

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 May 2016

Title and Author of Paper: Integrated Commissioning & Commissioning Assurance Report (Month 1)

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

- Note that this month's report is presented in a new format, to be developed further during quarter one. This 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 three.
- The monthly CQC registration update (previously provided separately) is now incorporated into this report (page 5)
- Further information will be provided on a quarterly basis.

Risks Highlighted to Board :

- 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 one, 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: Information

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


NTW Integrated Commissioning & Quality Assurance Report

2015-16 Month 1 (April 2016)

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1. At a Glance Integrated Commissioning & Quality Assurance Report April 2016

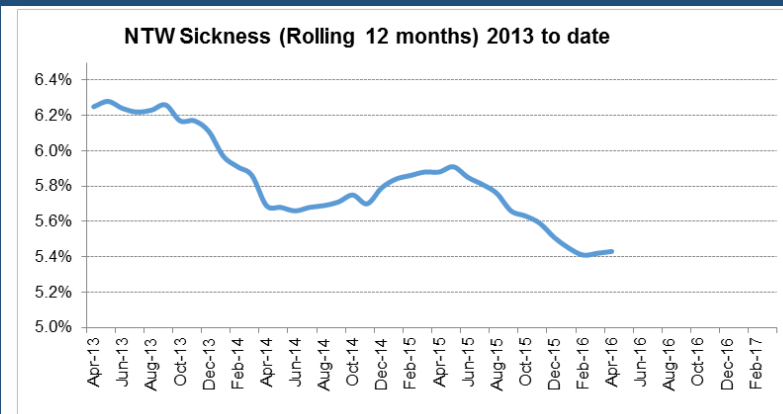
Monitor Risk Assessment Framework:		Governance Risk Rating M1:	Financial Sustainability Risk Rating M1:	<p>The Governance risk rating remains green (lowest risk) and the Financial Sustainability risk rating is 3 (low risk) for 2016-17 month 1 (April).</p> <p>While all of the Risk Assessment Framework 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 (underperformance relates to training and contract quality metrics).</p>
		Green	3	

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 1, all are forecast to be achieved as at the end of quarter one.
	7	0	

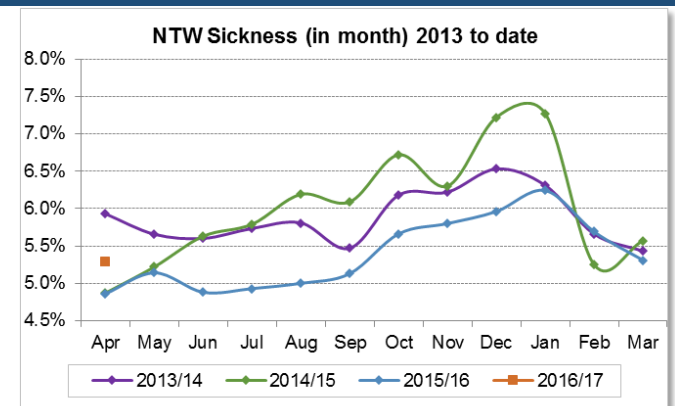
CQUIN:	Quarter 1 forecast achieved:	Quarter 1 forecast part achieved:	There are a total of ten new CQUIN schemes in 2016-17 across local CCGs and NHS England commissioned services and at month 1, all are forecast to be achieved as at the end of quarter one.
	10	0	

Workforce:	Statutory & Essential Training:			<p>Areas of underperformance are clinical risk (79%), PMVA (79%) and Information Governance training (89%). There is an improvement plan in place with trajectories to achieve the required standards by July 2016.</p>	<p>Appraisals:</p> <p>Appraisal rates have increased to 84.3% in April 2016. (was 82.6% last month).</p>
	Standard Achieved Trustwide:	Performance <5% below standard Trustwide:	Standard not achieved (>5% below standard):		
	17	1	3		

Sickness Absence:



The in month sickness absence rate remained at 5.3% in April 16. The rolling 12 month sickness average is now 5.4% which is a slight increase compared to last month.



