



TRUST PERFORMANCE & QUALITY REPORT

July 2024



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025 Q2	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	80.81%	81.18%	79.33%	80.74%	80.55%	79.88%	78.87%	80.26%	80.68%	80.52%	79.09%	79.09%	80.50%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	65.45%	65.58%	65.14%	65.10%	62.63%	63.19%	62.00%	62.00%	63.97%	64.34%	63.52%	63.52%	63.48%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	97.67%	97.43%	95.81%	96.94%	98.49%	98.25%	97.10%	98.49%	98.16%	97.88%	96.56%	96.56%	97.84%	
	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%)	91.67%	100%	98.41%	97.27%	99.04%	98.04%	98.20%	98.06%	96.71%	98.74%	98.28%	98.28%	97.78%	
	62 day combined position (Target: >=85%)	79.80%	86.40%	72.93%	81.47%	76.50%	84.04%	79.65%	78.66%	77.59%	84.91%	77.20%	77.20%	79.77%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	85.13%	81.16%	81.15%	81.43%	80.21%	78.94%	78.99%	78.48%	82.06%	79.85%	79.85%	79.85%	79.64%	
Patient Safety	Clostridium difficile infections (Year End Target: 26)	5	3	2	16	3	4	5	12	8	7	7	7	28	

A&E 4-hr Waiting Times

In the month of July the Trust reported a combined position of 79.09%. This was the first month since Dec-23 where performance is below 80%. There were a combination of factors contributing to this, including challenges with flow as well as an increase in attendances in excess of usual seasonal variation, particularly in the UTC at Chelsea Hospital. The departments are currently refreshing their improvement programmes and planning for winter 2024/25.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained challenged in July 2024, standing at 63.52%. Elective admitted and outpatient activity levels in July are above operational plans. For July 2024, the total RTT Patient Treatment List (PTL) decreased to 61,250 (-1173), 52ww decreased to 1,075 (-385), 65ww decreased to 180 (-123) and 78ww increased to 17(+1). Operational teams remain focused on expediting long-waiting pathways and enhanced oversight and targeted interventions continue for at-risk specialities: Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery. To support reduction backlogs, trajectories have been set with a plan to eliminate the 78ww by the end of August 2024 while the 65ww is forecasting 35 patients on the pathway at the end of Sept 2024.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined target maintained performance for June 2024 with the validated performance at 98.74% and for July 2024 at 98.2% against the 96% standard.

62-Day: The 62-Day combined target was just short of the 85% standard in June 2024 with performance of 84.91%. The Trust is currently in dispute around 0.5 of a breach that has been allocated from another organisation, which if corrected will result in a compliant position. July 2024 position although not fully validated stands 76.7% and is reflective of our focus to reduce our backlog of treatments. 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 be compliant against the FDS standard in June and July 2024 (unvalidated) with 79.9% and 79.7% respectively. The Trust is currently maintaining the 75% national standard and the 77% NHS Operating Plan Standard.

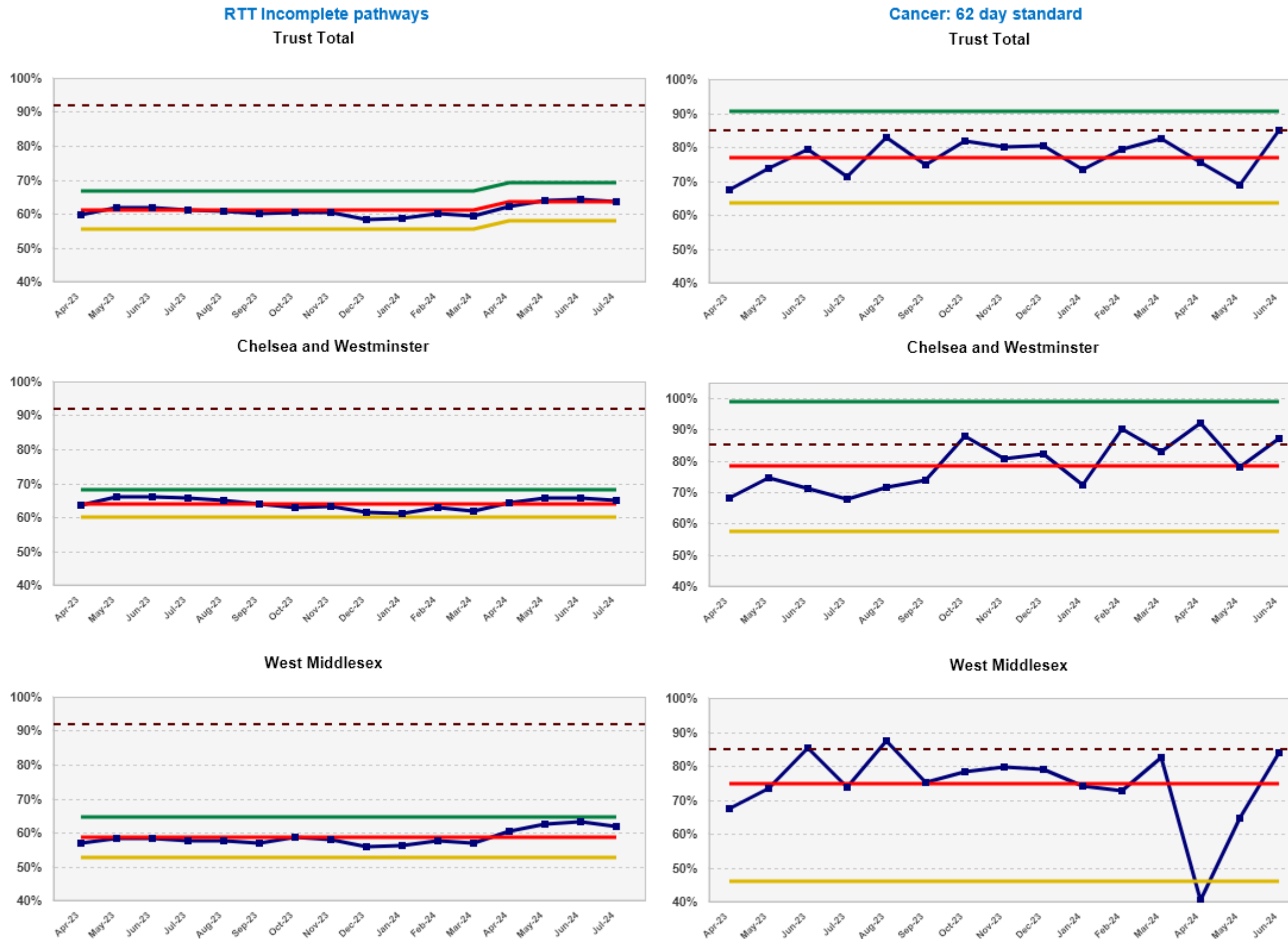
Clostridium Difficile

There were 7 Trust attributed CDI cases in July 2024, 2 occurred at CWH and 5 at WMH, to date this financial year there has been total of 28 cases. All seven cases were hospital onset - healthcare associated (HOHA), identified on/after day 2 of their admissions. RCA meetings are pending.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months Apr 2023 to July 2024





