



TRUST PERFORMANCE & QUALITY REPORT

August 2024



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	81.18%	79.33%	82.76%	81.10%	79.88%	78.87%	81.54%	80.50%	80.52%	79.09%	82.13%	80.51%	80.79%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	65.58%	65.14%	63.81%	64.84%	63.19%	62.00%	61.75%	61.95%	64.34%	63.52%	62.74%	63.13%	63.33%		!
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.43%	96.89%	95.20%	96.93%	98.25%	97.10%	97.78%	98.11%	97.88%	97.01%	96.72%	97.01%	97.62%		-
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%		-
	31 day combined position (Target: >=96%)	100%	100%	95.45%	97.39%	98.04%	99.11%	97.59%	98.19%	98.74%	99.44%	96.85%	98.37%	97.91%		!
	62 day combined position (Target: >=85%)	86.40%	77.30%	75.27%	81.40%	84.04%	85.41%	85.08%	82.32%	84.91%	82.35%	81.75%	82.10%	81.97%		-
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	81.24%	82.22%	81.39%	81.69%	78.89%	79.29%	80.91%	78.96%	79.85%	80.49%	81.10%	80.76%	80.04%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	3	2	6	22	4	5	3	15	7	7	9	16	37		!

A&E 4-hr Waiting Times

In August 2024, A&E 4hr waits improved by +3.02% and above the set 80% target at 82.13% in-month. This was aided by seasonal variation with a drop in attendances for the summer on both sites. Flow remains challenged, however the Trust Flow Board is in place supporting improvement work across the patient journey and preparing the Winter Plan.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained challenged in August 2024, standing at 62.74%. Elective admitted and outpatient activity levels in August are above operational plans. For August 2024, the total RTT Patient Treatment List (PTL) increased to 62,132 (+882), 52ww decreased to 963 (-112), 65ww decreased to 113 (-67) and 78ww decreased to 5 (-12). As the Trust approaches the 65ww end of Sept milestone, operational teams remain focused on expediting long-waiting pathways and enhanced oversight and targeted interventions continue for at-risk specialities: Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined target maintained performance for the month of July 2024 with a performance of 99.44% with the August 2024 unvalidated position achieving 96.85% against the 96% standard.

62-Day: The 62-Day combined target was slightly below the 85% standard in July 2024 with performance of 82.35%. August 2024 position although not fully validated stands at 81.75% and is reflective of our focus to reduce our backlog. Challenges continue to be seen in Urology and Colorectal Surgery. Plans continue to focus on backlog reductions over the coming months.

28-Day FDS: The Trust continues to maintain compliance against the FDS in July 2024 with August (unvalidated) currently at 81.75% with room for this to improve further. With the national target at 75%, Trusts have been given a stretch ambition of 77% in preparation for a move to 80% from April 2025.

Clostridium Difficile

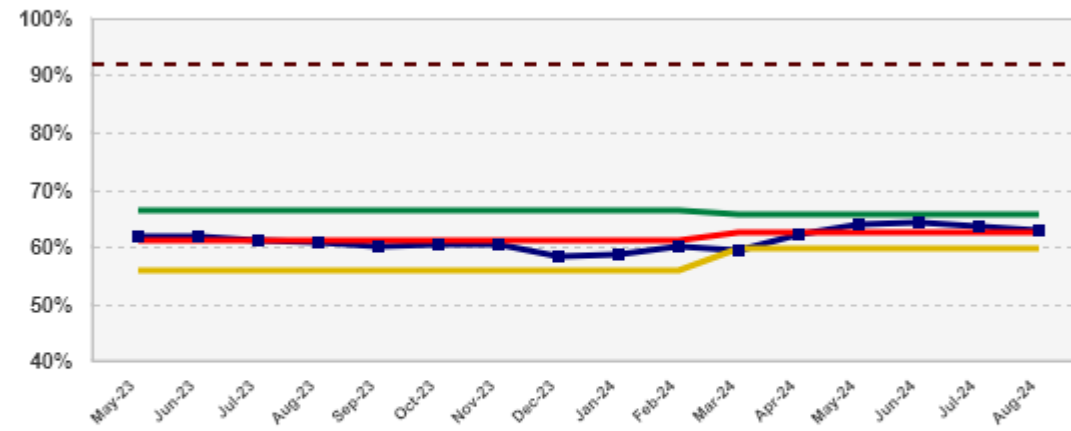
There were 9 Trust Apportioned CDI cases in August 2024, 6 were attributed to CWH and 3 to WMH. The majority of cases (6) occurred in the Emergency and Integrated Care division, 2 occurred in the Planned Care division and 1 occurred in the Specialist Care division. All cases occurred on separate wards and there is no evidence of cross-transmission. RCA meetings are currently being scheduled.



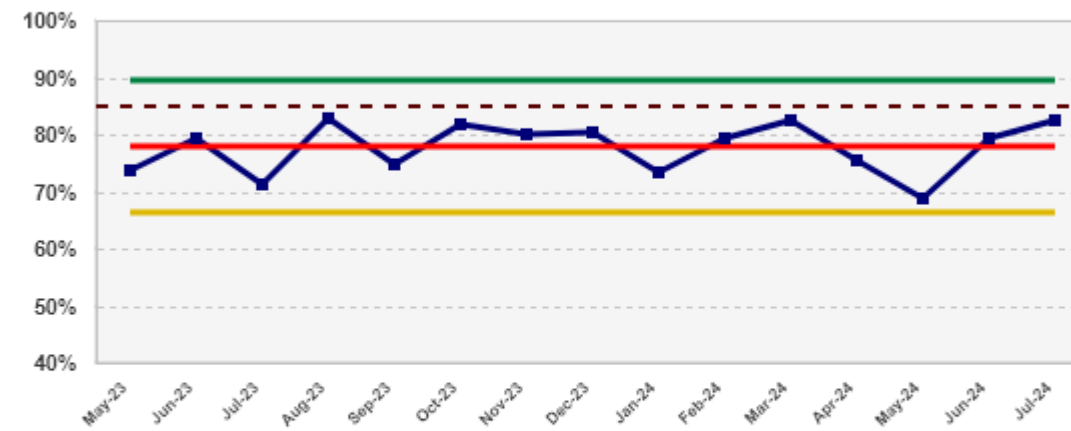
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months May 2023 to August 2024

