















TRUST PERFORMANCE & QUALITY REPORT

June 2024



NHSI Reporting

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|----------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|---|---|
| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | Trend charts | |
| A&E | A&E waiting times - Types 1 & 3 Depts (Target: >95%) | 81.68% | 80.81% | 81.18% | 81.21% | 81.81% | 80.55% | 79.88% | 80.73% | 81.74% | 80.68% | 80.52% | 80.97% | 80.97% |  |  |
| RTT | 18 weeks RTT - Incomplete (Target: >92%) | 64.21% | 65.45% | 65.58% | 65.09% | 60.21% | 62.63% | 63.19% | 62.00% | 62.06% | 63.97% | 64.34% | 63.47% | 63.47% |  |  |
| Cancer | 2 weeks from referral to first appointment all urgent referrals (Target: >93%) | 95.74% | 97.67% | 97.43% | 96.71% | 98.70% | 98.49% | 98.18% | 98.59% | 97.47% | 98.16% | 97.84% | 97.82% | 97.82% |  | - |
| | 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%) | 98.08% | 91.67% | 100% | 96.75% | 96.84% | 99.04% | 96.04% | 97.33% | 97.28% | 96.71% | 97.42% | 97.14% | 97.14% |  |  |
| | 62 day combined position (Target: >=85%) | 92.64% | 79.80% | 86.32% | 87.10% | 69.53% | 76.50% | 81.17% | 78.04% | 82.47% | 77.59% | 82.94% | 81.57% | 81.57% |  | - |
| Cancer - FDS | Faster Diagnosis Standard (Target: >= 75%) | 78.32% | 85.21% | 81.02% | 81.50% | 75.78% | 80.16% | 79.53% | 78.47% | 76.75% | 82.06% | 80.16% | 79.66% | 79.66% |  | - |
| Patient Safety | Clostridium difficile infections (Year End Target: 26) | 6 | 5 | 3 | 14 | 0 | 3 | 4 | 7 | 6 | 8 | 7 | 21 | 21 |  |  |

A&E 4-hr Waiting Times

For June 2024, the Trust reported performance remains above the sector 80% target at 80.52%, a slight reduction of 0.16% when compared to the previous month. This translates to reported performance in excess of 80% for each month from January to June 2024. The performance at CW recovered by 0.37% in month, but deteriorated by 0.67% at WM.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained challenged but improved in June 2024, standing at 64.34%. Elective admitted and outpatient activity levels in June are above operational plans. For June 2024, the total RTT Patient Treatment List (PTL) increased to 62,423 (+874), 52ww decreased to 1,460 (-116), 65ww decreased to 303 (-45) and 78ww decreased to 16(-12). 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 July 2024 while the 65ww is forecasting 90 patients on the pathway at the end of Sept 2024.

Cancer

31-Day: The 31-Day combined target maintained performance for May 2024 with a position of 96.71% against the 96% standard. The June position requires further validation but current performance is sitting at 97.4%.

62-Day: The 62-Day combined target was not compliant in May 2024 with a performance of 77.59% against the 85% standard. Challenges are being seen within Urology and Colorectal Surgery. Plans are in place over the coming months to reduce the backlogs in challenged specialities and return to compliance at a Trust level. Our current June unvalidated position is sitting at 82.94%.

28-Day FDS: The FDS target was complaint in May 2024 with a position of 82.06% against the 75% national standard. June although unvalidated, is sitting at 80.16%. The Trust is focused on delivery of the NHS Operating Plan Standard to deliver 77% by March 2025.

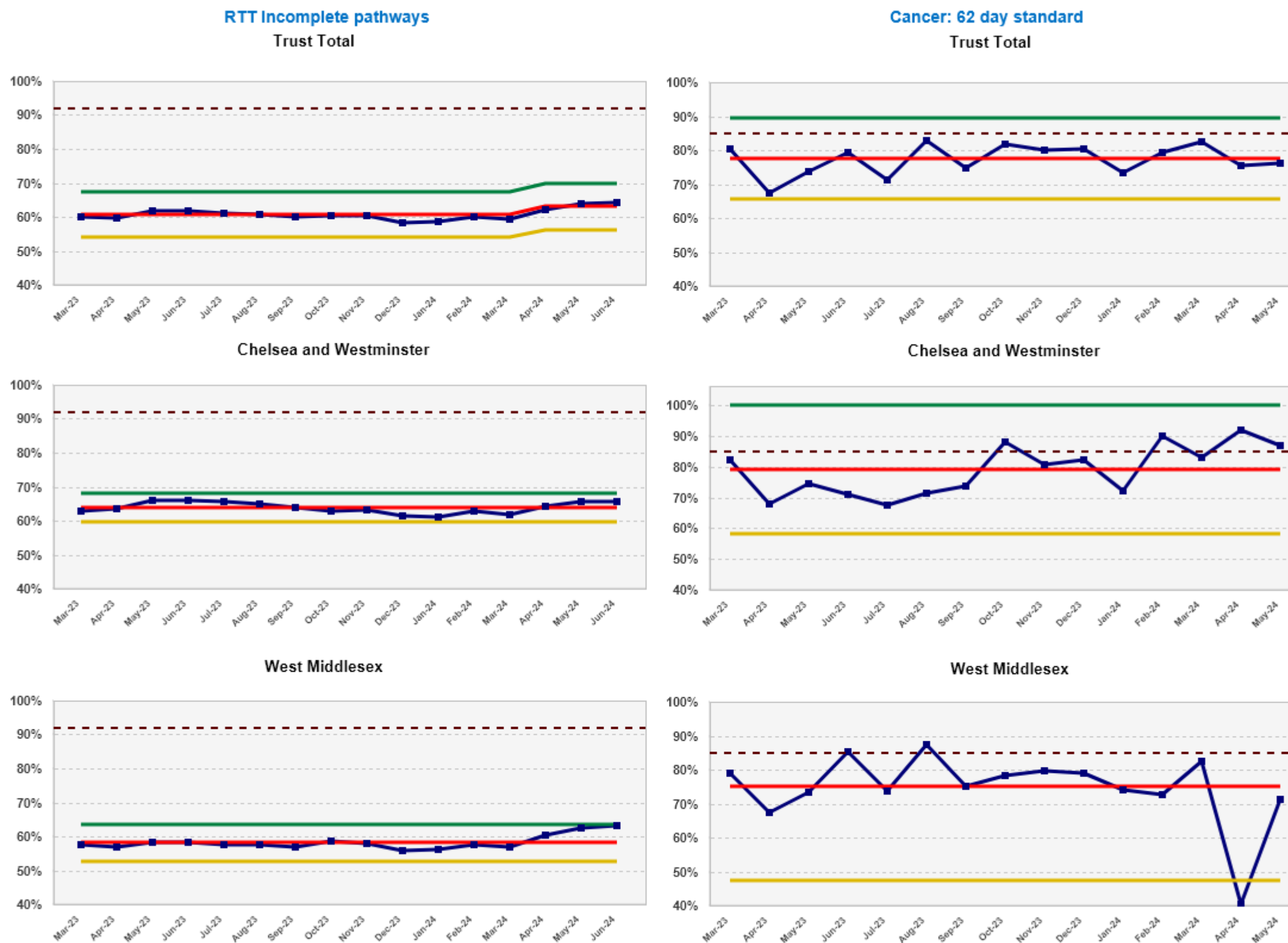
Clostridium Difficile

There were seven healthcare associated CDI cases reported in June 2024, (4 occurred at West Middlesex hospital and 3 at Chelsea and Westminster hospital). Six of the seven cases were Healthcare Onset, Healthcare Associated (HOHA) and 1 case was Community Onset, Healthcare Associated (COCA). Four cases occurred in Emergency and Integrated Care division, two in Planned Care, and one in West London Children's Hospital. RCA meetings are currently being organised for all cases.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 36 months Mar 23 to May 2024





