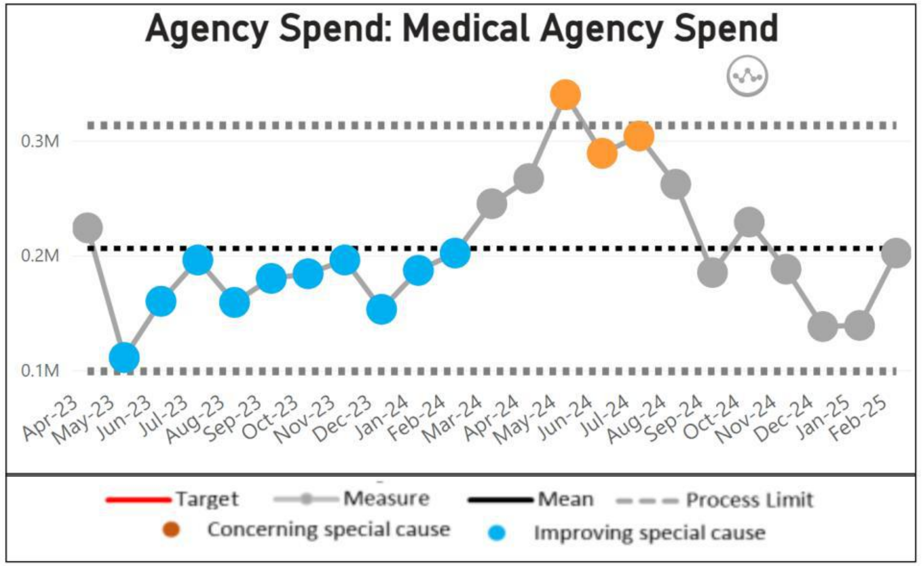
COCH SOF - Agency Spend

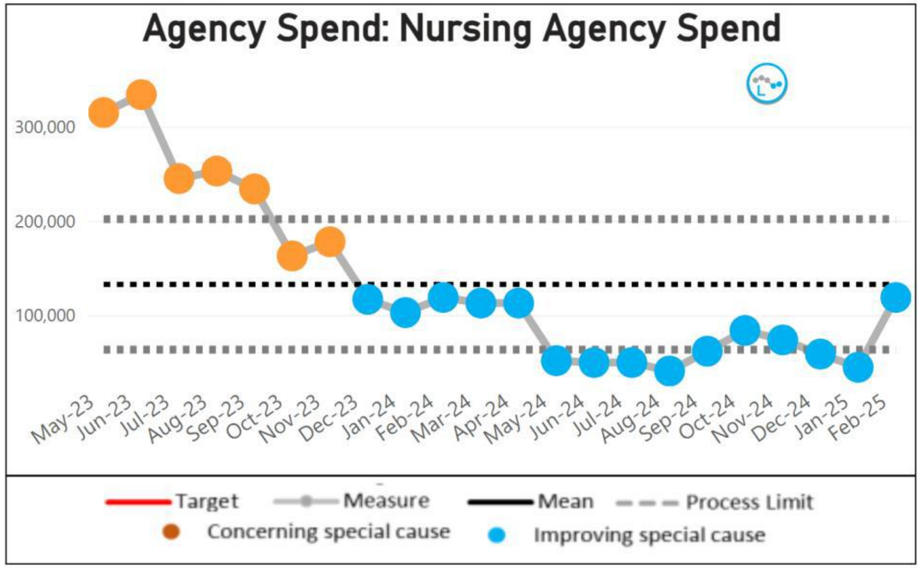
Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Vicki Wilson

Feb-25
202000
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1200



Feb-25
119000
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120



Agency Spend Narrative

Medical Agency Spend - Agency medical expenditure for M11 is £1928k

Nursing Agency Spend - Agency nursing expenditure for M11 is £2425k

Staff Group	Agency Spend YTD to M11	Total Pay Group Spend YTD to M11	% Agency
	£000s	£000s	
Medical	1,928	70,362	2.7%
Nursing	2,425	90,448	2.7%
PTA / PTB	704	33,250	2.1%
Admin & Clerical	515	29,964	1.7%
Other	-	12,367	0.0%
TOTAL PAY	**5,572**	**236,391**	**2.4%**

Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	**81.95**
Of which Registered Midwife Vacancy WTE	17.71
Of whichRegistered Health Visitor Vacancy WTE	0.00
Of which Advanced Care Practitioner Vacancy WTE	0.00
Total Qualified AHP Vacancy WTE	**16.78**
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	0.00
Qualified Art / Music/ Drama Therapy Vacancy WTE	0.00
Qualified Podiatry Vacancy WTE	0.07
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	7.57
Qualified Orthoptics/Optics Vacancy WTE	0.02
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	9.11
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	**63.35**
Of which Medical/Dental Consultant Vacancy WTE	21.52
Support to Clinical Staff Vacancy WTE	**112.27**
Of which Support to Nursing & Midwifery Vacancy WTE	107.05
NHS Infrastructure Vacancy WTE	**94.63**
Total Vacancies	**381.86**
Budgeted FTE Total	4750.54
Trust Vacancy Rate	**8.04%**

Support to Nursing Vacancy WTE (HCA Only)	102.99

Agency Spend by Staff Group	19/20	20/21	21/22	22/23	23/24	Straight Line projection for year
Admin & Clerical	£ 58,632	£ 151,116	£ 642,783	£ 1,600,359	£ 515,027	£ 561,848
Medical	£ 2,186,354	£ 2,092,661	£ 2,184,548	£ 2,549,357	£ 1,927,834	£ 2,103,092
Nursing	£ 420,670	£ 3,346,196	£ 8,356,865	£ 12,984,419	£ 2,424,906	£ 2,645,352
Allied Health Professional	£ 175,607	£ 76,411	£ 85,584	£ 620,835	£ 153,585	£ 167,547
Health Care Scientists	£ 133,831	£ 89,028	£ 101,314	£ 207,751	£ 550,206	£ 600,224
TOTAL	**£ 2,975,094**	**£ 5,755,413**	**£ 11,371,094**	**£ 17,962,721**	**£ 5,571,558**	**£ 6,078,063**
Total Pay Bill	**£ 179,577,000**	**£ 218,177,000**	**£ 231,024,000**	**£ 262,148,000**	**£ 236,390,956**	
Agency spend as a % of total Pay Bill	**1.7%**	**2.6%**	**4.9%**	**6.9%**	**2.4%**	

Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total agency spend for April to February is £5,572k. (£17,025k was spent in the same period last year).

Staff Group	Vacancies WTE	Vacancy Rate
Add Prof Scientific and Technic	7.41	5.06%
Additional Clinical Services	112.27	15.03%
Administrative and Clerical	49.75	5.46%
Allied Health Professionals	16.78	5.63%
Estates and Ancillary	44.88	18.17%
Healthcare Scientists	5.47	5.72%
Medical and Dental	63.35	10.64%
Nursing and Midwifery Registered	81.95	6.27%
Total	**381.86**	**8.04%**

SRO: Karen Edge
Chief Finance Officer

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	Green	The Trust delivered a £9.2 million deficit against a planned deficit of £9.2 million at month 11
CIP	Red	CIP is £7.4 million behind plan at Month 11 Only recurrent savings are being actioned
Capital Expenditure	Green	Capital expenditure is in line with plan and is forecasting to deliver to plan
Cash in bank - £'000	Green	The Month 11 cash position is £33.4 million, including £13.6 million central cash revenue support received year to date.
Liquidity (days)	Green	The Trust has the equivalent of 29 days cash in the bank
Better Payment Practice Code (number)	Green	95.1% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)	Green	95.2% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

Highlights: At month 11, there was a planned deficit of £9.2 million (after non-recurrent revenue cash support), against which the Trust reported an actual deficit of £9.2 million, so a balanced position. This balanced position has been achieved due to the additional pay award and strike funding received this month. The annual planned financial deficit for 2024/25 is £23.6 million with £19.6 million (5%) of savings required to be delivered with a further stretch target of £6.5 million. The Trust received a revenue cash support allocation from Cheshire & Merseyside Integrated Care Board (C&M ICB) of £14 million and therefore the revised annual planned deficit is now £9.6 million.

