



TRUST PERFORMANCE & QUALITY REPORT

October 2024



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	82.76%	77.18%	77.26%	80.00%	81.54%	77.88%	75.52%	79.39%	82.13%	77.53%	76.35%	76.35%	79.69%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	63.81%	64.77%	64.90%	64.84%	61.76%	62.66%	62.57%	62.14%	62.74%	63.68%	63.70%	63.70%	63.43%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.87%	96.26%	95.40%	96.66%	97.78%	98.30%	99.57%	98.09%	96.99%	97.49%	97.81%	n/a	97.50%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	97.78%	100%	100%	100%	97.78%	n/a	100%	
	31 day combined position (Target: >=96%)	98.31%	100%	100%	98.56%	98.94%	98.06%	93.59%	97.84%	98.69%	98.77%	96.55%	96.55%	98.11%	
	62 day combined position (Target: >=85%)	80.51%	85.34%	79.92%	81.64%	93.41%	83.82%	84.88%	84.49%	88.33%	84.34%	82.86%	82.86%	83.37%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	82.40%	82.76%	87.89%	82.78%	80.94%	78.36%	81.57%	79.14%	81.50%	79.99%	84.04%	84.04%	80.54%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	6	1	1	24	3	4	3	22	9	5	4	4	46	

A&E 4-hr Waiting Times

Trust wide performance for October was reported as 76.35%, with year-to-date performance as 79.69%. CW performance was 77.26% and WM 75.52% At CW this was a slight increase in performance and at WM this marked a decrease in performance of 2.36%. Performance remains challenged and is being monitored through the Trust Flow Board.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained relatively stable in October 2024, standing at 63.70%. Elective admitted and outpatient activity levels in October are above operational plans. For October 2024, the total RTT Patient Treatment List (PTL) increased to 61,487 (+637), 52ww decreased to 660 (-82), 65ww decreased to 20 (-3) and there are no patients waiting above 78ww for the second consecutive month. For the 65ww position of the 20 breaches, 7 are due to patient choice, 6 are complex and 7 are due to capacity. While progress continues to be made in the backlogs and with the achievement of the 78ww target, the focus has shifted to chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities: Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day:

The 31-Day combined target maintained performance for the month of September 2024 with a performance of 98.77% and the October 2024 unvalidated position is 96.55% against the 96% standard.

62-Day:

The 62-Day combined target of 85% standard was marginally below the target in September 2024 with a performance of 84.34%. October 2024 position continues to be validated, standing at present at 82.86%. The backlog trajectory remains within set tolerances with deep dives underway in to services to support recovery. Our current challenges are seen within Urology, Gynaecology, Lung and Head & Neck.

28-Day FDS:

The Trust continues to maintain compliance against the FDS in September 2024 standing at 79.99%, with a strong unvalidated position for October, currently at 84.04%. We continue to meet the national 75% target and remain in line to meet the increased trajectory of 77% for March 2025.