Safety

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months |
|------------------------------|---|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|
| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | |
| Hospital-acquired infections | MRSA Bacteraemia (Target: 0) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | |
| | Hand hygiene compliance (Target: >90%) | 95.8% | 96.9% | 95.5% | 96.0% | 99.6% | 99.2% | 99.1% | 99.3% | 97.6% | 97.9% | 97.1% | 97.5% | 97.5% | |
| Incidents | Number of serious incidents | 1 | 4 | 1 | 6 | 3 | 2 | 0 | 5 | 4 | 6 | 1 | 11 | 11 | |
| | Incident reporting rate per 100 admissions (Target: >8.5) | 9.6 | 9.5 | 9.4 | 9.5 | 9.5 | 9.6 | 9.4 | 9.5 | 9.6 | 9.6 | 9.4 | 9.5 | 9.5 | |
| | Rate of patient safety incidents resulting in severe harm or death per 100 admissions | 0.03 | 0.01 | 0.01 | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | |
| | Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2) | 3.60 | 5.29 | 5.50 | 4.81 | 3.06 | 4.58 | 4.96 | 4.17 | 3.33 | 4.93 | 5.23 | 4.48 | 4.48 | |
| | Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%) | 0.0% | 1.2% | 0.0% | 0.5% | 2.0% | 1.4% | 0.0% | 1.1% | 1.0% | 1.3% | 0.0% | 0.7% | 0.7% | |
| Harm | Never Events (Target: 0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Safeguarding adults - number of referrals | 33 | 44 | 45 | 122 | 46 | 38 | 37 | 121 | 79 | 82 | 82 | 243 | 243 | |
| | Safeguarding children - number of referrals | 89 | 108 | 93 | 290 | 124 | 154 | 119 | 397 | 213 | 262 | 212 | 687 | 687 | |
| Mortality | Summary Hospital Mortality Indicator (SHMI) (Target: <100) | 66 | 67 | 66 | 66 | 75 | 73 | 75 | 75 | 72 | 70 | 71 | 71 | 71 | |
| | Number of hospital deaths - Adult | 32 | 37 | 36 | 105 | 59 | 50 | 61 | 178 | 91 | 95 | 97 | 283 | 283 | |
| | Number of hospital deaths - Paediatric | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 2 | |
| | Number of hospital deaths - Neonatal | 2 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 4 | 4 | |
| | Number of deaths in A&E - Adult | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 4 | 0 | 4 | 4 | |
| | Number of deaths in A&E - Paediatric | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | |

MRSA

There was one Healthcare-Associated bacteraemia in June 2024 which occurred at West Middlesex Hospital on Syon 1 ward. The patient was admitted with fluid overload on a background of heart failure and tested positive on day 4 of admission. A PIR has been scheduled.

Incidents

There was one PSII declared in June 2024; a surgical Never Event, wrong site surgery (CW site). The case 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 (June 2024) the target rate of patient safety incidents per 100 admissions was within the expected target of 8.5. Reporting decreases were noted in incident categories including, Maternal, fetal, neonatal, pathology and transfusion, blood/blood products. 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

Updated report pending to confirm reporting rate at WM site, with reflection and subsequent actions to be discussed at the next MSG meeting in July.

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

Trust target 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 |
|-----------------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|
| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | |
| Friends & Family Test | FFT: Inpatient satisfaction % (Target: >90%) | 95.9% | 94.9% | 96.1% | 95.6% | 98.5% | 97.5% | 97.5% | 97.9% | 97.3% | 96.3% | 96.9% | 96.8% | 96.8% | |
| | FFT: Inpatient not satisfaction % (Target: <10%) | 2.3% | 2.0% | 1.4% | 1.9% | 1.89% | 1.14% | 0.38% | 1.1% | 2.1% | 1.6% | 0.8% | 1.5% | 1.5% | |
| | FFT: Inpatient response rate (Target: >15%) | 28.5% | 27.0% | 32.1% | 29.2% | 36.9% | 35.2% | 46.2% | 39.2% | 32.6% | 30.8% | 38.6% | 33.9% | 33.9% | |
| | FFT: A&E satisfaction % (Target: >90%) | 84.7% | 84.0% | 85.6% | 84.8% | 81.0% | 77.3% | 77.8% | 78.7% | 83.1% | 81.0% | 82.2% | 82.1% | 82.1% | |
| | FFT: A&E not satisfaction % (Target: <10%) | 10.6% | 10.0% | 10.0% | 10.2% | 12.4% | 16.6% | 15.8% | 15.0% | 11.3% | 12.9% | 12.6% | 12.3% | 12.3% | |
| | FFT: A&E response rate (Target: >15%) | 19.7% | 19.2% | 19.3% | 19.4% | 16.4% | 15.9% | 16.2% | 16.2% | 18.1% | 17.6% | 17.8% | 17.8% | 17.8% | |
| | FFT: Maternity satisfaction % (Target: >90%) | 91.7% | 87.9% | 91.8% | 90.5% | 83.1% | 85.5% | 87.2% | 85.3% | 88.6% | 87.0% | 89.9% | 88.5% | 88.5% | |
| | FFT: Maternity not satisfaction % (Target: <10%) | 6.0% | 8.6% | 5.5% | 6.7% | 11.7% | 10.1% | 7.7% | 9.8% | 8.1% | 9.2% | 6.4% | 7.9% | 7.9% | |
| | FFT: Maternity response rate (Target: >15%) | 23.5% | 20.1% | 20.2% | 21.3% | 16.4% | 14.3% | 18.2% | 16.2% | 20.3% | 17.4% | 19.3% | 19.0% | 19.0% | |
| Experience | Breach of same sex accommodation (Target: 0) | 0 | 0 | 0 | 0 | 21 | 20 | 13 | 54 | 21 | 20 | 13 | 54 | 54 | |
| Complaints | Complaints (informal) through PALS | 54 | 34 | 32 | 120 | 51 | 32 | 24 | 107 | 105 | 66 | 56 | 227 | 227 | |
| | Complaints formal: No of complaints due for response | 19 | 29 | 23 | 71 | 7 | 15 | 10 | 32 | 26 | 44 | 33 | 103 | 103 | |
| | Complaints formal: Number responded to < 25 days | 11 | 24 | 12 | 47 | 4 | 15 | 5 | 24 | 15 | 39 | 17 | 71 | 71 | |
| | 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 13 breaches in June, where this standard wasn't met, resulting in patients remaining in mixed sex areas. This is a reduction of 7 compared to May 2024. Breach details: 11 patients waited over 10 hours for a ward bed, with 3 exceeding 30 hours. We have seen an improvement in getting our patients to ward areas in June and are pleased that we have seen a decrease in MSB but are still working hard to reduce this further. We will continue to utilise our notification alerts for breaching patients via teams in conjunction with the site management team. Ensuring patient care is our utmost priority, and we are committed to respecting their dignity and cultural beliefs in all circumstances.

Complaints

58% of complaints were responded to within the 25 day KPI (target 95%) during June 2024. Fourteen complaints were not responded to within the timeframe – 7 for EIC, 3 for Planned Care, 3 for Specialist Care and one for WLCH. This was due to delays in receiving the investigation outcome/draft response from investigators. This non-compliance has been escalated to the Divisional Triumvirate and appropriate nurse directors for support. As at 5.7.24 there are still six outstanding complaints to complete for June and we expect to have these completed within the next week. Compliance with responding to PALS concerns within 5 working days was 92% (KPI 90%).

Friends and Family Test

There has been a big focus in June for increasing responses within our inpatient areas and that is evident in the response rates across both sites. A&E satisfaction and response rates continue to be in line or exceed national average albeit there continues to be a concerning experience reporting by patients accessing urgent and emergency care at West Middlesex; this is spread across both the UTC and main A&E and revolves around themes of wait times, condition information and general attitude towards patients. The experience of women accessing maternity care has improved at Chelsea however it continues to be a concern at West Middlesex across all areas. These results continue to be shared with the maternity leads.



