survey Programme

This consultation is about changes that the CQC is proposing to make to the NHS Patient Survey Programme, which enables patients to have a real say about the quality of NHS services that they have experienced. The programme of surveys includes children and young people's services, mental health services and adult inpatient services. This consultation closes at midday on 21 July 2016 and the consultation document can be found here.

3. Contract Update May 2016

a) Quality Assurance – achievement of quality standards May 2016

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
6% 15 94%	10 100%	10 100%	10 100%	14 100%	2 25% 6 75%	8 100%
Low and Medium Secure patients with a HCR 20 complete within 3 months of admission.	All achieved in month 2	All achieved in month 2	All achieved in month 2	All achieved in month 2	Completion of Crisis & Contingency plans & CPA reviews under performed at a contract level. Both related to 3 patients	All achieved in month 2

Contracts

3. Contract update May 2016

b) CQUIN update May 2016

	CQUIN Scheme:	Annual Value	Requirements:	Quarterly Forecast:				
				Q1	Q2	Q3	Q4	Comments
1	Embedding Clinical Outcomes	TBC	To further embed a culture of using clinician and patient outcome tools into clinical practice, aligning with emerging national guidance.					
2	Patients & Carers Involvement & Engagement CQUIN	TBC	To improve the involvement and engagement with carers and service users when they access Crisis services.					
3	Measuring effectiveness in Community Children and Young Peoples Services	TBC	This approach will provide a first step in work towards an outcome based contract for the future and is in keeping with the recent report of the Children and Young People's Mental Health Taskforce Future in Mind (March 2015).					
4	Safely Reducing Avoidable Repeat Detentions under the Mental Health Act	TBC	Providers will be assessed against quarterly implementation of governance-focused requirements.					
5	Health Equality Framework: outcome measurement for services to people with learning disabilities	TBC	To implement use of the Health Equality Framework, using it to capture salient outcome measures for people with learning disabilities using the service.					
6	Recovery Colleges for Medium and Low Secure Patients	£489,599	The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services.					
7	Reducing Restrictive Practices within Adult Low and Medium Secure Services	£242,280	The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services.					
8	Improving CAMHS Care Pathway Journeys by Enhancing the Experience of Family/Carer	£242,280	Implementation of good practice regarding the involvement of family and carers through a CAMHS journey, to improve longer term outcomes.					
9	Benchmarking Deaf CA and Developing Outcome Performance Plans and Standards	£49,000	Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.					
10	Perinatal Involvement and Support for Partner / Significant Other	£242,280	This CQUIN scheme requires providers to develop care plans to ensure that appropriate emotional, informational and practical support is offered to partners and significant others to robustly encourage their understanding and participation in the mother's treatment, care and recovery and to promote their bond with the infant.					

Contracts

4. Quality Goals/Quality Priorities/Quality Account Update May 2016

Following an engagement process and internal development work within clinical groups, the Quality Priorities for 16-17 have been established as follows:

Quality Goal:		2016-17 Quality Priority:	Quarterly Forecast Achievement:					
			Lead	Q1	Q2	Q3	Q4	Comments
Reduce incidents of harm to patients	1	To embed suicide risk training.	Rajesh Nadkarni					Trajectory for achievement of 85% standard to be established.
	2	To improve transitions between young people's services and adulthood.	Gail Bayes / Tim Docking					
	3	To improve transitions between inpatient and community mainstream services.	Russell Patton / Tim Docking					
Improve the way we relate to patients and carers	4	To improve the referral process and the waiting times for referrals to multidisciplinary teams.	Gail Bayes					
	5	Adopt the principles of Triangle of Care to improve engagement with carers and families, with a particular focus on community services.	Group Nurse Directors					
Ensure the right services are in the right place at the right time for the right person	6	To improve the recording and use of Outcome Measures.	Jonathan Richardson					
	7	Developing staff skills to prevent and respond to Violence and Aggression.	Gary O'Hare					