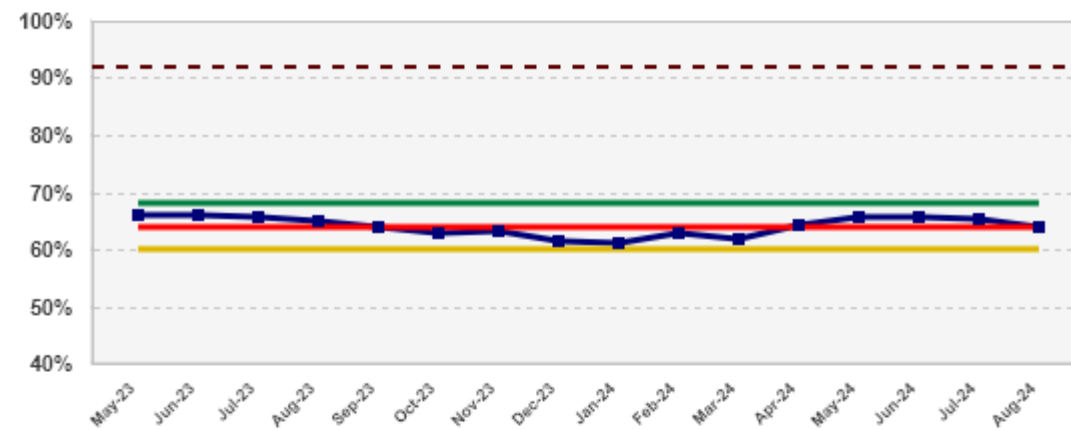
RTT Incomplete pathways
Trust Total



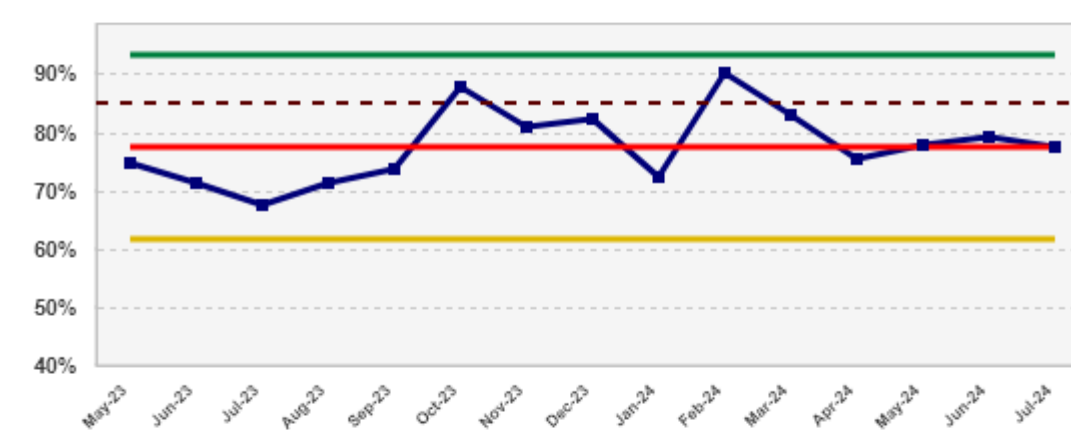
Cancer: 62 day standard
Trust Total



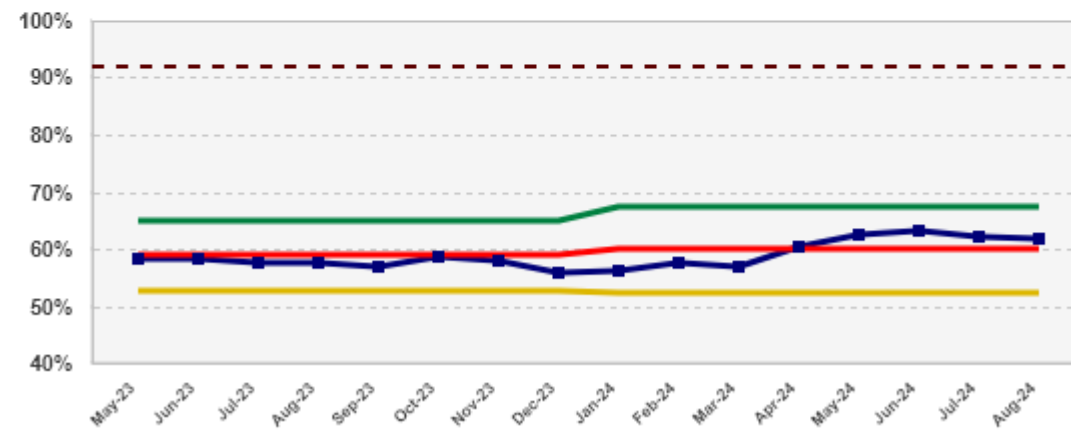
Chelsea and Westminster



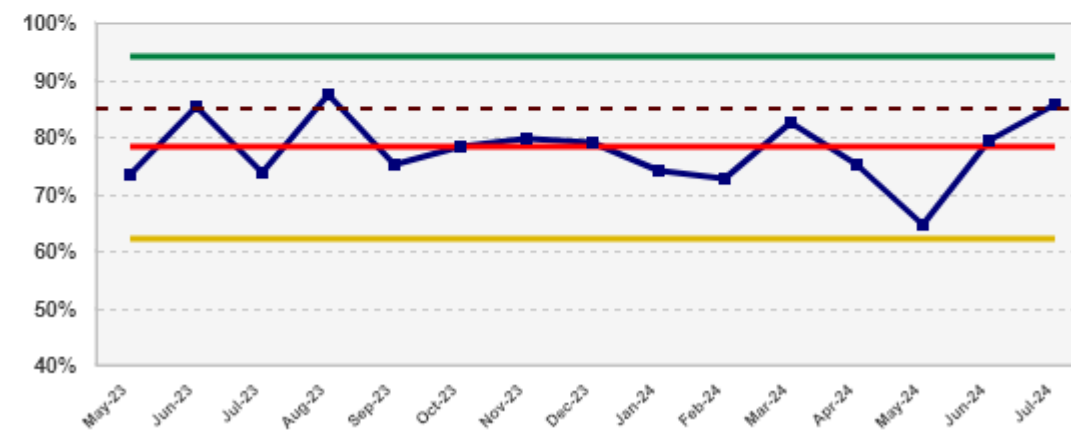
Chelsea and Westminster



West Middlesex











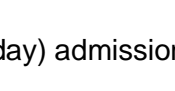

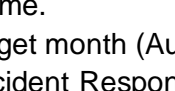
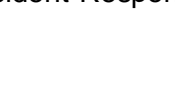

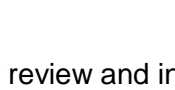
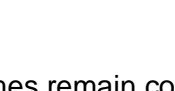


West Middlesex





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	1	1	0	1	2	1	1	1	2	3		!
	Hand hygiene compliance (Target: >90%)	95.5%	96.0%	96.6%	96.1%	99.1%	99.2%	99.4%	99.3%	97.1%	97.4%	97.8%	97.6%	97.5%		-
Incidents	Number of serious incidents	1	6	1	16	3	5	0	17	4	11	0	11	32		-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.9	9.5	10.3	9.8	9.8	8.6	8.8	9.3	9.8	9.1	9.5	9.3	9.5		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.00	0.00	0.01	0.01	0.00	0.01	0.01	0.01	0.00	0.01	0.00	0.01		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.73	6.77	6.31	5.53	5.16	4.65	4.83	4.43	5.45	5.71	5.58	5.64	4.98		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.1%	0.5%	0.0%	0.0%	1.5%	0.9%	0.0%	0.0%	1.3%	0.6%	0.7%		-
Harm	Never Events (Target: 0)	1	0	0	1	0	0	0	0	1	0	0	0	1		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	1	0	1	2	1	0	3	2	2	0	2	4		-
	Safeguarding adults - number of referrals	45	32	37	191	37	57	33	211	82	89	70	159	402		-
	Safeguarding children - number of referrals	93	130	75	495	119	144	127	668	212	274	202	476	1163		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	66	67	65	65	75	75	73	73	71	71	70	71	70		-
	Number of hospital deaths - Adult	39	26	27	161	65	71	38	291	104	97	65	162	452		-
	Number of hospital deaths - Paediatric	0	0	0	2	0	0	0	0	0	0	0	0	2		-
	Number of hospital deaths - Neonatal	0	2	0	6	0	1	0	1	0	3	0	3	7		-
	Number of deaths in A&E - Adult	4	2	0	8	2	3	0	7	6	5	0	5	15		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1		-

MRSA

There was 1 Trust apportioned MRSA bacteraemia in August 2024, which occurred at WMH. The blood culture positive on the day of admission but the patient has a recent (1 day) admission to AMU within 28 days therefore this case was categorised as Community Onset- Healthcare associated (COHA). The RCA meeting is currently being organised.

Incidents

There was one PSII declared in August 2024; an unexpected neonatal admission which is being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme. The event has been discussed at the Initial Incident group and immediate safety actions / areas for improvement have been taken to minimise risk of recurrence. During the target month (August 2024) the target rate of patient safety incidents per 100 admissions was met by both sites. Positive reporting rates are expected following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE).

Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days

Trust target met, with continued monitoring and shared learning of incident themes by the MSG.

Medication-related (NRLS reportable) safety incidents % with harm

Trust target met. There were two incidents of moderate harm and above which have been reported relating to antimicrobials (1 at CW site, 1 at WM site). This is pending further review and investigation.

Safeguarding

Activity remains consistent across both adult and children safeguarding. Cases continue to be complex with a high proportion also including mental health services and the themes remain consistent.



Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	96.08%	92.33%	92.67%	94.52%	97.54%	97.06%	98.06%	97.74%	96.88%	94.93%	96.19%	95.5%	96.34%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	1.38%	5.12%	2.93%	2.72%	0.38%	1.05%	0.58%	0.99%	0.83%	2.88%	1.40%	2.2%	1.74%		-
	FFT: Inpatient response rate (Target: >15%)	32.15%	25.47%	18.33%	26.13%	46.20%	35.05%	38.23%	38.11%	38.60%	29.97%	27.79%	28.9%	31.77%		-
	FFT: A&E satisfaction % (Target: >90%)	85.63%	85.13%	88.63%	85.21%	77.83%	76.76%	86.22%	79.28%	82.18%	81.22%	87.50%	84.0%	82.56%		!
	FFT: A&E not satisfaction % (Target: <10%)	9.99%	9.57%	7.32%	9.79%	15.82%	16.78%	9.31%	14.58%	12.57%	12.93%	8.25%	10.9%	11.93%		-
	FFT: A&E response rate (Target: >15%)	19.26%	10.58%	10.15%	16.02%	16.22%	9.86%	8.94%	13.61%	17.79%	10.23%	9.54%	9.9%	14.84%		!
	FFT: Maternity satisfaction % (Target: >90%)	91.82%	93.85%	89.58%	91.11%	87.18%	90.28%	77.78%	84.46%	89.89%	92.57%	83.87%	88.4%	88.47%		-
	FFT: Maternity not satisfaction % (Target: <10%)	5.45%	2.31%	6.25%	5.64%	7.69%	2.78%	16.67%	10.10%	6.38%	2.48%	11.29%	6.7%	7.42%		-
	FFT: Maternity response rate (Target: >15%)	20.22%	23.26%	19.05%	21.28%	18.18%	14.94%	19.27%	16.55%	19.32%	19.40%	19.16%	19.3%	19.11%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	13	16	21	91	13	16	21	37	91		!
Complaints	Complaints (informal) through PALS	32	29	39	188	24	20	35	161	56	49	74	123	349		-
	Complaints formal: No of complaints due for response	23	37	20	128	10	11	13	56	33	48	33	81	184		-
	Complaints formal: Number responded to < 25 days	12	31	20	98	5	8	11	43	17	39	31	70	141		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-

MSA (Mixed Sex Accommodation)

Guidelines for the Provision of Intensive Care Services dictate that patients should be transferred from critical care to a ward within four hours of the decision. West Middlesex had 21 breaches in August, up 5 compared to July, where this standard wasn't met, resulting in patients remaining in mixed sex areas. Breach details: 2 patients waited over 10 hours for a ward bed, with 6 exceeding 20 hours. The remaining delays all exceeded 8hrs, double the performance target delay of 4hrs. This was due to a high bed occupancy rate within WM for the month of August. August was a challenging month, however, the team ensured that privacy, dignity and safety was not compromised.

Complaints

94% of complaints were responded to within the 25 day KPI (target 95%) during August 2024. Two complaints were not responded to within the timeframe, one for Planned Care and one for EIC. This was due to delays in receiving the investigation outcome/draft response from investigators. Compliance with responding to PALS concerns within 5 working days was 93% (KPI 90%).