Efficiency and Productivity

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|-----------------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | | |
| Admitted Patient Care | Average length of stay - elective (Target: <2.9) | 2.45 | 2.55 | 2.81 | 2.60 | 2.83 | 2.43 | 2.65 | 2.64 | 2.58 | 2.51 | 2.76 | 2.61 | 2.61 | | - |
| | Average length of stay - non-elective (Target: <3.95) | 3.95 | 3.97 | 4.01 | 3.98 | 3.37 | 3.59 | 3.38 | 3.45 | 3.63 | 3.76 | 3.67 | 3.69 | 3.69 | | ! |
| | Emergency care pathway - average LoS (Target: <4.5) | 4.11 | 4.15 | 4.37 | 4.20 | 3.62 | 3.94 | 3.66 | 3.74 | 3.82 | 4.03 | 3.94 | 3.93 | 3.93 | | - |
| | Emergency care pathway - discharges | 301 | 297 | 274 | 873 | 427 | 418 | 410 | 1255 | 728 | 716 | 684 | 2129 | 2129 | | - |
| | Emergency re-admissions within 30 days of discharge (Target: <7.6%) | 4.71% | 4.92% | 5.01% | 4.88% | 6.65% | 6.65% | 6.51% | 6.60% | 5.65% | 5.76% | 5.76% | 5.73% | 5.73% | | - |
| | Non-elective long-stayers | 482 | 521 | 265 | 1268 | 483 | 495 | 152 | 1130 | 965 | 1016 | 417 | 2398 | 2398 | | - |
| Theatres | Daycase rate (basket of 25 procedures) (Target: >85%) | 89.9% | 88.8% | 86.0% | 88.4% | 84.8% | 88.4% | 88.0% | 87.1% | 88.4% | 88.7% | 86.7% | 88.0% | 88.0% | | - |
| | Operations cancelled on the day for non-clinical reasons: actuals | 24 | 4 | 12 | 40 | 28 | 7 | 11 | 46 | 52 | 11 | 23 | 86 | 86 | | - |
| | Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%) | 0.63% | 0.10% | 0.33% | 0.35% | 1.02% | 0.24% | 0.38% | 0.54% | 0.79% | 0.16% | 0.36% | 0.43% | 0.43% | | - |
| | Operations cancelled the same day and not rebooked within 28 days (Target: 0) | 2 | 0 | 1 | 3 | 4 | 1 | 2 | 7 | 6 | 1 | 3 | 10 | 10 | | ! |
| | Theatre Utilisation Model Hospital (Target > 85%) | 76% | 78.1% | 80.3% | 78.0% | 91.1% | 89.9% | 89.3% | 90.1% | 80.7% | 82.0% | 83.5% | 82.0% | 82.0% | | - |
| Outpatients | First to follow-up ratio (Target: <1.5) | 2.30 | 2.41 | 2.32 | 2.34 | 1.56 | 1.63 | 1.70 | 1.63 | 1.94 | 2.04 | 2.03 | 2.00 | 2.00 | | ! |
| | Average wait to first outpatient attendance (Target: <6 wks) | 10.2 | 9.9 | 9.6 | 9.9 | 12.2 | 12.3 | 10.6 | 11.7 | 11.2 | 11.0 | 10.0 | 10.8 | 10.8 | | ! |
| | DNA rate: first appointment | 12.0% | 9.6% | 9.4% | 10.4% | 9.8% | 9.7% | 9.4% | 9.7% | 11.0% | 9.6% | 9.4% | 10.0% | 10.0% | | - |
| | DNA rate: follow-up appointment | 9.2% | 7.8% | 7.8% | 8.3% | 7.9% | 7.2% | 6.9% | 7.4% | 8.7% | 7.6% | 7.4% | 7.9% | 7.9% | | - |
| | PIFU - % of Total Outpatient attendances | 11.3% | 10.9% | 11.3% | 11.2% | 1.9% | 1.9% | 1.9% | 1.9% | 7.4% | 7.3% | 7.4% | 7.4% | 7.4% | | - |

Day-Case Rate

The day-case rate was sustained in June 24 remaining well above the 85% target with both sites achieving compliance.

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day increased Trust-wide in June from 11 to 23. This increase was seen on both sites, but does still represent a decrease from the May position of 53 patients. This continues to be a key focus for the theatres improvement work streams.

Theatre Utilisation

Trust-Wide utilisation continued to improve, increasing further in June to 83.5%. Theatre utilisation remains significantly above the 85% target at 89.3% on the West Middlesex site. The Chelsea site remains below the 85% target, and has driven the Trusts slight improvement for June, increasing from 78.2% to 80.3%. Across the Chelsea site, theatre utilisation remains well above the 85% target in Main Theatres, with improving utilisation in Treatment Centre and Paediatric Theatres.

Outpatients

The Trust instigated additional appointment reminders for several services at the start of May 2024. The positive impact on DNA has continued in June with further improvements for both New and Follow up appointments across both sites. PIFU is up slightly from May although still broadly static across the Trust, with HIV positively inflating the overall Trust position. The Trust's First to Follow Up ratio is also largely static overall with an improvement at Chelsea set against a dip at West Middlesex. The position is still better than a year ago but further work is required to shift activity towards New appointments, especially on the CW site. The Trust's Avg wait to First Attendance was down in June, driven by the West Middlesex site, although it continues to fluctuate as we balance long waits for routine appointments with more urgent activity.



Clinical Effectiveness

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months |
|---------------|---|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|
| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | |
| Best Practice | Dementia screening case finding (Target: >90%) | 94.0% | 91.6% | 93.2% | 92.9% | 93.9% | 94.4% | 91.6% | 93.3% | 94.0% | 93.1% | 92.3% | 93.1% | 93.1% | |
| | #NoF Time to Theatre <36hrs for medically fit patients (Target: 100%) | 70.6% | 71.4% | 80.0% | 73.9% | 100.0% | 93.3% | 100.0% | 97.3% | 82.1% | 82.8% | 88.5% | 84.3% | 84.3% | |
| | Stroke care: time spent on dedicated Stroke Unit (Target: >80%) | 76.9% | 91.7% | 86.7% | 85.0% | 85.0% | 88.9% | 100.0% | 91.1% | 81.8% | 90.0% | 93.9% | 88.5% | 88.5% | |
| VTE | VTE: Hospital acquired | 2 | 0 | 0 | 2 | 6 | 4 | 0 | 10 | 8 | 4 | 0 | 12 | 12 | |
| | VTE risk assessment (Target: >95%) | 93.1% | 96.1% | 95.3% | 94.8% | 95.6% | 96.9% | 95.6% | 96.0% | 94.3% | 96.5% | 95.5% | 95.4% | 95.4% | |
| TB Care | TB: Number of active cases identified and notified | 0 | 4 | 2 | 6 | 7 | 4 | 12 | 23 | 7 | 8 | 14 | 29 | 29 | |
| Sepsis | ED % Periods Screened (Target >90%) | 90.0% | 90.2% | 87.4% | 89.2% | 82.9% | 85.7% | 83.8% | 84.1% | 87.1% | 88.2% | 85.7% | 87.0% | 87.0% | |
| | ED % Potential Red Flag Sepsis Reviewed (Target >90%) | 75.2% | 71.6% | 74.1% | 73.7% | 90.0% | 91.3% | 90.9% | 90.7% | 80.5% | 79.1% | 80.4% | 80.0% | 80.0% | |
| | Ward % Periods Screened (Target >90%) | 85.1% | 89.2% | 84.8% | 86.3% | 93.9% | 95.1% | 95.0% | 94.6% | 89.3% | 91.8% | 89.2% | 90.1% | 90.1% | |
| | Ward % Potential Red Flag Sepsis Reviewed (Target >90%) | 98.4% | 93.6% | 94.8% | 95.6% | 96.5% | 96.2% | 97.1% | 96.6% | 97.4% | 94.9% | 95.9% | 96.1% | 96.1% | |
| Discharge | Date of Discharge is same as Discharge Ready Date | 87.3% | 88.9% | 88.3% | 88.2% | 84.9% | 84.5% | 87.9% | 85.8% | 86.0% | 86.7% | 88.1% | 86.9% | 86.9% | |
| | Date of Discharge is 1+ days after Discharge Ready Date | 12.7% | 11.1% | 11.7% | 11.8% | 15.1% | 15.4% | 12.1% | 14.2% | 13.9% | 13.3% | 11.9% | 13.0% | 13.0% | |

Dementia Screening

Target of screening 90% and above for patients 75 and over was achieved on both sites with West Middlesex performance at 91.6% and Chelsea performance at 93.2%

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

Performance remained stable at Trust level in June 2024. West Middlesex achieved 100% compliance while Chelsea, though not compliant, showed improvement. In Chelsea 12 out of 15 patients medically fit for surgery had surgery within 36 hours. There were 3 patients who were medically fit but were delayed; two were waiting for space on the trauma list due to a high volume of trauma, and one was waiting for the availability of a specialist surgeon to perform a total hip replacement.

VTE Risk

This metric is compliant at Trust level with both hospital sites meeting the >95% target for VTE risk assessment (CW 95.3%, WM 95.6%). All Hospital Acquired Thrombosis events undergo RCA to ensure adherence to guidelines and appropriate learning.

Discharge Ready

The numbers continue to be stable for the metric measuring the time from patient being identified as no longer meeting the criteria to reside and discharge. New Flow Board structure will be monitoring this metric along with length of stay of patients to agree actions for sustained reduction. Daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way

Sepsis

There was a decrease in performance of screening for sepsis in both Emergency Departments. This will be addressed through a targeted QI project seeking to achieve compliance by September 2024. This targeted approach has achieved a 3% increase in clinical review of patients at Chelsea, approaching compliance with targets. Performance across the wards has been sustained and is meeting targets



Access

Access Dashboard

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
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| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | Trend charts | |
| RTT waits | RTT Incompletes 52 week Patients at month end | 831 | 789 | 773 | 2393 | 863 | 787 | 687 | 2337 | 1694 | 1576 | 1460 | 4730 | 4730 | | ! |
| | Diagnostic waiting times <6 weeks: % (Target: >99%) | 82.13% | 80.76% | 78.66% | 80.50% | 68.13% | 74.11% | 75.14% | 72.27% | 74.35% | 77.30% | 76.87% | 76.15% | 76.15% | | ! |
| | Diagnostic waiting times >6 weeks: breach actuals | 1121 | 1279 | 1387 | 3787 | 2497 | 1872 | 1669 | 6038 | 3618 | 3151 | 3056 | 9825 | 9825 | | - |
| A&E and LAS | A&E unplanned re-attendances (Target: <5%) | 7.3% | 7.1% | 6.0% | 6.8% | 7.2% | 7.6% | 6.6% | 7.2% | 7.2% | 7.4% | 6.3% | 7.0% | 7.0% | | ! |
| | A&E time to treatment - Median (Target: <60') | 00:24 | 00:28 | 00:26 | 00:26 | 00:28 | 00:33 | 00:33 | 00:32 | 00:26 | 00:31 | 00:30 | 00:29 | 00:29 | | - |
| | London Ambulance Service - patient handover 30' breaches | 44 | 34 | 24 | 102 | 112 | 138 | 161 | 411 | 156 | 172 | 185 | 513 | 513 | | - |
| | London Ambulance Service - patient handover 60' breaches | 0 | 1 | 0 | 1 | 4 | 7 | 12 | 23 | 4 | 8 | 12 | 24 | 24 | | ! |

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 |
|------------|--|---|---|

Diagnostic 6-Week Waits

Performance remains roughly similar to May. Main challenged areas are MRI however we now have an additional scanner at the WM site and are due to have an additional delivered to CW this week. This will provide us with an additional 1000 scans per months. Endoscopy at WM also remains a challenge but we are working to recover the position and moving patients between sites as well as outsourcing to Healthshare.