Finance: At Month 1, the Trust has a risk rating of 3 and a small surplus of £46k which is £0.1m less than plan. The Trust has a planned surplus/control total of £4.7m for the year and based on Month 1 spend the Trust faces a significant challenge to deliver this. The main financial pressures are in Specialist Care and relate to CYPS In-patient & Community, Neuro-rehab and LD transformation. The staffing overspend in Month 1 across the Trust was £0.4m and a significant change in spending on temporary staffing (agency, bank and overtime) is required quickly to turn this around and avoid dropping to a 2 rating at the end of Quarter 1. Detailed spend trajectories for the year are currently being worked up for the main pressure areas and the planned mitigations. 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 1 was £24.3m which was £0.6m 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
	Crisis and contingency plan 6 month review, Safeguarding Adult training and safeguarding children training	All achieved in month 1	Seven day follow up not achieved (four service users) plus CPA 12 month review at 94.7%.	All achieved in month 1	People moving to recovery in IAPT (44.8%)	Crisis and contingency plan in th last 12 month (2 patients)	All achieved in month 1

2. Compliance

a) Monitor Risk Assessment Framework April 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	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun				
Governance Risk Rating														no change from last month			
Financial Sustainability Risk Rating		4	4	4	4	4	4	4	4	4	3			worse than last month			
Access	7 day follow up	95%	99.3%	98.1%	98.2%	98.4%	98.6%	97.9%	98.5%	98.2%	97.7%	95.7%			worse than last month	TBC	Data Quality kite marks to be developed by quarter 3
	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%			worse than last month	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%			no change from last month	TBC	
	EIP 2 week w ait	50%							35.3%	76.1%	74.7%	77.0%			improved from last month	TBC	
	IAPT 6 w eek w ait	75%	95.1%	95.7%	99.6%	98.8%	98.8%	99.6%	98.4%	99.1%	98.8%	99.6%			improved from last month	TBC	
	IAPT 18 w eek w ait	95%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%			no change from last month	TBC	
	RTT w aiting times (incomplete)	92%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			no change from last month	TBC	
	Clostridium Difficile objective					1									no change from last month	TBC	
Outcomes	Delayed Transfers of care	7.5%	3.2%	2.6%	2.5%	2.2%	2.0%	2.2%	2.7%	2.7%	2.0%	2.7%			worse than last month	TBC	
	Data Quality : Outcomes	50%	92.4%	92.3%	92.6%	92.4%	92.8%	93.0%	92.4%	92.8%	93.5%	93.4%			worse than last month	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%			no change from last month	TBC	
	LD access requirements														no change from last month		
	Risk/failure to deliver Commissioner Requested Services		No	No	No	No	No	No	No	No	No	No			no change from last month		
CQC Compliance action outstanding		No	No	No	No	No	No	No	No	No	No			no change from last month			
CQC enforcement action in the last 12 months		No	No	No	No	No	No	No	No	No	No			no change from last month			
CQC enforcement action in effect		No	No	No	No	No	No	No	No	No	No			no change from last month			
Moderate CQC concerns		No	No	No	No	No	No	No	No	No	No			no change from last month			
Major CQC concerns		No	No	No	No	No	No	No	No	No	No			no change from last month			
Non compliance w ith CQC registration		No	No	No	No	No	No	No	No	No	No			no change from last month			

Comments: The figures included for EIP are as manually calculated. The data currently submitted to MHDS for April 2016 will give achievement figures that are different to this due to a large number of data quality issues that have been identified (implementation issues). These DQ errors will be corrected for the second MHDS submission . A meeting has been arranged with the EIP teams to discuss the data quality issues and to put measures in place so that they are corrected during the month.

 meeting target
 breaching target
▲ improved from last month
▬ no change from last month
▼ worse than last month