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025 Q2	2024-2025	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	1	1	0	1	0	1	0	1	1	1	2		-
	Hand hygiene compliance (Target: >90%)	96.9%	95.5%	96.0%	96.0%	99.2%	99.1%	99.2%	99.3%	97.9%	97.1%	97.4%	97.4%	97.5%		-
Incidents	Number of serious incidents	3	1	2	8	2	0	4	9	5	1	6	6	17		-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.6	9.8	9.2	9.5	9.7	9.6	8.4	9.3	9.6	9.7	8.8	8.8	9.4		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.01	0.00	0.01	0.01	0.01	0.01	0.03	0.01	0.01	0.01	0.02	0.02	0.01		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.31	5.66	6.70	5.31	4.52	5.16	4.43	4.28	4.91	5.41	5.56	5.56	4.79		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	1.2%	0.0%	1.0%	0.6%	1.4%	0.0%	0.0%	0.8%	1.3%	0.0%	0.6%	0.6%	0.7%		-
Harm	Never Events (Target: 0)	0	1	0	1	0	0	0	0	0	1	0	1		-	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	1	1	0	2	1	3	0	2	2	2	4		-
	Safeguarding adults - number of referrals	44	45	32	154	38	37	57	178	82	82	89	89	332		-
	Safeguarding children - number of referrals	108	93	130	420	154	119	144	541	262	212	274	274	961		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	67	66	67	67	73	75	75	75	70	71	71	71	71		-
	Number of hospital deaths - Adult	37	39	23	131	58	65	64	246	95	104	87	87	377		-
	Number of hospital deaths - Paediatric	2	0	0	2	0	0	0	0	2	0	0	0	2		-
	Number of hospital deaths - Neonatal	2	0	2	6	0	0	1	1	2	0	3	3	7		-
	Number of deaths in A&E - Adult	2	4	2	8	2	2	3	7	4	6	5	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 case of Trust attributed MRSA bacteraemia in July 2024 at the Chelsea site on Rainsford Mowlem ward. The elderly patient was admitted from a nursing home with a fall, prior to developing the bacteraemia the patient was medically fit for discharge but there was no community bed available. The RCA meeting identified issues around incomplete documentation of lines and MRSA admission screening failures but no clear source of infection was identified.

Incidents

There were six PSII's declared in July 2024; two cases are being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme and relate to an unexpected neonatal death and a baby transferred for cooling. The other 4 cases are being investigated as local PSII's and include an unexpected maternal admission to ITU and three unexpected admissions to SCBU/NICU. All of the cases have 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 (July 2024) the target rate of patient safety incidents per 100 admissions was met by Chelsea and Westminster Hospital, however, West Middlesex Hospital fell slightly below the expected target of 8.5; reporting decreases were noted in incident categories including, patient falls, appointments and clerical issues, and provision of care / treatment. 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. Good reporting rates cross-site of predominantly no harm incidents, with continued monitoring by the MSG.

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

Trust target was met.

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	
		May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025 Q2	2024-2025	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	94.92%	96.08%	92.33%	94.83%	97.49%	97.54%	97.06%	97.66%	96.27%	96.88%	94.93%	94.9%	96.37%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	2.03%	1.38%	5.12%	2.68%	1.14%	0.38%	1.05%	1.09%	1.56%	0.83%	2.88%	2.9%	1.82%		-
	FFT: Inpatient response rate (Target: >15%)	27.00%	32.15%	25.47%	28.17%	35.15%	46.20%	35.05%	38.08%	30.76%	38.60%	29.97%	30.0%	32.82%		-
	FFT: A&E satisfaction % (Target: >90%)	83.97%	85.63%	85.13%	84.81%	77.35%	77.83%	76.76%	78.38%	81.05%	82.18%	81.22%	81.2%	81.95%		!
	FFT: A&E not satisfaction % (Target: <10%)	10.00%	9.99%	9.57%	10.09%	16.57%	15.82%	16.78%	15.26%	12.90%	12.57%	12.93%	12.9%	12.39%		!
	FFT: A&E response rate (Target: >15%)	19.20%	19.26%	10.58%	17.19%	15.89%	16.22%	9.86%	14.61%	17.58%	17.79%	10.23%	10.2%	15.94%		!
	FFT: Maternity satisfaction % (Target: >90%)	87.93%	91.82%	93.85%	91.41%	85.51%	87.18%	90.28%	86.49%	87.03%	89.89%	92.57%	92.6%	89.55%		-
	FFT: Maternity not satisfaction % (Target: <10%)	8.62%	5.45%	2.31%	5.52%	10.14%	7.69%	2.78%	8.11%	9.19%	6.38%	2.48%	2.5%	6.50%		-
	FFT: Maternity response rate (Target: >15%)	20.10%	20.22%	23.26%	21.78%	14.26%	18.18%	14.94%	15.87%	17.44%	19.32%	19.40%	19.4%	19.10%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	20	13	16	70	20	13	16	16	70		!
Complaints	Complaints (informal) through PALS	34	32	29	148	32	24	20	126	66	56	49	49	274		-
	Complaints formal: No of complaints due for response	29	23	37	108	15	10	11	43	44	33	48	48	151		-
	Complaints formal: Number responded to < 25 days	24	12	31	78	15	5	8	32	39	17	39	39	110		-
	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 16 breaches in July, up 3 compared to June, where this standard wasn't met, resulting in patients remaining in mixed sex areas. Breach details: 5 patients waited over 10 hours for a ward bed compared to 11 last month, with 2 exceeding 25 hours. Although we had a slight increase this month in terms of MSB, we are starting to see a decreasing pattern since April. We have also seen an overall improvement in getting our patients to ward areas in the last two months. Improving the patient experience is our priority, and we are committed to respecting their dignity and cultural beliefs in all circumstances within our service.

Complaints

81% of complaints were responded to within the 25 day KPI (target 95%) during July 2024. Eight complaints were not responded to within the timeframe; 6 for Planned Care and 2 for Corporate/Enterprise. 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 94% (KPI 90%).

Friends and Family Test

The satisfaction and response rates for inpatient areas consistently surpass all targets across both sites. A&E have experienced a decline in their satisfaction rate, although the response rate continues to exceed the national average. Patients reporting concerns relating to waiting times and the lack of communication associated with patient information; mainly at West Middlesex. The care provided by Maternity services has improved across the trust, which is evident in July's satisfaction rates'.



Efficiency and Productivity

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Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.54	2.82	3.14	2.74	2.43	2.64	2.50	2.60	2.51	2.76	2.94	2.94	2.69		-
	Average length of stay - non-elective (Target: <3.95)	3.95	4.02	3.79	3.93	3.67	3.38	3.46	3.47	3.80	3.67	3.61	3.61	3.68		-
	Emergency care pathway - average LoS (Target: <4.5)	4.15	4.39	3.91	4.13	4.06	3.66	3.89	3.81	4.10	3.95	3.90	3.90	3.94		-
	Emergency care pathway - discharges	297	272	308	1179	419	410	432	1689	717	683	740	740	2868		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.92%	4.98%	5.43%	5.01%	6.65%	6.51%	6.69%	6.63%	5.76%	5.75%	6.06%	6.06%	5.81%		-
	Non-elective long-stayers	522	463	155	1620	495	431	106	1515	1017	894	261	261	3135		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	88.9%	84.7%	91.6%	88.7%	88.5%	88.1%	89.8%	87.9%	88.8%	85.9%	90.9%	90.9%	88.5%		-
	Operations cancelled on the day for non-clinical reasons: actuals	4	12	15	55	7	11	12	58	11	23	27	27	113		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.10%	0.33%	0.40%	0.36%	0.24%	0.38%	0.42%	0.51%	0.16%	0.35%	0.41%	0.41%	0.42%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	9	12	1	2	1	8	1	3	10	10	20		!
	Theatre Utilisation Model Hospital (Target > 85%)	78.2%	80.1%	77.5%	77.9%	89.9%	89.3%	93.0%	90.9%	82.0%	83.4%	83.2%	83.2%	82.3%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.41	2.33	2.37	2.35	1.64	1.85	1.80	1.71	2.05	2.11	2.10	2.10	2.05		!
	Average wait to first outpatient attendance (Target: <6 wks)	9.9	9.6	10.4	10.0	12.4	11.0	11.4	11.8	11.0	10.2	10.9	10.9	10.9		!
	DNA rate: first appointment	9.6%	9.4%	9.3%	10.1%	9.8%	10.1%	8.5%	9.6%	9.7%	9.7%	8.9%	8.9%	9.9%		-
	DNA rate: follow-up appointment	7.9%	7.8%	8.2%	8.3%	7.2%	7.0%	6.9%	7.3%	7.7%	7.5%	7.7%	7.7%	7.9%		-
	PIFU - % of Total Outpatient attendances	10.9%	11.3%	11.4%	11.2%	1.9%	1.9%	1.9%	1.9%	7.3%	7.5%	7.4%	7.4%	7.4%		-

Average Length of Stay (Elective)

There was a marginal increase in ALOS elective due to a patient with long LOS in Paeds surgery. This patient has since been discharged and the care transferred to another provider.