A&E Re-Attendance

While slightly reduced in month, the A&E re-attendance rate has remained stable

Ambulance Handover

LAS handover performance remains strong, with limited 30 and 60 minute breaches on each site.



RTT Positions Dashboard

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | West Middlesex University Hospital Site | | | Combined Trust Performance | | |
|----------------------------|---------------------------------|-------------------------------------|--------|--------|---|--------|--------|----------------------------|--------|--------|
| | | Apr-24 | May-24 | Jun-24 | Apr-24 | May-24 | Jun-24 | Apr-24 | May-24 | Jun-24 |
| RTT waiting list positions | Total RTT waiting list | 28148 | 29362 | 30019 | 32640 | 32185 | 32403 | 60788 | 61547 | 62422 |
| | Total Non-Admitted waiting list | 24869 | 26103 | 26995 | 30416 | 30144 | 30516 | 55285 | 56247 | 57511 |
| | Non-Admitted with a date | 6840 | 9969 | 13081 | 5367 | 9597 | 12418 | 12207 | 19566 | 25499 |
| | Non-Admitted without a date | 18029 | 16134 | 13914 | 25049 | 20547 | 18098 | 43078 | 36681 | 32012 |
| | Total Admitted waiting list | 3279 | 3259 | 3024 | 2224 | 2041 | 1887 | 5503 | 5300 | 4911 |
| | Admitted with a date | 484 | 650 | 880 | 401 | 538 | 734 | 885 | 1188 | 1614 |
| | Admitted without a date | 2795 | 2609 | 2144 | 1823 | 1503 | 1153 | 4618 | 4112 | 3297 |
| | Patients waiting >65 weeks | 192 | 230 | 190 | 110 | 118 | 113 | 302 | 348 | 303 |
| | Patients waiting >78 weeks | 25 | 22 | 15 | 12 | 6 | 1 | 37 | 28 | 16 |
| | 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 | | |
|------------------------------------|-------------------------------------|------------|------------|---|------------|------------|-------------------------|-------------|-------------|
| | Apr-24 | May-24 | Jun-24 | Apr-24 | May-24 | Jun-24 | Apr-24 | May-24 | Jun-24 |
| Total | 831 | 789 | 773 | 863 | 787 | 687 | 1694 | 1576 | 1460 |
| Breast Surgery | | | | 1 | | | 1 | 2 | 4 |
| Burns Care | 1 | 2 | 4 | | | | 14 | 4 | |
| Clinical Haematology | | | | 14 | 4 | | 45 | 28 | 25 |
| Colorectal Surgery | 33 | 30 | 24 | 3 | 4 | 5 | 78 | 58 | 49 |
| Dermatology | 10 | 13 | 14 | 3 | 4 | 5 | 13 | 17 | 19 |
| Endocrinology | 1 | 1 | 1 | 18 | 24 | 48 | 19 | 25 | 49 |
| ENT | 5 | 4 | 2 | 78 | 65 | 67 | 83 | 69 | 69 |
| Gastroenterology | | | | 2 | | | | 2 | |
| General Surgery | 184 | 184 | 172 | 76 | 56 | 29 | 260 | 240 | 201 |
| Gynaecology | 3 | 2 | 4 | | 1 | 1 | 3 | 3 | 5 |
| Hepatology | | 1 | | 31 | 45 | 54 | 31 | 46 | 54 |
| Maxillo-Facial Surgery | | | 2 | | 1 | | | 1 | 2 |
| Medical Endoscopy | 2 | | | 4 | | 1 | 6 | | 1 |
| Neurology | 1 | | | 1 | 5 | 1 | 2 | 5 | 1 |
| Ophthalmology | 7 | 9 | 13 | | | | 7 | 9 | 13 |
| Oral Surgery | | | | 2 | 1 | 1 | 2 | 1 | 1 |
| Orthodontics | | | 1 | | | | | | 1 |
| Paediatric Burns Care | 1 | | | | | | 1 | | |
| Paediatric Cardiology | 11 | 8 | 4 | 17 | 12 | 6 | 28 | 20 | 10 |
| Paediatric Clinical Haematology | | | | 6 | 2 | 1 | 6 | 2 | 1 |
| Paediatric Clinical Immunology | | 2 | 4 | 2 | | 13 | 2 | 2 | 17 |
| Paediatric Dentistry | 6 | 3 | 8 | | | | 6 | 3 | 8 |
| Paediatric Dermatology | 1 | 3 | 3 | | | | 1 | 3 | 3 |
| Paediatric Ear Nose and Throat | 5 | 2 | 4 | | | | 22 | 25 | 20 |
| Paediatric Endocrinology | | | | 17 | 23 | 16 | 2 | 2 | 5 |
| Paediatric Epilepsy | | | | 2 | 2 | 5 | 2 | 2 | 5 |
| Paediatric Gastroenterology | 6 | 9 | 11 | 1 | | | 1 | | |
| Paediatric Maxillo-Facial Surg | 2 | 2 | 6 | 4 | 10 | 3 | 10 | 19 | 14 |
| Paediatric Nephrology | | | | 2 | | | 2 | 2 | 6 |
| Paediatric Neurology | 1 | 1 | 2 | 1 | 1 | | 1 | 1 | 2 |
| Paediatric Plastic Surgery | 36 | 36 | 29 | 5 | | | 41 | 36 | 29 |
| Paediatric Respiratory Medicine | | | | 3 | | 1 | 3 | | 1 |
| Paediatric Rheumatology | 1 | 1 | | 3 | 3 | 3 | 4 | 4 | 3 |
| Paediatric Surgery | | | | 1 | 2 | | 1 | 2 | |
| Paediatric Trauma and Orthopaedics | | | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| Paediatric Urology | 1 | | | 1 | 2 | | 2 | 2 | |
| Paediatrics | 3 | 2 | 4 | 28 | 3 | 2 | 31 | 5 | 6 |
| Pain Management | | 1 | | | | | | 1 | |
| Plastic Surgery | 130 | 115 | 150 | 118 | 137 | 102 | 248 | 252 | 252 |
| Podiatric Surgery | | | | 3 | 2 | 3 | 3 | 2 | 3 |
| Podiatry | | | | | 2 | 1 | | 2 | 1 |
| Respiratory Medicine | | | | 13 | 6 | 4 | 13 | 6 | 4 |
| Rheumatology | | | 1 | 59 | 65 | 72 | 59 | 65 | 73 |
| Trauma & Orthopaedics | 236 | 210 | 187 | 193 | 181 | 142 | 429 | 391 | 329 |
| Trauma and Orthopaedics | 34 | 10 | 2 | | | | 34 | 10 | 2 |
| Urology | 27 | 55 | 53 | | | | 32 | 56 | 53 |
| Vascular Surgery | 83 | 84 | 67 | 107 | 96 | 80 | 190 | 180 | 147 |