Internal KPIs	Standard	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Trend	National benchmark
Statutory & Essential Training	85%										81.0%				16 of 20 achieved
Information Governance Training	95%										88.7%				
Local Contract Quality Standards	95%										89.9%				80 of 89 achieved
Internal Quality Priorities	90%										100.0%				all RAG rated green

2. Compliance

b) CQC Update April 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 10.5.2016:

In the last few weeks the draft inspection schedule commencing 31st May 2016 has been released by the CQC and the final schedule is expected in late May. Interviews with key individuals and focus groups with staff, detained patients and their carers are being arranged commencing 13th May 2016. CQC Comments cards and boxes are due to be distributed across the Trust shortly and a CQC webpage inviting feedback on the services we provide has been published [here](#).

CQC requests for information continue with two significant requests for data in relation to neurological rehabilitation services and also the use of mechanical restraint across the Trust received in the last week. The draft data pack has also been provided by CQC for factual accuracy checking.

Registration notifications made in the month: none

Mental Health Act Reviewer visits in the month:

27/4/16 – Alnmouth Ward

20/4/16 – Mowbray Ward

During both visits the inspector was unable to determine how the Responsible Clinician completed a risk assessment prior to authorising leave. No entries were found in progress notes at the time the leave was authorised detailing a risk assessment had been completed.

Other themes i.e. lack of internet access, issues with recording of 132 rights and lack of involvement in care planning continue. These themes are trust-wide and are being addressed via the roll out of IT kit onto wards and the MHA team.

Other CQC issues:

The CQC fee has increased this year from £97k to £166k, this has been incorporated into the NTW budget. The fee will increase again next year.

NEQOS have provided a benchmarking analysis of the Intelligent Monitoring Reports published in February 2016, highlighting our performance in comparison with other MH Trusts.

Recently published CQC inspection reports to note:

Trust	Date of Inspection	Date of Report	Overall rating	Comments	Link to Report
Cumbria Partnership NHS Foundation Trust	Nov 15	23/3/16	Requires improvement	Requires improvement across all key questions except "caring" which was good.	here
Gateshead Health NHS Foundation Trust	Sept 15	24/2/16	Good	Overall, the trust was rated as good. Safety, effectiveness, responsive and well-led were rated as good. Caring was rated as outstanding.	here
Northumbria Healthcare NHS Foundation Trust	Dec 15	5/5/16	Outstanding ☆	Fourth Trust in the country to receive an outstanding rating.	here
Black Country Partnership NHS Foundation Trust	Nov 15	26/4/16	Requires improvement		here
Lincolnshire Partnership NHS Foundation Trust	Nov 15	21/4/16	Requires improvement		here
Western Sussex Hospitals NHS Foundation Trust	Dec 15	20/4/16	Outstanding ☆		here
Bedford Hospital NHS Trust	Dec 15	20/4/16	Requires improvement		here
Northern Lincolnshire and Goole NHS Foundation Trust	Dec 15 Nov 15 Jan 16	15/4/16	Requires improvement		here
Southern Health NHS Foundation Trust	Jan 16	29/4/16	Requires improvement	CQC has issued a warning notice requiring the Trust to improve its governance arrangements to ensure robust investigation and learning from incidents and deaths, to reduce future risks to patients.	here

Anticipated CQC inspection reports of note:

- Newcastle Upon Tyne Hospitals NHS Foundation Trust inspected January 2016
- North East Ambulance Service inspected April 2016

3. Contract Update April 2016

a) Quality Assurance – achievement of quality standards April 2016

NHS England	Northumberland & North Tyneside CCGs	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
<p>13 81%</p> <p>3 19%</p>	<p>11 100%</p> <p>0 0%</p>	<p>9 82%</p> <p>2 18%</p>	<p>11 100%</p> <p>0 0%</p>	<p>12 92%</p> <p>1 8%</p>	<p>7 87%</p> <p>1 13%</p>	<p>8 100%</p> <p>0 0%</p>
<p>Crisis and contingency plan 6 month review, Safeguarding Adult training and safeguarding children training</p>	<p>All achieved in month 1</p>	<p>Seven day follow up not achieved (four service users) plus CPA 12 month review at 94.7%.</p>	<p>All achieved in month 1</p>	<p>People moving to recovery in IAPT (44.8%)</p>	<p>Crisis and contingency plan in th last 12 month (2 patients)</p>	<p>All achieved in month 1</p>

3. Contract update April 2016

b) CQUIN update April 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	TBC	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	TBC	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	TBC	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	TBC	Developing outcome benchmarking processes across all providers, followed by performance planning and standard setting.					
10	Perinatal Involvement and Support for Partner / Significant Other	TBC	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.					