Day-Case Rate

The day-case rate improved in July 2024 going up from 85.9% to 90.9%, remaining well above the 85% target. The improved performance was seen across both sites, with a significant improvement on the CW site- going from non-compliance, to 91.6%

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day increased Trust-wide in June from 23 to 27. This increase was seen on both sites, and was largely driven by the staffing issues creating cancellations on the day. A number of these challenges have been resolved, with the expectation that there will be an associated decrease in August 2024.

Theatre Utilisation

Trust-Wide utilisation remained relatively stable in July 2024, at 83.2%. Theatre utilisation remains significantly above the 85% target at 93% on the West Middlesex site. The Chelsea site remains below the 85% target, driven by significant building works in both adult (Treatment Centre rebuild- closure of two theatres) and Paediatrics (closure of one theatre).

Outpatients

Positive impact on DNA has continued in July following the additional appointment reminders for several services at the start of May 2024. First-to-follow up ratio broadly static across the Trust. The average wait to first attendance is consistent with the previous months. Cancellations and reschedules initiated by the hospital is higher than the previous months across both sites. PIFU uptake is slightly up compared with the previous months.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025	May-24	Jun-24	Jul-24	2024-2025 Q2	2024-2025	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	91.6%	93.2%	97.2%	93.9%	94.4%	91.6%	90.4%	92.6%	93.1%	92.3%	93.4%	93.4%	93.2%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	71.4%	80.0%	70.6%	73.0%	93.3%	100.0%	100.0%	98.0%	82.8%	88.5%	83.3%	83.3%	84.1%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	91.7%	86.7%	45.5%	76.5%	88.9%	100.0%	100.0%	93.2%	90.0%	93.9%	79.3%	79.3%	86.4%		-
VTE	VTE: Hospital acquired	0	0	1	3	4	0	7	17	4	0	8	8	20		-
	VTE risk assessment (Target: >95%)	96.1%	95.3%	94.2%	94.6%	96.9%	95.6%	96.2%	96.1%	96.5%	95.5%	95.3%	95.3%	95.4%		-
TB Care	TB: Number of active cases identified and notified	4	2	1	7	4	12	7	30	8	14	8	8	37		-
Sepsis	ED % Periods Screened (Target >90%)	90.0%	87.3%	88.8%	89.0%	85.9%	83.6%	85.9%	84.6%	88.2%	85.6%	87.5%	87.5%	87.1%		-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	71.6%	73.9%	74.7%	73.9%	91.3%	90.9%	90.6%	90.7%	79.1%	80.3%	81.3%	81.3%	80.3%		-
	Ward % Periods Screened (Target >90%)	89.4%	84.8%	86.9%	86.5%	95.2%	95.0%	93.8%	94.5%	91.9%	89.2%	90.0%	90.0%	90.0%		-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	93.7%	94.9%	96.9%	95.9%	96.2%	97.1%	94.7%	96.2%	95.0%	96.0%	95.8%	95.8%	96.1%		-
Discharge	Date of Discharge is same as Discharge Ready Date	88.9%	88.3%	89.8%	88.6%	84.4%	87.7%	86.4%	85.9%	86.7%	88.0%	88.1%	88.1%	87.2%		-
	Date of Discharge is 1+ days after Discharge Ready Date	11.1%	11.7%	10.2%	11.4%	15.5%	12.2%	13.6%	14.1%	13.3%	12.0%	11.9%	11.9%	12.8%		-

Dementia Screening

The Trust maintains compliance for dementia screening at Trust level with both sites achieving the target of 90%.

Stroke Care

Nell Gwynne ward was partially closed to admissions for the first three weeks of July 2024 because of a norovirus outbreak and infection control measures, causing a dip in performance against the metric due to the inability to move patients onto the unit. All of the patients reviewed had been seen by the stroke team. The norovirus outbreak was resolved in late July and stroke patients recommenced moving to the unit as normal.

#NoF (Time to Theatre - Neck of Femur) (Awaiting date)

There was a decrease in performance at Trust level in July 2024 compared to the previous month with West Middlesex achieving 100% compliance while Chelsea performance appeared to have declined. In Chelsea 12 out of 17 patients medically fit for surgery had surgery within 36 hours. There were 5 patients who were medically fit but were delayed. All five were waiting for space on the trauma list due to a high volume of trauma and the impact of a half-day trauma theatre list on Thursdays.

VTE Risk

The Trust is reporting compliance against the VTE risk assessment. West Middlesex site remains consistently compliant for July 2024. All HAT (hospital acquired thrombosis) events undergo RCA to ensure learning and appropriate actions. The Chelsea site is reporting performance slightly below the target.

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. The Trust has implemented improved reporting through a discharge dashboard and are working on the process for improvement.

Sepsis

There is continued improved performance in screening of patients across both sites across ED and wards. Targeted Quality Improvement initiatives currently in place around documentation of review for sepsis at Chelsea ED. Strong performance at WMUH for 3 out of 4 metrics.



Access

Access Dashboard

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RTT waits	RTT Incompletes 52 week Patients at month end	789	773	635	3028	787	687	440	2777	1576	1460	1075	1075	5805	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	80.76%	78.66%	78.37%	79.99%	74.11%	75.14%	79.80%	73.92%	77.30%	76.87%	79.09%	79.09%	76.82%	
	Diagnostic waiting times >6 weeks: breach actuals	1279	1387	1308	5095	1872	1669	1232	7270	3151	3056	2540	2540	12365	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	6.8%	6.6%	7.0%	7.6%	7.3%	6.7%	7.2%	7.4%	7.0%	6.7%	6.7%	7.1%	
	A&E time to treatment - Median (Target: <60')	00:28	00:26	00:24	00:26	00:33	00:33	00:36	00:33	00:31	00:30	00:31	00:31	00:30	
	London Ambulance Service - patient handover 30' breaches	34	24	19	121	138	161	120	531	172	185	139	139	652	
	London Ambulance Service - patient handover 60' breaches	1	0	2	3	7	12	3	26	8	12	5	5	29	

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

The DM01 performance for July 2024 at 79.09% is a 2.22 % improvement when compared to June. All modalities across both sites have seen an improvement in performance. MRI still remains the main driver impacting the overall Trust position, however there has been a reduction in the number of patients awaiting tests as well as the number of patients waiting over 13 weeks. There continues to be a sustained decrease of the DM01 PTL with a reduction of 1129 patients (-8.5% of total PTL) when compared to June 2024.

