















# **TRUST PERFORMANCE & QUALITY REPORT**

## **May 2024**



## NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025 Q1	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	84.10%	81.68%	80.81%	81.23%	80.17%	81.81%	80.55%	81.15%	82.11%	81.74%	80.68%	81.19%	81.19%	 
RTT	18 weeks RTT - Incomplete (Target: >92%)	61.74%	64.21%	65.45%	64.84%	57.00%	60.21%	62.63%	61.41%	59.19%	62.06%	63.97%	63.02%	63.02%	 
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.44%	95.74%	96.95%	95.74%	98.89%	98.70%	98.49%	98.70%	97.95%	97.47%	97.87%	97.47%	97.47%	 -
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	 -
	31 day combined position (Target: >=96%)	100%	98.08%	85.00%	92.39%	98.15%	96.84%	91.49%	94.18%	98.80%	97.28%	89.55%	93.59%	93.59%	 
	62 day combined position (Target: >=85%)	86.55%	92.64%	84.62%	88.41%	87.07%	69.53%	69.07%	69.19%	86.89%	82.47%	74.04%	76.89%	76.89%	 -
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	79.06%	78.34%	84.71%	81.43%	78.22%	75.76%	80.30%	77.97%	78.52%	76.75%	81.99%	79.29%	79.29%	 -
Patient Safety	Clostridium difficile infections (Year End Target: 26)	3	6	5	11	0	0	3	3	3	6	8	14	14	 

### A&E 4-hr Waiting Times

In May 2024, the Trust reported an overall position of 80.68%, a slight reduction compared to April but above the nationally set target of 78%. The Trust has reported performance in excess of 80% for each month from January 24 to May 24. Performance at the Chelsea site has remained challenged with constraints to flow limiting performance over the last two months.

### 18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained challenged but improved in May 2024, standing at 63.97%. Elective admitted and outpatient activity levels in May are above operational plans. For May 2024, the total RTT Patient Treatment List (PTL) increased to 61,549 (+759), 52ww decreased to 1,576 (-118), 65ww increased to 348 (+46) and 78ww decreased to 28(-9). 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 (Final Previous Month, Unvalidated Current month)

**31-Day:** The 31-Day combined target maintained performance for April 2024 with a position of 97.28%. The May position is currently unvalidated although we are unlikely to be compliant with a validated position. Work is underway to improve the position next month.

**62-Day:** The 62-Day combined target was not compliant in April 2024 with a performance of 82.47% 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.

**28-Day FDS:** The FDS target was complaint in April 2024 with a position of 76.75% against the 75% national standard. May although unvalidated, is sitting at 81.99%. The Trust is focused on delivery of the NHS Operating Plan Standard to deliver 77% by March 2025. Although we fell slightly short in April, the position has improved significantly in May 2024 and we are aiming to maintain this position moving forwards.

### Clostridium Difficile

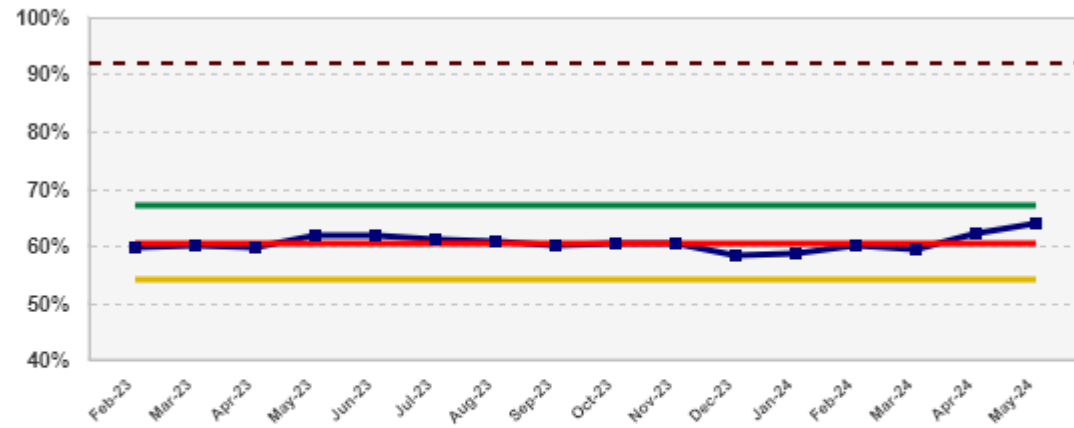
Eight cases of hospital attributed C.diff (7 HOHA and 1 COHA) infections were reported in May 2024. 3 occurred at the WMH and 5 occurred at CWH. This takes the 2024/25 YTD total to 14 cases with yearly targets yet to be published. The increased incidence of CDI at CWFT has prompted a deep dive and IPC review meeting with development of an action plan. RCA meetings continue to be held and have identified possible lapse in care for one case attributable to antimicrobial use that led to the development of CDI. A meeting was held following concerns on David Erskine ward with support from the triumvirate.



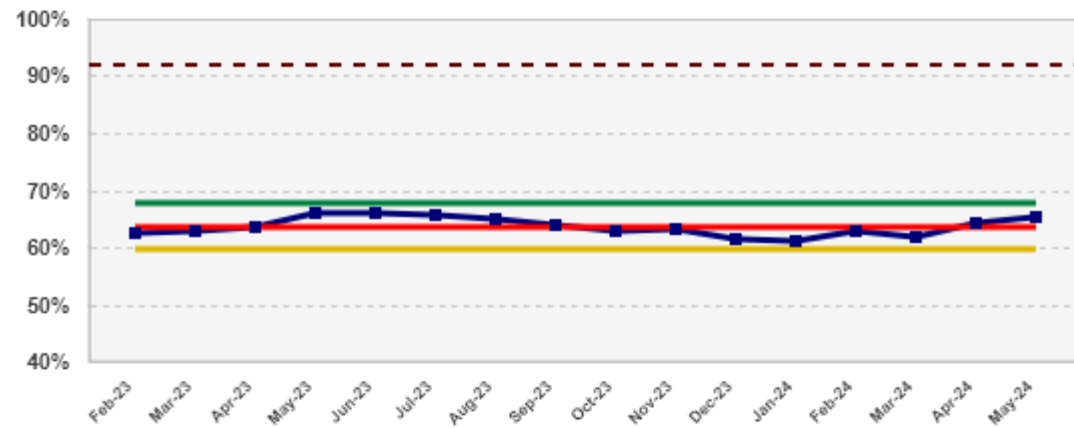
### SELECTED BOARD REPORT NHSI INDICATORS

#### Statistical Process Control Charts for the last 36 months Mar 2021 to Apr 2024

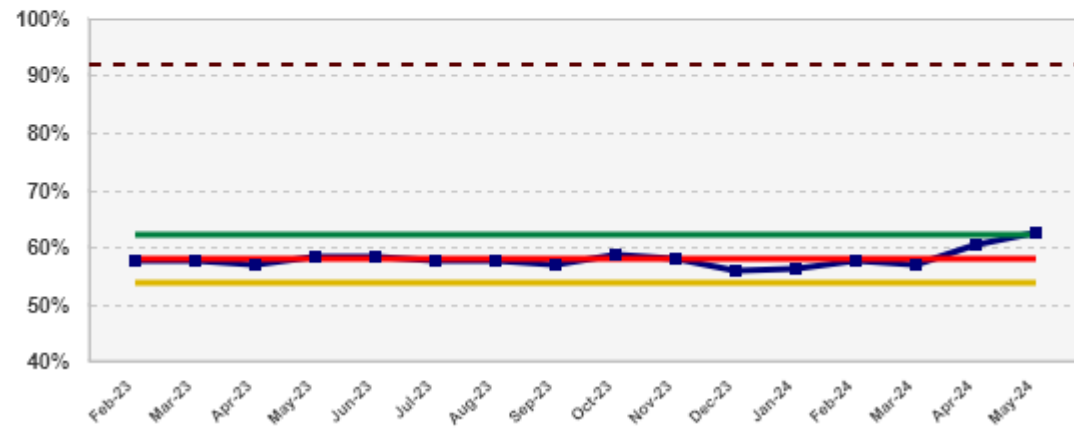
**RTT Incomplete pathways**  
Trust Total