Friends and Family Test

The most significant improvements have been seen in the A&E satisfaction score; from reviewing the themes in feedback, this can be attributed to patients feeling more supported in the department, receiving more consistent communication and information, and being treated in a respectful manner. There are still concerns around wait times and lack of information on wait times, but this will be picked up with the division as part of the national UEC 2024 survey action planning. There have been concerning drops in the inpatient response rate at CW and maternity satisfaction rate at both sites. The patient experience team will continue to work with ward teams to ensure response rates increase. The main maternity areas seeing declines are antenatal and postnatal at WM; women are telling us they don't feel they are being given sufficient information about their care, not being involved in decisions about their care and do not feel their concerns are being taken seriously by staff. These results will form part of the national maternity 2024 survey action planning sessions.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.82	3.09	2.86	2.75	2.64	2.49	2.61	2.61	2.76	2.92	2.78	2.85	2.70	-
	Average length of stay - non-elective (Target: <3.95)	4.02	3.92	4.20	4.01	3.39	3.49	3.24	3.43	3.67	3.68	3.65	3.66	3.69	!
	Emergency care pathway - average LoS (Target: <4.5)	4.39	4.10	4.36	4.22	3.67	3.93	3.34	3.72	3.95	4.00	3.74	3.87	3.92	-
	Emergency care pathway - discharges	272	292	276	1441	409	426	423	2106	682	718	699	1418	3547	-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.97%	5.07%	4.89%	4.91%	6.50%	6.56%	7.44%	6.75%	5.73%	5.81%	6.19%	5.99%	5.82%	-
	Non-elective long-stayers	468	495	196	2161	439	487	93	1997	907	982	289	1271	4158	-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	85.2%	89.4%	85.1%	87.9%	88.2%	88.6%	91.1%	88.3%	86.2%	89.1%	87.4%	88.3%	88.0%	-
	Operations canc on the day for non-clinical reasons: actuals	12	15	16	71	11	12	18	76	23	27	34	61	147	-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.33%	0.38%	0.47%	0.38%	0.38%	0.40%	0.69%	0.54%	0.35%	0.39%	0.57%	0.47%	0.44%	-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	9	0	12	2	1	3	11	3	10	3	13	23	!
	Theatre Utilisation Model Hospital (Target > 85%)	80.1%	77.3%	79.6%	78.1%	89.3%	93.0%	90.2%	90.8%	83.4%	83.0%	83.6%	83.3%	82.5%	-
Outpatients	First to follow-up ratio (Target: <1.5)	2.33	2.37	2.36	2.35	1.84	1.80	1.86	1.74	2.11	2.10	2.12	2.11	2.06	!
	Average wait to first outpatient attendance (Target: <6 wks)	9.6	10.4	10.3	10.1	11.1	11.4	10.2	11.5	10.3	10.9	10.3	10.6	10.8	!
	DNA rate: first appointment	9.5%	9.5%	10.5%	10.3%	10.1%	8.6%	9.1%	9.5%	9.8%	9.1%	9.9%	9.4%	9.9%	-
	DNA rate: follow-up appointment	7.8%	8.3%	8.2%	8.3%	7.0%	7.0%	7.3%	7.3%	7.5%	7.8%	7.8%	7.8%	7.9%	-
	PIFU - % of Total Outpatient attendances	11.3%	11.4%	11.6%	11.3%	1.9%	1.9%	1.9%	1.9%	7.5%	7.4%	7.5%	7.5%	7.4%	-

Day-Case Rate

The day-case rate dropped slightly in August 2024 going up from 89.1% to 87.4%, but still remaining well above the 85% target. This was driven by a decrease in performance on the CW site. There was however improved performance on the WM site reported at 91.1%

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day increased Trust-wide in August from 34. This increase was seen on both sites, and was largely driven by the staffing challenges, creating cancellations on the day. Resolutions have been put in place with improvement forecast for Sept 2024. Three patients were rebooked after the 28 day target, this was due to patient choice and consultant compassionate leave.

Theatre Utilisation

Trust-wide utilisation remained fairly stable in August 2024, increasing slightly at 83.6%. Theatre utilisation remains significantly above the 85% target at 93% on the West Middlesex site. The Chelsea site remains below the 85% target, this has been driven by significant building works in both adult (Treatment Centre rebuild prompting the closure of two theatres) and Paediatrics (closure of one theatre).

Outpatients

DNA rate for new patients worsened slightly in August but improved for follow up. The DNA position often dips in summer, so the trend overall remains positive. There is still work to do around patients discharged to PIFU but there was a small improvement at Chelsea. PIFU should be a key enabler to shift our First-to-Follow up ratio which remains static. Our average wait to first appointment continues to fluctuate as we try to prioritise booking long waiters and clinically urgent patients into clinic. Routine waits remain long for many of our services, especially at West Middlesex Hospital.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	93.2%	97.2%	90.8%	93.4%	91.6%	90.4%	97.4%	93.6%	92.3%	93.4%	94.7%	94.1%	93.5%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	80.0%	70.6%	71.4%	72.7%	100.0%	100.0%	84.6%	95.2%	88.5%	83.3%	77.8%	80.7%	82.9%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	86.7%	60.0%	88.9%	80.8%	100.0%	100.0%	95.7%	93.8%	93.9%	81.8%	92.7%	87.8%	88.2%		-
VTE	VTE: Hospital acquired	0	1	0	3	0	7	0	17	0	8	0	8	20		-
	VTE risk assessment (Target: >95%)	95.3%	94.2%	94.8%	94.7%	95.6%	96.2%	96.5%	96.2%	95.5%	95.3%	95.8%	95.5%	95.5%		-
TB Care	TB: Number of active cases identified and notified	2	1	5	12	12	7	7	37	14	8	12	20	49		-
Sepsis	ED % Periods Screened (Target >90%)	87.3%	88.9%	91.3%	89.3%	83.6%	85.8%	87.1%	85.0%	85.6%	87.5%	89.3%	88.3%	87.4%		-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	74.1%	74.7%	79.1%	74.6%	90.9%	90.4%	87.4%	90.1%	80.4%	81.2%	82.7%	81.8%	80.6%		-
	Ward % Periods Screened (Target >90%)	84.8%	86.8%	87.2%	86.5%	94.9%	93.8%	94.3%	94.4%	89.2%	89.9%	90.7%	90.3%	90.1%		-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	94.8%	96.9%	95.0%	95.7%	97.1%	94.7%	94.9%	96.0%	95.9%	95.8%	94.9%	95.4%	95.9%		-
Discharge	Date of Discharge is same as Discharge Ready Date	88.3%	89.8%	86.7%	88.3%	87.9%	86.1%	86.7%	86.0%	88.1%	87.9%	86.7%	87.3%	87.1%		-
	Date of Discharge is 1+ days after Discharge Ready Date	11.7%	10.2%	13.3%	11.7%	12.1%	13.9%	13.2%	13.9%	11.9%	12.1%	13.2%	12.7%	12.9%		-

Dementia Screening

Compliance was achieved on both sites for August 2024 with CW at 91% and WM at 97%.

#NoF (Time to Theatre - Neck of Femur)

Performance remains challenged with a decrease at Trust level in August 2024 compared to the previous month. Performance for the Chelsea site was 71%: 10 of 14 patients were medically fit for surgery had surgery within 36 hours. There were 4 patients who were medically fit but were delayed. All four were waiting for space on the trauma list due to a high volume of trauma. West Mid has achieved 85% (11/13) for the #NoF Time to Theatre for medically fit patients. There were two patients who were medically fit but delayed to surgery due high volume of trauma of neck of femur fractures and complex cases where theatre capacity had overrun.

VTE Risk

The Trust is overall compliant against VTE Risk with West Middlesex site reporting consistent compliance at 96.5% (target >95%). All hospital acquired VTE have a RCA process to ensure compliance and learning.

Discharge Ready

The numbers continue to be fairly stable for the metric measuring the time from patient being identified as no longer meeting the criteria to reside and discharge. Daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way. We now have a discharge dashboard and are working on process for improvement.

Sepsis

Improved performance in screening and review for Sepsis in ED across both sites, with target met for screening at Chelsea in ED. Targeted QI focus showing good results. Continuous improvement in Sepsis screening on the wards at Chelsea and sustained performance at WMUH.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	773	635	532	3560	687	440	431	3208	1460	1075	963	2038	6768		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	78.66%	78.37%	82.90%	80.53%	75.14%	79.80%	81.97%	75.27%	76.87%	79.09%	82.45%	80.71%	77.81%		!
	Diagnostic waiting times >6 weeks: breach actuals	1387	1308	991	6086	1669	1232	1006	8276	3056	2540	1997	4537	14362		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.8%	7.4%	6.5%	7.0%	7.3%	7.3%	7.7%	7.4%	7.0%	7.3%	7.1%	7.2%	7.2%		!
	A&E time to treatment - Median (Target: <60')	00:26	00:24	00:23	00:25	00:33	00:36	00:33	00:33	00:30	00:31	00:30	00:31	00:30		-
	London Ambulance Service - patient handover 30' breaches	24	19	26	147	161	120	123	654	185	139	149	288	801		-
	London Ambulance Service - patient handover 60' breaches	0	2	0	3	12	3	1	27	12	5	1	6	30		!

Please note the following

blank cell	An empty cell denotes those indicators currently under development	!	Either Site or Trust overall performance red in each of the past three months
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Diagnostic 6-Week Waits

In August 2024 line with projected recovery trajectory, there was sustained reduction in both 6ww backlog and the overall PTL. Performance has improved further, increasing to 82.45% from 79.09% in July 2024. MRI remains the main driver of the overall Trust position and with most of the reduction in the PTL comes from this modality, this is an indicator of recovery and stabilisation of the waiting list. The efforts across all DM01 reportable modalities in ensuring lists are shared cross site, is evident with performance in both sites being very similar.