Forecast: The month 11 forecast is a deficit of £9.6 million, compared to an adjusted planned deficit of £9.6 million. The month 11 forecast reflects funding that has now been received in relation to the public inquiry, industrial action, and pay award.

The risks around successful delivery of the financial plan are costs associated with delivering winter pressures over and above those already assumed within the forecast. There is also a risk that CIP delivery is less than assumed within the forecast, although full CIP delivery is not assumed within the forecast. Despite the risks there is still a reasonable degree of confidence that the financial plan can be delivered with the agreed mitigations. The Trust has reviewed available mitigations it can put in place to support delivery of the agreed financial position, including acceleration of CIP delivery (using targeted support and prioritisation), increasing productivity and identification of additional CIP schemes to support in-year delivery.

Areas of concern: Although pay expenditure is underspent at month 11, due to vacancies in nursing, admin and ancillary staffing, medical expenditure continues to be a pressure, Non-pay reported a YTD overspend of £4 million at month 11, excluding CIP. The key drivers of this are building and engineering, medical & surgical spend, laboratory spend, drugs spend and other legal fees expenditure (due to coroners and employment tribunal cases).

Non delivery of CIP equates to £7.4m at month 11, which is a key driver of the Trusts underlying adverse financial performance.

Forward look Enhanced grip and control measures have been implemented in 24/25, which includes the signing off of budgets by budget holders and an enhanced escalation process for areas reporting an overspend against plan and enhanced pay control process and weekly panel. A weekly CIP delivery group is in place, which is chaired by the CEO with Executive Directors being leads for cross-cutting CIP schemes who provide updates on progress at the delivery group.

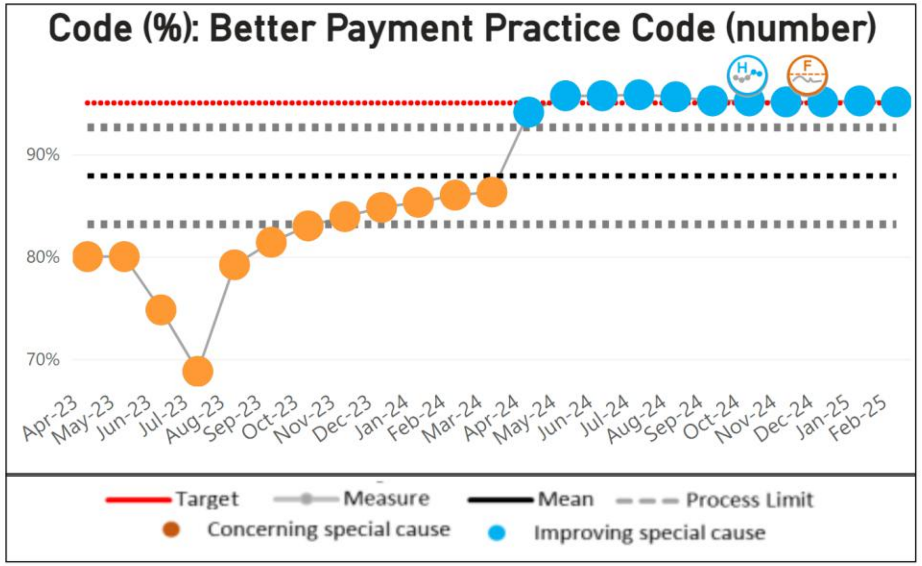
A CIP workshop was held in January to develop schemes for delivery of 2025/26 CIP schemes, with the weekly delivery group being used to monitor progress and work being undertaken to help schemes deliver as early as possible in 2025/26. Work is also being undertaken on 2025/26 financial planning as well as the 5-year financial plan with the aim to return to financial balance over this time.