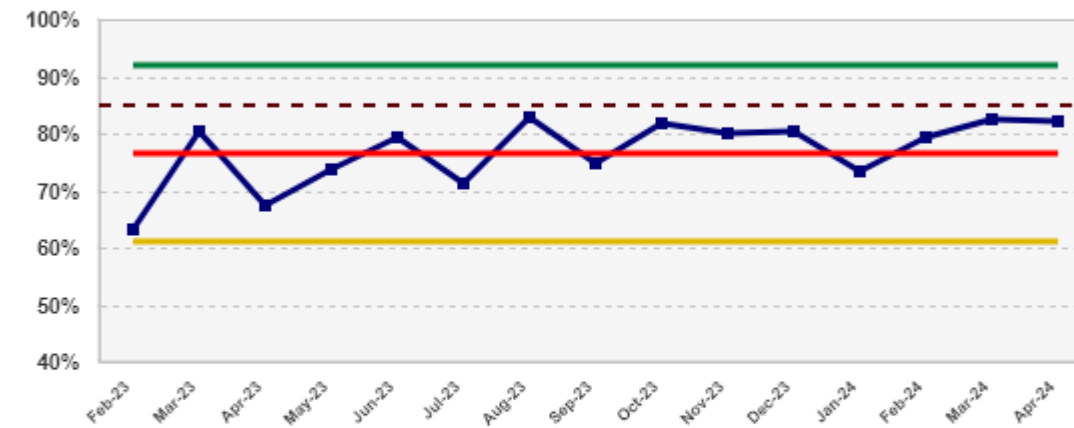
Chelsea and Westminster



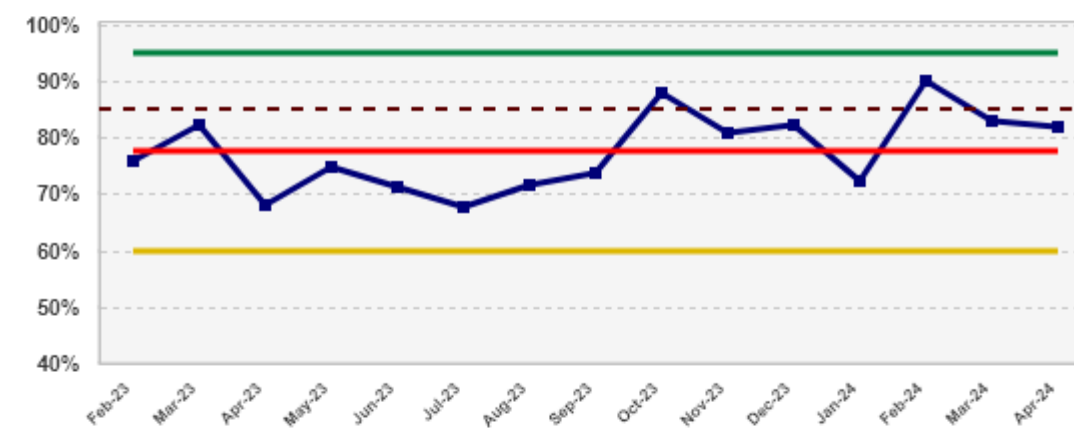
West Middlesex



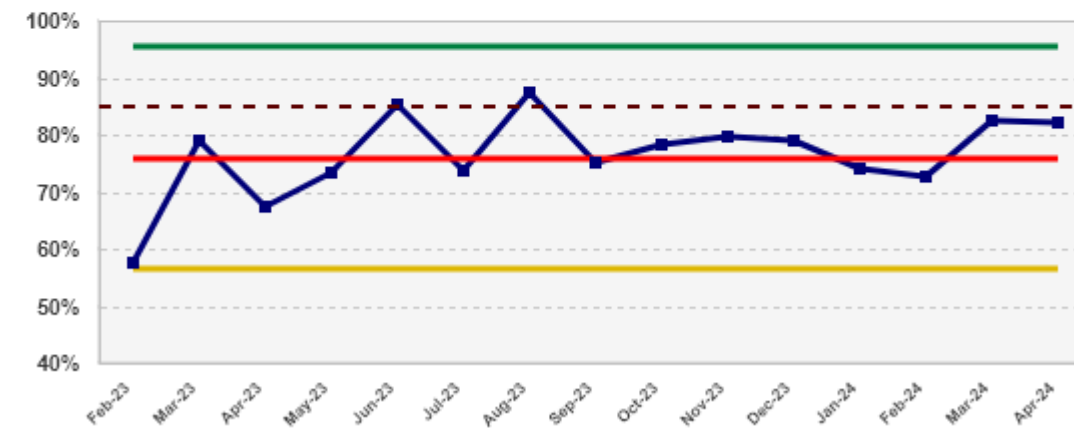
**Cancer: 62 day standard**  
Trust Total



Chelsea and Westminster



West Middlesex





## Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025 Q1	2024-2025	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)	97.1%	95.8%	96.9%	96.3%	98.7%	99.6%	99.2%	99.4%	97.9%	97.6%	97.9%	97.7%	97.7%		-
Incidents	Number of serious incidents	1	1	3	5	1	3	2	3	2	4	5	4	4		-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.7	9.6	9.1	9.3	9.7	9.4	9.2	9.3	9.7	9.5	9.1	9.3	9.3		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.03	0.01	0.02	0.01	0.00	0.03	0.01	0.01	0.01	0.02	0.02	0.02		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.08	3.60	5.31	4.48	3.77	3.00	4.24	3.61	4.90	3.29	4.77	4.04	4.04		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	0.0%	0.0%	1.8%	2.1%	0.0%	0.9%	0.7%	1.0%	0.0%	0.4%	0.4%		-
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	1	0	0	0	1	0	0	0	0		-
	Safeguarding adults - number of referrals	34	33	44	77	32	46	38	84	66	79	82	161	161		-
	Safeguarding children - number of referrals	136	89	108	197	141	124	154	278	277	213	262	475	475		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	67	68	67	67	76	75	73	73	72	72	70	71	70		-
	Number of hospital deaths - Adult	35	32	37	69	80	59	58	117	115	91	95	186	186		-
	Number of hospital deaths - Paediatric	2	0	2	2	0	0	0	0	2	0	2	2	2		-
	Number of hospital deaths - Neonatal	1	2	2	4	0	0	0	0	1	2	2	4	4		-
	Number of deaths in A&E - Adult	1	0	0	0	8	0	0	0	9	0	0	0	0		-
	Number of deaths in A&E - Paediatric	1	0	0	0	0	1	0	1	1	1	0	1	1		-

### MRSA

There were no cases of MRSA identified in May 2024.

**Hand hygiene:** The overall Trust hand hygiene compliance was 97.9%, with 96.9% achieved at the Chelsea site and 99.2% at West Middlesex site, measured against a set local target of 95%.

### Incidents

There were five PSII's declared in May 2024; one case, a stillbirth, is being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme. The other 4 cases are being investigated as local PSII's and include a medication error in NICU, an unexpected admission to NICU, a blood transfusion error in maternity, and an out-of-hospital maternal death. The later has already been investigated and a report submitted to the ICB with no concerns identified. 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 (May 2024), the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting rates are expected following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE). Staff training is an integral part of the roll out.