Ambulance Handover

Ambulance handovers remain strong on both sites



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Jun-24	Jul-24	Aug-24	Jun-24	Jul-24	Aug-24	Jun-24	Jul-24	Aug-24
RTT waiting list positions	Total RTT waiting list	30019	29576	29881	32403	31674	32251	62422	61250	62132
	Total Non-Admitted waiting list	26995	26691	27013	30516	29755	30471	57511	56446	57484
	Non-Admitted with a date	6867	10154	12988	6447	8979	12179	13314	19133	25167
	Non-Admitted without a date	20128	16537	14025	24069	20776	18292	44197	37313	32317
	Total Admitted waiting list	3024	2885	2868	1887	1919	1780	4911	4804	4648
	Admitted with a date	447	606	873	346	501	717	793	1107	1590
	Admitted without a date	2577	2279	1995	1541	1418	1063	4118	3697	3058
	Patients waiting >65 weeks	190	115	73	113	65	40	303	180	113
	Patients waiting >78 weeks	15	11	5	1	6	0	16	17	5
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Jun-24	Jul-24	Aug-24	Jun-24	Jul-24	Aug-24	Jun-24	Jul-24	Aug-24
Total	773	635	532	687	440	431	1460	1075	963
Burns Care	4	3	6				4	3	6
Colorectal Surgery	24	21	21	25	16	17	49	37	38
Dermatology	14	7	8	5	9	6	19	16	14
Endocrinology	1	1	6	48	8	4	49	9	10
ENT	2			67	84	102	69	84	102
Gastroenterology		2	2			1		2	3
General Surgery	172	127	99	29	24	13	201	151	112
Gynaecology	4	3	2	1			5	3	2
Hepatology		1	2	54	18	17	54	19	19
Maxillo-Facial Surgery	2	3	5		1		2	4	5
Medical Endoscopy				1			1		
Neurology				1	5	4	1	5	4
Ophthalmology	13	14	22				13	14	22
Oral Surgery				1			1		
Orthodontics	1	1					1	1	
Paediatric Cardiology	4			6	1	1	10	1	1
Paediatric Clinical Haematology				1	1	1	1	1	1
Paediatric Clinical Immunology	4	1	1	13	3	4	17	4	5
Paediatric Dentistry	8	3	1				8	3	1
Paediatric Dermatology	3	4	3				3	4	3
Paediatric Ear Nose and Throat	4	4	2	16	17	48	20	21	50
Paediatric Endocrinology				5			5		
Paediatric Gastroenterology	11	4	4	3		1	14	4	5
Paediatric Maxillo-Facial Surg	6	8	17				6	8	17
Paediatric Neurology	2	1	1			1	2	1	2
Paediatric Plastic Surgery	29	19	18				29	19	18
Paediatric Respiratory Medicin				1	3	3	1	3	3
Paediatric Rheumatology				3			3		
Paediatric Surgery		1			2	1		3	1
Paediatric Trauma and Orthopae	1	1	1	1		1	2	1	2
Paediatric Urology					1			1	
Paediatrics	4	7	7	2	2	3	6	9	10
Pain Management			1						1
Plastic Surgery	150	123	124	102	67	71	252	190	195
Podiatric Surgery				3	3	2	3	3	2
Podiatry				1		2	1		2
Respiratory Medicine				4	3	1	4	3	1
Rheumatology	1	40	10	72	19	12	73	59	22
Trauma & Orthopaedics	187	142	94	142	99	65	329	241	159
Trauma and Orthopaedics	2	2	1				2	2	1
Urology	53	40	31		2	2	53	42	33
Vascular Surgery	67	52	43	80	52	48	147	104	91



Maternity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:27	1:26	1:27	1:24	1:24	1:27	1:24	1:26	1:26	1:27	1:26	1:26	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	2:38	1:98	1:98	1:98	2:38	1:98	1:98	1:98	2:38	1:98	1:98	1:98	1:98	-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	439	447	428	2216	372	390	414	1949	811	837	842	1679	4165	-
	Total number of bookings (Target:> CW 580 WM 478)	549	578	525	2856	462	485	490	2366	1011	1063	1015	2078	5222	-
	Maternity 1:1 care in established labour (Target: >95%)	96.1%	94.5%	99.0%	96.8%	97.5%	97.5%	97.0%	97.7%	96.8%	96.0%	98.0%	97.0%	97.2%	-
Safety	Admissions >37/40 to NICU/SCBU	24	21	19	106	17	9	2	166	41	30	21	40	106	-
	Number of reported Serious Incidents	0	4	10	17	3	1	2	10	3	5	12	17	27	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	1	2	2	6	1	0	0	3	2	2	2	4	9	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.8%	5.6%	7.0%	6.7%	7.8%	5.4%	6.8%	5.9%	7.3%	5.5%	6.9%	6.2%	6.3%	-
	Number of stillbirths	0	1	3	5	2	1	1	5	2	2	4	6	10	-
	Number of Infant deaths	0	0	0	7	1	2	0	4	1	2	0	2	11	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	3.2%	4.1%	2.2%	2.8%	5.2%	6.2%	4.5%	5.3%	4.2%	5.2%	3.4%	4.3%	4.1%	-
	Spontaneous unassisted vaginal births	21.2%	27.0%	28.2%	24.8%	24.2%	32.3%	28.5%	27.6%	22.7%	29.7%	28.4%	29.0%	26.2%	-
	Vaginal Births - spontaneous & induced	32.8%	40.0%	38.9%	37.9%	41.9%	40.5%	37.9%	42.4%	37.4%	40.3%	38.4%	39.3%	40.2%	!
	Instrumental deliveries	47	60	52	257	48	43	62	247	95	103	114	217	504	-
	Pre-labour elective caesarean sections	97	102	71	460	51	58	68	276	148	160	139	299	736	-
	Emergency caesarean sections in labour	147	106	134	620	120	132	123	598	267	238	257	495	1218	-

Annual Reports

<p><i>Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following:</i></p> <p>A) would recommend their trust as a place to work</p> <p>B) Receive treatment from the Trust (Reported Annually)</p>	<p>A) (Trust average 71.3%) Midwives WMUH 80.85%, CW 79.29%.</p> <p>B) (Trust average 72%) Midwives 83% WMUH 80.85%, CW 84.17%.</p>
<p><i>Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually)</i></p>	<p>A) (Trust average 71.3%) Obstetricians WMUH 71.43%, CW 66.67%.</p> <p>B) (Trust average 77.6%) Obstetricians WMUH 85.71%. CW 81.48%.</p>
<p><i>Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually)</i></p>	<p>2023 Cross-site 93.55% (WMUH 93.01%, CW 94.20%) of trainees reported excellent or good (increased from 90.54% in 2022)</p>



Please note that some of the metrics require full validation and will be updated in the following months report.

The above dashboard metrics covers: workforce, birth indicators, safety and clinical outcomes.

Workforce The current midwifery ratios on each site for the month of August are 1:26 at Chelsea and 1:24 at West Middlesex. Local recruitment (56 NQM's) in conjunction with our internationally educated midwives of which there are 12 still to join the Trust will significantly reduce our vacancy. Overall attrition has been reduced and it is hoped both sites will be at establishment by the end of Q4. The service are in the process of re-running Birthrate plus and expect and updated report in November this year.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. The confidence factor for completion of the Birthrate plus acuity tool on the Chelsea site is stable at 73.66%. West Mid reported an 81.72% confidence interval for August, continued focus at the CW to improve confidence factor to above 85%. There was 1 red flag on the CW site and 2 on the WM site which is a decrease from July. The red flag at the CW site was due to a delay in providing pain relief, the two red-flags at WM were related to a delay in providing one-to-one care in established labour. All red flags are currently under review to ensure appropriate escalation was followed. All red-flags are presented at the monthly cross-site MQAS meeting.

The acuity by RAG status at CW was 76% green (staffing met activity and acuity demands), and 20% amber (up to 2 MWs short). The acuity by RAG status at WM was 35% green (staffing met activity and acuity demands), 30% amber (up to 2 MWs short) and 35% red (two or more midwives short) which demonstrates some improvement from July. It is recognised there are limitations to the tool as it only represents a 4 hour snapshot window and so to manage activity and mitigate risk, staffing is reviewed during the safety huddles as a minimum and staff redeployed accordingly. Substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff, this ensures there are safe staffing levels to manage the activity within a shift. For July the fill rate on the CW site during the day was 100% and for WM 97%. The Neonatal Nursing Business Case was presented at this month's Performance and Improvement board. Whilst approval has been given in principle additional narrative has been requested to support the financial elements further.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 6, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. In addition (effective February 2023) all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility data regarding compliance. A detailed summary was included in the Q1 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit.

Safety: The SB thematic review is due for presentation at EMB in September. The Q2 Maternity Quality and Safety Report will include the action plans for the SB. NND and HIE thematic reviews.

WM site: There was confirmed cases for MDT review in August:

1. G1P0, Indian ethnicity booked for midwifery led care, AN history of anaemia, and significant SGA (32 weeks scan), attended triage at 35+5 weeks' gestation with abdominal pain. Abnormal antenatal CTG noted, the woman transferred to LW and then decision made for category 1 CS. Baby born with Apgar score 3/9/9. Placental abruption confirmed, retro-placental blood clot of 500ml. Total EBL 950ml.
2. G1P0, White British, no risk factors identified at booking appointment; booked for midwifery led care. Admitted to BC for early labour care, later transferred to labour ward for epidural anaesthesia. CTG classified as pathological, decision was made for assisted vaginal birth. Baby born (compound presentation) following a AVB (double instruments) with Apgar score of 4/8/10. The baby required neonatal resuscitation (inflation breaths, ventilation breaths and PEEP for 20 minutes). Following escalation of concerns on the postnatal ward, the baby was admitted to SCBU. An evolving subgaleal haematoma and skull fracture confirmed on a CT head scan

Datix reporting system - There were 114 reported incidents in August; a small decrease from July (128).