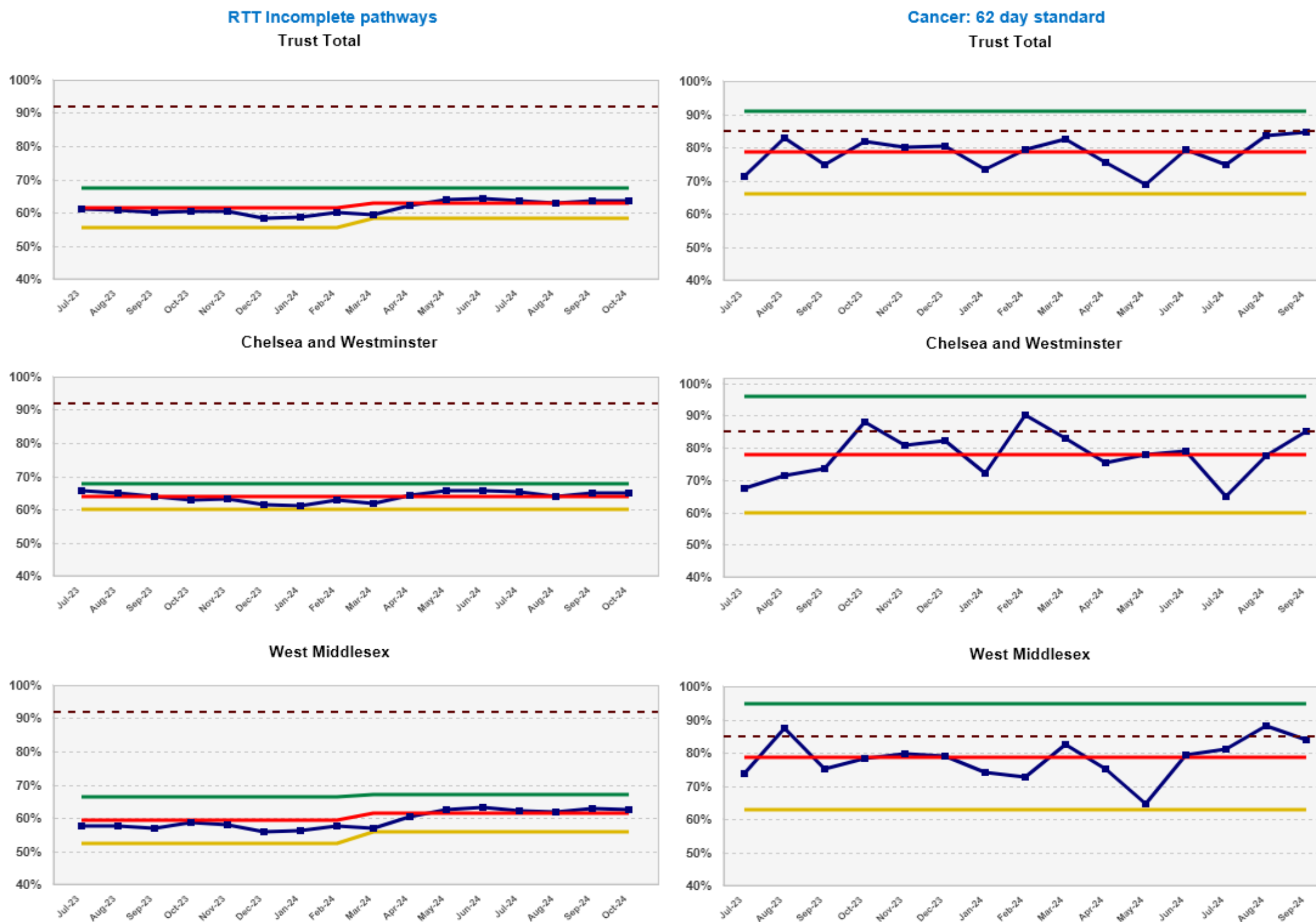
Clostridium Difficile

There were 4 healthcare-associated CDI cases in October 2024, 3 occurred at WMH and 1 at CWH. All cases occurred on different wards and in different divisions (2 EIC and 2 PC). There is currently no evidence of cross-transmission and RCA meetings have been scheduled.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months Jul 2023 to Oct 2024





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	1	1	0	0	2	1	0	0	0	3		-
	Hand hygiene compliance (Target: >90%)	96.6%	97.2%	93.5%	95.9%	99.4%	98.4%	98.6%	99.1%	97.8%	97.8%	95.8%	95.8%	97.3%		-
Incidents	Number of serious incidents	1	4	1	14	0	3	2	14	1	7	3	3	28		-
	Incident reporting rate per 100 admissions (Target: >8.5)	12.0	10.0	10.7	10.2	9.9	8.9	10.2	9.6	10.9	9.5	10.5	10.5	9.9		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.03	0.05	0.00	0.01	0.00	0.03	0.00	0.01	0.02	0.04	0.00	0.00	0.01		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.66	4.59	5.50	5.40	4.86	4.04	3.64	4.27	5.77	4.30	4.54	4.54	4.83		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	1.1%	1.6%	0.0%	0.5%	1.5%	0.0%	0.0%	0.7%	1.2%	0.8%	0.0%	0.0%	0.6%		-
Harm	Never Events (Target: 0)	0	0	0	1	0	0	0	0	0	0	0	0	1		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	1	1	1	1	6	1	1	1	1	7		-
	Safeguarding adults - number of referrals	37	36	43	270	33	29	42	282	70	65	85	85	552		-
	Safeguarding children - number of referrals	75	98	137	730	127	122	141	931	202	220	278	278	1661		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	65	66	66	66	73	71	72	72	70	69	70	70	70		-
	Number of hospital deaths - Adult	32	39	33	239	39	41	70	404	71	80	103	103	643		-
	Number of hospital deaths - Paediatric	0	0	1	3	0	0	0	0	0	0	1	1	3		-
	Number of hospital deaths - Neonatal	0	3	1	10	0	1	0	2	0	4	1	1	12		-
	Number of deaths in A&E - Adult	0	2	0	10	1	2	1	11	1	4	1	1	21		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1		-

MRSA

There were 0 MRSA healthcare-associated bacteraemia in October 2024. This financial year there has been a total of 3 cases against a target of 0.

Incidents

There were three PSII's declared in October 2024; two cases are being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme and relate to a unexpected term admission to NICU and an unexpected neonatal death. The other case is being investigated as local PSII; a delayed cancer diagnosis. 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 (October 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).

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

CW site achieved reporting target. WM site did not achieve reporting target.