Quality Goals & Priorities

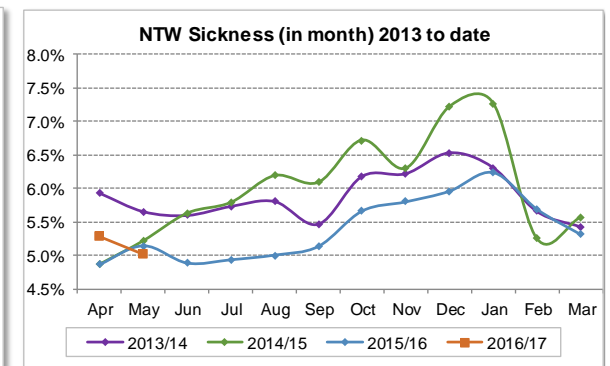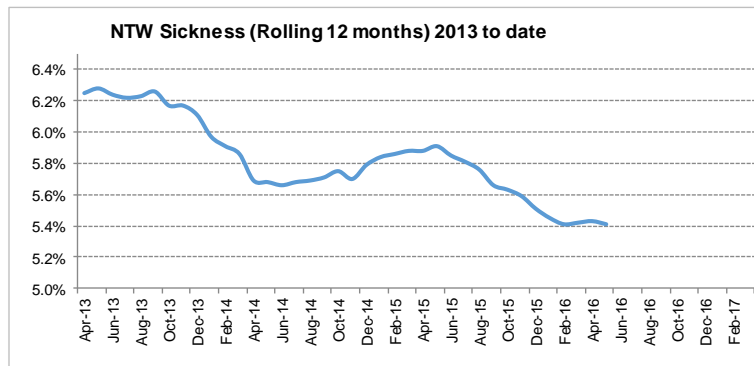The **2015-16 Quality Account** was approved by the Board in May 2016 and can be found here

here.

5. Monthly Workforce Update May 2016

Workforce Dashboard

Training	Standard	M2 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Doctors in Training	Staffing Solutions
Fire Training	85%	91.5%	▲	94.0%	91.2%	92.2%	92.8%	78.7%	83.6%
Health and Safety Training	85%	95.5%	▲	97.3%	95.8%	97.5%	97.3%	69.7%	83.4%
Moving and Handling Training	85%	95.9%	▲	98.1%	95.2%	97.6%	96.8%	69.7%	89.1%
Clinical Risk Training	85%	91.7%	▲	95.2%	91.2%	92.3%			73.0%
Clinical Supervision Training	85%	79.1%	—	87.2%	74.4%	81.0%			69.0%
Safeguarding Children Training	85%	95.3%	▲	96.3%	95.1%	96.8%	95.5%	69.7%	92.3%
Safeguarding Adults Training	85%	93.3%	▲	94.7%	93.1%	94.0%	94.1%	70.5%	91.5%
Equality and Diversity Introduction	85%	93.6%	▼	95.8%	93.6%	95.8%	93.8%	67.2%	84.6%
Hand Hygiene Training	85%	93.5%	▲	96.1%	92.7%	96.0%	93.2%	70.5%	84.9%
Medicines Management Training	85%	90.9%	▲	93.5%	88.7%	93.1%	96.0%		80.0%
Rapid Tranquilisation Training	85%	87.3%	▼	95.3%		86.1%			60.0%
MHCT Clustering Training	85%	86.9%	▲	84.4%	92.1%	56.0%			
Mental Capacity Act Training	85%	87.5%	▼	91.8%	89.3%	88.6%			63.3%
Mental Health Act Training	85%	84.2%	▼	88.8%	86.4%	84.3%			62.3%
Deprivation of Liberty Training	85%	85.8%	▼	90.3%	87.7%	86.7%			61.3%
Seclusion Training (Priority Areas)	85%	95.2%	▼	95.5%		95.1%			56.5%
Dual Diagnosis Training (80% target)	80%	87.0%	▲	89.7%	90.0%	90.1%			55.7%
PMVA Basic Training	85%	80.4%	▲	84.1%		86.2%			57.3%
PMVA Breakaway Training	85%	81.5%	▲	96.2%	77.8%	84.6%			
Information Governance Training	95%	90.6%	▲	94.2%	90.3%	92.2%	90.7%	64.8%	82.5%
Records and Record Keeping Training	85%	98.2%	▲	98.6%	98.7%	99.5%	98.7%	79.5%	94.2%

Behaviours and Attitudes	Target	M2 position	Trend
Appraisals	85%	84.1%	▼
Disciplinaries (new cases since 1/4/16)		29	
Grievances (new cases since 1/4/16)		7	