Main themes arising:

- I. Maternal, Fetal and Neonatal n=31. (MOH >1500mls n=7)
- II. Delay /access to hospital/care (18), communication within team (13) and medication errors (7).
- III. Staff safety incidents: 12Top incident types: Aggression/unacceptable behaviour (3); contact with sharps (3); staff shortage/skill mix; (3)

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CWH site: 2 cases have been accepted by MNSI and a further 8 incidents have been reported awaiting confirmation:

1. Cervical tear. P1 previous SVB. Declined scanning throughout pregnancy. Attended at 41+3 to birth centre with a history of SROM. Transferred to LW due to hypertension and meconium stained liquor. Scan accepted on LW, this determined the baby was in a transverse position. Decision for emergency caesarean section. Transferred to theatre for caesarean, position confirmed to be extended breech position. Caesarean performed-difficulty in delivering legs, right uterine angle extension down to vagina and cervix. Discharged on day 4. This is not confirmed and not presented to divisional meeting yet.
2. Neonatal Seizures. Primip had uncomplicated induction and labour on labour ward for low papp-a. baby was born with the assistance of forceps with normal gases and normal cord gases. At 26 hours old baby was reviewed for an abnormal cry, and was admitted to NICU for suspected seizures. Seizures noted on nicu. CT shows clear bleed between brain and skull. TXA given, referred to GOSH. Heam bloods done. This is not confirmed and not presented to divisional meeting yet.



3. Neonatal Seizures. IOL for reduced fetal movements at 38+5. Concerns for maternal sepsis due to temperature >38°C. Forceps birth due CTG concerns. Baby born in good condition- NN SHO present at birth and baby commenced on observations. Baby had an episode where there was a colour change- baby reviewed and abnormal movements. Admitted to NICU for ?seizures. Not confirmed and not presented to divisional meeting yet.
4. Abruption and IUD at 36 weeks – under review
5. Wound infection. IOL due to PROM. Raised temperature >38C triggering septic screening in labour. EMCS due to suspected Chorioamnionitis, raised CTG baseline and slow progress. Continued to spike temperatures postnatal. Positive blood culture so continued on IV abx. Collection noted and spiking temperatures so decision made to return to theatre for laparotomy, washout, ERPC on day 8 postnatal- placental tissue removed and pus collected. RPOC confirmed. Wound closure on day 11 pn and discharged on day16. There are CSDP and MQAS are going to request a PSII- family have raised concerns about their care
6. Fistula post SVB- under review
7. MNSI: 31 year old woman of white other ethnicity in her 1st pregnancy was admitted in early labour to the antenatal ward at 39+6 weeks gestation. Labour progressed and APH was noted. SVB with an epidural and an episiotomy due to concerns with the fetal heart rate. A male infant was born in poor condition and was admitted to NICU initially for respiratory support. At approximately 4 hours of age a decision was made for active cooling due to hypotonia, abnormal reflexes including oculomotor or pupillary abnormalities, absent or weak suck, clinical seizures. Discharged home on day 7. MRI on day 8 confirmed changes in line with acute profound HIE and bilateral posterior supra and infratentorial shallow subdural haematomas, in keeping with birth related changes
8. 2x ERPC- Low risk P0, attended in spontaneous labour at 40+3. Transferred from birth centre to labour ward due to 20ml PV bleed, blood stained and meconium stained liquor and haematuria. Ventose birth due to CTG changes. Placenta delivered, due to ongoing MOH transferred to theatre. EUA in theatre and placenta removed. 10 days post-partum return to theatre for another ERPC. under review
9. P1, previous EMCS, planning a VBAC on birth centre. Attended with reduced fetal movements at 39+5. Baby footling breach position. Patient agreed for category 3 caesarean section. While in theatre after birth, patient felt unwell and had a seizure. Patient was diagnosed on CTPA with a pulmonary embolism therefore transferred to ICU. Under review
10. MNSI: P1 (previous EMCS) Spontaneous labour at 39 weeks gestation and had low risk care on the birth centre. During the 2nd stage of labour late decelerations were heard when auscultating the fetal heart rate and she was transferred to LW. The CTG showed deep decelerations and was thus pathological. A kiwi birth was facilitated to expedite delivery. A baby girl was born needing on going resuscitation with gases of pH 6.7. She was transferred to the neonatal unit where she had 72 hours of therapeutic hypothermia. Her MRI post this showed a normal neurology and she was discharged home breast feeding.

There were 158 reported incidents in August a significant increase from July (116) Main themes arising:

- i. Maternal, Fetal and Neonatal n=40. (MOH >1500mls n=13)
- ii. Main themes Delay/failure in access to hospital care n=18,
- iii. Communication failure within the team n=8,

1. **PMRT (Cross site):** CW site reported 4 cases. 3 stillbirths, (36/40, 36+2/40 and 25+4/40) and a 22+3/40 week late fetal loss. WM site reported 1 still birth (28+1/40).
2. **ATAIN (Cross site): CW** – There were 19 admissions reviewed (2 cooled, 1 seizures, 1 bilious vomit, 11 for resp. support, 3 for hypoglycaemia and 1 for blue episodes). 7 were reviewed as avoidable admissions (2 HIE, 2 hypoglycaemia, 3 respiratory support. WM data is pending and will be presented in Sept. report.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. SBLCBv3 (launched in May 2023) update (for all elements an action plan is in place, and this is updated in the quarterly report, the service reported compliance with over 91% of all interventions in August 2024 and an action plan is in place to achieve full compliance by March 2025.
Element 1: Reducing smoking: The service are currently compliant with 8/10 interventions.
Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The service is currently undertaking an extensive demand and capacity assessment of USS cross site, with a view to mapping out what additional resource would be required to reach national recommendations. **Compliant with 18/20 interventions.**
Element 3: Raising awareness of reduced fetal movements: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 2/2 interventions.**
Element 4: Effective fetal monitoring during labour: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 4/5 interventions.**
Element 5: Reducing Pre-term Birth: Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met. **Compliant with 26/27 interventions.**
Element 6: Management of Pre-existing Diabetes in pregnancy: **Compliant with 6/6 interventions.**



Perinatal Quality Surveillance Model Board Reporting

Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	94.0%	96.0%	95.0%	92.0%	94.0%	96.0%	95.0%	94.2%	94.0%	96.0%	95.0%	95.5%	93.1%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	93.0%	94.0%	90.0%	92.5%	88.0%	91.0%	91.0%	90.8%	90.5%	92.5%	90.5%	91.5%	91.8%
	Service User Feedback FFT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Green									10	4	4	8	38
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	6	6	12	12
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%



Perinatal Quality Surveillance Model

Chelsea and West Middlesex are not on the national maternity safety support programme as there are no concerns regarding the quality and safety of the maternity service.

Multi-professional mandatory training and fetal monitoring training: In August overall multi-disciplinary training and fetal monitoring compliance is above 90% across both sites. However, as identified last month specific focus needs to continue with the Obstetric Trainees and consultants at WM whose compliance has dropped below the 90% threshold. All trainees have been allocated a MOM's session and compliance is expected to improve by the end of September. Training compliance is closely monitored by the senior leadership team and all staff have a training date booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period.

Service user feedback: The service receives monthly friends and family test feedback, August saw a significant decline in positive ratings at WM from 85.71 % to 76.24%, the response rates continues to decline 22%. The matron team will continue to drive this, but are also conducting temperature checks to speak with the service users to further triangulate all feedback. CW has also saw a decline their positive rating from 93.66% in July to 88.78% in August. Their response rate has declined further to 20% from 25%. The negative scores on the WM site remain impacted by feedback related to, staff communication, attitude and behaviour and environment and on the CW site staff attitude, communication and delays in care. The Service have implemented a Postnatal Care Group in collaboration with the MNVP which aims to implement changes to improve patient experience. The Intrapartum care group has been launched across both sites and will implement changes to improve patient experience in the intrapartum pathway. The patient experience action plan has been updated to reflect the 2023 Maternity CQC Survey, with a focus support for mental wellbeing, consistency of infant feeding advice and support and the availability and consistency of information available to women, birthing people and their families.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. All maternity updates and reports are shared specifically reviewing quality, outcomes and patient experience. On-going scrutiny continues in relation to addressing health inequalities that we know are specific to patient demographic and those living in the lowest indices of deprivation.

Maternity incentive Scheme year 6: MIS year 6 was published on 2nd April 2024, the service have completed a gap analysis of the updated safety actions and this has been presented in the Q1 Maternity Quality and Safety Report. Currently maternity is compliant with 4 out of 10 safety actions with the expectation that it will be fully compliant in readiness for the submission period, which will end 30 November 2024 and the submission deadline will be 12:00 midday on 3 March 2025.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020 and the service has been working to achieve full compliance with the report. The service is fully compliant and will continue the audits to ensure the IEAs are embedded.

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and progress on the 14 should do's continue and are being tracked via a cross-site assurance group. (7 for WM and 7 for CW). 4 of the should do actions are on track and 10 have been completed, 1 should do action awaits the outcome of the WM consultant consultation.