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

Upcoming work for the Medication Safety Group will be to produce a monthly dashboard/summary to showcase reported incident numbers cross-site against the degree of harm for medication-related incidents, with recognition of the top reporting areas with lowest harm % to be shared with all ward managers for dissemination amongst teams. This is to encourage and inspire a positive reporting culture across the Trust, and increase awareness of the benefits of reporting, and shared learning on focal medication safety themes.

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

The Trust continues to maintain compliance in this area.

### 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	
		Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025 Q1	2024-2025	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	93.4%	95.9%	94.9%	95.4%	96.5%	98.5%	97.5%	98.0%	95.0%	97.3%	96.3%	96.8%	96.8%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	3.9%	2.3%	2.0%	2.2%	1.29%	1.89%	1.14%	1.5%	2.6%	2.1%	1.6%	1.8%	1.8%		-
	FFT: Inpatient response rate (Target: >15%)	18.0%	28.5%	27.0%	27.7%	30.9%	36.9%	35.2%	36.0%	22.8%	32.6%	30.8%	31.7%	31.7%		!
	FFT: A&E satisfaction % (Target: >90%)	85.2%	84.7%	84.0%	84.3%	77.6%	81.0%	77.3%	79.1%	81.9%	83.1%	81.0%	82.0%	82.0%		!
	FFT: A&E not satisfaction % (Target: <10%)	9.0%	10.6%	10.0%	10.3%	14.6%	12.4%	16.6%	14.5%	11.4%	11.3%	12.9%	12.1%	12.1%		!
	FFT: A&E response rate (Target: >15%)	24.9%	19.7%	19.2%	19.4%	20.6%	16.4%	15.9%	16.1%	22.8%	18.1%	17.6%	17.8%	17.8%		!
	FFT: Maternity satisfaction % (Target: >90%)	88.3%	91.7%	87.9%	90.0%	93.8%	83.1%	85.5%	84.2%	91.1%	88.6%	87.0%	87.8%	87.8%		-
	FFT: Maternity not satisfaction % (Target: <10%)	8.6%	6.0%	8.6%	7.2%	2.3%	11.7%	10.1%	11.0%	5.4%	8.1%	9.2%	8.6%	8.6%		-
	FFT: Maternity response rate (Target: >15%)	22.0%	23.5%	20.1%	21.8%	26.6%	16.4%	14.3%	15.3%	24.1%	20.3%	17.4%	18.8%	18.8%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	24	21	20	41	24	21	20	41	41		!
Complaints	Complaints (informal) through PALS	36	54	34	88	31	51	32	83	67	105	66	171	171		-
	Complaints formal: No of complaints due for response	22	19	29	48	5	7	15	22	27	26	44	70	70		-
	Complaints formal: Number responded to < 25 days	20	11	24	35	3	4	15	19	23	15	39	54	54		-
	Complaints sent through to the Ombudsman	0	0	0	0	2	0	0	0	2	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 experienced 20 breaches in May, resulting in patients remaining in mixed sex areas. Breach details: 7 patients waited over 10 hours for a ward bed, with 1 exceeding 30 hours. We have seen a decrease in delay times to get our patients to ward areas overall and are working hard to reduce this further. We have met with the site management team and we are developing a notification alert for breaching patients via teams. Ensuring patient care is our utmost priority, and we are committed to respecting their dignity and cultural beliefs in all circumstances.

### Complaints

87% of complaints were responded to within the 25 day KPI (target 95%) during May 2024. Five complaints were not responded to within the timeframe, four for EIC and one for Specialist Care due to delays in receiving the investigation outcome/draft response. Compliance with responding to PALS concerns within 5 working days was 89% (KPI 90%), with close monitoring and escalation during June we are expecting this position to improve.

### Friends and Family Test

Inpatient satisfaction and response rates continue to be maintained above the trust targets. Whilst not meeting the 90% target, A&E satisfaction rates remain high in comparison to many other London Trusts. There continues to be a decline in the experiences of women accessing maternity care, with the majority of this being linked to postnatal areas cross site and the maternity assessment suite at CW. Feedback themes of staff and patient interactions include; wait times for medication and treatment as well as general patient care. These results have been shared with the relevant department leads for improvement actions. Due to previous messaging underspend on the FFT contract, accrued money was spent on 'nudge' and increased messaging volumes for key areas such as A&E, maternity, outpatients and paediatrics which led to significant response rate increases in the latter part of 2023-24. Contract spend has now equalled out, therefore response rates on the whole have declined and are more in line with national averages



## Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025 Q1	2024-2025	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.49	2.45	2.54	2.50	2.54	2.83	2.37	2.60	2.51	2.58	2.49	2.53	2.53		-
	Average length of stay - non-elective (Target: <3.95)	3.81	3.96	3.94	3.95	3.38	3.37	3.59	3.48	3.57	3.63	3.75	3.69	3.69		-
	Emergency care pathway - average LoS (Target: <4.5)	4.04	4.09	4.09	4.09	3.65	3.62	3.91	3.77	3.80	3.82	3.99	3.90	3.90		-
	Emergency care pathway - discharges	283	301	302	603	451	427	422	849	734	728	724	1453	1453		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.91%	4.71%	4.88%	4.80%	7.16%	6.65%	6.64%	6.65%	6.02%	5.65%	5.73%	5.69%	5.69%		-
	Non-elective long-stayers	466	471	242	713	456	477	196	673	922	948	438	1386	1386		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	85.0%	89.9%	89.9%	89.9%	86.0%	84.8%	88.7%	86.4%	85.3%	88.5%	89.7%	89.0%	89.0%		-
	Operations cancelled on the day for non-clinical reasons: actuals	10	24	4	28	15	28	7	35	25	52	11	63	63		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.26%	0.63%	0.10%	0.36%	0.56%	1.02%	0.24%	0.62%	0.38%	0.79%	0.16%	0.47%	0.47%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	8	2	0	2	3	4	1	5	11	6	1	7	7		!
	Theatre Utilisation Model Hospital (Target > 85%)	76.7%	76%	78.2%	77.0%	91.8%	91.1%	89.9%	90.5%	81.4%	80.7%	82.1%	81.4%	81.4%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.34	2.30	2.40	2.35	1.71	1.55	1.53	1.54	2.05	1.94	1.98	1.96	1.96		!
	Average wait to first outpatient attendance (Target: <6 wks)	9.3	10.2	9.9	10.0	10.9	12.2	11.9	12.1	10.0	11.2	10.9	11.0	11.0		!
	DNA rate: first appointment	11.5%	11.9%	9.5%	10.7%	10.2%	9.8%	9.2%	9.5%	10.9%	10.9%	9.4%	10.1%	10.1%		-
	DNA rate: follow-up appointment	8.6%	9.0%	7.8%	8.4%	7.8%	8.0%	7.2%	7.6%	8.3%	8.6%	7.6%	8.1%	8.1%		-
	PIFU - % of Total Outpatient attendances	11.2%	11.3%	10.9%	11.1%	1.8%	1.9%	1.8%	1.9%	7.4%	7.4%	7.2%	7.3%	7.3%		-

### Day-Case Rate

The day-case rate improved in May 2024 going up to 89.7%, remaining well above the 85% target. The improved performance was seen across both sites.

### Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day significantly decreased Trust-wide in May from 52 to 11. This decrease was seen on both sites, with both sites seeing a significant reduction. This has been driven by a reduction in estates issues on site, and a focus on reducing cancellations on the day.

### Theatre Utilisation

Trust-Wide utilisation increased slightly in May to 82.1%. Theatre utilisation remains significantly above the 85% target at 89.9% on the West Middlesex site. The Chelsea site remains below the 85% target, and has driven the Trusts slight improvement for May, increasing from 76% to 78.2%. Across the Chelsea site, theatre utilisation remains well above the 85% target in Main Theatres, however decreases in utilisation in Treatment Centre and Paediatric Theatres.