Ambulance Handover

Ambulance offloads have remained strong. The Trust experiences minimal delays to off loads and supports LAS in ongoing load balancing across the sector



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		May-24	Jun-24	Jul-24	May-24	Jun-24	Jul-24	May-24	Jun-24	Jul-24
RTT waiting list positions	Total RTT waiting list	29362	30019	29576	32185	32403	31674	61547	62422	61250
	Total Non-Admitted waiting list	26103	26995	26691	30144	30516	29755	56247	57511	56446
	Non-Admitted with a date	6965	9266	12744	6491	8564	10957	13456	17830	23701
	Non-Admitted without a date	19138	17729	13947	23653	21952	18798	42791	39681	32745
	Total Admitted waiting list	3259	3024	2885	2041	1887	1919	5300	4911	4804
	Admitted with a date	453	553	813	428	549	860	881	1102	1673
	Admitted without a date	2806	2471	2072	1613	1338	1059	4419	3809	3131
	Patients waiting >65 weeks	230	190	115	118	113	65	348	303	180
	Patients waiting >76 weeks	22	15	11	6	1	6	28	16	17
	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		
	May-24	Jun-24	Jul-24	May-24	Jun-24	Jul-24	May-24	Jun-24	Jul-24
Total	789	773	635	787	687	440	1576	1460	1075
Burns Care	2	4	3				2	4	3
Clinical Haematology				4			4		
Colorectal Surgery	30	24	21	28	25	16	58	49	37
Dermatology	13	14	7	4	5	9	17	19	16
Endocrinology	1	1	1	24	48	8	25	49	9
ENT	4	2		65	67	84	69	69	84
Gastroenterology			2	2			2		2
General Surgery	184	172	127	56	29	24	240	201	151
Gynaecology	2	4	3	1	1		3	5	3
Hepatology	1		1	45	54	18	46	54	19
Maxillo-Facial Surgery		2	3	1		1	1	2	4
Medical Endoscopy					1			1	
Neurology				5	1	5	5	1	5
Ophthalmology	9	13	14				9	13	14
Oral Surgery				1	1		1	1	
Orthodontics		1	1					1	1
Paediatric Cardiology	8	4		12	6	1	20	10	1
Paediatric Clinical Haematology				2	1	1	2	1	1
Paediatric Clinical Immunology	2	4	1		13	3	2	17	4
Paediatric Dentistry	3	8	3				3	8	3
Paediatric Dermatology	2	3	4				2	3	4
Paediatric Ear Nose and Throat	2	4	4				25	20	21
Paediatric Endocrinology				2	5		2	5	
Paediatric Gastroenterology	9	11	4	10	3		19	14	4
Paediatric Maxillo-Facial Surg	2	6	8				2	6	8
Paediatric Nephrology				1			1		
Paediatric Neurology	1	2	1				1	2	1
Paediatric Plastic Surgery	36	29	19				36	29	19
Paediatric Respiratory Medicin					1	3		1	3
Paediatric Rheumatology	1			3	3		4	3	
Paediatric Surgery			1	2		2	2		3
Paediatric Trauma and Orthopae		1	1	1	1		1	2	1
Paediatric Urology				2		1	2		1
Paediatrics	2	4	7	3	2	2	5	6	9
Pain Management	1						1		
Plastic Surgery	115	150	123	137	102	67	252	252	190
Podiatric Surgery				2	3	3	2	3	3
Podiatry				2	1		2	1	
Respiratory Medicine				6	4	3	6	4	3
Rheumatology		1	40	65	72	19	65	73	59
Trauma & Orthopaedics	210	187	142	181	142	99	391	329	241
Trauma and Orthopaedics	10	2	2				10	2	2
Urology	55	53	40	1		2	56	53	42
Vascular Surgery	84	67	52	96	80	52	180	147	104



Maternity

Maternity Dashboard - July 2024

Domain	Indicator	Target	Chelsea & Westminster Hospital Site				West Middlesex University Hospital				Combined Trust Performance			
			May-24	Jun-24	Jul-24	2024/25	May-24	Jun-24	Jul-24	2024/25	May-24	Jun-24	Jul-24	2024/25
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	CW 1:26 WM 1:22	1:26	1:27	1:27	1:26	1:25	1:24	1:24	1:25	1:25	1:25	1:25	
	Hours dedicated consultant presence on labour ward (Target	1:98	2:38	2:38	2:38	2:38	2:38	2:38	2:38	2:38	2:38	2:38	2:38	
Birth Indicators	Total number of NHS births	CW 434 WM 366	460	439	447	1788	373	372	390	1535	833	811	837	3323
	Total number of bookings	CW 542 WM 445	619	549	578	2331	465	462	485	1876	1084	1011	1063	4207
	Maternity 1:1 care in established labour (Target: >95%)*	>95%	96.70%	96.10%	94.50%	95.60%	98.10%	97.50%	97.50%	95.30%	97.40%	96.80%	96.00%	96.60%
Safety	Admissions >37/40 to NICU/SCBU*		19	24	21	64	16	17	9	42	35	41	30	106
	Number of reported Serious Incidents *		0	0	4	4	2	3	1	6	2	3	5	10
	Cases of hypoxic-ischemic encephalopathy (HIE)		0	1	2	1	1	1	0	3	1	2	2	5
	Pre-term (gestation <37 weeks) as % of mothers delivered*		6.30%	6.83%	5.60%	7.23%	4.29%	7.80%	5.38%	5.90%	5.69%	7.36%	5.49%	6.55%
	Number of stillbirths		0	0	1	1	0	2	1	4	0	2	2	6
	Number of Infant deaths		3	0	0	4	0	1	2	4	3	1	2	11
	Number of Never Events		0	0	0	0	0	0	0	0	0	0	0	0
Outcomes	% of women on a continuity of care pathway		TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	
	% Spontaneous unassisted vaginal births*		23.47%	21.18%	27.00%	23.82%	29.49%	24.19%	32.30%	24.12%	26.70%	23.35%	29.65%	26.56%
	% Vaginal Births - spontaneous & induced*		38.60%	32.80%	40.00%	38.76%	49.06%	41.94%	40.50%	42.20%	43.00%	36.50%	40.25%	40.44%
	Instrumental deliveries*		54	47	60	205	35	48	43	185	89	95	103	385
	Pre-labour elective caesarean sections*		99	97	102	389	42	51	58	208	141	148	160	563
	Emergency caesarean sections in labour*		115	147	106	486	111	120	132	475	226	267	238	938



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 July are 1:27 at Chelsea and 1:24 at West Middlesex. The last recruitment event this June proved hugely successful with 56 successful candidates offered a post. Our local recruitment in conjunction with our internationally educated midwives of which there are 15 still to join the Trust will significantly reduce our vacancy. A trip to the Philippines is scheduled this September to recruit more midwives (pending a review of the current pipeline). Overall attrition has been reduced and it is hoped both sites will be at establishment by the end of Q4. The additional IEM PDM posts have now started and are supporting our IEMs clinically: this will make a huge difference in supporting how the IEMS transition to NHS working.

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 Birth-rate plus acuity tool on the Chelsea site has increased to 74.73%. This is an increase from last month which was under 70% at 69.44%. West Mid reported an 86.56% confidence interval for July. There were 2 red flags on the CW site and 6 on the WM site. Two red-flags (one on each site) related to a delay in providing one-to-one care in established labour. Both of these are currently under review to ensure appropriate escalation was followed. The other red-flags related to delays between admission for induction and beginning of process. All red-flags are presented at the monthly cross-site MQAS meeting.

The acuity by RAG status at CW was 79% green (staffing met activity and acuity demands), and 21% amber (up to 2 MWs short). The acuity by RAG status at WM was 27% green (staffing met activity and acuity demands), 32% amber (up to 2 MWs short) and 41% red (two or more midwives short). 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. For the month of July WM were 91.65% compliant towards BAPM standards. This is an increase from June where the neonatal medical workforce were at 84.45%. There is an action plan in place to mitigate risk and ensure staffing is adequate for the activity and acuity as the unit moves toward a level 2 designation.