Cancer Update

62 day Cancer referrals by tumour site Dashboard Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months Trend charts	
		Jun-24	Jul-24	Aug-24	2024-2025	YTD breaches	Jun-24	Jul-24	Aug-24	2024-2025	YTD breaches	Jun-24	Jul-24	Aug-24	2024-2025 Q2	2024-2025		YTD breaches
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	91.3%	100%	92.9%	5	100%	91.3%	100%	91.3%	92.9%	5	
	Colorectal / Lower GI	94.7%	100%	100%	93.5%	2.5	61.1%	90.0%	87.5%	68.5%	19.5	78.4%	94.7%	89.5%	94.7%	78.7%	22	
	Gynaecological	68.4%	20.0%	100%	60.5%	7.5	100%	100%	64.3%	97.0%	5.5	72.7%	73.3%	72.2%	73.3%	77.5%	13	
	Haematological	100%	100%	100%	91.7%	1.5	88.9%	77.8%	60.0%	84.9%	13	93.3%	80.6%	71.4%	80.6%	86.5%	14.5	
	Head and neck	n/a	100%	n/a	100%	0	37.5%	66.7%	71.4%	43.8%	6.5	37.5%	85.7%	71.4%	85.7%	75.0%	6.5	
	Lung	100%	80.0%	33.3%	77.0%	13	66.7%	87.5%	81.3%	78.2%	11.5	73.3%	83.3%	64.0%	83.3%	77.7%	24.5	
	Sarcoma	50.0%	0.0%	n/a	20.0%	4	n/a	100%	0.0%	83.3%	2	50.0%	40.0%	0.0%	40.0%	54.5%	6	
	Skin	100%	93.3%	93.1%	93.0%	7.5	100%	95.2%	86.7%	95.1%	5.5	100%	94.4%	90.9%	94.4%	94.0%	13	
	Upper gastrointestinal	100%	91.7%	100%	98.5%	1	77.8%	75.0%	90.5%	30.4%	18	86.7%	85.0%	93.8%	85.0%	81.0%	19	
	Urological	44.4%	59.1%	44.4%	57.5%	43.5	89.0%	79.7%	88.9%	82.1%	30.5	80.2%	72.4%	69.8%	72.4%	74.4%	74	
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0	

Improving personalised cancer care at diagnosis

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

Trust Commentary

62-Day: The 62-Day combined target was slightly below the 85% standard in July 2024 with performance of 82.35%. August 2024 position although not fully validated stands at 81.75% and is reflective of our focus to reduce our backlog. Challenges continue to be seen in Urology and Colorectal Surgery. Plans continue to focus on backlog reductions over the coming months.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1.5	10
Gynaecology		2.5	1.5	5.5
Haematology	0.5	4	0.5	10
Head and Neck	4	3.5		1.5
Colorectal	3.5	14	3	11.5
Lung		1.5	2	10
Other		4.5		
Skin	1.5	20	1.5	12
Upper GI		6	0.5	8
Urology	5.5	17.5	11.5	35
Brain				
Total:	15	73.5	22	103.5



Safer Staffing

Chelsea and Westminster August 2024

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total			Qualified	Un-qualified	No harm and mild		Moderate and severe		Month	YTD	Month	YTD	
												Month	YTD	Month	YTD					
Maternity	100%	85%	99%	99%	7.8	2.7	10.5	13	8.18%	14.56%	20.53%								89.7%	
Annie ZUNZ	133%	100%	98%	89%	11.4	4.5	15.9	8	16.13%	9.56%	0%		1						100.0%	
Apollo	102%	-	103%	-	19.7	0	19.7	N/A						1					83.3%	
Mercury	98%	-	99%	-	8.2	0	8.2	9.4						1					83.3%	
Neptune	113%	-	122%	-	11.6	0	11.6	11.1											94.3%	
NICU	96%	-	98%	-	13.5	0	13.5	26	9.55%	9.16%	0%								100.0%	
AAU	104%	83%	103%	103%	6.3	1.4	7.8	7.7	6.14%	10.49%	39.57%	9	15						96.9%	
Nell Gwynne	105%	69%	135%	75%	4.6	3.4	7.9	6.9	-8.20%	15.76%	31.83%	5	12						100.0%	
David Erskine	101%	69%	89%	104%	3.6	2.4	6.4	6.6	0.60%	8.89%	11.36%								93.8%	
Edgar Home	103%	66%	106%	102%	3.3	2.4	5.8	6.4	4.33%	16.67%	31.57%	4	8			1			90.0%	
Lord Wigram	79%	103%	91%	141%	4	3.5	8	7.5	7.47%	0.00%	4.54%	2	5						100.0%	
St Mary Abbots	91%	87%	99%	95%	3.9	2.5	6.6	7.2	17.68%	11.29%	17.28%	5	5						96.9%	
David Evans	77%	84%	126%	222%	6.5	3.6	10.1	7.2	-10.31%	7.77%	41.86%		2						92.6%	
Chelsea Wing	103%	118%	99%	68%	9.8	6	15.8	7.2	24.97%	6.90%	0.00%	1	1						100.0%	
Burns Unit	101%	194%	156%	213%	16.4	5.7	22.1	N/A	18.41%	10.60%	0%								100.0%	
Ron Johnson	98%	134%	101%	139%	4.8	3.5	8.3	7.6	18.23%	18.53%	26.67%	2	4						100.0%	
ICU	98%	52%	99%	54%	25	0.9	26.4	26	13.89%	12.57%	0%		1							
Rainsford Mowlem	77%	75%	77%	82%	3.2	3	6.6	6.9	1.87%	9.37%	22.98%	6	12						92.5%	
Nightingale	83%	86%	106%	99%	3.5	3.3	6.8	7.4		0.00%	14.55%	8	16			1			100.0%	

West Middlesex August 2024

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Qualified			Un-qualified	No Harm & Mild		Moderate & Severe		Month	YTD	Month	YTD		
											Month	YTD	Month	YTD						
Lampton	105%	82%	109%	87%	3.6	3.4	7.4	6.8	1.91%	5.02%	5.19%	3	7						100.00%	
Richmond	88%	1.03	122%	353%	3.9	4.1	8	7.2	8.92%	11%	0.00%	2	5						96.00%	
Syon 1 cardiology	94%	116%	99%	156%	3.9	2.4	6.4	8.8	11.66%	3.86%	0.00%	10	14						97%	
Syon 2	101%	83%	93%	103%	3.3	2.9	6.6	6.6	7.97%	12.90%	12.26%	1	6						96.77%	
Starlight	118%	-	114%	-	10.1	0	10.1	11.5											100.00%	
Kew	101%	110%	100%	130%	3.2	3.1	6.8	6.9	2.47%	10.26%	29.20%	7	10						100.00%	
Crane	112%	124%	120%	198%	3.4	3.9	7.5	6.9		21%	17.83%	5	9						100.00%	
Osterley 1	72%	73%	84%	144%	3.2	3.2	6.6	7.5	0.72%	8.07%	1.87%	4	10	1	1				98.25%	
Osterley 2	88%	90%	100%	136%	3.3	2.9	6.6	7.2	3.28%	6.51%	0.00%	2	5						94.44%	
MAU	94%	85%	107%	94%	6	2.3	8.4	7.7		9.04%	12.44%	7	15						99%	
Maternity	98%	77%	98%	94%	8.3	2.3	10.6	13	5.89%	15.90%	17.83%		1						86.30%	
Special Care Baby Unit	95%	111%	98%	131%	9.8	2.9	12.7	11.1	11.03%	7.85%	0.00%								92%	
Marble Hill 1	134%	126%	121%	247%	3.9	3.6	7.8	6.4	16.88%	0.00%	7.92%	8	15						100.00%	
Marble Hill 2	106%	111%	115%	205%	3.5	3.6	7.2	6.5	1.75%	4.71%	27%	3	8						100.00%	
ICU	106%	0.63	111%	0.39	27.5	1.2	28.7	26	13.93%	8%	0%	1	1							



Safer Staffing & Patient Quality Indicator Report

August 2024

The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD) and NICE red flag categories with a review of trends in the previous six months. This is then benchmarked against the national benchmarks and triangulated with associated quality indicators and patient experience for the same month. Overall, key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Twice daily nurse staffing meetings continue to deploy staff as required in order to maintain patient safety.

West Middlesex site:

Kew and Marble Hill 1 experienced increased HCAs fill rates at night due to an increase number of confused patients and those patients at high risk of harm. Marble Hill 1 reported increased RN fill rates during the day due to high acuity of the area. The reduced HCA fill rate on DRU reflects an adjustment to patient staffing and acuity levels. CHPPD was not compromised.

Osterley 1 had a low HCA fill rate during the day due to unfilled bank shifts; however, with two HCAs in supernumerary roles, CHPPD was maintained. Ost 1 and 2 had increased HCA fill rate at night due to patients at risk of falls. Richmond's RN fill rate increased during the day as supernumerary IEN staff awaiting NMC pin numbers filled shifts. This led to unfilled HCA shifts due to the rise in RN supernumerary shifts.

Starlight ward had high fill rate for RNs during the day due to staff sickness.

Chelsea and Westminster site:

Saint Mary Abbots had an increased HCA fill rate at night due to the opening of escalation beds. David Evans had low HCA fill rates during the night, with vacancies filled by supernumerary staff awaiting NMC pin numbers. CHPPD was not compromised.

Ron Johnson had high HCA fill rates at night due to several patient requiring 1:1 care. Chelsea Wing had high fill rates for RNs during the day due to staff supernumerary time.

AAU, Nell Gwynne, and David Erskine ward had low HCA fill rates for day shifts due to sickness and inability to cover shifts with bank staff. Staff were redeployed between wards and shifts were filled with supernumerary IEN awaiting for pin numbers. CHPPD was not compromised. AAU had high fill rates for HCAs due to patients requiring 1:1 care. Edgar Horne had high fill rates for both RNs and HCAs due to staff sickness, patient requiring RMNs and patient requiring 1:1 care. Nightingale ward had low fill rate for both RNs and HCAs day and night due to decrease in bed capacity. Staff were redeployed to other wards.