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

Trust target has been 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	
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	Trend charts	
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	92.67%	90.37%	98.02%	94.50%	98.06%	97.34%	97.75%	97.68%	96.19%	94.55%	97.87%	97.9%	96.30%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	2.93%	3.68%	3.21%	2.92%	0.58%	0.95%	0.61%	0.93%	1.40%	2.05%	1.79%	1.8%	1.79%		-
	FFT: Inpatient response rate (Target: >15%)	18.33%	21.83%	23.84%	25.10%	38.23%	38.38%	33.56%	37.43%	27.79%	29.43%	28.32%	28.3%	30.87%		!
	FFT: A&E satisfaction % (Target: >90%)	88.63%	86.55%	83.24%	85.15%	86.22%	79.65%	75.46%	78.92%	87.50%	83.52%	79.66%	79.7%	82.36%		!
	FFT: A&E not satisfaction % (Target: <10%)	7.32%	9.50%	11.24%	9.91%	9.31%	14.29%	16.78%	14.78%	8.25%	11.60%	13.78%	13.8%	12.09%		-
	FFT: A&E response rate (Target: >15%)	10.15%	10.03%	9.91%	14.32%	8.94%	8.50%	8.43%	12.16%	9.54%	9.29%	9.17%	9.2%	13.26%		!
	FFT: Maternity satisfaction % (Target: >90%)	89.58%	88.60%	89.58%	90.57%	77.78%	92.00%	97.10%	87.17%	83.87%	89.95%	92.73%	92.7%	89.21%		!
	FFT: Maternity not satisfaction % (Target: <10%)	6.25%	9.65%	8.33%	6.54%	16.67%	5.33%	1.45%	8.30%	11.29%	7.94%	5.45%	5.5%	7.25%		-
	FFT: Maternity response rate (Target: >15%)	19.05%	22.05%	17.27%	20.80%	19.27%	16.27%	14.20%	16.16%	19.16%	19.33%	15.83%	15.8%	18.66%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	21	18	30	139	21	18	30	30	139		!
Complaints	Complaints (informal) through PALS	40	37	54	277	33	47	41	246	73	84	95	95	523		-
	Complaints formal: No of complaints due for response	20	39	26	193	13	9	11	76	33	48	37	37	269		-
	Complaints formal: Number responded to < 25 days	20	36	21	155	11	9	11	63	31	45	32	32	218		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	1	1	0	0	1	1	1		-

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 30 breaches in October where this standard wasn't met, resulting in patients remaining in mixed-sex areas. Breach details: 6 patients waited over 10 hours for a ward bed, with 2 exceeding 30 hours. This is due to an ongoing high bed occupancy rate within ICU and the wards at WM. The ICU Matron continues to highlight these breaches at the bed meetings with the site management team. We have however seen the average delayed discharge time for our patients decrease slightly by 1-2hrs in October. Our patients and their relatives are always informed of the reasons mixing has occurred and what is being done to address this wherever possible.

Complaints

86% of complaints were responded to within the 25 day KPI (target 95%) during October 2024. Five complaints were not responded to within the timeframe; 3 for Planned Care, 1 for EIC and 1 for Specialist Care. This was due to delays in receiving the investigation outcome/draft response from divisional investigators or further work was required on the draft following senior review. All complaints for October are now completed. Compliance with responding to PALS concerns within 5 working days during October was 89% (KPI 90%).

Friends and Family Test

Inpatient areas across the trust continue to meet the satisfaction and response rate targets. A&E satisfaction rate continues to fluctuate each month, themes are associated with positive patient and staff communication. The negative themes relate to waiting times, lack of information and patient transport. Maternity satisfaction rate continues to improve at West Middlesex Hospital while the Chelsea site score alternates below the Trust target. Positive themes include clinical treatment provided, alongside staff and patient interaction.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.87	2.76	2.60	3.07	2.61	2.14	2.51	2.51	2.79	2.53	2.57	2.57	2.88		-
	Average length of stay - non-elective (Target: <3.95)	5.53	5.14	4.72	4.38	3.90	3.96	3.96	3.66	4.57	4.43	4.28	4.28	3.97		!
	Emergency care pathway - average LoS (Target: <4.5)	7.03	7.54	6.33	5.03	4.39	4.68	4.65	4.10	5.30	5.60	5.26	5.26	4.46		!
	Emergency care pathway - discharges	170	156	195	1687	319	328	342	2670	489	485	538	538	4357		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.01%	4.85%	4.66%	4.88%	7.69%	6.88%	6.99%	6.82%	6.39%	5.89%	5.82%	5.82%	5.85%		-
	Non-elective long-stayers	440	435	341	3174	464	485	198	3056	904	920	539	539	6230		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	83.0%	87.3%	88.6%	87.6%	90.1%	82.9%	90.3%	87.7%	85.6%	85.9%	89.2%	89.2%	87.7%		-
	Operations cancelled on the day for non-clinical reasons: actuals	16	10	20	101	18	10	21	107	34	20	41	41	208		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.46%	0.26%	0.49%	0.38%	0.66%	0.32%	0.66%	0.52%	0.54%	0.29%	0.56%	0.56%	0.44%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	1	2	15	3	0	0	11	3	1	2	2	26		!
	Theatre Utilisation Model Hospital (Target > 85%)	80.7%	77.5%	80.3%	78.5%	90.2%	93.1%	91.2%	91.1%	84.3%	82.9%	84.2%	84.2%	82.9%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.36	2.35	2.39	2.36	1.87	1.85	1.78	1.76	2.13	2.11	2.10	2.10	2.08		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.3	10.4	9.7	10.1	10.2	10.3	10.5	11.2	10.2	10.3	10.1	10.1	10.6		!
	DNA rate: first appointment	10.8%	10.4%	10.4%	10.4%	9.2%	9.6%	9.5%	9.6%	10.1%	10.0%	10.0%	10.0%	10.0%		-
	DNA rate: follow-up appointment	8.4%	7.9%	7.9%	8.3%	7.4%	6.8%	6.6%	7.2%	8.0%	7.4%	7.4%	7.4%	7.8%		-
	PIFU - % of Total Outpatient attendances	11.5%	11.4%	11.6%	11.3%	1.9%	1.8%	2.2%	1.9%	7.5%	7.2%	7.7%	7.7%	7.4%		-