4. Quality Goals/Quality Priorities/Quality Account Update April 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:					Comments
			Lead	Q1	Q2	Q3	Q4	
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					

The **2015-16 Quality Account** is currently in development and engagement with stakeholders continues. The initial draft can be found [here](#) and a final draft will be presented to the Board of Governors on 25th May 2016 for approval prior to submission to Monitor on 27th May 2016.

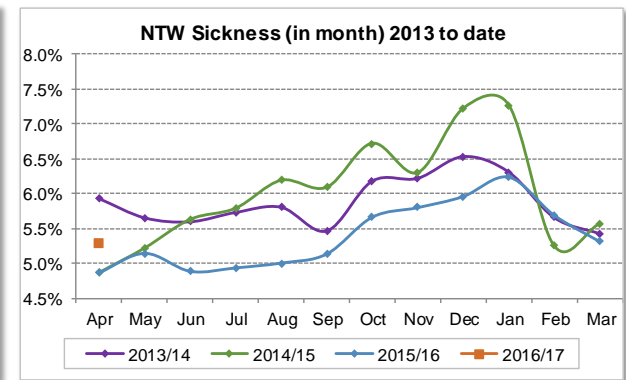
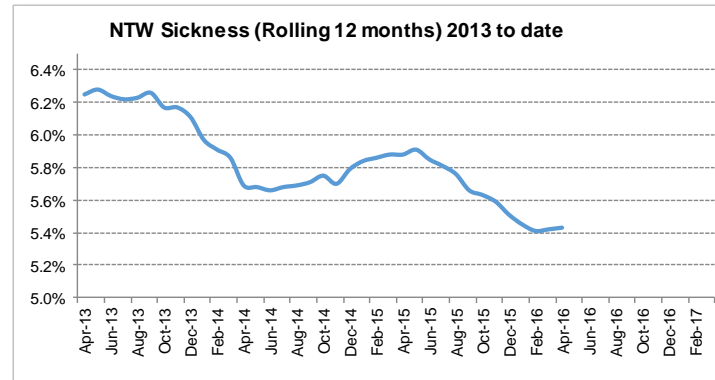
5. Monthly Workforce Update April 2016