Following the closure of Neptune ward, additional RN night shifts were required on Mercury due to the opening of escalation beds. Staff were redeployed from the closed ward to support these needs.

Incidents:

In terms of incidents with harm, there were five incidents reported this month:

The medication incident occurred on Edgar Horne, a sub-therapeutic antibiotic dose was prescribed to a patient for several days but was corrected by the clinical pharmacist who identified the error. The antibiotics were adjusted according to the recommendations.

There were four fall incidents resulting in moderate harm, occurring in AAU, Rainsford Mowlem, and Redlees Unit. In AAU, a patient tripped over their pedal IV line and sustained a fractured arm, but surgery was not required. On Redlees Ward, a patient required surgery following their fall but has since made a full recovery.

The first fall on Rainsford Mowlem resulted in a fractured neck of femur requiring surgery, and the patient remains an inpatient. The second fall on Rainsford Mowlem also caused a fractured neck of femur, requiring surgery; this patient is currently awaiting nursing home placement.

Friends and Family test showed that seven wards at CW and ten at WM scored 100 %. Marble Hill 2 scored 66.67% on their Friends and Family Test, with no negative comments and three neutral scores; however, response volume remains low, and the ward manager will address this at the meeting to boost responses.

Maternity WMUH scored 76% for the postnatal ward care. Recent sickness and annual leave within the matron team have affected efforts to drive FFT forward, and the team has been updated on the latest compliance rate to improve responses.

Please note all incident figures are correct at time of extraction from DATIX. There were seven red flags raised in August, six at CW and one at WM. They related to staffing shortfalls. The vacancy rate and turnover are from August 2024.



Safe Staffing Analysis | Registered Nurse and Care Staff August 2024

RN Fill Rates (ward areas) stayed the same from 104.26% in July 2024 to 104.32% in August 2024. The RN vacancy rate (whole trust) in August 2024 was 4.32%, slightly down from 4.97% in July 2024.

Care Staff Fill Rates (ward areas) increased from 95.03% in July 2024 to 96.51% in August 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in August 2024 was 9.18% slightly down from July 2024 – 9.34%

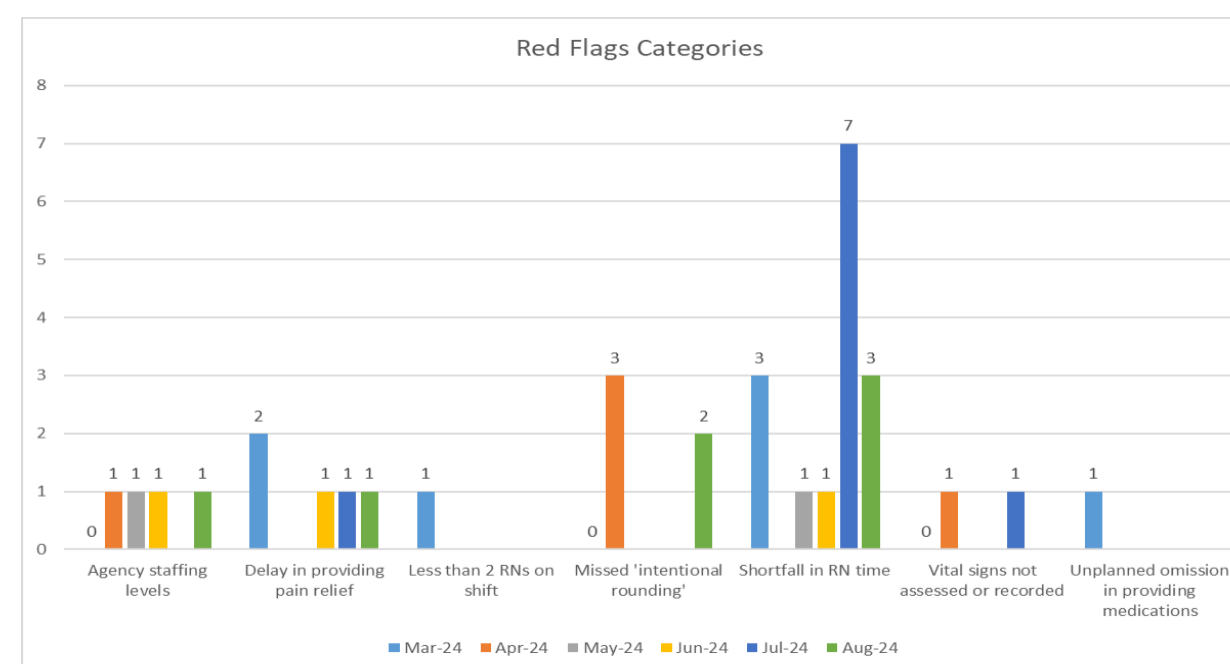
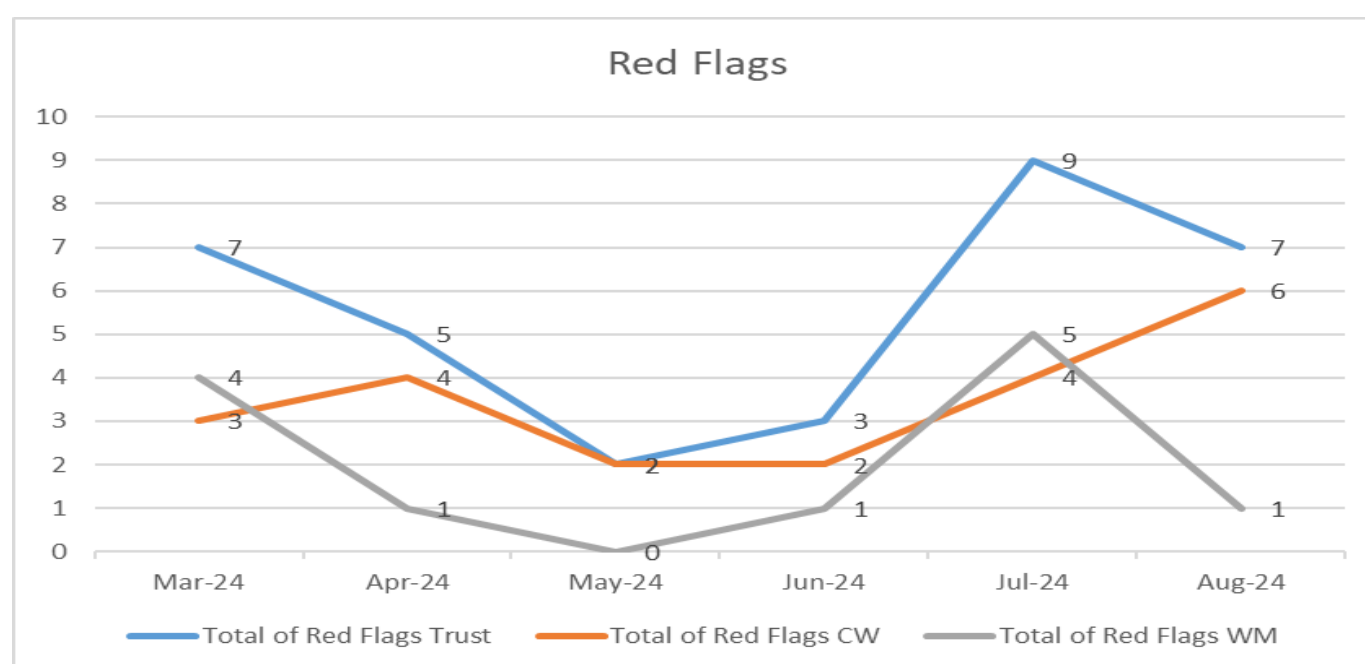
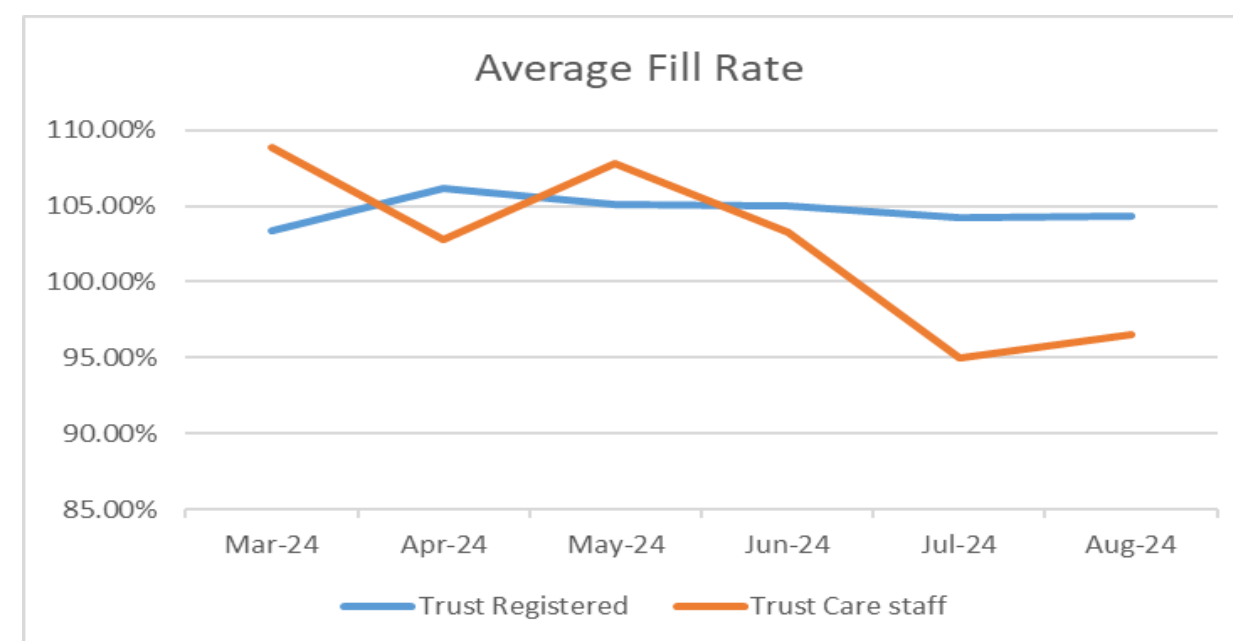
The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 99.65% in July 2024 to 100.42% in August 2024.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (May 2024) was 9. Trust workforce data confirms the CHPPD was 9.1 in August 2024, slightly up from 9.0 in July 2024