Maternity

Maternity Dashboard - June 2024

| Domain | Indicator | Target | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital | | | | Combined Trust Performance | | | |
|------------------|--|-----------------|-------------------------------------|--------|--------|---------|------------------------------------|--------|--------|---------|----------------------------|--------|--------|---------|
| | | | Apr-24 | May-24 | Jun-24 | 2024/25 | Apr-24 | May-24 | Jun-24 | 2024/25 | Apr-24 | May-24 | Jun-24 | 2024/25 |
| Workforce | Midwife to birth ratio (Target: 1:26 CW and 1:22 WM) | CW 1:26 WM 1:22 | 1:25 | 1:26 | 1:27 | 1:26 | 1:25 | 1:25 | 1:24 | 1:25 | 1:25 | 1:25 | 1:26 | |
| | Hours dedicated consultant presence on labour ward (Target 1:98) | 1:98 | 1:98 | 2:38 | 2:38 | 1:98 | 1:98 | 2:38 | 2:38 | 1:98 | 1:98 | 2:38 | 2:38 | 1:98 |
| Birth Indicators | Total number of NHS births* | CW 434 WM 366 | 442 | 460 | 439 | 1341 | 400 | 373 | 372 | 1145 | 842 | 833 | 811 | 2486 |
| | Total number of bookings* | CW 542 WM 445 | 585 | 619 | 549 | 1735 | 464 | 465 | 462 | 1391 | 1010 | 1078 | 1011 | 3099 |
| | Maternity 1:1 care in established labour (Target: >95%)* | >95% | 97.70% | 96.70% | 96.10% | 95.60% | 98.20% | 98.10% | 97.50% | 95.30% | 96.60% | 90.00% | 95.30% | 96.60% |
| Safety | Admissions >37/40 to NICU/SCBU* | | 23 | 19 | 24 | 66 | 16 | 16 | 17 | 49 | 39 | 35 | 41 | 115 |
| | Number of reported Serious Incidents * | | 3 | 0 | 0 | 3 | 2 | 2 | 3 | 9 | 5 | 2 | 3 | 10 |
| | Cases of hypoxic-ischemic encephalopathy (HIE) | | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 3 | 2 | 1 | 2 | 5 |
| | Pre-term (gestation <37 weeks) as % of mothers delivered* | | 7.60% | 6.30% | 6.83% | 7.23% | 5.25% | 4.29% | 7.80% | 5.90% | 6.60% | 5.69% | 7.36% | 6.55% |
| | Number of stillbirths | | 1 | 0 | 0 | 1 | 1 | 0 | 2 | 3 | 2 | 0 | 2 | 4 |
| | Number of Infant deaths | | 4 | 3 | 0 | 4 | 1 | 0 | 1 | 2 | 5 | 3 | 1 | 9 |
| | 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* | | 23.90% | 23.47% | 21.18% | 23.82% | 23.70% | 29.49% | 24.19% | 24.12% | 25.03% | 26.70% | 23.35% | 25.03% |
| | % Vaginal Births - spontaneous & induced* | | 39.30% | 38.60% | 32.80% | 38.76% | 42.50% | 49.06% | 41.94% | 42.20% | 42.00% | 43.00% | 36.50% | 40.50% |
| | Instrumental deliveries* | | 44 | 54 | 47 | 139 | 59 | 35 | 48 | 143 | 103 | 89 | 90 | 282 |
| | Pre-labour elective caesarean sections* | | 91 | 99 | 97 | 253 | 57 | 42 | 51 | 57 | 148 | 118 | 137 | 403 |
| | Emergency caesarean sections in labour* | | 118 | 115 | 147 | 347 | 112 | 111 | 120 | 111 | 230 | 215 | 255 | 685 |



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 June are 1:27 at Chelsea and 1:24 at West Middlesex. The last recruitment event this June proved hugely successful with 48 successful candidates offered a post. Our local recruitment in conjunction with our internationally educated midwives of which there are 28 still to join the Trust (4 per month 2 per site) will significantly reduce our vacancy. If attrition can be reduced it is anticipated that the sites will be close to full establishment by the end of Q4. The additional IEM PDM posts have been recruited into. Two of which are internationally educated midwives from our earlier cohorts.

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 was 69.44% this is a slight increase from 67.74% reported last month. West Mid was 87.78%. There were 5 red flags on the CW site and 5 on the WM site. None were related to an inability to provide 121 care in labour or the coordinator losing supernumerary status during the shift. Staffing is reviewed during the safety huddles as a minimum and staff redeployed accordingly. The fill rate on the CW site during the day was 100% and for WM 95%. 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. The Neonatal Nursing Business Case will be presented at this month's Performance and Improvement board now the private neonatal income component has been updated following feedback by the director of finance.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, 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'. Data will be included in the Q1 Maternity and Neonatal Staffing Report. 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 will be reported in the Q4 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. We are awaiting the data from the service director for level off cover achieved in June and both June and July will be presented in July's update. 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, neonatal deaths and HIE for 23-24. This will be shared in the Q1 Maternity and Neonatal Quality and Safety Report. No immediate care and service delivery concerns have been raised by the investigatory panels that are currently reviewing the cases.

WMUH site: There were 2 reported PSII incidents in June and 1 referral to MNSI. (MNSI are yet to confirm acceptance of case).

1. **PSII, 38+5/40**, white British woman first pregnancy IVF conception. Discharged from obstetric care at 29 weeks gestation (gastric bypass surgery, and mental health issues). Spontaneous onset of labour transferred to birth centre. Progressed to full dilatation of labour. Seizure after 30 mins of pushing. Assisted birth in theatre, good apgars with baby (8 and 8) transferred to ICU for close observation and management of hyponatraemia. Cause of seizure remains unknown.
2. **PSII, unknown gestation, (Joint investigation with CW due to similar incident)** Indian woman admitted to ED with heavy bleeding and abdominal pain. Concealed pregnancy identified and baby found at reported address with no signs of life. Complex safeguarding issues and police involved. MROP and repair of 2nd degree tear in theatre under GA. Blood transfusion of 5 units and 1 unit of FFP Blood transfusion error. **Blood transfusion error: 1 unit of RBC was not prescribed and signed by two members of staff.**
3. **Referred to MNSI- awaiting acceptance**, PO. Indian woman booked under low risk pathway. At term attended DAU for follow up after an ICP blood panel result was elevated (105units/L). CTG monitoring commenced and fetal bradycardia noted of 70 bpm. A cat 1 CS was undertaken under GA. A male infant was born in poor condition Apgar 1, 1 and 5 at 10. Meconium was noted at delivery as was the umbilical cord tightly around the neck. CPR and intubation was required. Criteria for cooling was met and the baby was transferred to CW for active cooling at 5 hours of life.

There were 88 reported incidents in June a decrease from 94 in May and 149 Apr. Concerns have been raised to the additional questions now added to the datix reporting system increasing the length of time to complete (to be monitored closely.)

Main themes arising:

- (i) Maternal, fetal and neonatal n=82(Maternal Obstetric Haemorrhage >1500mls n=10, 3rd/4th degree tears n=7, Category 1 CS n=12)
- (ii) Access to care/admissions, n=9. A decrease in reported delays from May and April. These were largely due to delay in transfer to labour ward for ongoing IOL.
- (iii) Communication: n=5 mostly related to inadequate or incorrect handover of care



CWH site: There are two proposed PSII cases and one proposed thematic analysis. (These will be confirmed at IIR-G on the 15/2/24)

1. **PSII, G1P0, 38+6/40**, low risk at booking, GDM-diet controlled, mild polyhydramnios, neonatal alert for mild delayed left renal pelvis. Attended MAS for RFM. Abnormal CTG noted and decision made to transfer to labour ward. No improvement to CTG following transfer. Delay in transfer to theatre due to ongoing emergencies. Baby born at 20:57 in moderate condition. Resuscitated in theatre, transfer to NICU on CPAP. Baby was noted to have seizures and central hypotonia of unknown cause. MRI completed – abnormal. Severe HIE with possible additional cause. **This case does not meet MNSI criteria.**
2. **PSII, G1P0, 41+3/40**, IOL for RFM. SVB on 15/06/24 at 15:46pm. Baby born with apgars of 7, 7 and 10. Neonates arrive after 3 mins of life. Cephalohaematoma and laceration noted to head. Plan for close observation. At 15 hours old partner escalates at midwives station that baby is unresponsive. Review by midwife, other than blue lips observations and saturations normal. At 25 hours old jerking movements noted by EON midwife. Escalated to neonates and baby admitted to NICU. 3 seizures noted. Intubation required. MRI preliminary report shows oedema, parenchymal haemorrhages and subarachnoid haemorrhages. No underlying brain abnormality but pattern of injury uncommon.
3. **Thematic analysis, P1** post CAT 2 CS due to prolonged 1st stage and PROM. Day 2 spiked temperature of 38.1 – screened and treated for raised temperature. Lower abdominal pain reported throughout postnatal stay. Day 3 gentamicin added as continuous fever. Day 6 – abdominal CT performed no collection seen. Day 7 IVAB stepped down to oral. Day 8 – spike temperature of 37.7 and offensive smell noted from wound and hard stomach. SHO review prior to discharge and wound swab taken – discharged home. Day 11 wound swabs results reported Staphylococcus lugdunensis and staphylococcus aureus – result not acted on. Day 13 presented to another hospital with broken down wound. Re-admission back to CW and returned to theatre on day 16 for wound debrided and VAC therapy commenced. Day 24 returned back to theatre for wound closure.