### Outpatients

The Trust's First to Follow Up ratio in May was slightly up from April. Although generally improved upon where we were a year ago there remains work to do to shift activity towards New appointments, especially on the CW site. Positively the Average wait to First Attendance was down across both sites, but continues to fluctuate with long waits for routine appointments. The Trust instigated additional appointment reminders for several services at the start of May and the early data suggests a very positive impact on DNA with improvements for both New and Follow up appointments across both sites. PIFU remains static despite the focus in OP Board.



## Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025 Q1	2024-2025	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	92.8%	94.0%	91.6%	92.7%	98.9%	93.9%	94.4%	94.2%	96.1%	94.0%	93.1%	93.5%	93.5%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	66.7%	70.6%	71.4%	71.0%	84.6%	100.0%	93.3%	96.2%	76.0%	82.1%	82.8%	82.5%	82.5%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	86.4%	76.9%	91.7%	84.0%	95.2%	85.0%	88.9%	86.8%	90.7%	81.8%	90.0%	85.7%	85.7%		-
VTE	VTE: Hospital acquired	0	2	0	2	3	6	1	7	3	8	1	9	9		-
	VTE risk assessment (Target: >95%)	94.6%	93.1%	96.1%	94.6%	95.4%	95.6%	96.9%	96.3%	95.0%	94.3%	96.5%	95.4%	95.4%		-
TB Care	TB: Number of active cases identified and notified	2	0	4	4	10	7	4	11	12	7	8	15	15		-
Sepsis	ED % Periods Screened (Target >90%)	92.9%	90.0%	89.8%	89.9%	82.6%	82.9%	85.3%	84.1%	88.6%	87.1%	87.8%	87.5%	87.5%		-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	72.9%	74.9%	71.1%	73.2%	91.0%	90.2%	90.8%	90.5%	79.2%	80.4%	78.4%	79.5%	79.5%		-
	Ward % Periods Screened (Target >90%)	85.2%	84.4%	88.9%	86.5%	93.2%	93.6%	93.4%	93.5%	89.3%	88.7%	90.8%	89.6%	89.6%		-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.9%	98.3%	92.1%	95.7%	95.4%	97.0%	96.2%	96.7%	96.0%	97.6%	94.3%	96.2%	96.2%		-
Discharge	Date of Discharge is same as Discharge Ready Date	87.3%	87.3%	88.9%	88.2%	85.9%	85.0%	84.6%	84.8%	86.6%	86.1%	86.7%	86.4%	86.4%		-
	Date of Discharge is 1+ days after Discharge Ready Date	12.7%	12.7%	11.1%	11.8%	14.1%	15.0%	15.3%	15.2%	13.4%	13.9%	13.2%	13.6%	13.6%		-

### Dementia Screening

Both sites have achieved the target of 90% and above, West Middlesex at 94.4% and Chelsea at 91.6%

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

Performance remained stable at Trust level in May 2024. West Middlesex achieving 93.3% compliance with one patient reported as a breach due to the high trauma list. Time-to-theatre for this patient was 38 hrs despite the service exploring the option of the use of the elective and CEPOD list. In Chelsea 10 out of 14 patients medically fit for surgery had surgery within 36 hours. Three patients who breached were awaiting space on the trauma list due to high volume of trauma while one was awaiting a specialist surgeon for a hip replacement.

### VTE Risk

The Trust is reporting compliance for VTE risk assessment with both sites achieving compliance. The Chelsea site is compliant with the 95% target with good performance from EIC and a significant improvement in the other divisions. West Middlesex Hospital site continues to meet the >95% target for VTE risk assessment at 96.9%. 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

Improvement in screening for sepsis across all areas in May 2024 when compared to the previous month. The improvement in the West Middlesex Emergency department is as a result of focussed work. Current focus on clinical review and de-escalation of patients with a high NEWS score in the Chelsea Emergency Department.



# Access

## Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025	Mar-24	Apr-24	May-24	2024-2025 Q1	2024-2025	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	910	831	789	789	1017	863	787	787	1927	1694	1576	1576	1576		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	88.46%	82.13%	80.76%	81.42%	73.33%	68.13%	74.11%	71.00%	80.16%	74.35%	77.30%	75.81%	75.81%		!
	Diagnostic waiting times >6 weeks: breach actuals	731	1121	1279	2400	2054	2497	1872	4369	2785	3618	3151	6769	6769		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.1%	7.3%	6.5%	6.9%	7.4%	7.2%	7.0%	7.1%	7.3%	7.2%	6.7%	7.0%	7.0%		!
	A&E time to treatment - Median (Target: <60')	00:30	00:24	00:28	00:26	00:30	00:28	00:33	00:31	00:30	00:26	00:31	00:29	00:29		-
	London Ambulance Service - patient handover 30' breaches	43	44	34	78	148	112	138	250	191	156	172	328	328		-
	London Ambulance Service - patient handover 60' breaches	0	0	1	1	6	4	7	11	6	4	8	12	12		!

### Diagnostic 6-Week Waits

May has seen an improvement in DM01 performance at 77.30% when compared to April, 74.34%. West Middlesex remains the most pressured site for MRI and Colonoscopy with the highest number of reported breaches. Performance is in line with recovery trajectory submitted to NWL and some modalities such as CT are slightly ahead of plan. Focus for the coming month is the provision of an additional MRI scanner for both sites to allow us to clear our backlog of patients and return to compliance.

### Ambulance Handover

Ambulance handover performance remains strong with minimal 60 and 30 minute breaches in May 2024.





## RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24
RTT waiting list positions	Total RTT waiting list	28675	28148	29362	33496	32640	32185	62171	60788	61547
	Total Non-Admitted waiting list	25272	24869	26103	31398	30416	30144	56670	55285	56247
	Non-Admitted with a date	6450	9543	12425	5291	7293	10824	11741	16836	23249
	Non-Admitted without a date	18822	15326	13678	26107	23123	19320	44929	38449	32998
	Total Admitted waiting list	3403	3279	3259	2098	2224	2041	5501	5503	5300
	Admitted with a date	469	620	962	384	557	772	853	1177	1734
	Admitted without a date	2934	2659	2297	1714	1667	1269	4648	4326	3566
	Patients waiting >65 weeks	189	192	230	123	110	118	312	302	348
	Patients waiting >78 weeks	32	25	22	23	12	6	55	37	28
	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		
	Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24
<b>Total</b>	<b>910</b>	<b>831</b>	<b>789</b>	<b>1017</b>	<b>863</b>	<b>787</b>	<b>1927</b>	<b>1694</b>	<b>1576</b>
Breast Surgery									
Burns Care	1	1	2				1	1	2
Clinical Haematology				12	14	4	12	14	4
Colorectal Surgery	37	33	30	51	45	28	88	78	58
Dermatology	7	10	13	4	3	4	11	13	17
Endocrinology		1	1	19	18	24	19	19	25
ENT	5	5	4	82	78	65	87	83	69
Gastroenterology						2			2
General Surgery	227	184	184	99	76	56	326	260	240
Gynaecology	4	3	2	1		1	5	3	3
Hepatology			1	28	31	45	28	31	46
Maxillo-Facial Surgery						1			1
Medical Endoscopy		2		1	4		1	6	
Neurology	1	1		2	1	5	3	2	5
Ophthalmology	12	7	9				12	7	9
Oral Surgery				7	2	1	7	2	1
Orthodontics	1						1		
Paediatric Allergy	2						2		
Paediatric Burns Care		1						1	
Paediatric Cardiology	6	11	8	28	17	12	34	28	20
Paediatric Clinical Haematology				1	6	2	1	6	2
Paediatric Clinical Immunology	2		2	1	2		3	2	2
Paediatric Dentistry	5	6	3				5	6	3
Paediatric Dermatology		1	2	1			1	1	2
Paediatric Ear Nose and Throat	3	5	2	27	17	23	30	22	25
Paediatric Endocrinology				2	2	2	2	2	2
Paediatric Epilepsy				1	1		1	1	
Paediatric Gastroenterology	5	6	9	6	4	10	11	10	19
Paediatric Maxillo-Facial Surg	5	2	2				5	2	2
Paediatric Nephrology					1	1		1	1
Paediatric Neurology	1	1	1	1			2	1	1
Paediatric Plastic Surgery	29	36	36	5	5		34	41	36
Paediatric Respiratory Medicine				3	3		3	3	
Paediatric Rheumatology	2	1	1	2	3	3	4	4	4
Paediatric Surgery					1	2		1	2
Paediatric Trauma and Orthopaedics				4	1	1	4	1	1
Paediatric Urology		1			1	2		2	2
Paediatrics	4	3	2	41	28	3	45	31	5
Pain Management	2		1				2		1
Plastic Surgery	134	130	115	134	118	137	268	248	252
Podiatric Surgery				2	3	2	2	3	2
Podiatry				1		2	1		2
Respiratory Medicine				46	13	6	46	13	6
Rheumatology				61	59	65	61	59	65
Trauma & Orthopaedics	256	236	210	227	193	181	483	429	391
Trauma and Orthopaedics	45	34	10				45	34	10
Urology	15	27	55	8	5	1	23	32	56
Vascular Surgery	99	83	84	108	107	96	207	190	180