Day-Case Rate

The day-case rate increased in October 2024 going up from 85.9% to 89.2%, with both sites remaining above the target of 85%.

Cancelled Operations

The increase of the number of cancelled operations on the day increased in month to 40 patients with an equal split on both sites. Of those patients, the largest cancellation reasons were down to previous case overruns (7) and patients being unfit for surgery (7). The work stream on preoperative optimisation should support with improving this.

Theatre Utilisation

Trust-Wide utilisation remained fairly static in October 2024, increasing slightly at 84.2%. Theatre utilisation remains significantly above the 85% target at 91.2% on the West Middlesex site. The Chelsea site remains below the 85% target, this has been driven by challenged utilisation in Paediatrics and an in-month deterioration in the Chelsea Treatment Centre.

Outpatients

DNA rate improved across both sites for both new and follow up patients in October 2024. The overall trend remains positive. Percentage of discharged to PIFU patients has slightly improved on both sites. However, as a Trust we continue to work on improving the uptake. Our average wait to first appointment has slightly improved at Chelsea site, but was relatively static between September and October for the West Middlesex site. Focus continues on booking unbooked new appointments for long waiters. The overall first-to-follow-up ratio has marginally improved overall for October, mostly at the WM site. The CW site remained consistent with the previous month.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	90.8%	94.8%	97.2%	94.1%	97.4%	92.1%	96.1%	93.8%	94.7%	93.3%	96.6%	96.6%	93.9%	-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	71.4%	73.3%	31.3%	66.7%	84.6%	100.0%	86.7%	94.6%	77.8%	86.7%	58.1%	58.1%	79.6%	!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	88.9%	75.0%	85.0%	80.5%	95.7%	86.4%	90.5%	92.1%	92.7%	81.0%	87.8%	87.8%	87.0%	-
VTE	VTE: Hospital acquired	0	0	0	3	4	6	0	27	4	6	0	0	30	-
	VTE risk assessment (Target: >95%)	94.8%	94.7%	96.2%	94.9%	96.5%	96.7%	94.6%	96.1%	95.8%	95.8%	95.4%	95.4%	95.5%	-
TB Care	TB: Number of active cases identified and notified	5	2	3	17	7	1	12	50	12	3	15	15	67	-
Sepsis	ED % Periods Screened (Target >90%)	91.2%	94.4%	93.0%	90.6%	87.2%	84.7%	85.0%	85.0%	89.3%	89.9%	89.4%	89.4%	88.1%	-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	79.1%	73.4%	74.8%	74.5%	87.3%	89.5%	89.0%	89.8%	82.7%	80.1%	79.9%	79.9%	80.4%	-
	Ward % Periods Screened (Target >90%)	87.2%	88.1%	84.5%	86.5%	94.3%	91.6%	90.8%	93.4%	90.6%	89.7%	87.6%	87.6%	89.7%	-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	95.0%	97.4%	95.6%	95.9%	94.8%	95.8%	97.9%	96.2%	94.9%	96.6%	96.8%	96.8%	96.1%	-
Discharge	Date of Discharge is same as Discharge Ready Date	86.5%	89.9%	88.4%	88.5%	86.3%	87.0%	85.9%	86.0%	86.4%	88.3%	87.1%	87.1%	87.2%	-
	Date of Discharge is 1+ days after Discharge Ready Date	13.5%	10.0%	11.6%	11.5%	13.7%	13.0%	14.1%	13.9%	13.6%	11.6%	12.9%	12.9%	12.8%	-

Please note the following

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An empty cell denotes those indicators currently under development



Either Site or Trust overall performance red in each of the past three months

Dementia Screening

Dementia screening target achieved for October with the Chelsea site reporting 97% and West Middlesex site 96%

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

There was significant deterioration in performance against this measure due to breaches in the Chelsea site. Performance for the Chelsea site deteriorated as 5 of 16 patients had surgery within 36hrs. Of the 11 breaches, 7 patients were displaced owing to a West Middlesex patient being transferred and requiring a femoral replacement for a peri-prosthetic. Two breaches were due to theatre capacity, one was awaiting a consultant and one patient absconded. In the West Middlesex site 12 of 14 patients were medically fit for surgery had surgery within 36 hours. The two breaches were due to theatre capacity.