There were 124 reported incidents in June a decrease a 24 from 148 in May. Main themes arising:

- (i) Maternal, fetal and neonatal: n=8 (Most reported incidents post-partum haemorrhage >1500mls n=10, maternal readmissions n=6)
- (ii) Medication: n= 13
- (iii) Access to care/admission (n=19) mostly attributed to delays in transfer for care or cancellation in planned procedures

1. **PMRT (Cross site):** CW site had no reported cases. WM site 2 stillbirths (note: 30/40 and case of concealed pregnancy as described above), 1 NND (note: there were two cases of TOP; in one of these cases baby at 22+2 was born 'live' as per PMRT tool – this classify as NND)
2. **ATAIN (Cross site):** WM site 16, adjusted term admissions 15, term admission rate: 4.04%, avoidable admissions 2. Narrative to be included in the Q1 safety report. CW 24 cases were reviewed 3 were considered avoidable – 1 was a delay in IOL due to bed capacity and inadequate monitoring in the meantime, and the baby was also cold. The other was a cold baby and feeding management issues. 2 other admissions were found to have care issues but were not thought to be avoidable (in appropriate use of syntocinon), cold baby but with bilious vomit. A thematic review of inappropriate use of syntocinon, thematic review of cold babies, and infant feeding team to review the case of feeding management plans. Both sites remain below the national average for term admissions to the neonatal unit.
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 9/10 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 Stie | | | Combined Trust Performance | | |
|--|---|----------------------------|--------|--------|--------------------------------|--------|--------|----------------------------|--------|--------|
| | | Apr-24 | May-24 | Jun-24 | Apr-24 | May-24 | Jun-24 | Apr-24 | May-24 | Jun-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 | 83% | 92% | 94% | 92% | 94% | 94% | 88% | 93% | 94% |
| Training compliance for all staff groups in maternity related to fetal monitoring | 90% + requirement | 91% | 96% | 93% | 92% | 92% | 88% | 92% | 94% | 91% |
| Service User Feedback FFT | feedback Recevied- 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 |



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 June overall multi-disciplinary training compliance is at 94% and 91% for fetal monitoring training, but improvement has remained static, with WM seeing a decline in fetal monitoring compliance by 4% dropping from 92% to 88%. As identified last month specific focus needs to continue with the Obstetric Trainees and consultants at WM as compliance has dropped below the 90% threshold. All trainees have been allocated a MOM's session and compliance is expected to improve by end of July. 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 and for June WM saw a slight increase in positive ratings from 82.47% to 85.71% with a response rate of 22%. This has increased by 1% from May. 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 have dropped their positive rating from 90% in May to 88.95% in June, but do have a 32% response rate. 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 lack of support. 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. At the next meeting the MNVP Report will be shared.

Maternity incentive Scheme year 6: The service submitted compliance with all 10 safety actions for MIS year 5. 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 Q4 Maternity Quality and Safety Report. . The compliance period 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 their continued progress on the 6 'should do's for the CW site and the 7 'should do's' for the WM site. 3 of the 7 actions for the WM site have been completed and 2 of the 6 on the Chelsea site. This action plan is being tracked monthly.



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 | | |
|---|-------------------------|-------------------------------------|--------|--------|-----------|--------------|---|--------|--------|-----------|--------------|----------------------------|--------|--------|--------------|-----------|----------------------|--------------|---|
| | | Apr-24 | May-24 | Jun-24 | 2024-2025 | YTD breaches | Apr-24 | May-24 | Jun-24 | 2024-2025 | YTD breaches | Apr-24 | May-24 | Jun-24 | 2024-2025 Q1 | 2024-2025 | YTD breaches | Trend charts | |
| 62 day Cancer referrals by site of tumour | Breast | n/a | n/a | n/a | n/a | | 95.8% | 83.8% | 100% | 86.7% | 6.5 | 95.8% | 83.8% | 100% | 86.7% | 86.7% | 6.5 | | - |
| | Colorectal / Lower GI | 86.7% | 100% | 94.4% | 92.6% | 2 | 62.5% | 34.6% | 35.3% | 43.4% | 32.5 | 71.8% | 46.9% | 65.7% | 56.3% | 56.3% | 34.5 | | ! |
| | Gynaecological | 100% | 100% | 83.3% | 100% | 2 | 100% | 71.4% | 33.3% | 77.8% | 6 | 100% | 81.8% | 66.7% | 87.1% | 87.1% | 8 | | - |
| | Haematological | 87.5% | 85.7% | 100% | 86.4% | 1.5 | 100% | 85.7% | 92.9% | 89.2% | 5 | 96.2% | 85.7% | 95.2% | 88.5% | 88.5% | 6.5 | | - |
| | Head and neck | 100% | 100% | n/a | 100% | 0 | n/a | 40.0% | 33.3% | 40.0% | 7 | 100% | 72.7% | 33.3% | 77.8% | 77.8% | 7 | | - |
| | Lung | 80.0% | 33.3% | 100% | 62.5% | 3 | 90.0% | 42.9% | 80.0% | 55.3% | 12.5 | 85.0% | 41.2% | 85.2% | 57.4% | 57.4% | 15.5 | | - |
| | Sarcoma | n/a | 0.0% | 0.0% | 0.0% | 2 | 50.0% | n/a | 0.0% | 50.0% | 2.5 | 50.0% | 0.0% | 0.0% | 25.0% | 25.0% | 4.5 | | ! |
| | Skin | 81.5% | 93.5% | 100% | 89.9% | 4.5 | 87.0% | 100% | 84.6% | 94.3% | 3.5 | 84.0% | 95.7% | 95.0% | 91.5% | 91.5% | 8 | | - |
| | Upper gastrointestinal | 100% | 100% | 100% | 100% | 0 | n/a | 73.9% | 81.8% | 26.1% | 19 | 74.4% | 85.0% | 87.5% | 79.5% | 79.5% | 19 | | - |
| | Urological | 71.4% | 62.5% | 33.3% | 64.1% | 19 | 90.5% | 73.9% | 91.7% | 77.0% | 19 | 85.7% | 71.0% | 80.0% | 73.7% | 73.7% | 38 | | ! |
| | Urological (Testicular) | n/a | n/a | n/a | n/a | | n/a | n/a | n/a | | | n/a | n/a | n/a | n/a | n/a | | | - |
| | Site not stated | n/a | n/a | n/a | n/a | | 100% | n/a | n/a | 100% | 0 | 100% | n/a | n/a | 100% | 100% | 0 | | - |

Trust Commentary

62-Day: The 62-Day combined target was not compliant in May 2024 with a performance of 77.59% against the 85% standard. Challenges are being seen within Urology and Colorectal Surgery. Plans are in place over the coming months to reduce the backlogs in challenged specialities and return to compliance at a Trust level. Our current June unvalidated position is sitting at 82.94%.

| 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 June 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 | | | | | | | | | | | 94.3% | |
| Neptune | 113% | - | 122% | - | 11.6 | 0 | 11.6 | 11.1 | | | | | | | | | | | 100.0% | |
| 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% | | | | | 1 | | | 93.8% | |
| Edgar Home | 103% | 66% | 106% | 102% | 3.3 | 2.4 | 5.8 | 6.4 | 4.33% | 16.67% | 31.57% | 4 | 8 | | | | | | 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 June 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

June 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:

Lampton and Marble Hill 2 experienced increased fill rates for both RNs and HCAs during day and night shifts due to additional escalation beds. Marble Hill 1 reported high RN and HCA fill rates day and night to accommodate mental health patients requiring 1:1 observation and high acuity of the area. Kew Ward had a high HCA fill rate day and night due to 1:1 care for confused patients at risk of falls. Syon 1 saw an increased HCA fill rate day and night because the annex was opened for escalation beds. The reduced HCA fill rate on DRU reflects an adjustment to patient staffing and acuity levels.

Richmond, Osterley 1 & 2 had a high fill rate of HCA at night due to an increased number of confused medical patients at risk of falls. Ost 1 had low HCA fill rates during the day, with vacancies filled by supernumerary IEN staff awaiting NMC pin numbers. CHPPD was not compromised.

Chelsea and Westminster site:

Lord Wigram and David Evans had low HCA fill rates during the day, with vacancies filled by supernumerary IEN staff awaiting NMC pin numbers. CHPPD was not compromised. Lord Wigram had a high HCA fill rate day and night due to 1:1 care for confused patients at risk of falls. David Evans had a low fill rates for night HCA shifts due to unfilled sickness and inability to cover shifts with bank staff. Saint Mary Abbots had an increased HCA fill rate day and night due to specialising for patients at increased risk of falls. Increased RN fill rates on Burns at night were due to increased staffing to accept late night burn referrals.