## Maternity

### Maternity Dashboard - May 2024

Domain	Indicator	Target	Chelsea & Westminster Hospital Site				West Middlesex University Hospital				Combined Trust Performance			
			Mar-24	Apr-24	May-24	2024/25	Mar-24	Apr-24	May-24	2024/25	Mar-24	Apr-24	May-24	2024/25
Workforce	Midwife to birth ratio (Target: 1:26 CW and 1:22 WM)	CW 1:26 WM 1:22	1:24	1:25	1:26	1:26	1:24	1:25	1:25	1:25	1:24	1:25	1:25	1:26
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	2:38	1:98	1:98	1:98	2:38	1:98	1:98	1:98	2:38	1:98
Birth Indicators	Total number of NHS births*	CW 434 WM 366	448	448	432	880	374	398	380	778	822	795	812	1658
	Total number of bookings*	CW 542 WM 445	512	585	613	1198	530	445	465	910	1042	1010	1078	2108
	Maternity 1:1 care in established labour (Target: >95%)*	>95%	98.40%	95.60%	89.00%	95.60%	98.00%	95.30%	93.00%	95.30%	95.00%	96.60%	90.00%	96.60%
Safety	Admissions >37/40 to NICU/SCBU*		27	23	19	23	29	16	16	16	56	39	35	39
	Number of reported Serious Incidents *		0	3	0	3	2	2	2	2	2	5	2	5
	Cases of hypoxic-ischemic encephalopathy (HIE)		0	1	0	1	2	1	1	1	2	2	1	2
	Pre-term (gestation <37 weeks) as % of mothers delivered*		5.80%	7.80%	6.71%	7.80%	7.50%	5.50%	4.68%	5.50%	6.56%	6.60%		6.60%
	Number of stillbirths		2	1	0	1	0	1	0	1	2	2	0	2
	Number of Infant deaths		0	4	3	4	0	1	0	1	0	5	3	5
	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		4.50%	TBC	TBC	TBC	5.10%	TBC	TBC	5.70%	4.78%	TBC	TBC	TBC
	% Spontaneous unassisted vaginal births*		21.40%	23.60%	25.53%	25.94%	22.50%	24.12%	29.30%	24.12%	21.90%	25.03%	26.70%	25.03%
	% Vaginal Births - spontaneous & induced*		34.60%	41.80%	40.50%	41.80%	44.70%	42.20%	47.32%	42.20%	43.67%	42.00%	43.00%	42.00%
	Instrumental deliveries*		73	44	54	41	35	59	35	59	108	103	89	100
	Pre-labour elective caesarean sections*		78	91	76	76	45	57	42	57	123	148	118	133
	Emergency caesarean sections in labour*		129	103	105	99	122	111	110	111	251	214	215	210

\* Unvalidated data, this data will be validated for the following report.



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 May are 1:26 at Chelsea and 1:25 at West Middlesex. Quarterly recruitment days are in place alongside international recruitment. The service have completed successful international recruitment and are awaiting the arrival of 27 internationally educated midwives (IEM's) who are expected between April and August 2024, the additional IEM PDM support roles are currently out to advert and a further recruitment day is planned for the end of June, It is expected that the IEMs will complete their preceptorship by next year. The senior team continue to monitor red flag events on a daily basis, there were 0 red flag events recorded on the Chelsea site in May and 6 on the West Mid, these red flags are currently being reviewed. The confidence factor for completion of the Birthrate plus acuity tool decreased further on the Chelsea site to 67.74%, conversely there was an increase at West Mid to 86.56%. 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. All temporary staff complete an orientation pack on arrival for their first shift. The Neonatal Nursing Business Case will be presented to Performance and improvement for the 2<sup>nd</sup> time once the private neonatal income component has been agreed to seek approval to fund the service at the recommended nursing ratio.

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 Q4 Maternity and Neonatal Staffing Report. The workforce review for the WMUH site is now in the consultation stage with HR partner's support. 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. For tier 1 69% and for tier 2 77% of cover was provided to meet level 2 BAPM standards. 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:** The service has commenced a cross-site review of all stillbirths, neonatal deaths and HIE for 23-24 and this will be shared in the Q1 Maternity and Neonatal Quality and Safety Report.

**WMUH site:** There were 2 reported PSII incidents in May and 1 has been referred to MNSI.

1. **Escalated as PSII, ventilated baby at 36+4 weeks**, white British woman booked in her 4th pregnancy (three previous caesarean births). Medical and social Hx and complexity in current pregnancy. Following admission at 36+2 a decision was made to proceed with a category 2 caesarean birth in view of fetal tachycardia. A baby born with Apgar score 7, 9 and 9 at 1, 5 and 10 minutes of life. At 10 minutes of life, the baby developed signs of respiratory distress. Baby was subsequently transferred to SCU, intubated and ventilated in view of ongoing respiratory distress and hypoglycaemia. The baby was then transferred to CWH, where they were extubated at approximately 18 hours of life.
2. **Referred to MNSI-cooled baby at term**-White other woman, P0. Booked under low risk pathway. At term attended triage with a history of SROM with meconium stained liquor/contracting and transferred for 121 care. After augmentation of labour, no progress from 4cm and decision for CS. In theatre, following the administration of IV antibiotics (cefuroxime and metronidazole) the woman developed a significant reaction and adrenaline was given by the anaesthetist. Decision made for GA as epidural not effective with ongoing fetal bradycardia. Baby born in poor condition requiring CPR and intubation. Baby transferred out to QCH for escalation of care.

There were 96 reported incidents in May a decrease from 149 Apr. Main themes arising:

- (i) Maternal, fetal and neonatal n=62 (Maternal Obstetric Haemorrhage >1500mls n=11, 3<sup>rd</sup>/4<sup>th</sup> degree tears n=7, Category 1 CS n=6)
- (ii) Access to care/admissions, n=10. A decrease in reported delays from 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 was no reported PSII or AAR incidents in May.