Discharge Ready

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

Sepsis

In Chelsea compliance is achieved for screening in the Emergency Departments and clinical review in the wards. The West Middlesex ED focussed work is showing benefits with improved performance.



Access

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RTT waits	RTT Incompletes 52 week Patients at month end	532	401	342	342	431	341	318	318	963	742	660	660	660		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	82.90%	87.26%	93.04%	83.10%	81.97%	88.45%	91.33%	79.10%	82.45%	87.86%	92.15%	92.15%	81.04%		!
	Diagnostic waiting times >6 weeks: breach actuals	991	701	403	7190	1006	641	542	9459	1997	1342	945	945	16649		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.3%	6.8%	6.5%	7.0%	8.4%	7.2%	7.1%	7.4%	7.9%	7.0%	6.8%	6.8%	7.2%		!
	A&E time to treatment - Median (Target: <60')	00:23	00:22	00:22	00:25	00:33	00:35	00:35	00:34	00:30	00:29	00:30	00:30	00:30		-
	London Ambulance Service - patient handover 30' breaches	26	35	57	239	123	164	326	1144	149	199	383	383	1383		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	3	1	3	15	45	1	3	15	15	48		!

Please note the following

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

As projected, October 2024 has sustained the performance improvement for DM01 reportable modalities. New NHSE guidance requires Trusts to report Planned/Surveillance patients in DM01 and the Trust has achieved the timeline for this reporting in October 2024. Following months of validations and review, ahead of this additional submission, the Trust has achieved the forecast 3% impact of adding these cohort of patients to the active DM01 PTL. This translates to a 95% performance as anticipated and forecast, prior to the inclusion of the planned/surveillance patients. Additionally, there was improvement across all modalities and the Trust recorded the lowest number of patients waiting over 6ww this calendar year.

Ambulance Handover

Ambulance handover performance remains challenged given recent pressures, however this remains among the strongest in the sector.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Aug-24	Sep-24	Oct-24	Aug-24	Sep-24	Oct-24	Aug-24	Sep-24	Oct-24
RTT waiting list positions	Total RTT waiting list	29881	29310	29922	32251	31540	31565	62132	60850	61487
	Total Non-Admitted waiting list	27013	26459	26861	30471	29890	29784	57484	56349	56645
	Non-Admitted with a date	6925	10238	13169	7016	10672	13400	13941	20910	26569
	Non-Admitted without a date	20088	16221	13692	23455	19218	16384	43543	35439	30076
	Total Admitted waiting list	2868	2851	3061	1780	1650	1781	4648	4501	4842
	Admitted with a date	365	511	917	323	444	748	688	955	1665
	Admitted without a date	2503	2340	2144	1457	1206	1033	3960	3546	3177
	Patients waiting >65 weeks	73	17	15	40	6	5	113	23	20
	Patients waiting >78 weeks	5	0	0	0	0	0	5	0	0
	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		
	Aug-24	Sep-24	Oct-24	Aug-24	Sep-24	Oct-24	Aug-24	Sep-24	Oct-24
Total	532	401	342	431	341	318	963	742	660
Breast Surgery					1		1		
Burns Care	6	3	1				6	3	1
Clinical Haematology		1	5		1			2	5
Colorectal Surgery	21	16	13	17	12	6	38	28	19
Dermatology	8	8	8	6	3	7	14	11	15
Endocrinology	6		2	4	2	4	10	2	6
ENT				102	81	89	102	81	89
Gastroenterology	2	2	3	1	1		3	3	3
General Surgery	99	90	64	13	9	4	112	99	68
Gynae Fibroids			1						1
Gynaecology	2	2	3		1	2	2	3	5
Hepatology	2	5	1	17	24	16	19	29	17
Maxillo-Facial Surgery	5	7	1				5	7	1
Neurology				4		1	4		1
Ophthalmology	22	19	16				22	19	16
Oral Surgery					1	4		1	4
Orthodontics		1	1					1	1
Paediatric Cardiology		1		1	1		1	2	
Paediatric Clinical Haematolog				1	1	1	1	1	1
Paediatric Clinical Immunology		4	4	4	3	2	5	7	6
Paediatric Dentistry	1						1		
Paediatric Dermatology	3	1	1			2	3	1	3
Paediatric Ear Nose and Throat	2	3	3				50	45	47
Paediatric Endocrinology					2			2	
Paediatric Gastroenterology	4	4	5			4	5	6	9
Paediatric Maxillo-Facial Surg	17	10	6	1	2		17	10	6
Paediatric Neurology	1			1			2		
Paediatric Plastic Surgery	18	19	15				18	19	15
Paediatric Respiratory Medicin				3			3		
Paediatric Surgery		1	1	1	2	1	1	3	2
Paediatric Trauma and Orthopae	1			1	3	1	2	3	1
Paediatric Urology					1	3		1	3
Paediatrics	7	2	1				10	2	1
Pain Management	1	2	6				1	2	6
Plastic Surgery	124	90	90	71	53	30	195	143	120
Podiatric Surgery				2	2	3	2	2	3
Podiatry				2	3	3	2	3	3
Respiratory Medicine				1		1	1		1
Rheumatology	10		1	12	3	2	22	3	3
Trauma & Orthopaedics	94	61	55	65	46	52	159	107	107
Trauma and Orthopaedics	1						1		
Urology	31	22	16	2	2	1	33	24	17
Vascular Surgery	43	27	19	48	39	35	91	66	54