Ron Johnson had high HCA fill rates day and night due to a patient requiring 1:1 care. Chelsea Wing reduced HCA fill rate due to low activity on the unit. CHPPD was not compromised. Nell Gwynne, Edgar Horne and David Erskine ward had low HCA fill rates for day shifts due to unfilled sickness and inability to cover shifts with bank staff but redeploying staff between wards and with ward manager assistance maintained CHPPD. 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.

Incidents:

In terms of incidents with harm, there was one incident reported this month:

The falls incident occurred on Osterley 2. A medically optimised patient experienced an unwitnessed fall, resulting in a head injury and fractured neck of femur. The patient subsequently died during the post-fall CT review. A full investigation is currently in process, with no outcomes available yet.

Friends and Family test showed that eight wards at CW and eight at WM scored 100%. Nightingale FFT reflects the many neutral feedback responses, neither good nor bad, with no obvious negative remarks. The team has assessed the feedback and hopes for a more positive response next month based on the insights gained.

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



Safe Staffing Analysis | Registered Nurse and Care Staff June 2024

RN Fill Rates (ward areas) stayed the same from 105.11% in May 2024 to 105.03% in June 2024. The RN vacancy rate (whole trust) in May 2024 was 5.95%.

Care Staff Fill Rates (ward areas) decreased from 107.78% in May 2024 to 103.26% in May 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in May 2024 was 10.51%.

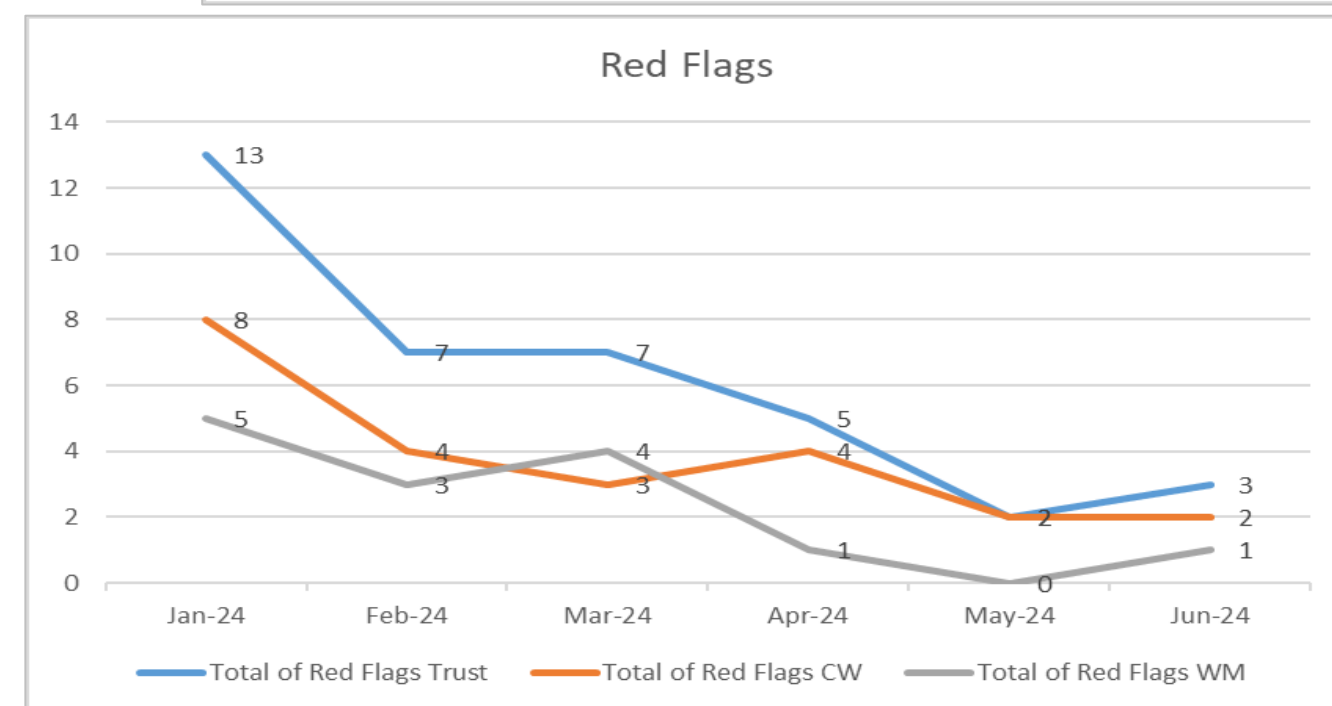
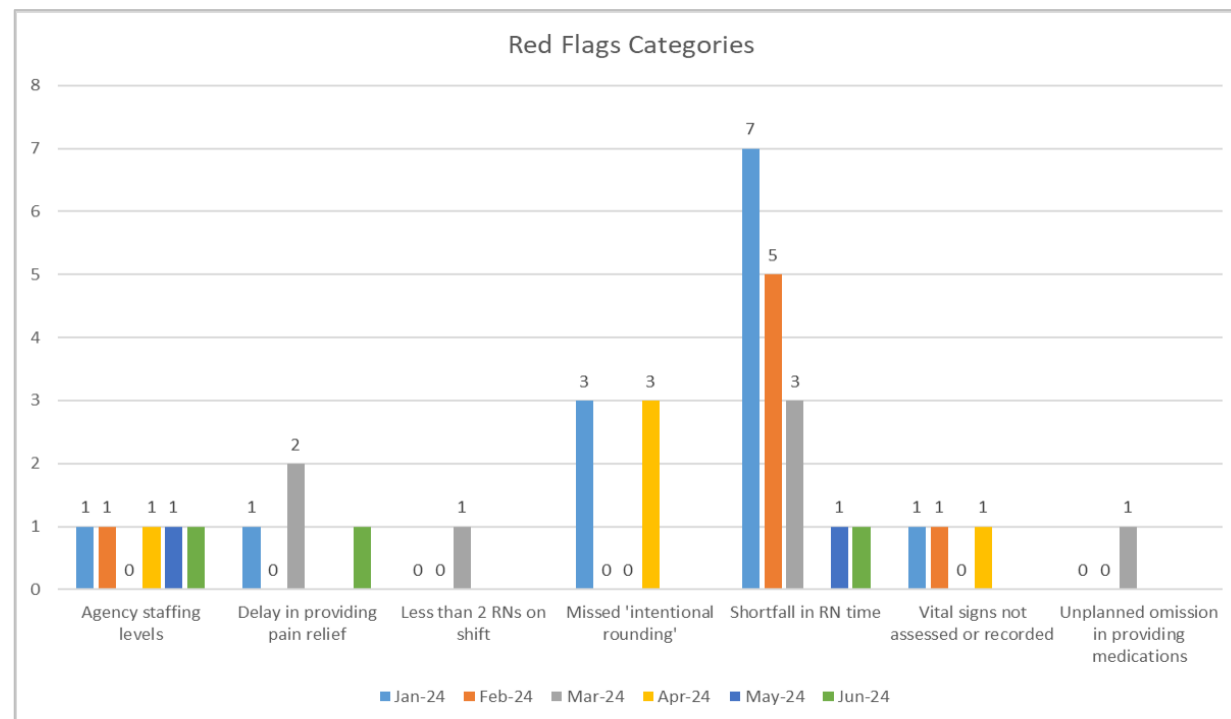
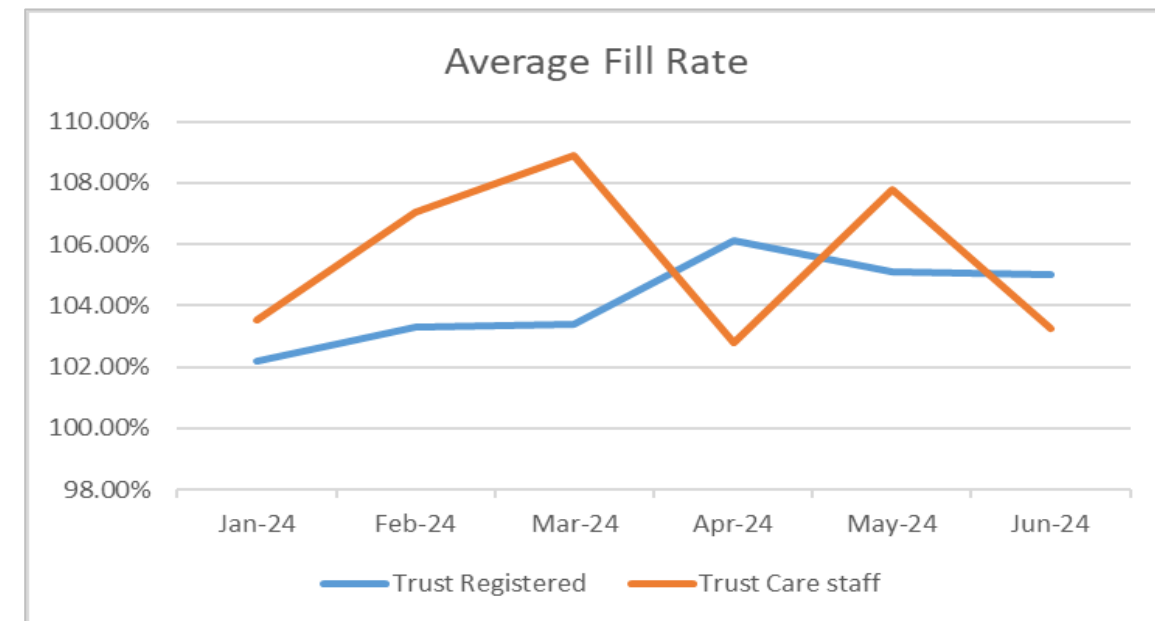
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 106.44% in May 2024 to 104.15% in June 2024.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Feb 2024) was 8.6. Trust workforce data confirms the CHPPD was 8.8 in June 2024, slightly down from 9.0 in May 2024