There were 148 reported incidents in May an increase from 134 in Apr. Main themes arising:

- (i) Maternal, fetal and neonatal: n=52 (Most reported incidents post-partum haemorrhage >1500mls n=10, maternal readmissions n=6)
- (ii) Medication: n=18
- (iii) Access to care/admission (n=17) mostly attributed to delays in transfer for care or cancellation in planned procedures

1. **PMRT (Cross site):** CW site 3 NND (26/40, 27/40 and a 36 week baby with a congenital diaphragmatic hernia). WMUH had no reported cases.
2. **ATAIN (Cross site):** WM site –16 admissions, 12 were reviewed 1 was deemed avoidable. CW 19 cases were reviewed 3 were considered avoidable 2 of these cases due to hypothermia a thematic review into hypothermia case has been commissioned. 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. The service intends to move all midwifery AN appointments to 30mins by August 2024, to support the increased risk assessments and information sharing required to support this element. **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		
		Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-24	Mar-24	Apr-24	May-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	95%	83%	92%	98%	92%	94%	96%	88%	93%
Training compliance for all staff groups in maternity related to fetal monitoring	90% + requirement	94%	91%	96%	92%	92%	92%	93%	92%	94%
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



## 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 May overall multi-disciplinary training compliance is at 93% and 94% for fetal monitoring training, there has been an improvement in compliance across both sites, although Obstetric Trainees on the Chelsea site for fetal monitoring and multidisciplinary training and Anaesthetic trainees on the WMUH site require focus over the next 8 weeks to meet compliance in these groups. All trainees have been allocated a MOM's session and compliance is expected to improve by end of June. 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 April WM saw a decline in positive response rate from 93.15% to 82.47% with a significant decrease in response rate to 21%. CW had a sustained positive rating of 90% however this is below the 95% target. 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 2<sup>nd</sup> April 2024, the service have completed a gap analysis of the updated safety actions and this will be 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			
		Mar-24	Apr-24	May-24	2024-2025	YTD breaches	Mar-24	Apr-24	May-24	2024-2025	YTD breaches	Mar-24	Apr-24	May-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		91.7%	95.8%	87.9%	95.8%	4.5	91.7%	95.8%	87.9%	95.8%	95.8%	4.5		-	
	Colorectal / Lower GI	100%	86.7%	100%	86.7%	1	69.6%	62.5%	26.9%	62.5%	23.5	84.1%	71.8%	44.1%	71.8%	71.8%	24.5		!	
	Gynaecological	100%	100%	100%	100%	0	90.0%	100%	71.4%	100%	2	91.7%	100%	81.8%	100%	100%	2		-	
	Haematological	100%	87.5%	85.7%	87.5%	1.5	100%	100%	78.6%	100%	6	100%	96.2%	80.0%	96.2%	96.2%	7.5		-	
	Head and neck	100%	100%	100%	100%	0	n/a	n/a	40.0%		3	60.0%	100%	72.7%	100%	100%	3		-	
	Lung	55.0%	80.0%	33.3%	80.0%	3	100%	90.0%	50.0%	90.0%	6.5	75.0%	85.0%	46.7%	85.0%	85.0%	9.5		!	
	Sarcoma	n/a	n/a	0.0%	n/a	1	66.7%	50.0%	n/a	50.0%	0.5	66.7%	50.0%	0.0%	50.0%	50.0%	1.5		!	
	Skin	100%	81.5%	92.6%	81.5%	4.5	100%	87.0%	100%	87.0%	1.5	100%	84.0%	94.4%	84.0%	84.0%	6		-	
	Upper gastrointestinal	n/a	100%	94.4%	100%	1	100%	n/a	75.0%		16	100%	74.4%	84.2%	74.4%	74.4%	17		-	
	Urological	80.0%	71.4%	58.8%	71.4%	8	86.5%	90.5%	70.8%	90.5%	15	84.7%	85.7%	67.7%	85.7%	85.7%	23		!	
	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		60.0%	100%	n/a	100%	0	60.0%	100%	n/a	100%	100%	0		-	

### Trust Commentary

### May 2024

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				
<b>Total:</b>	<b>15</b>	<b>73.5</b>	<b>22</b>	<b>103.5</b>



Safer Staffing

Chelsea and Westminster **May 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 Home	103%	66%	106%	102%	3.3	2.4	5.8	6.4	4.33%	16.67%	31.57%	4	8		1				90.0%	
Lord Wigram	79%	103%	91%	141%	4	3.5	8	7.5	7.47%	0.00%	4.54%	2	5						100.0%	
St Mary Abbots	91%	87%	99%	95%	3.9	2.5	6.6	7.2	17.68%	11.29%	17.28%	5	5						96.9%	
David Evans	77%	84%	126%	222%	6.5	3.6	10.1	7.2	-10.31%	7.77%	41.86%		2						92.6%	
Chelsea Wing	103%	118%	99%	68%	9.8	6	15.8	7.2	24.97%	6.90%	0.00%	1	1						100.0%	
Burns Unit	101%	194%	156%	213%	16.4	5.7	22.1	N/A	18.41%	10.60%	0%								100.0%	
Ron Johnson	98%	134%	101%	139%	4.8	3.5	8.3	7.6	18.23%	18.53%	26.67%	2	4						100.0%	
ICU	98%	52%	99%	54%	25	0.9	26.4	26	13.89%	12.57%	0%		1							
Rainsford Mowlem	77%	75%	77%	82%	3.2	3	6.6	6.9	1.87%	9.37%	22.98%	6	12						92.5%	
Nightingale	83%	86%	106%	99%	3.5	3.3	6.8	7.4		0.00%	14.55%	8	16		1				100.0%	

West Middlesex **May 2024**

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



## Safer Staffing & Patient Quality Indicator Report

### May 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 HCA fill rates day and night to accommodate mental health patients requiring 2:1 and 1:1 observation. Kew Ward had a high HCA fill rate at night due to bay nursing and 1:1 care for confused patients at risk of falls. Syon 1 saw an increased HCA fill rate at 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 required additional day RN due to additional escalation beds. 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.

Starlight ward had high RN fill rate for days due to skill mix necessity.

#### **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. The low RN day fill rate reflected the unit's support to other units with skill mix, with the ward manager assisting. Saint Mary Abbot had an increased HCA fill rate at night due to specialising for patients at increased risk of falls and staffing for escalation beds. Increased RN fill rates on Burns were due to higher acuity in Burns ITU and patients requiring 1:1 care for safety.

The reduced RN fill rate on Annie Zunz was due to an administrative error on the staffing template, now rectified. CHPPD and patient safety was not compromised. Ron Johnson had high HCA fill rates day and night due to a patient requiring an additional two HCAs for safety. The additional RN fill rate was to staff the GDU escalation area. Chelsea Wing required extra RN cover day and night for a patient needing 1:1 care.

Nell Gwynne had low HCA fill rates for day and night shifts due to unfilled sickness. Nightingale Ward had high RN and HCA fill rates at night due to the opening of escalation beds, necessitating increased night cover. AAU, David Erskine, and Edgar Horne had low HCA fill rates during the day due to sickness and inability to cover shifts with bank staff, but CHPPD was maintained by redeploying staff between wards and with ward manager assistance. The additional HCA fill rate at night for Rainsford Mowlem and Edgar Horne was due to bay nursing and 1:1 care for confused patients at risk of falls

#### **Incidents:**

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

The falls incident occurred on Ron Johnson. The patient sustained a fractured following a fall in the ward area. The patient required surgery but has now been discharged. .

Friends and Family test showed that six wards at CW and five at WM scored 100%. Nell Gwynne FFT reported concerns from one particular family regarding discharge planning and funding. The Patient has been declined by rehabilitation, and remains and inpatient.

WM's maternity FFT compliance has declined, particularly on the postnatal ward. To address this, matrons and ward managers have implemented "Feedback Friday" to boost response rates and engage directly with women and birthing persons. This initiative aims to gain valuable insights into their experiences.

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





## Safe Staffing Analysis | Registered Nurse and Care Staff May 2024

**RN Fill Rates (ward areas)** decreased from 106.13% in April 2024 to 105.11% in May 2024. The RN vacancy rate (whole trust) in April 2024 was 5.62%.