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:26	1:25	1:24	1:24	1:27	1:27	1:25	1:25	1:27	1:26	1:25	1:25	1:26	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	428	418	449	3083	414	383	419	2751	842	801	868	868	5834	-
	Total number of bookings (Target:> CW 580 WM 478)	525	533	619	4008	490	472	458	3296	1015	1005	1077	1077	7304	-
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	97.0%	97.0%	96.9%	97.0%	97.0%	98.0%	97.6%	98.0%	97.0%	97.5%	97.5%	97.2%	-
Safety	Admissions >37/40 to NICU/SCBU	19	16	19	141	2	13	9	223	21	29	28	19	141	-
	Number of reported Serious Incidents	10	1	1	19	2	1	2	13	12	2	3	3	32	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	2	0	0	6	0	0	0	3	2	0	0	0	9	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	7.0%	9.6%	5.1%	6.9%	6.8%	5.0%	9.3%	6.3%	6.9%	7.3%	7.2%	7.2%	6.6%	-
	Number of stillbirths	3	1	4	10	1	1	3	9	4	2	7	7	19	-
	Number of Infant deaths	0	1	0	8	0	2	1	7	0	3	1	1	15	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	2.2%	n/a	n/a	2.8%	4.5%			5.3%	3.4%	n/a	n/a	n/a	4.1%	-
	Spontaneous unassisted vaginal births	28.2%	24.0%	26.0%	24.8%	28.5%	35.0%	33.0%	29.5%	28.4%	29.5%	29.5%	29.5%	27.1%	-
	Vaginal Births - spontaneous & induced	38.9%	37.0%	39.0%	37.9%	37.9%	43.0%	45.0%	42.8%	38.4%	40.0%	42.0%	42.0%	40.4%	!
	Instrumental deliveries	52	55	69	381	62	49	50	346	114	104	119	119	727	-
	Pre-labour elective caesarean sections	71	90	90	640	68	55	64	395	139	145	154	154	1035	-
	Emergency caesarean sections in labour	134	116	109	845	123	116	112	826	257	232	221	221	1671	-

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



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 October are 1:25 at Chelsea and 1:24 at West Middlesex. The service is anticipating full recruitment into Birthrate plus phase 3 funding on both sites by Q4. The service are in the process of undertaken a Birthrate plus assessment which is required every 3 years and the report will be received by the service in November this year.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. The confidence factor for completion of the Birthrate plus acuity tool increased to 72.58% on the Chelsea site from 69.44% in September. The service continues to focus on meeting the 85% compliance target. West Mid reported compliance of 86.56% for October. There were 3 red flags on the CW site and 9 on the WM site which is an increase from September by 5. The red flags at the CW site were due to delays between admission for induction and beginning of process (n=2) and one was due to loss of supernumerary status of the coordinator. The red flags at WM were related to delayed or cancelled time critical activity (n=1), a delay between presentation and triage (n=1), delay in providing pain relief (n=2), delay in providing one-to-one care (n=2), and loss of supernumerary status of the coordinator (n=3). All red flags are currently under review to ensure appropriate escalation was followed. All red-flags are presented at the monthly cross-site MQAS meeting.

The acuity by RAG status at CW was 66% green (staffing met activity and acuity demands), 28% amber (up to 2 MWs short), and 6% red (2 or more MW's short). The acuity by RAG status at WM has seen improvement since August and September with 54% green (staffing met activity and acuity demands), 32% amber (up to 2 MWs short) and a reduction in the red from 35% (two or more midwives short) to 14%. It is recognised there are limitations to the tool as it only represents a 4-hour snapshot window and so to manage activity and mitigate risk, staffing is reviewed during the safety huddles as a minimum and staff redeployed accordingly. Substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff, this ensures there are safe staffing levels to manage the activity within a shift. For October the fill rate on the CW site during the day was 100% and for WM 94%.