Safety: Last month the service commenced a cross-site review of all stillbirths (SBs), neonatal deaths (NND) and Hypoxic ischaemic encephalopathy (HIE) for 23-24: no immediate care and service delivery concerns have been raised by the investigatory panels that are currently reviewing the cases. The HIE and NND review has been shared at Augusts EMB and headlines presented. The SB thematic review will be presented next month and all respective action plans will be included.

WM site: There was 1 referral to MNSI (accepted and MNSI investigation confirmed); no new PSII/AAR cases

1. G2P1 39/40 booked for Elective CB (VBAC declined). Attended DAU for routine preparation for elective CB. Due to abdominal pain was transferred to maternity triage for further review. Fetal bradycardia noted, and the decision made for category 1 CB. Baby born with Apgar score 0/0/2. Due to poor prognosis, the decision made for redirection of care. Sadly, baby passed away at 6 hours and 45 minutes of life. The case has been referred to the Coroner.

Datix reporting system - There were 128 reported incidents in July; a significant increase from 88 in June

Main themes arising:

- (i) Maternal, fetal and neonatal n=87 (Maternal Obstetric Haemorrhage >1500mls n=7, 3rd/4th degree tears n=6, NICU admission n=6, Category 1 CB n=17)
- (ii) Access to care/delays/admissions, n=26. An increase in reported delays compare to April/May/June data. These were largely due to delay in transfer to labour ward
- (iii) Communication, n=6. Communication within team and n=2 interpretation service issues

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CWH site: 4 cases have been referred to MNSI, 3 have been accepted, with 1 awaiting confirmation.

2. G1P0, 37/40 DCDA twins induction of labour with Propess and Prostin. Decision for a caesarean section due to abnormal CTG for twin2. Twin 1 born in poor condition, met criteria A for cooling but neurology normalised. Twin 2 met criteria A&B&C and was actively cooled, moderate HIE. MRI no evidence of HIE.
3. An unbooked 41 year old lady with no previous maternity care presented via LAS with significant pre-eclampsia and tightening's. On arrival a bedside scan was performed and intra uterine death was diagnosed. She was transferred to labour ward and commenced on the pre-eclampsia protocol having intravenous hypertensives and magnesium sulphate. A baby girl was born with no signs of life following administration of misoprostol, examined to be around 39 week's gestation.



4. Forceps birth of a known baby with severe Congenital Diaphragmatic Hernia (CDH), initial care at birth not optimised for severe CDH, baby developed seizures, unable to do MRI due to clinical condition and unable to proceed with surgery. Referred to Coroner, proposed MCCD a. Persistent Pulmonary hypertension, PDA, Severe CDH, cardiac dysfunction, b,c,d,e seizures- MNSI pending confirmation
5. G10P6, booked at St Georges 38/40 SROM @23:30, APH , arrived via LAS. LAS met in A+E by obstetric team and transferred to Labour ward theatres for a GA caesarean section for a suspected abruption. Mother lost 4.6 litres of blood and was transferred to ITU for 3 days before step down to maternity. Discharged on day 7 home. Baby delivered by EMCS APGARs 2,3,4, intubated and started cooling within an hour of birth for 3 days. MRI findings from 7 days of life show HIE3 with poor prognosis of cerebral palsy impacting feeding, speech, communication, visual impairment and seizures.

There were 115 reported incidents in July a decrease of 9 from June (124). Main themes arising:

- i. Main themes Delay/failure in access to hospital care n12 ,
- ii. Communication failure within the team n10,
- iii. All other medication incidents n10

1. **PMRT (Cross site):** CW site had 2 TOPFA, 1 Still Birth, and 2 late neonatal deaths (>7 days). WM site had 1 still birth, 2 late fetal losses, 2 early neonatal deaths (<7 days, one of these is a second twin who actually delivered and died at CW but first twin delivered and died at WMUH so both twins counted as WMUH deaths).
2. **ATAIN (Cross site):** CW – 31 babies were admitted of these 21 were unexpected. Term admission rate 4.69%. Respiratory conditions remain the most common reason (n=10, 48%) There were significant number of other causes, including bilious vomiting (n=2) and seizures/suspected seizures (n=2). 5 admissions were felt to be avoidable. WM site 12, adjusted term admissions 9, term admission rate: 2.3%, avoidable admissions 1. Narrative to be included in the next IBR report. Both sites remain below the national average for term admissions to the neonatal unit.<5%).
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 93% of all interventions in March 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

Metric	Target	Chelsea & Westminster Site			West Middlesex University Site			Combined Trust Performance		
		May-24	Jun-24	Jul-24	May-24	Jun-24	Jul-24	May-24	Jun-24	Jul-24
Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs course	90% + requirement	92%	94%	96%	94%	94%	96%	93%	94%	96%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	96%	93%	94%	92%	88%	91%	94%	91%	93%
Service User Feedback FFT	feedback Received- yes/no (add narrative each month)	yes	yes	yes	yes	yes	yes	Yes	Yes	Yes
Staff Feedback from board safety champion	feedback received- yes/no (add narrative each month)	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
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0
Progress in achievements of NHSR MIS year 4 (10 safety actions), MIS Year 5 10 safety actions (compliance from July 2023)	No of actions green	10	10	10	10	10	10	10	10	10
	No of actions amber	0	0	0	0	0	0	0	0	0
	No of actions red	0	0	0	0	0	0	0	0	0
Ockenden compliance against 7 IEA's (49 compliance questions)	Total of 49 being 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

	Site	Overall	Well-led	Responsive	Caring	Safe	Effective
CQC Metric Ratings- Feb. 2023	WM	Outstanding	Outstanding	Outstanding	Good	Good	Outstanding
	CW	Good	Outstanding	Good	Good	Requires Improvement	Good

Annual Reports	
Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually)	A) (Trust average 65%) Midwives 74% cross-site B) (Trust average 72%) Midwives 83% cross-site April 2022
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)	A) (Trust average 65%) Obstetricians 71% cross-site B) (Trust average 72%) Obstetricians 81% cross-site April 2022
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)	2021 Cross-site 89.3% of trainees reported excellent or good



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		
		May-24	Jun-24	Jul-24	2024-2025	YTD breaches	May-24	Jun-24	Jul-24	2024-2025	YTD breaches	May-24	Jun-24	Jul-24	2024-2025 Q2	2024-2025	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		86.1%	100%	92.0%	93.7%	5	86.1%	100%	92.0%	n/a	93.7%	5		-
	Colorectal / Lower GI	71.4%	94.7%	100%	87.8%	2.5	48.3%	61.1%	72.7%	56.3%	21.5	52.8%	78.4%	83.3%	n/a	67.9%	24		!
	Gynaecological	75.0%	68.4%	25.0%	75.0%	6.5	83.3%	100%	100%	92.3%	0.5	80.0%	72.7%	78.6%	n/a	80.5%	7		!
	Haematological	75.0%	100%	100%	89.3%	1.5	86.2%	88.9%	76.0%	90.8%	9	83.8%	93.3%	79.3%	n/a	90.3%	10.5		-
	Head and neck	100%	n/a	100%	100%	0	0.0%	37.5%	25.0%	30.0%	6.5	77.8%	37.5%	62.5%	n/a	68.2%	6.5		!
	Lung	20.0%	100%	76.2%	71.4%	8	66.7%	66.7%	58.8%	71.7%	13.5	52.9%	73.3%	68.4%	n/a	71.6%	21.5		!
	Sarcoma	n/a	50.0%	0.0%	50.0%	4	83.3%	n/a	n/a	75.0%	1	83.3%	50.0%	0.0%	n/a	66.7%	5		!
	Skin	93.3%	100%	91.3%	92.9%	5.5	100%	100%	93.5%	95.0%	3.5	95.5%	100%	92.6%	n/a	93.7%	9		-
	Upper gastrointestinal	100%	100%	100%	100%	0	81.0%	77.8%	71.4%	6.7%	16	89.5%	86.7%	87.5%	n/a	79.9%	16		!
	Urological	57.1%	44.4%	54.5%	54.3%	30.5	75.0%	89.0%	75.6%	84.8%	30.5	69.2%	80.2%	68.3%	n/a	77.2%	61		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-

Trust Commentary

The 62-Day combined target was just short of the 85% standard in June 2024 with performance of 84.91%. The Trust is currently in dispute around 0.5 of a breach that has been allocated from another organisation, which if corrected will result in a compliant position.