Safe Staffing Red Flags – 7 red flags from the 5 categories (tables below) were reported during August 2024 : where majority were in Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – May 2024
Trust	9
Hillingdon Hospital	9.9
London NW	9.2
Imperial	10.6

Nursing, Midwifery and care staff average fill rate August 2024				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
104.32% ↔	96.51% ↑	6.4 ↓	2.6 ↑	9.1 ↑





Finance M5 (August 2024) 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	384,709	404,993	20,284
Expenditure			
Pay	(217,918)	(228,986)	(11,068)
Non-Pay	(148,844)	(158,815)	(9,971)
EBITDA	17,948	17,193	(755)
EBITDA %	5%	4.25%	-0.4%
Depreciation	(13,784)	(14,080)	(296)
Non-Operational Exp-Inc	(4,738)	(5,161)	(423)
Surplus/Deficit	(574)	(2,048)	(1,474)
Control total Adj - Donated asset, Impairment & Other	(70)	(1,194)	(1,124)
PFI Model recalculation		458	458
Adjusted financial performance surplus/(deficit)	(644)	(2,784)	(2,140)

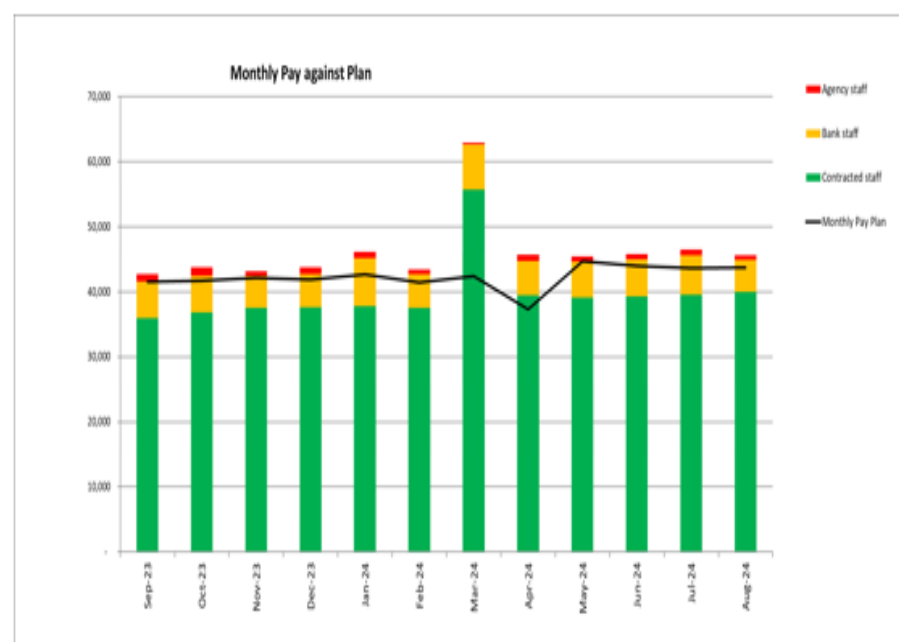
The adjusted financial position at month 05 is a £2.78m deficit which is £2.14m adverse against plan.

Pay: £11.07m adverse against plan. The adverse variance at Month 5 includes spend to cover Industrial action, additional clinics/WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

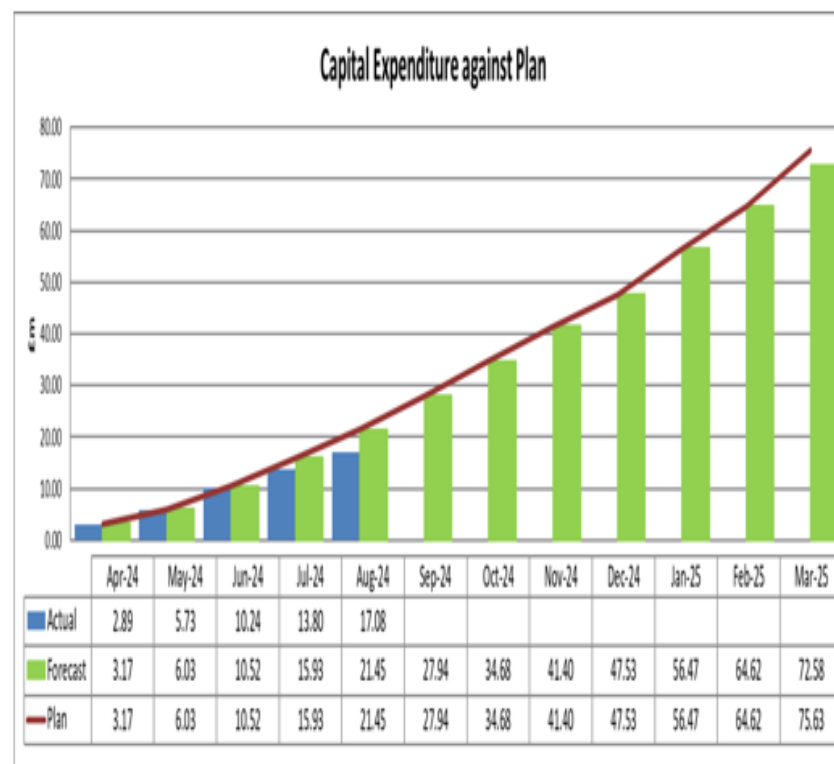
Non-Pay: There is a £9.97m adverse variance which includes adjustment to budget to match NHSi return.

Income

M05 Income performance improvement is a result of more activity captured under elective points of delivery in July, known as flex/freeze movement. There has been great effort from service to ensure all activity is captured, recorded and coded accurately. The performance continues to be driven by the viable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. Local Authority income for the last two periods accrued based on historic activity levels and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.



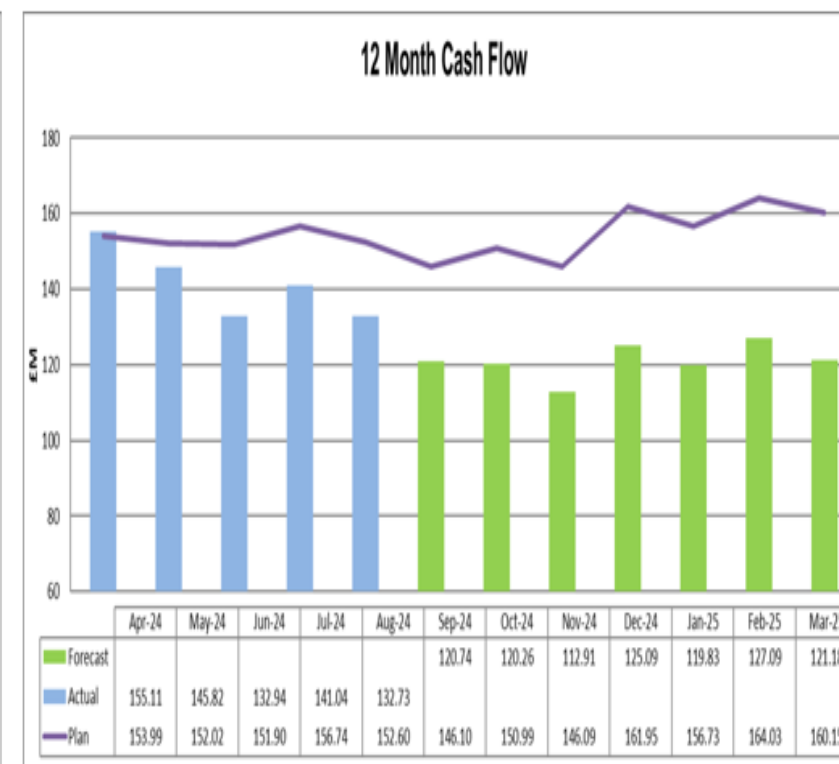
Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution- £18.45m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



Comment

The original capital programme for 2024/25 was £65.05m, which had been adjusted to £72.58m following the award of additional funding from the UEC Winter Incentive, the inclusion of the additional IECPP capital project of £0.50m, new CW+ donations of £3.20m and grant funding for a microscope of £0.28m. The capital budget has been allocated to the various departments, with £24.39m for the ADC Project, £21.30m for the Treatment Centre, £3.70m for Medical Equipment, £6.29m for IT equipment, Estate schemes £16.62m, ICS Reserves £0.37m and non medical equipment £0.18m.

The YTD P05 position is an under spend of £4.37m against the P05 YTD planned budget of £21.45m, actual spend £17.08m. This under spend relates to timing differences and will be spent in the next couple of months.



Comment

The Negative cash variance to plan in M5 of £19.87m is negative cash variance b/fwd from M4 of £15.71m, higher receipts to plan of £5.25m (ICB £2.62m higher, Local Authority £0.34m higher, Donations £0.03m lower, NHS England £0.24m higher, AR £0.38m higher, PP Income £0.47m higher, FT's £0.10m higher, Interest Income £0.04m higher, Other Income £0.18m higher) offset by higher cash outflows to plan £9.4m (higher creditor payments & higher payroll)