**Care Staff Fill Rates (ward areas)** increased from 102.80% in April 2024 to 107.78% in May 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in April 2024 was 10.35%.

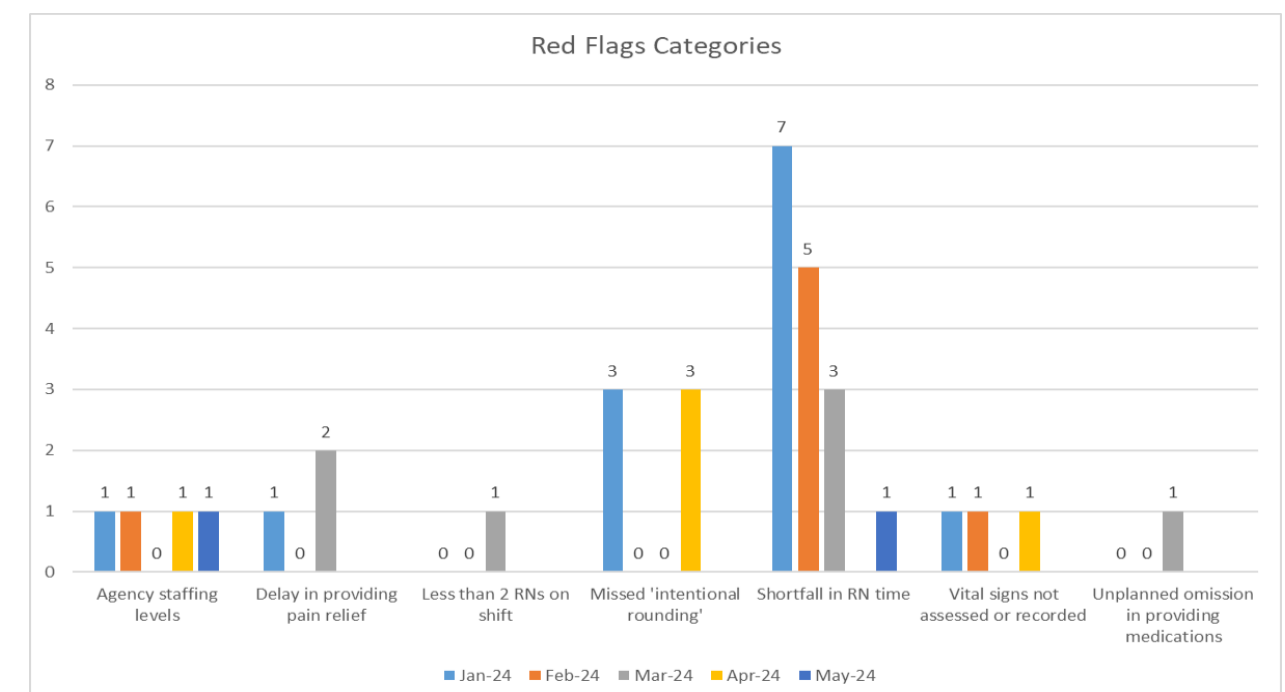
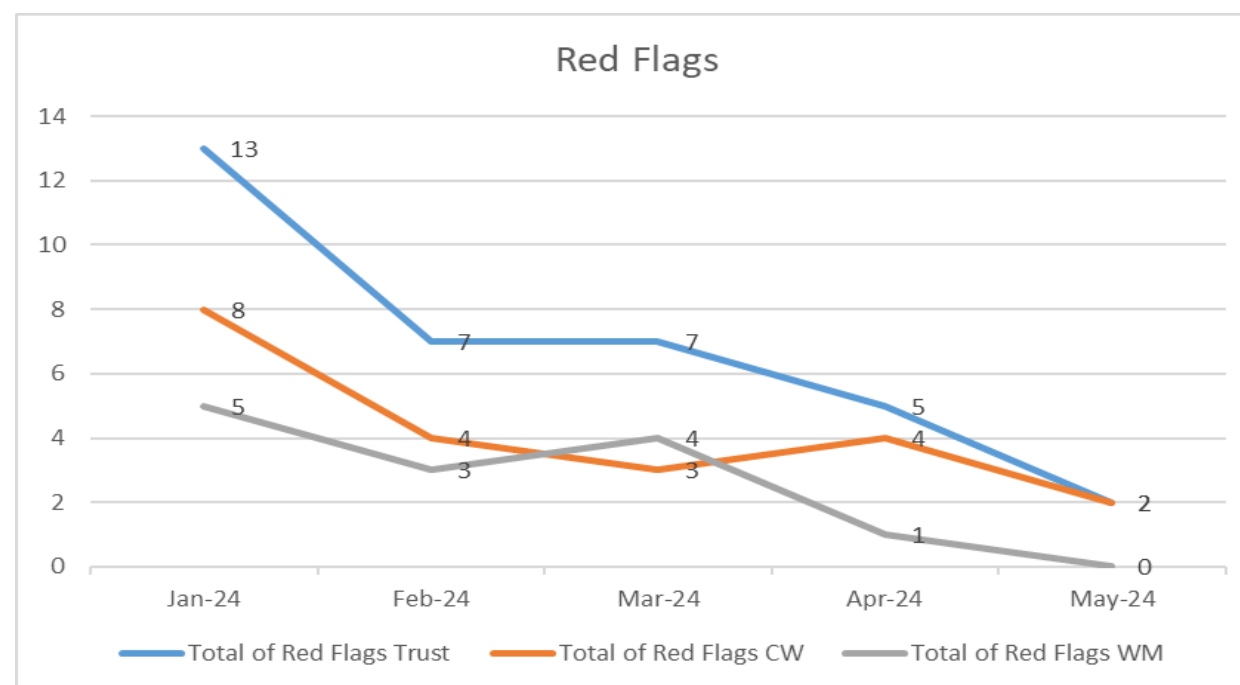
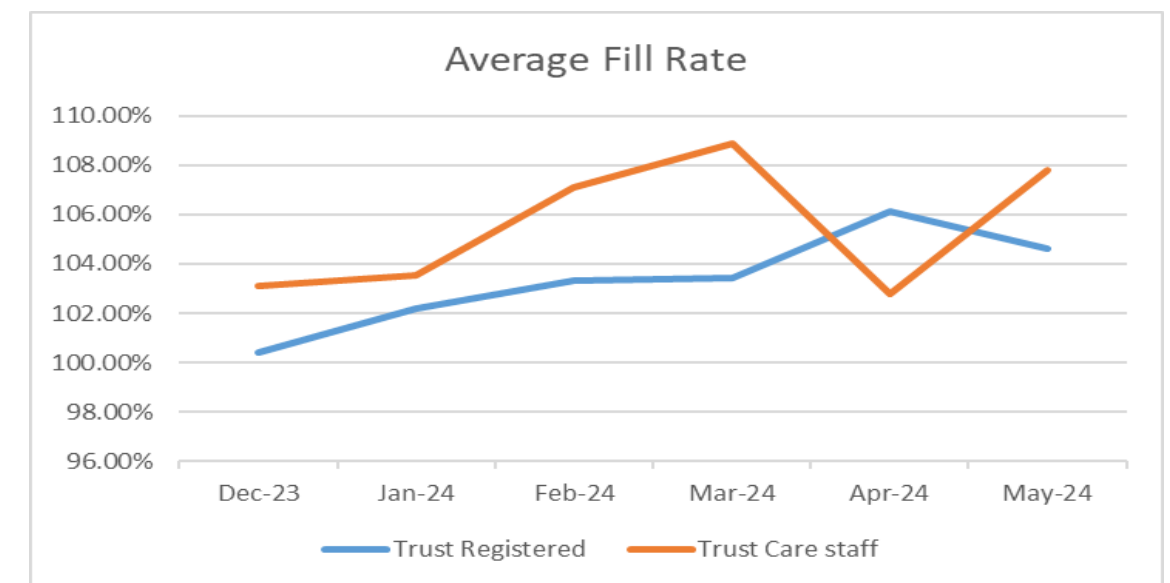
**The Trust overall fill rate (ward areas)** (RN and Care Staff combined) increased from 104.46% in April 2024 to 106.44% in May 2024.