Safe Staffing Red Flags – 3 red flags from the 5 categories (tables below) were reported during June 2024 : one flag in 'Shortfall in RN time', one flag in 'Agency Staffing Levels' and one flag in 'Delay in providing pain relief'

| Nursing, Midwifery and care staff average fill rate June 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 |
| 105.03% ↔ | 103.26% ↓ | 6.2 ↓ | 2.6 ↓ | 8.8 ↓ |

| CHPPD - Taken from the Model Hospital* | Care Hours per Patient Per Day (CHPPD) – Feb 2024 |
|--|---|
| Trust | 8.6 |
| Hillingdon Hospital | 9.4 |
| London NW | 8.9 |
| Imperial | 10.5 |
| Peer Median | 8.1 |





Finance M3 (June 2024) 2024/2025

| Type of Spend | Plan to Date £'000 | Actual to Date £'000 | Variance to Date £'000 |
|---|-----------------------|-------------------------|---------------------------|
| Income | 229,733 | 240,572 | 10,839 |
| Expenditure | | | |
| Pay | (130,614) | (136,867) | (6,253) |
| Non-Pay | (88,665) | (93,238) | (4,573) |
| EBITDA | 10,454 | 10,468 | 14 |
| EBITDA % | 5% | 4.35% | -0.2% |
| Depreciation | (8,202) | (8,246) | (44) |
| Non-Operational Exp-Inc | (2,788) | (3,013) | (225) |
| Surplus/Deficit | (536) | (791) | (255) |
| Control total Adj - Donated asset, Impairment & Other | (57) | (757) | (700) |
| PFI Model recalculation | | 320 | 320 |
| Adjusted financial performance surplus/(deficit) | (593) | (1,228) | (635) |

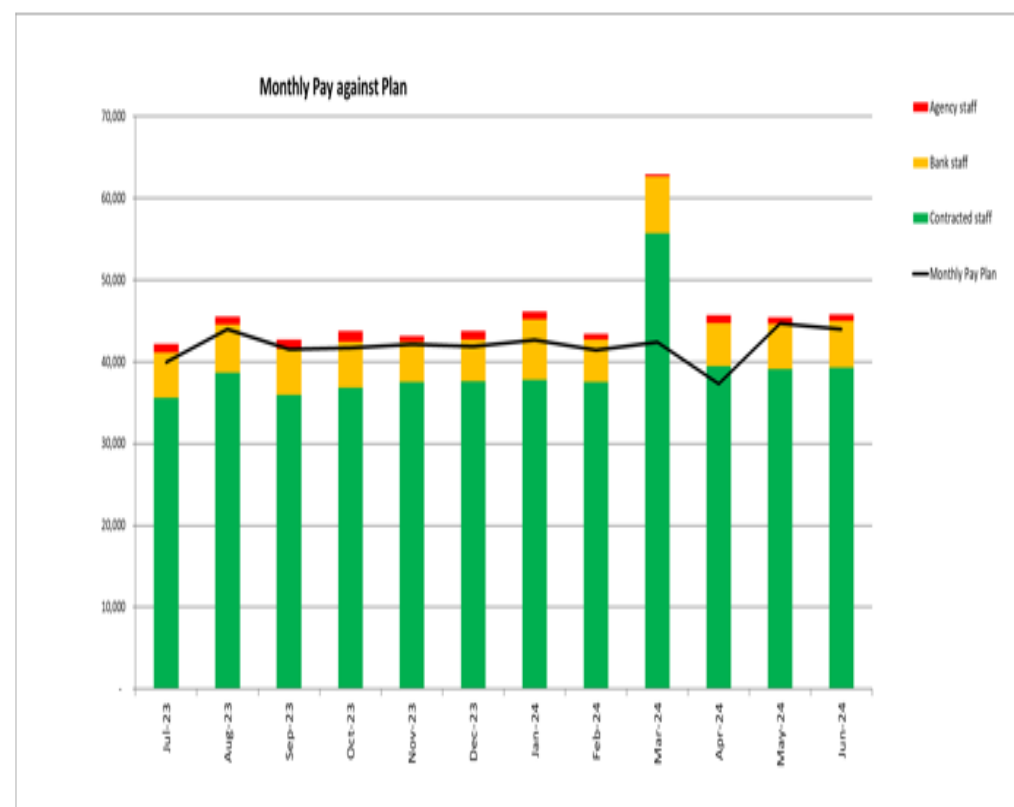
The adjusted financial position at Month 3 is a £1.23m deficit which is £0.64m adverse against plan.

Pay: £6.25m adverse against plan. The adverse variance at Month 3 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 £4.57m adverse variance which includes adjustment to budget to match NHSi return.

Income

M03 Income position remains strong and over performing against the Operating Plan. The performance was driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. There has been consistent progress around data capture, recording and coding of outpatient activity and improving the depth of coding for inpatient spells. Local Authority income is accrued based on historic activity levels. Over and under performance income has been devolved to services.

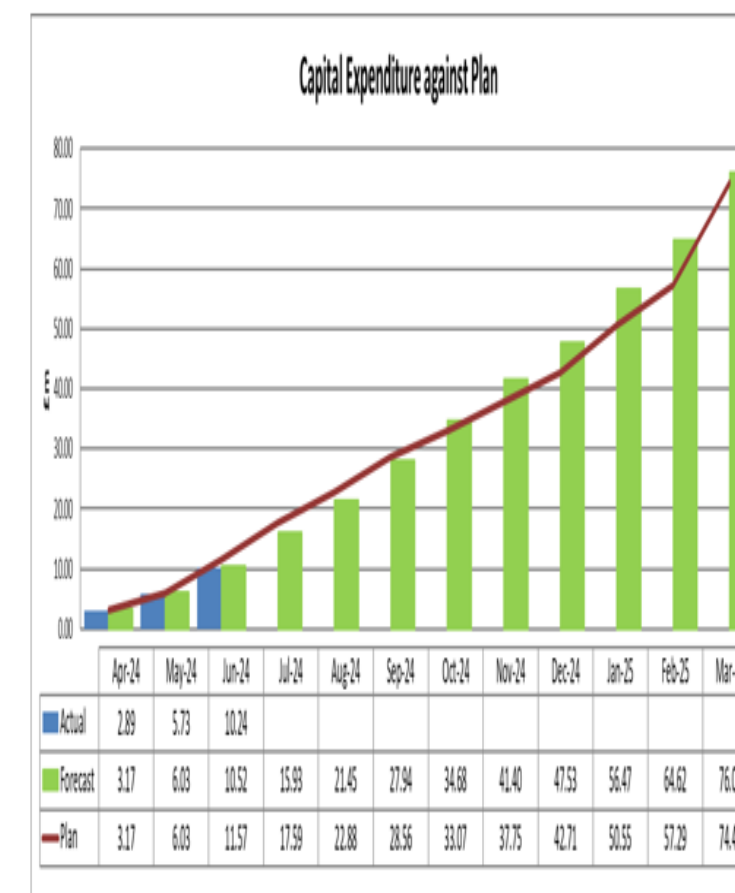


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £18.45m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



Comment

The negative cash variance to plan in M3 of £18.96m is negative cash variance b/fwd from M2 of £6.2m, lower receipts to plan of £5.95m (ICB £1.8m lower, Local Authority £1.31m lower, donations £2.03m lower, NHS England £0.92m lower, AR £0.14m lower, PP income £0.05m higher, FT's £0.11m higher, Interest Income £0.11m higher, other Income £0.02m higher) plus higher cash outflows to plan £6.81m (higher creditor payments & higher payroll)



Comment

The original capital programme for 2024/25 was £65.05m, which had been adjusted to £75.63m 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 and a contingency fund of £3.23m which is yet to be allocated.

The YTD P03 position is an under spend of £0.09m against the P03 YTD planned budget of £10.52m, actual spend £10.43m. This under spend relates to timing differences and will be spent in the next couple of months.