COCH SOF - Additional Finance Metrics

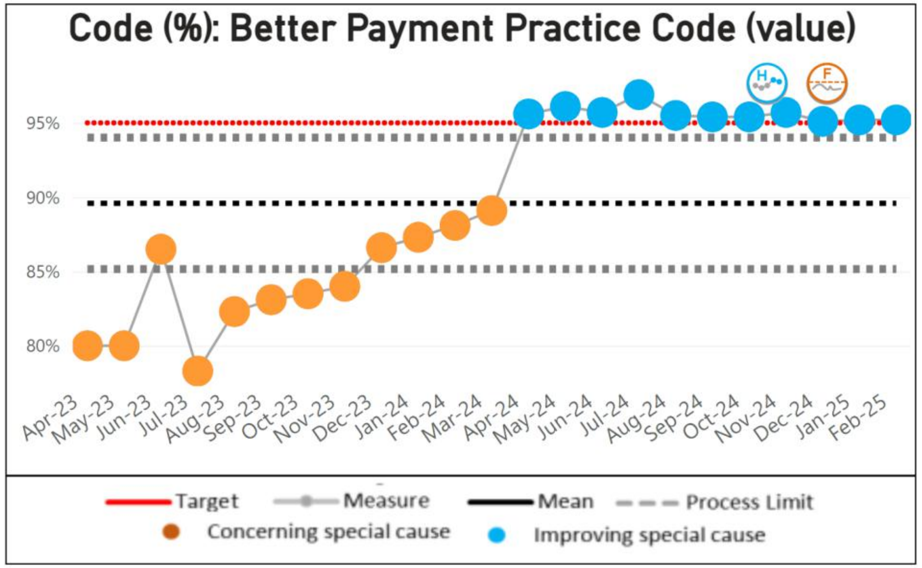
Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Karen Edge

Feb-25
95.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
95%



Feb-25
95.2%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
95%



COCH SOF - What is an SPC Chart?

Countess of Chester Hospital NHS
NHS Foundation Trust

A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

The most common SPC chart type is the XmR chart, which is made up of two charts. Usually, as can be seen to the right, only the main X chart is displayed. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

The distance between the mean and both process limits is determined by how much change there is between consecutive data points using a calculation called three sigma. In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation. The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

Recalculations

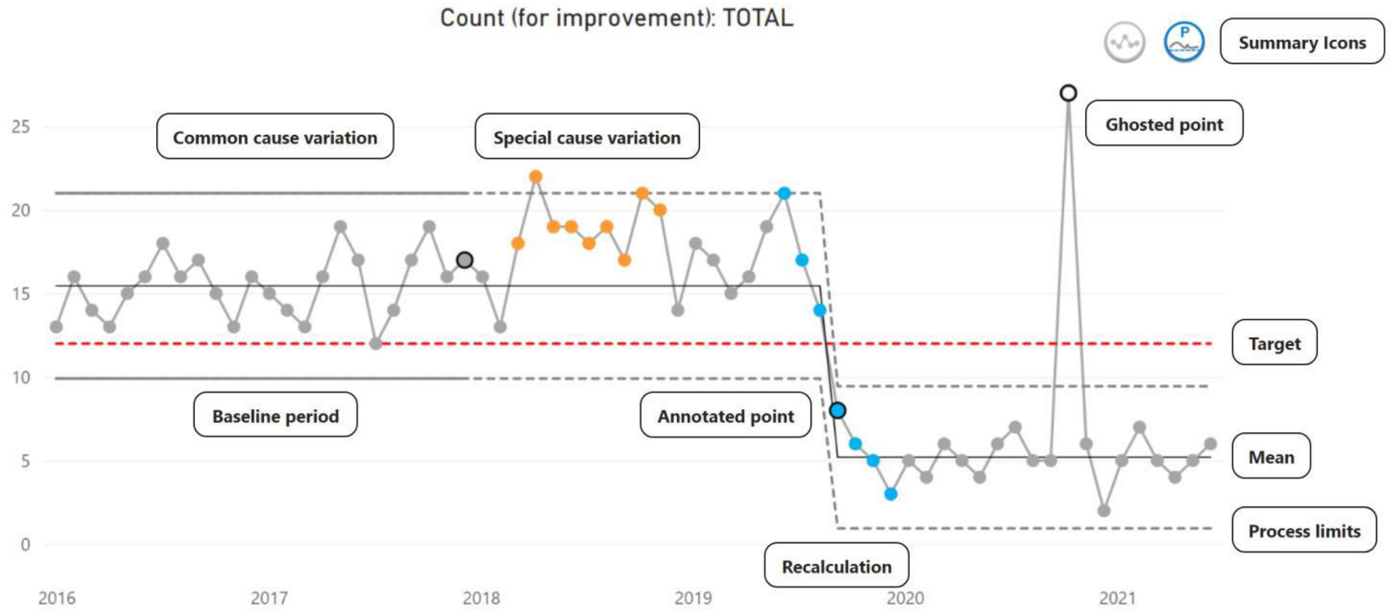
After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after the recalculation. This gives a more accurate reflection on the system as it currently stands to allow for further variation to possibly be identified, and to show how the new level of variability compares to a target if set.