July 2024 position although not fully validated stands at 76.7% and is reflective of our focus to reduce our backlog of treatments. 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				17.5
Gynaecology	3	9.5		1.5
Haematology		6	1	9
Head and Neck			2.5	4
Colorectal	0.5	9.5	3.5	9
Lung		3	4	12
Sarcoma		2	1	
Skin		20.5		11.5
Testicular				1
Upper GI		3	1	4.5
Urology	5	9	4	36.5
Total:	8.5	62.5	17	106.5



Safer Staffing

Chelsea and Westminster July 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												
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 Horne	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 July 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	Total			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

July 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 2 experienced increased fill rates for both RNs and HCAs during day and night shifts due to additional escalation beds and 1 to 1 specialising for a mental health patient. Marble Hill 1 reported high RN and HCA fill rates day and night due to high acuity of the area. Syon 2 had high fill rate of HCAs during the night due to a patient who needed specialising due to disruptive behaviour. The reduced HCA fill rate on DRU reflects an adjustment to patient staffing and acuity levels. Osterley 1 & 2 had a low fill rate of HCA during the day due to shifts unable to fill by bank staff and supernumerary IEN staff awaiting NMC pin numbers filled the shifts. CHPPD was not compromised. Richmond ward had a high fill rate due to escalation beds open. Starlight ward had high fill rate for RNs and RMNs day and night due to staff and specialising for mental health reasons. Maternity had low fill rate for HCAs during the day due to vacancy and staff sickness. Vacant posts have been recruited into and staff were redeployed as needed so CHPPD was not compromised.

Chelsea and Westminster site

David Evans had low HCA fill rates during the night, with vacancies filled by supernumerary IEN staff awaiting NMC pin numbers. CHPPD was not compromised. Lord Wigram had a high HCA fill rate during the night due to 1:1 care for confused patients at risk of falls. Saint Mary Abbots had an increased HCA fill rate day and night due to specialising for patients at increased risk of falls and opening of escalation beds. Ron Johnson had high HCA fill rates day and night due to a patient requiring 1:1 care. Chelsea Wing had high fill rate for RNs during the day due to 1 to 1 specialising. HCA fill rate due to low activity on the unit. CHPPD was not compromised. Nell Gwynne, AAU and David Erskine ward had low HCA fill rates for day shifts due to sickness and high acuity of patients and inability to cover shifts with bank staff, but staff were redeployed between wards and with ward manager assistance. CHPPD not compromised. Nell Gwynne had high fill rate for RNs during day and night due to increase level of staff sickness. Edgar Horne had increased HCA fill rate at night due to an increased number of confused medical patients at risk of falls requiring 1:1 care and have High fill rate for RNs in Edgar Horne due to a trial for the nurse in charge out of the numbers on the late shift. Nightingale ward had low fill rate for HCAs day and night due to decrease in bed capacity and staff were redeployed to other wards.

Annie Zunz had low fill rate of RNs during the day as their activity had decreased due to the refurbishment taking place in the Treatment Center. On the other hand, they have a high fill rate of HCAs during the day due to the supernumerary nurses awaiting their pin numbers and had been the second healthcare on duty supported by the ward managers.

Incidents:

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

The medication incident occurred on Saint Mary Abbots, full investigation is currently in progress.

The fall that occurred in Syon 2. Patient sustained a fall while an inpatient on the ward and CT showed Subarachnoid haemorrhage. There is a planned After Action Review meeting in September.

Patient sustained a grade 3 pressure ulcer on the nose on Syon 2, which is unavoidable due to prolonged use of non-invasive ventilation mask. The report has been submitted to the clinical governance panel and is awaiting outcome.

Friends and Family test showed that seven wards at CW and five at WM scored 100%. Rainsford Mowlem scored 57% on their Friends and Family Test. The month of July had been very challenging as the ward had norovirus cases so therefore restricted visiting was implemented. The ward was running with some medical locum staff and newly qualified registered nurses. The team will be meeting to discuss the feedback.

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



Safe Staffing Analysis | Registered Nurse and Care Staff July 2024

RN Fill Rates (ward areas) decreased from 105.03% in June 2024 to 104.26% in July 2024. The RN vacancy rate (whole trust) in June 2024 was 5.26%.

Care Staff Fill Rates (ward areas) decreased from 103.26% in June 2024 to 95.03% in July 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in June 2024 was 11.29%.