Workforce Dashboard											
Training	Standard	M1 position	Overall Trend	Inpatient Group	Community Group	Specialist Group	Support & Corporate	Behaviours and Attitudes	Target	M1 position	Trend
Fire Training	85%	89.6%	▲	93.8%	90.5%	89.3%	86.2%	Appraisals	85%	84.3%	▼
Health and Safety Training	85%	95.1%	▲	97.6%	95.6%	97.0%	90.8%	Disciplinarys (new cases since 1/4/16)		19	
Moving and Handling Training	85%	95.4%	▼	98.6%	94.9%	96.9%	91.9%	Grievances (new cases since 1/4/16)		1	
Clinical Risk Training	85%	89.6%	▲	93.5%	89.1%	89.9%		Recruitment, Retention & Reward			
Clinical Supervision Training	85%	79.1%	▲	85.2%	75.5%	81.1%		Corporate Induction	100%	100.0%	—
Safeguarding Children Training	85%	94.8%	▲	96.4%	94.8%	96.1%	92.0%	Local Induction	100%	96.6%	▼
Safeguarding Adults Training	85%	92.8%	▼	94.5%	93.2%	93.0%	90.9%	Staff Turnover	<10%	7.9%	—
Equality and Diversity Introduction	85%	93.7%	▲	96.7%	94.2%	95.3%	88.9%	Current Headcount		6140	
Hand Hygiene Training	85%	92.9%	▲	96.5%	93.0%	95.0%	88.2%	Best Use of Resources			
Medicines Management Training	85%	89.2%	▼	92.5%	87.3%	90.4%	83.7%	Agency Spend		£1,126,743	▲
Rapid Tranquillisation Training	85%	87.4%	▼	95.5%		86.5%	59.2%	Admin & Clerical Agency (included in above)		£97,307	▲
MHCT Clustering Training	85%	85.8%	▼	85.0%	90.3%	55.9%	78.6%	Overtime Spend		£349,207	▼
Mental Capacity Act Training	85%	88.5%	▲	93.7%	89.4%	89.1%	67.3%	Bank Spend		£743,975	▼
Mental Health Act Training	85%	85.1%	▲	90.7%	86.5%	84.6%	66.8%	Managing Attendance			
Deprivation of Liberty Training	85%	86.7%	▲	92.3%	87.8%	87.1%	64.5%	In Month sickness	<5%	5.3%	▲
Seclusion Training (Priority Areas)	85%	95.8%	▼	96.5%		95.5%	51.7%	Short Term sickness (rolling)		1.34%	
Dual Diagnosis Training (80% target)	80%	85.8%	▲	90.4%	89.9%	88.9%	50.1%	Long Term sickness (rolling)		4.10%	
PMVA Basic Training	85%	78.8%	▲	83.5%		86.0%	53.5%	Average sickness (rolling)	<5%	5.4%	▼
PMVA Breakaway Training	85%	80.0%	▲	85.2%	77.2%	82.5%					
Information Governance Training	95%	88.7%	▲	93.2%	87.4%	90.0%	85.5%				
Records and Record Keeping Training	85%	98.1%	▲	99.3%	98.7%	99.1%	94.2%				

Comments: Compliance with training standards at support/corporate level highlights some underachievement in corporate areas - this primarily relates to a process issue re provision of information relating to doctors in training, plus psychology bank staff (an improvement plan is in place).

	Performance at or above target
	Performance within 5% of target
	Under-performance greater than 5%

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



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

6. Finance Update April 2016

Financial Performance Dashboard

NTW Income & Expenditure

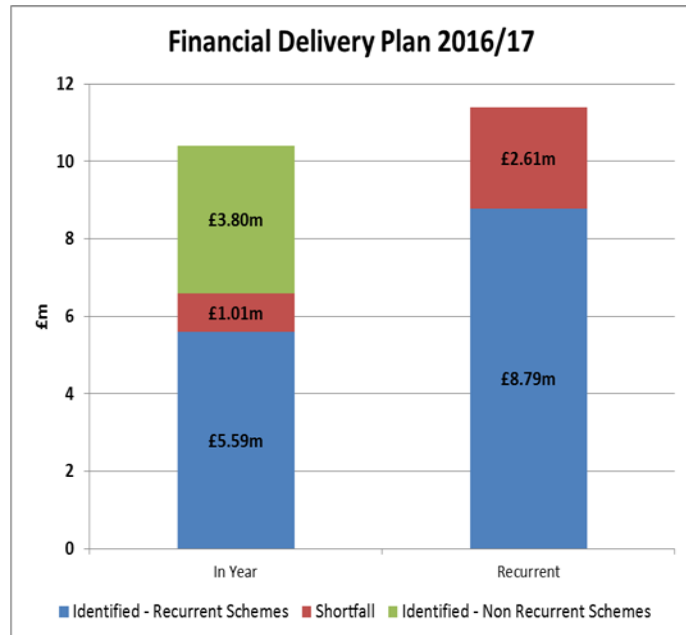
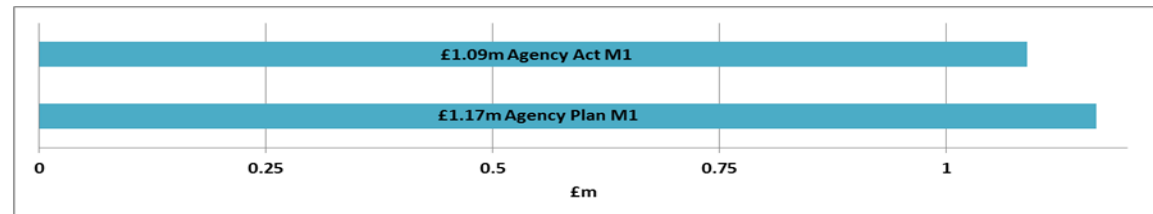
	Plan £m	YTD £m	Variance £m
Income	25.2	25.2	0.0
Pay	(20.2)	(20.6)	0.4
Non Pay	(3.7)	(3.5)	(0.2)
EBITDA	1.3	1.1	0.2
Cost of Capital	(1.1)	(1.0)	(0.1)
Surplus/(Deficit)	0.2	0.1	0.1