Baselines

Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation is later added, the fixed mean and process limits end and are recalculated from the data starting at this point.

Summary icons

Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

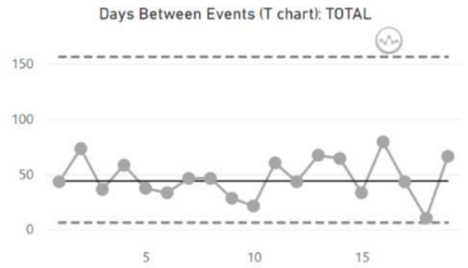


Ghosting

There is sometimes a need to remove a data point from the chart because it is a known anomaly – for example, a high referral count after a one-off migration – and will skew the data to render the chart meaningless. An alternative is to ghost the data point. The data point remains visible on the chart as a white dot but is excluded from all calculations.

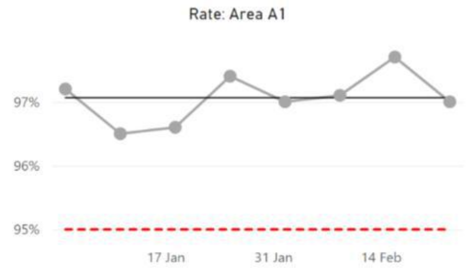
Annotations

If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.



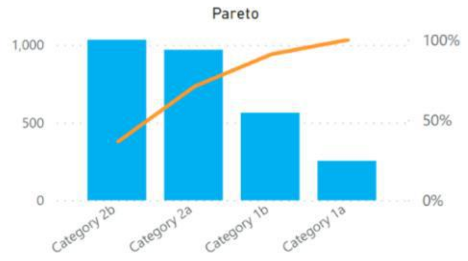
T chart & G chart

If you have rare events data, a T chart or a G chart works better than the common XmR chart. In these charts, each incident is plotted as a dot to show if they are getting more or less frequent. Incident number is listed at the bottom, instead of dates, and the process limits are not symmetrical about the mean.



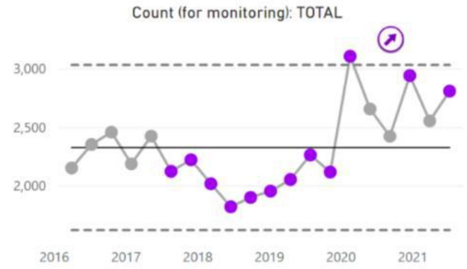
Not enough data points?

An SPC chart requires enough data to calculate the process limits for a robust analysis. If there are too few data points, the SPC elements of the process limits, baseline, coloured dots, and summary icons are not displayed.



Pareto chart

A Pareto chart shows which areas are the largest to focus attention where it will have the biggest impact. The areas are ranked in descending order with an increasing line chart overlaid, showing how the proportion of the largest X areas increases as more are added – that is, how big an impact focussing on the largest X areas will have.



Purple dots

It is not always possible to say that higher values are better or worse, for which purple dots are used instead of blue and orange. The variation icon is also purple and there can be no assurance icon as a target does not make sense in these situations.

COCH SOF - What is an SPC Chart? (Simpler Version)