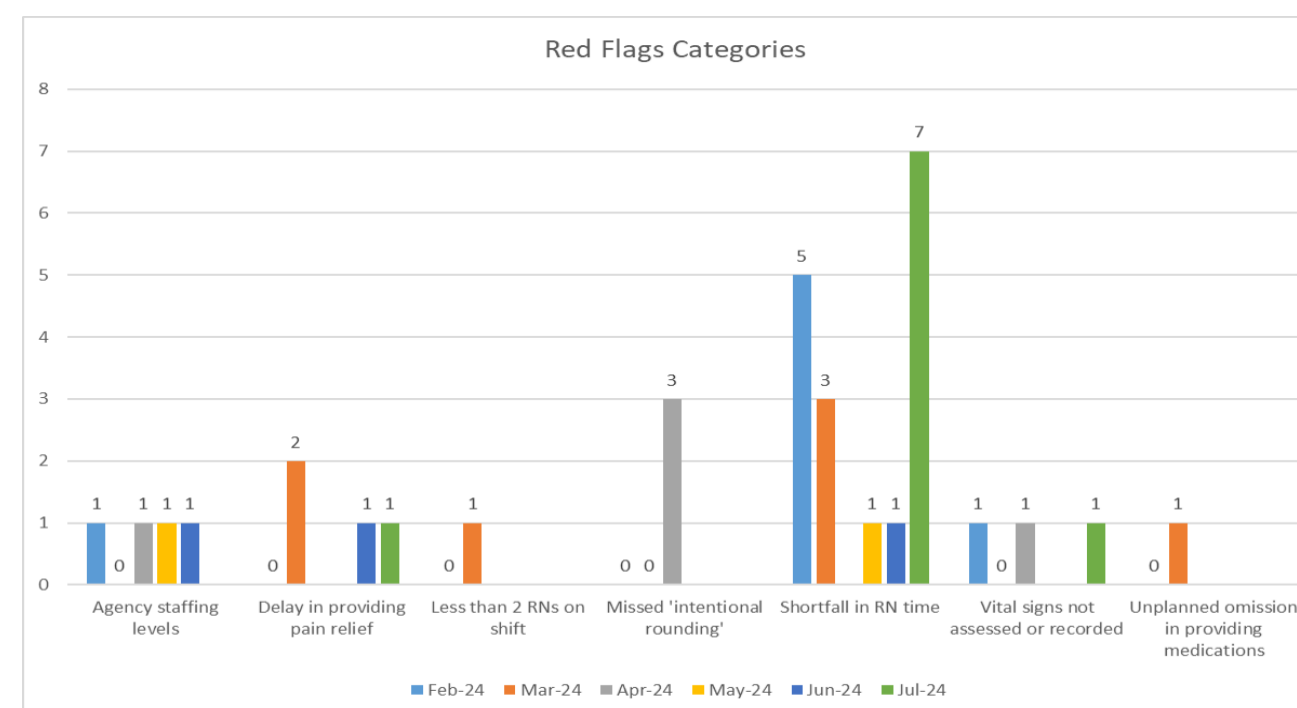
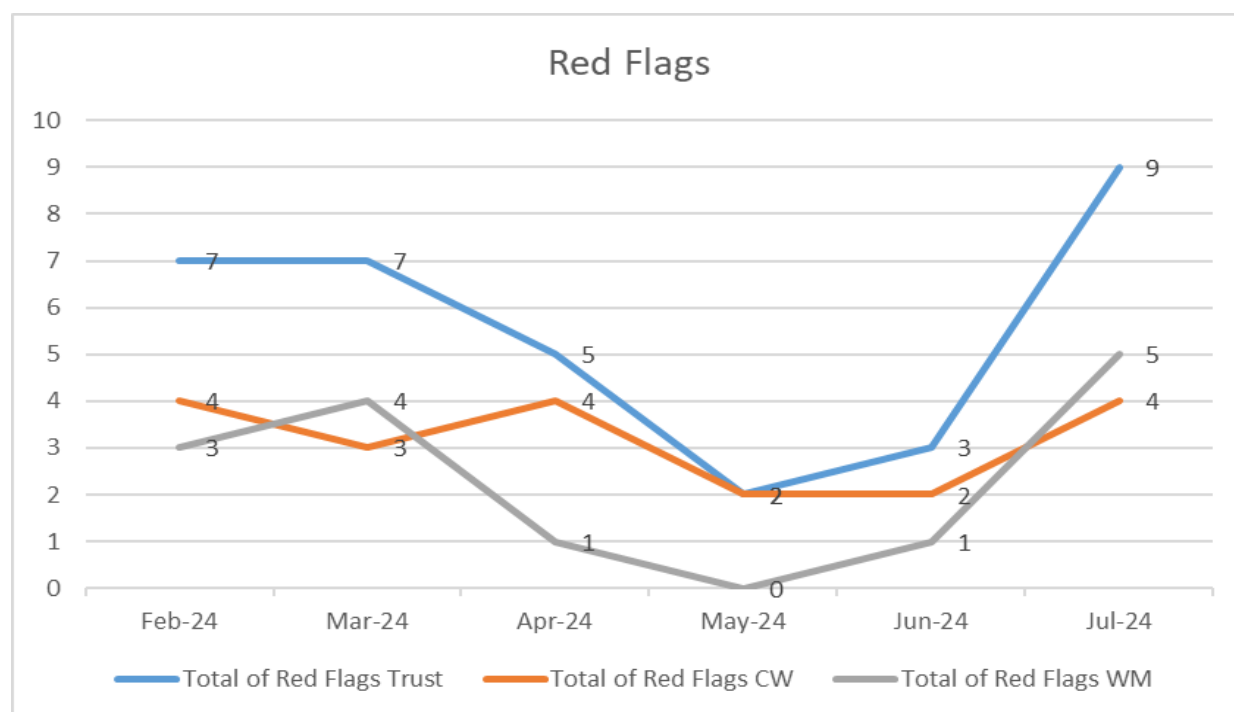
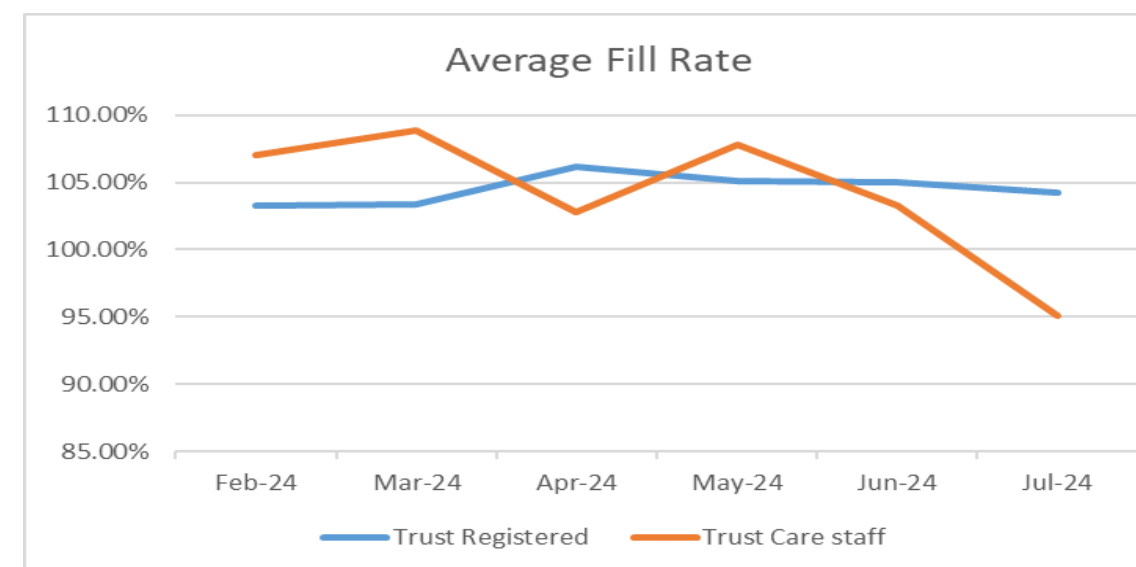
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 104.15% in June 2024 to 99.65% in July 2024.

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 9.0 Trust workforce data confirms the CHPPD was 9.0 in July 2024, up from 8.8 in June 2024

Safe Staffing Red Flags – 9 red flags from the 5 categories (tables below) were reported during July 2024 where majority were in 'Shortfall in RN time'.

Nursing, Midwifery and care staff average fill rate July 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
104.26% ↓	95.03% ↓	6.5 ↑	2.5 ↓	9.0 ↑

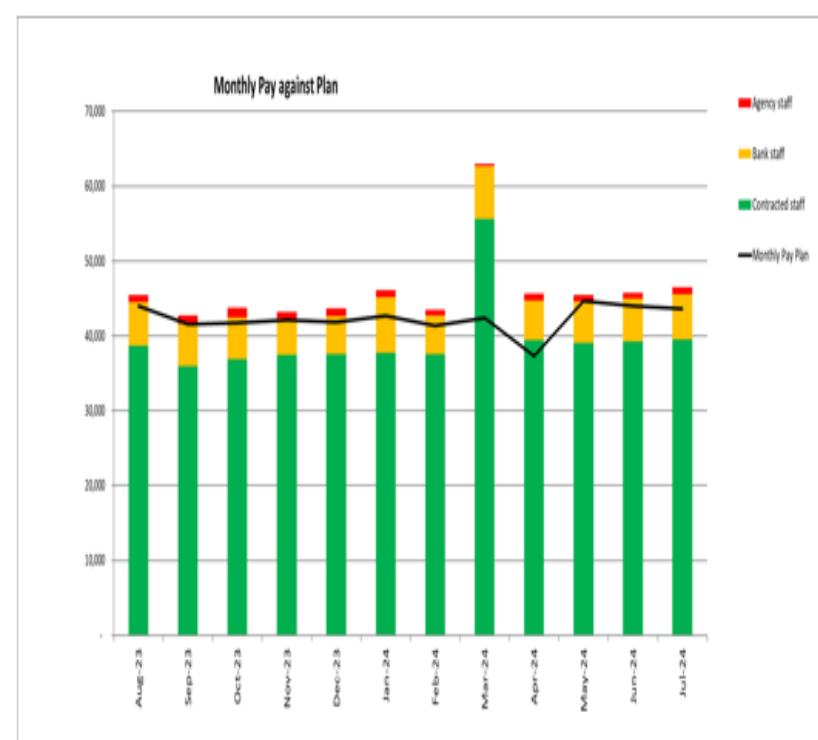
CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – May 2024
Trust	9
Hillingdon Hospital	9.9
London NW	9.2
Imperial	10.6