The neonatal nursing action plan continues to progress with positive international and local recruitment. The leadership team continue to enhance the local QIS programme to optimise skill mix. The Nursing Business case was presented to Trust Board for approval and the service are currently working up the actions from this.

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

Safety: The Q2 Maternity Quality and Safety Report will include the action plans for the SB. NND and HIE thematic reviews for cases in 2023-2024 and the associated action plans from these will be presented to EMB in November.

WM site: There were 3 patient safety incidents:

1. Asian ethnicity , 41+4/40 , placental abruption, CAT 1 CS, intrapartum SB. MI (stage of the investigation: MNSI investigation accepted)
2. Asian ethnicity 41/40 attended triage with PVB, no FHHR, IUD FI (stage of the investigation: MNSI investigation rejected as reporting criteria not met; to be discussed at exec level re PSIRF incident response)
3. Asian ethnicity 40+1 CS cat 2 MI, 3 days old newborn, presented via LAS neonatal death (stage of the investigation: MNSI investigation accepted)

Updated October patient safety incidents (12): x5 MNSI, x2 PSII, x1 AAR and x1 thematic review and x3 MDT

Datix reporting system: There were 92 reported incidents in October (90 reported in September)

Main themes arising

- 14 MOH
- 11 Cat 1
- 8 3rd degree tears



CWH site: There were 5 patient safety incidents:

1. White South African ethnicity 38/40, presented to maternity assessment suite (MAS) IUD confirmed. CS; Evidence of placental abruption noted during surgery (stage of the investigation: MNSI investigation accepted)
2. Mixed: any other background ethnicity 39/40 weeks', Assisted vaginal birth with forceps in theatre with episiotomy. A referral to the perineal clinic on day 13. Re-suturing took place at 35 days after birth in another Trust. (stage of the investigation: ongoing discussions re level of investigation/PSIRF incident response)
3. Black African ethnicity, Attended GP surgery/ED/MAS feeling unwell. Delay in diagnosis - the heart was enlarged; there was mild pulmonary vascular engorgement, more obvious on the left, suspicious for fluid overload; no focal consolidation or pleural effusion. (Stage of investigation: ongoing discussions re level of investigation/PSIRF incident response)
4. White British ethnicity. The category 2 CS performed due to failure to progress in labour, CTG concerns and meconium stained liquor. MOH of 1440ml. Discharged home on day 2 to St. George's community midwives/team. Referred to MAS by GP for right sided abdominal pain for 2 days. CT imaging showed x2 haematoma therefore decision made for laparotomy in theatre with consultant O&G and surgical consultants present.(Stage of the investigation: ongoing discussions re level of investigation/PSIRF incident response)
5. Middle Eastern ethnicity. Previous CS. Counselling for HBAC via obstetric BAC pathway and birth choices. Laboured spontaneously and reached full dilatation. Lack of progress in second stage of labour, scar pain, fetal tachycardia, transferred straight to theatre. Category 1 CB performed under general anaesthetic. Extensive bladder injury recognised in theatre. Blood loss 2200ml. (stage of the investigation: ongoing discussions re level of investigation/PSIRF response).

Updated October patient safety incidents (12): x5 MNSI, x5 PSII, x1 AAR and 1 thematic review.

Datix reporting system: In October 111 a decrease from September (138)

Main themes arising:

- 16 Delay / failure in access to hospital / care
- 13 Communication failure within team
- 6 Maternal - Post-partum haemorrhage > 1500mls (MOH)/6 All other medication incidents (errors with prescribing, administration, follow-up etc.)

1. **PMRT (Cross site):** CW site reported 4 cases. **NND** x1 (25+5/40); **Stillbirth** x3 (38/40; 35+3/40; 39/40). As addition, there was postnatal death – baby born in July 2024 at 30+6 weeks' gestation and passed away in October 2024 – born in different Trust then passed away at CW Hospital. WMUH reported 4 cases: **NND** x1 (40+1/40; **Stillbirth** x3 (28+1/40; 41+1/40; 42+1/40).
2. **ATAIN (Cross site):** On the CW site there were 19 term admissions in October 3 were deemed avoidable. On the WM site there were 11 term admission in October and 2 were deemed avoidable.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. SBLCBv3 (launched in May 2023) update (for all elements an action plan is in place, and this is updated in the quarterly report, the service reported compliance with over 91% of all interventions in September 2024 and an action plan is in place to achieve full compliance by March 2025.