Countess of Chester Hospital NHS
NHS Foundation Trust

A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart
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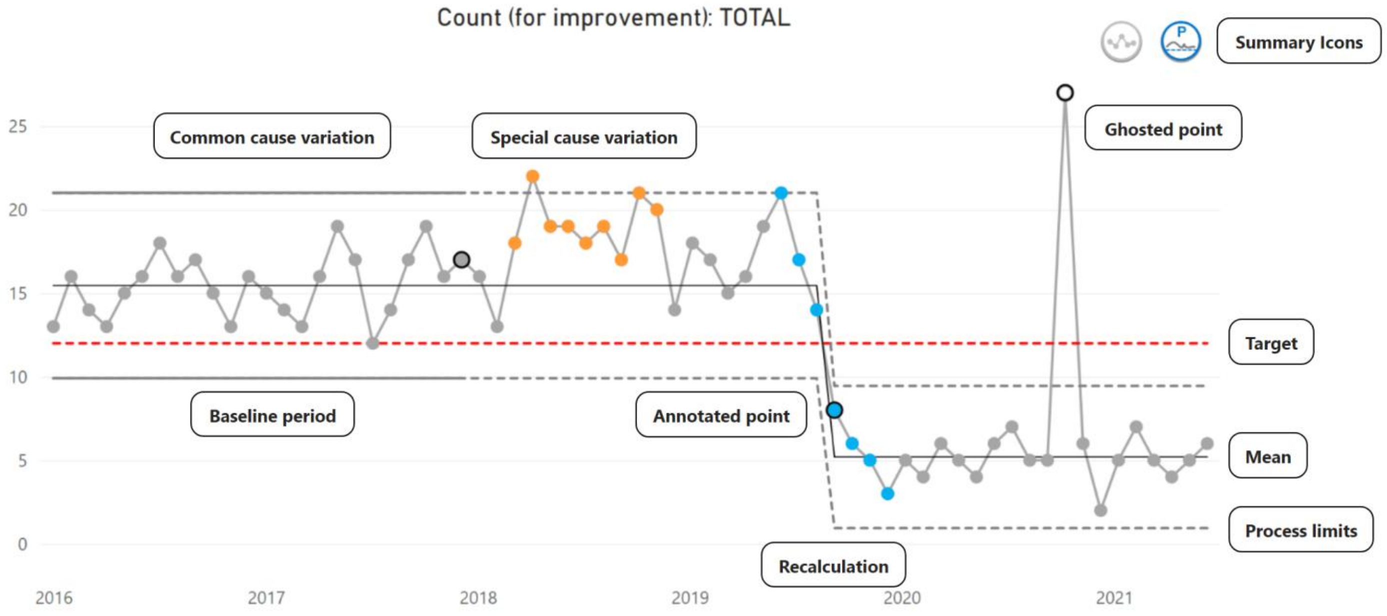
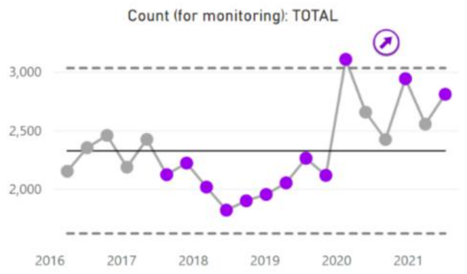


Not enough data points?
An SPC chart requires enough data for a robust analysis. If there are too few data points, the SPC elements are not displayed.

Purple dots
It is not always possible to say that higher values are better or worse, for which purple is used instead of blue and orange.



COCH SOF - SPC Variation Icon Explanation

Countess of Chester Hospital NHS
NHS Foundation Trust

Assurance

Variation				
	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Common cause variation, **NO SIGNIFICANT CHANGE**. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, **NO SIGNIFICANT CHANGE**. Assurance cannot be given as there is no target.
	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
				Special cause variation of an increasing nature where **UP** is not necessarily improving or concerning, Assurance cannot be given as there is no target.
				Special cause variation of an increasing nature where **DOWN** is not necessarily improving or concerning, Assurance cannot be given as there is no target.
				There is insufficient data to determine either special cause or common cause variation. Assurance cannot be given as there is no target.

COCH SOF - SPC Variation Icon Explanation

Countess of Chester Hospital NHS
NHS Foundation Trust

Metric

Search

- [ ] Select all
- [ ] (Blank)
- [ ] HSMR
- [ ] Number of Women giving birth
- [ ] Number of Live Births (All Babies)
- [x] SHMI
- [ ] Registered Staffing %
- [ ] Total Number of Women experiencing a Caesarean Section
- [ ] Number of Maternal Deaths
- [ ] Unregistered Staffing %

Group

Search

- [ ] Select all
- [ ] TOTAL

						T
Improvement		**1**				
		1				
Common Cause						
Concern						
Neither						
Total		**1**