Finance M4 (July 2024) 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	308,597	324,477	15,880
<i>Expenditure</i>			
Pay	(174,187)	(183,350)	(9,163)
Non-Pay	(120,232)	(127,000)	(6,768)
EBITDA	14,178	14,127	(51)
EBITDA %	5%	4.35%	-0.2%
Depreciation	(10,993)	(11,254)	(261)
Non-Operational Exp-Inc	(3,760)	(4,075)	(315)
Surplus/Deficit	(575)	(1,202)	(627)
Control total Adj - Donated asset, Impairment & Other	(63)	(939)	(876)
PFI Model recalculation		378	378
Adjusted financial performance surplus/(deficit)	(638)	(1,763)	(1,125)



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.

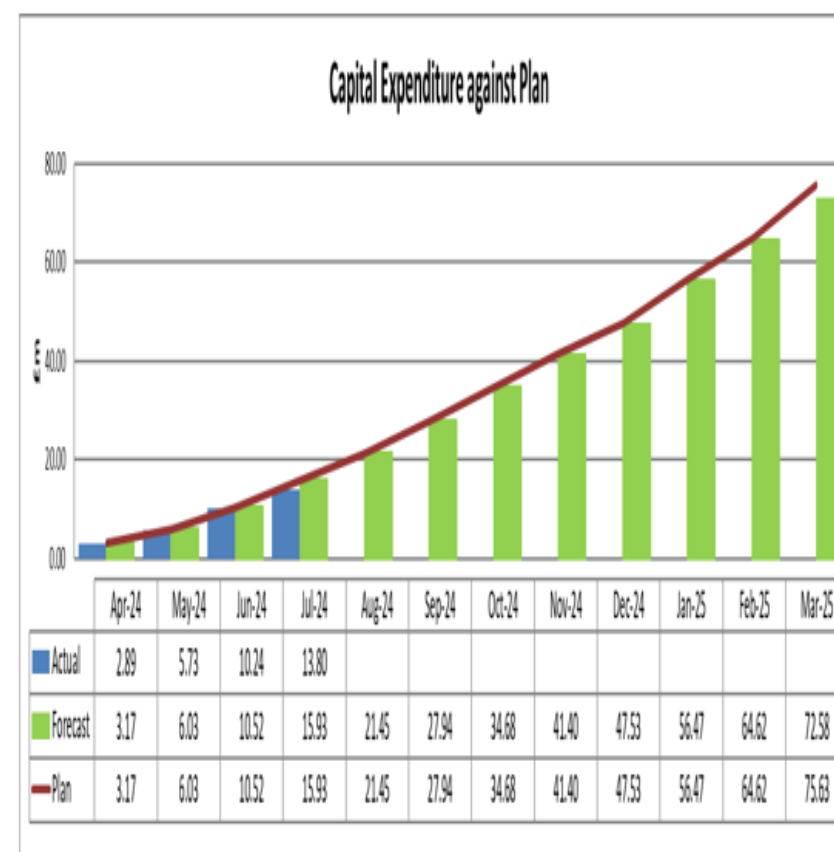
The adjusted financial position at Month 4 is a £1.76m deficit which is £1.13m adverse against plan.

Pay: £9.16m adverse against plan. The adverse variance at Month 4 includes spend to cover Industrial action, additional clinics, WLU as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £6.77m adverse variance which includes adjustment to budget to match NHSI return.

Income

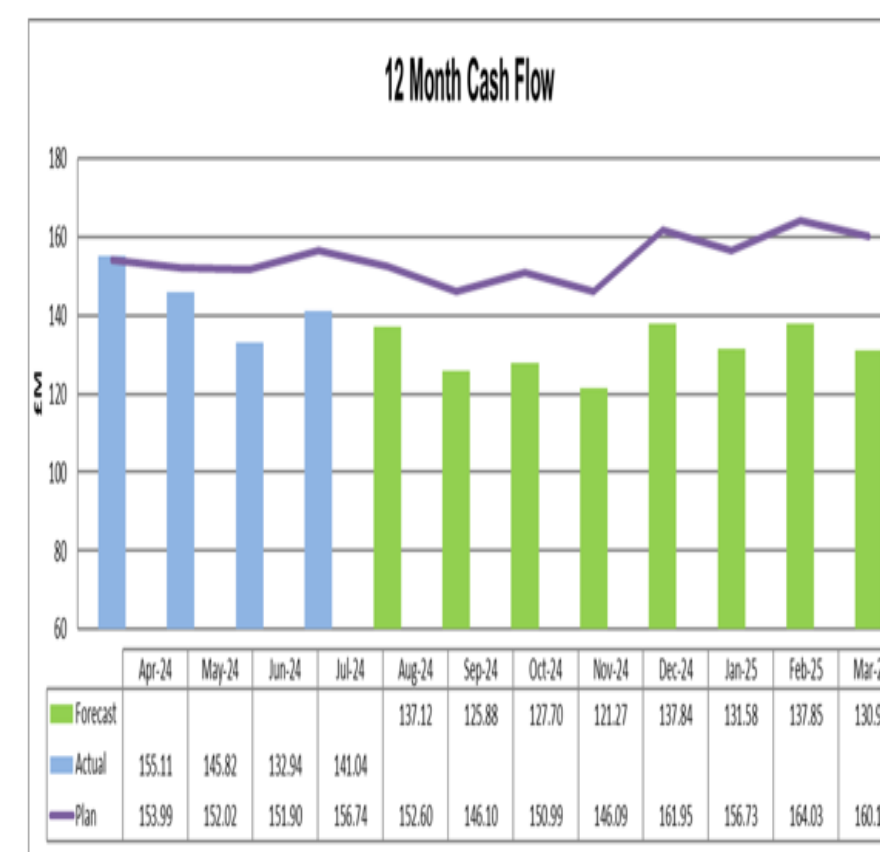
M04 Income performance was slightly lower than prior months, this was mainly driven by the profiling of the plan as July has 23 working days. There was no significant loss of income due to industrial action. The performance continues to be driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. Robustness around data capture remains strong. Local Authority income for the last two periods is accrued based on historic activity levels and adjusted for marginal rate penalties. Over and under performance income has been devolved to services



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 and 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 £0.15m.

The YTD P04 position is an under spend of £2.13m against the P04 YTD planned budget of £15.93m, actual spend £13.80m. 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 M4 of £15.71m is negative cash variance b/fwd from M3 of £18.96m, higher receipts to plan of £12.36m (ICB £3.34m higher, Local Authority £0.80m lower, donations £0.03m lower, NHS England £10.09m higher, AR £1.32m higher, PP Income £0.25m higher, FT's £1.16m lower, Interest Income £0.06m higher, Other Income £0.07m Higher, PDC Drawdown £5.76m higher, Health Education £6.97m lower) offset by higher cash outflows to plan £9.1m (higher creditor payments & higher payroll).