Recruitment, Retention & Reward	Target	M2 position	Trend
Corporate Induction	100%	100.0%	—
Local Induction	100%	93.2%	▼
Staff Turnover	<10%	7.9%	—
Current Headcount		6196	

Best Use of Resources	Target	M2 position	Trend
Agency Spend		£1,363,004	▲
Admin & Clerical Agency (included in above)		£176,201	▲
Overtime Spend		£276,050	▼
Bank Spend		£740,734	▼

Managing Attendance	Target	M2 position	Trend
In Month sickness	<5%	5.02%	▲
Short Term sickness (rolling)		1.33%	
Long Term sickness (rolling)		4.08%	
Average sickness (rolling)	<5%	5.4%	—

Comments: Doctors in training and staffing solutions data has been separated out. There are improvement plans in place relating to staffing solutions and the recording process for Doctors in training is being reviewed.

(green)	Performance at or above target
(orange)	Performance within 5% of target
(red)	Under-performance greater than 5%

▲	Better than previous month
—	Same as previous month
▼	Worse than previous month

NTW Sickness (Rolling 12 months) 2013 to date

NTW Sickness (in month) 2013 to date
— 2013/14 — 2014/15 — 2015/16 — 2016/17

NB In future staff FFT and staff survey responses will also be included in this section.

Workforce

6. Finance Update May 2016

Financial Performance Dashboard
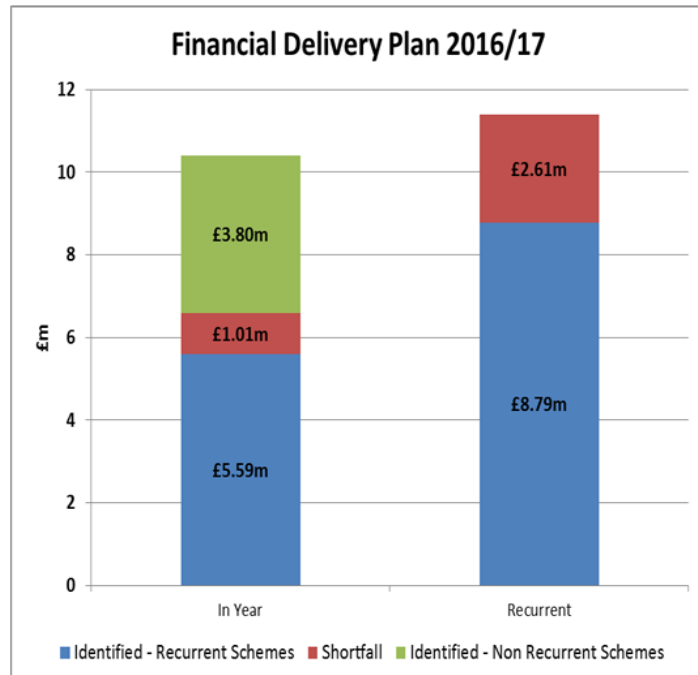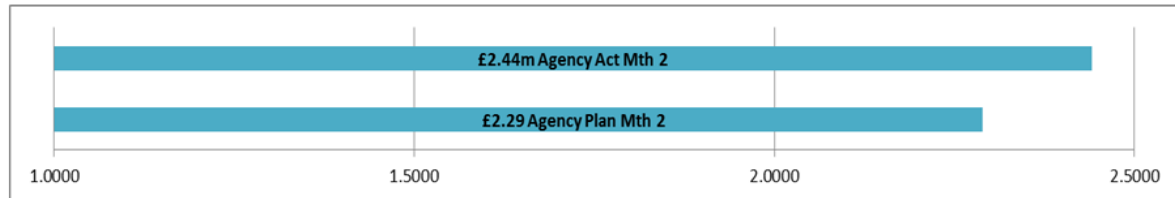
NTW Income & Expenditure

	Plan £m	YTD £m	Variance £m
Income	50.8	50.6	0.2
Pay	(40.6)	(41.5)	0.9
Non Pay	(7.5)	(7.3)	(0.2)
EBITDA	**2.7**	**1.8**	**1.4**
Cost of Capital	(2..2)	(2.0)	(0.2)
Surplus/(Deficit)	**0.5**	**(0.2)**	**0.7**