**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 9.0 in May 2024, up from 8.0 in April 2024

**Safe Staffing Red Flags** – 2 red flags from the 5 categories (tables below) were reported during May 2024 : one flag in 'Shortfall in RN time' and one flag in 'Agency Staffing Levels'

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

Nursing, Midwifery and care staff average fill rate May 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
105.11% ↓	107.78% ↑	6.3 ↔	2.7 ↑	9.0 ↑





## Finance M2 (May 2024) 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	152,199	159,833	7,635
<i>Expenditure</i>			
Pay	(86,629)	(91,082)	(4,453)
Non-Pay	(58,620)	(64,069)	(5,449)
<b>EBITDA</b>	<b>6,950</b>	<b>4,682</b>	<b>(2,267)</b>
EBITDA %	5%	2.93%	-1.6%
Depreciation	(5,479)	(5,503)	(24)
Non-Operational Exp-Inc	(1,823)	(1,832)	(9)
<b>Surplus/Deficit</b>	<b>(352)</b>	<b>(2,652)</b>	<b>(2,300)</b>
Control total Adj - Donated asset, Impairment & Other	(38)	(171)	(133)
PFI Model recalculation		475	475
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(390)</b>	<b>(2,348)</b>	<b>(1,958)</b>

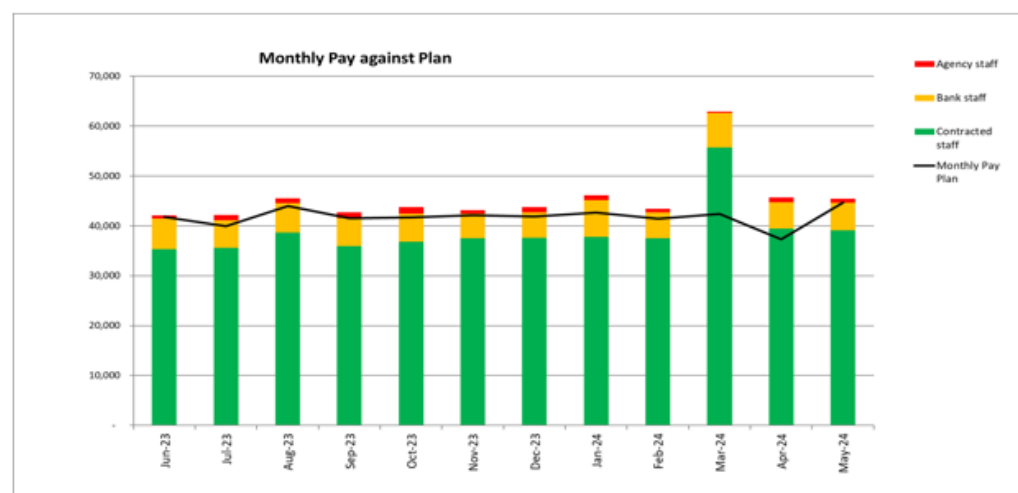
The adjusted financial position at month 2 is a £2.35m deficit which is £1.96m adverse against a deficit plan of £0.39m

**Pay:** £4.45m adverse against plan. At month 2 the position includes covid and consultant pay award spend which were not part of the plan. There is also underachievement against CIP.

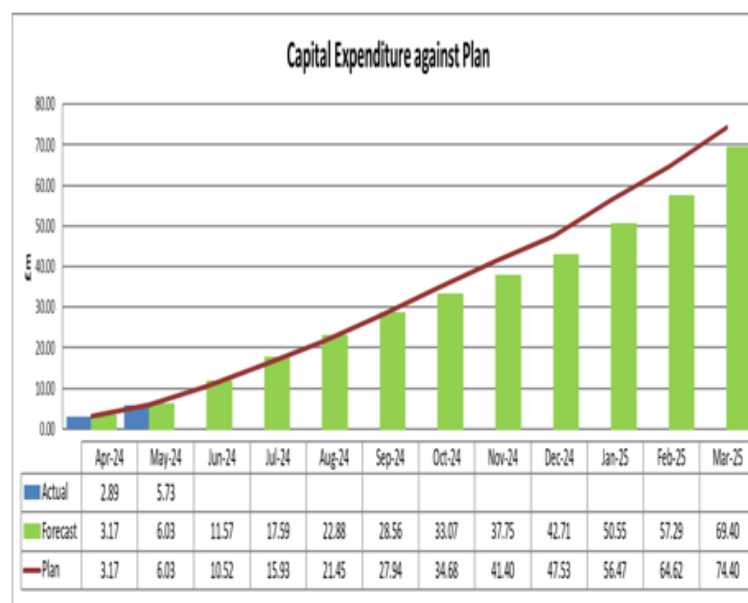
**Non-Pay:** There is a £5.45m adverse variance, included are Covid spend (offset by income), full CNST charge and other activity related costs.

### Income

M02 Income position is strong and in line with 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

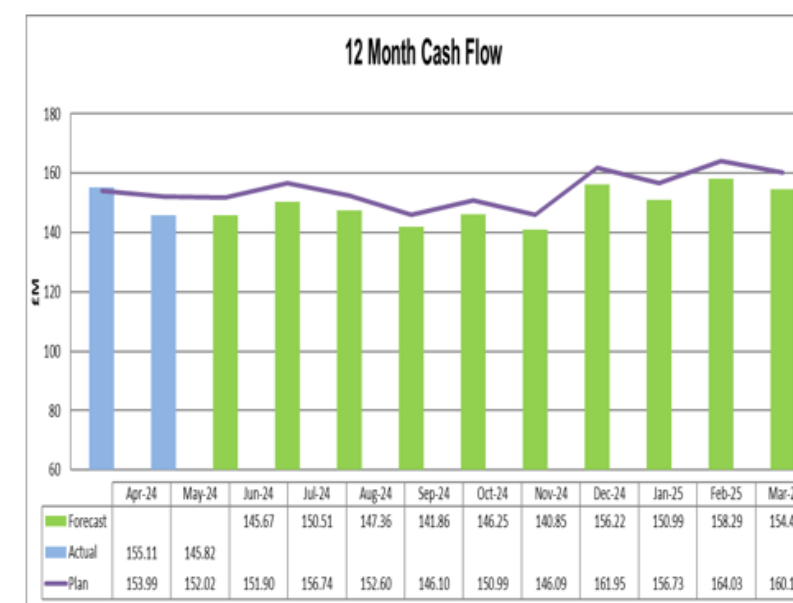


**Comment:** Month 12 payroll figures include additional spend for 6.3% Pension contribution - £18.45m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



### Comment

The original capital programme for 2024/25 was £65.42m, which had been adjusted to £74.40m 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, £2.28m for Medical Equipment, £6.29m for IT equipment, £0.37m ICS Reserves, Estate schemes £13.42m and a contingency fund of £6.26m which is yet to be allocated. The YTD PO2 position is an under spend of £0.30m against the PO2 YTD planned budget of £6.03m. 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 M2 of £6.2m is positive cash variance b/fwd from M1 of £1.12m, higher receipts to plan of £0.23m (ICB £0.80m higher, Maternity Bonus £3.09m higher, Local Authority £1.51m lower, Donations £0.03m lower, NHS England £1.44m lower, AR £0.53m higher, PP Income £0.43m lower, FT's £0.91m lower, Interest Income £0.14m higher, Other Income £0.01 higher) offset by Higher cash outflows to plan £7.55m (Higher Creditor payments & Higher Payroll)