Control Totals

	Plan £m	YTD £m	Variance £m
Specialist	2.1	1.5	0.6
Community Services	1.7	1.7	0.0
Inpatient Care	2.8	2.7	0.1
Central	(6.4)	(5.8)	(0.6)
Surplus/(Deficit)	0.2	0.1	0.1

Key Indicators	Current
Risk Rating	3
Agency Spend	£1.1m
FDP Delivery	£0.4m
Cash	£24.3m
Capital Spend	£1.1m

Agency Spend Month 1



Key Issues/Risks

- The Trust delivered a small surplus (£0.1m) at month 1 which was £0.1m less than plan and achieved a risk rating of 3.
- Pay was £0.4m overspent and this position needs to be turned around quickly if the Trust is to achieve its financial targets and avoid dropping to a 2 rating at the end of Q1.
- The main pressures are in Specialist Care and relate to CYPS In-patients & Community services, Neuro-rehab and LD transformation. These pressures have resulted in Specialist Care being £0.6m above their control total at month 1.
- Detailed spend trajectories for the year are currently being worked up for the main pressure areas and mitigations and the Groups are currently working up their year end forecasts.
- The Trust's has a target to reduce agency spend by £5m in 16/17 to £8.6m. Agency spend at month 1 is £1.1m which is slightly less than the planned trajectory.
- The Financial Delivery Plan has delivered £0.4m of the planned £0.5m at month 1.
- The Trust's cash balance at the end of month 1 is £24.3m which is £0.6m below plan.
- Year to date capital expenditure is £1.1m which is £0.3m below plan.

Agency Dashboard – Month 1 2016

Key issues

1. Monitor introduced capped rates for Agency staff in November as well 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 1 was £1.1m which is slightly ahead of the planned trajectory.
6. The Trust is currently using around 400 shifts per week with agency staff that are being paid above the April cap rates.
7. Trust 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.

Group	Year to date - Mth 1			
	Agency	Bank	Overtime	TOTAL
	£m	£m	£m	£m
Specialist	0.4	0.3	0.2	0.9
Community	0.4	0.1	0.0	0.5
Inpatients	0.2	0.3	0.0	0.5
Support Services	0.1	0.0	0.1	0.2
	1.1	0.7	0.3	2.1

Monitor Agency Cap Breaches (Number of shifts)

	Wk 1-6	Wk 7-10	Wk 11-14	Wk 15-18	Wk 19	Wk 20	Wk 21	Wk 22	Wk 23
Staff Group	23/11 - 3/1	4/1 - 31/1	1/2 - 22/2	29/2-27/3	w/c 28/3	w/c 4/4	w/c 11/4	w/c 18/4	w/c 25/4
Medical	13	0	102	30	24	39	55	50	50
Nursing	26	13	15	3	52	347	307	305	272
Psychology	37	24	195	0	1	38	64	48	49
Total	76	37	312	33	77	424	426	403	371