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	4.2	3.0	1.2
Community Services	3.4	3.2	0.2
Inpatient Care	5.4	5.3	0.1
Central	(12.5)	(11.7)	(0.8)
Surplus/(Deficit)	**0.5**	**(0.2)**	**0.7**

Key Indicators	Current
Risk Rating	3
Agency Spend	£2.4m
FDP Delivery	£0.8m
Cash	£22.0m
Capital Spend	£2.8m

Financial Delivery Plan 2016/17

Bar chart showing In Year and Recurrent.
In Year: Identified - Recurrent Schemes £5.59m, Shortfall £1.01m, Identified - Non Recurrent Schemes £3.80m.
Recurrent: Identified - Recurrent Schemes £8.79m, Shortfall £2.61m.

Agency Spend Month 2

£2.44m Agency Act Mth 2
£2.29 Agency Plan Mth 2

Key Issues/Risks
- £0.2m Deficit at Mth 2 – This is £0.7m less than planned surplus of £0.5m.
- Risk Rating of 3 - this is expected to drop to a 2 next month.
- Pay overspent by £0.9m - this position needs to be turned around quickly if the Trust is to achieve its financial targets this year and achieve a 3 rating.
- Main pressures - CYPS In-patients & Community services, Neuro-rehab and LD transformation in Specialist Care which have resulted in Specialist Care being £1.2m above their control total at month 2.
- Control Total – The Trust is forecasting a surplus of £4.2m, this is £2.4m less than required. Work is taking place to look at specific saving schemes, however all areas need to minimise expenditure to support delivery of the Trust's financial targets.
- Agency Spend – Target spend in 16/17 is £8.6m which is £5m less than last year. Agency spend at month 2 is £2.4m which is £0.1m over the planned trajectory.
- Financial Delivery Plan - £0.8m of the planned £1.0m delivered at month 2.
- Cash – £22.0m at month 2 (£1.2m below plan). Forecast is £21.0m (£1.8m below plan).
- Capital Spend - £2.8m (£0.4m below plan). Forecast is in line with plan at £21.6m,.

Finance

Finance Agency

Agency Dashboard – Month 2 2016

Key issues

1. Monitor introduced capped rates for Agency staff in November as well as a requirement to use approved suppliers for agency nursing and a ceiling on qualified nursing agency spend of 3%. Trust spend was below this at 2.2% in March.

2. Cap rates reduced on 1st February increasing the number of breaches. However, agency medic breaches reduced during February then remained static in March.

3. Revised below Feb cap rates were agreed for Psychologists from beginning of March.

4. On 1st April cap rates reduced further and for all staff groups trusts need to use suppliers on new Monitor approved frameworks. A ceiling on all agency spend in 16/17 was also introduced and the Trust's ceiling is £8.6m, which is a £5m reduction on 15/16 spend.

5. Agency spend at Mth 2 was £2.4m which is £0.1m behind plan.

6. The Trust is currently filling around 350 shifts per week with agency staff that are being paid above the April cap rates.

7. The Trust is currently using an off framework provider for 75% of nursing agency. Monitor approved the temporary use of this supplier. We are also using another supplier for nursing that although on Monitor approved frameworks for other staff categories isn't yet on the nursing framework.

| | Year to date - Mth 2 | | | |
	Agency	Bank	Overtime	TOTAL
Group	£m	£m	£m	£m
Specialist	0.9	0.7	0.4	2.1
Community	0.9	0.2	0.1	1.1
Inpatients	0.4	0.6	0.0	1.1
Support Services	0.2	0.0	0.1	0.3
	2.4	**1.5**	**0.6**	**4.6**

Monitor Agency Cap Breaches
(Number of shifts)

Staff Group	Wk 1-6	Wk 7-10	Wk 11-14	Wk 15-18	Wk 19 - 23	Wk 24	Wk 25	Wk 26	Wk 27
	23/11 - 3/1	4/1 - 31/1	1/2 - 22/2	29/2-27/3	28/3 - 25/4	w/c 2/5	w/c 9/5	w/c 16/5	w/c 23/5
Medical	13	0	102	30	218	40	44	44	56
Nursing	26	13	15	3	1,283	181	176	161	152
Psychology	37	24	195	0	200	145	146	146	141
Total	76	37	312	33	1,701	366	366	351	349

Finance