Element 1: Reducing smoking: The service are currently compliant with 8/10 interventions.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be complaint with all interventions by early 2025. **Compliant with 18/20 interventions.**

Element 3: Raising awareness of reduced fetal movements: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 2/2 interventions.**

Element 4: Effective fetal monitoring during labour: On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites. **Compliant with 4/5 interventions.**

Element 5: Reducing Pre-term Birth: Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met. **Compliant with 26/27 interventions.**

Element 6: Management of Pre-existing Diabetes in pregnancy: **Compliant with 6/6 interventions.**



Perinatal Quality Surveillance Model Board Reporting

Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					
		Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	95.0%	94.0%	94.0%	92.6%	95.0%	93.0%	92.0%	93.7%	95.0%	93.5%	93.0%	93.0%	93.1%	
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	90.0%	94.0%	93.0%	93.0%	91.0%	87.0%	86.0%	89.6%	90.5%	90.5%	89.5%	89.5%	91.3%	
	Service User Feedback FFT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Progress in achievements of NHSR MIS (10 safety actions) Green										4	4	8	8	35
	Progress in achievements of NHSR MIS (10 safety actions) Amber										6	6	2	2	20
	Progress in achievements of NHSR MIS (10 safety actions) Red										0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)										100.0%	100.0%	100.0%	100.0%	100.0%

CQC Metric Ratings - May 2023	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
	West Middlesex	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
Chelsea and Westminster	Good	Requires Improvement	Good	Good	Outstanding	Good	

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

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 71.3%) Midwives WMUH 80.85%, CW 79.29%. B) (Trust average 72%) Midwives 83% WMUH 80.85%, CW 84.17%.
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 71.3%) Obstetricians WMUH 71.43%, CW 66.67%. B) (Trust average 77.6%) Obstetricians WMUH 85.71%. CW 81.48%.
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)	2023 Cross-site 93.55% (WMUH 93.01%, CW 94.20%) of trainees reported excellent or good (increased from 90.54% in 2022)



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 October overall multi-disciplinary training compliance is above 90% across both sites. However, fetal monitoring training compliance at the WMUH site is 86% as identified last month specific focus needs to continue on the WMUH site with Obstetric Trainees for fetal monitoring and anaesthetic consultants for multi-disciplinary training whose compliance has dropped below the 90% threshold. All non-complaint staff have been allocated sessions and compliance is expected to meet the MIS compliance window. 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. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this years teaching programme, to support the departments commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, October saw an increase in positive ratings at WM from 89.74% in September to 94.22% in October, the response rates remain at 18%. 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 saw an increase in their positive rating from 87.14% in September to 90.84% in October. The response rate has decreased from 28% in September to 23% in October. The negative scores on the WM site remain impacted by feedback related to, staff communication, attitude and behaviour and environment and on the CW site staff attitude, communication and delays in care. The Service have implemented a Postnatal Care Group in collaboration with the MNVP which aims to implement changes to improve patient experience. The Intrapartum care group has been launched across both sites and will implement changes to improve patient experience in the intrapartum pathway. The patient experience action plan has been updated to reflect the 2023 Maternity CQC Survey, with a focus support for mental wellbeing, consistency of infant feeding advice and support and the availability and consistency of information available to women, birthing people and their families.

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

Maternity incentive Scheme year 6: MIS year 6 was published on 2nd April 2024, currently the maternity service is compliant with 8 out of 10 safety actions with the expectation that it will be fully compliant in readiness for the submission period, which will end 30 November 2024 and the submission deadline will be 12:00 midday on 3 March 2025.

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

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



Cancer Update

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

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months		
		Aug-24	Sep-24	Oct-24	2024-2025	YTD breaches	Aug-24	Sep-24	Oct-24	2024-2025	YTD breaches	Aug-24	Sep-24	Oct-24	2024-2025 Q3	2024-2025	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	94.7%	95.9%	6	100%	100%	94.7%	n/a	95.9%	6		-
	Colorectal / Lower GI	83.3%	100%	91.3%	92.3%	6	89.5%	77.3%	81.3%	71.2%	25	87.1%	86.8%	87.2%	n/a	79.8%	31		-
	Gynaecological	33.3%	57.1%	20.0%	64.6%	12.5	106.7%	75.0%	90.0%	89.1%	4	94.4%	66.7%	66.7%	n/a	77.7%	16.5		!
	Haematological	100%	100%	88.9%	94.0%	3.5	100%	95.2%	100%	90.4%	7	100%	96.3%	94.7%	n/a	91.3%	10.5		-
	Head and neck	100%	100%	100%	92.9%	1	100%	100%	50.0%	66.7%	4.5	100%	100%	75.0%	n/a	81.6%	5.5		-
	Lung	50.0%	83.3%	71.4%	74.3%	13	100%	100%	53.8%	83.7%	14	83.3%	90.0%	63.0%	n/a	79.8%	27		!
	Sarcoma	n/a	0.0%	0.0%	33.3%	5	66.7%	n/a	n/a	75.0%	2	66.7%	0.0%	0.0%	n/a	60.0%	7		!
	Skin	100%	94.9%	90.5%	94.5%	9	100%	92.0%	92.3%	95.0%	6	100%	93.8%	91.5%	n/a	94.7%	15		-
	Upper gastrointestinal	83.3%	100%	100%	98.7%	1	90.9%	100%	91.7%	50.8%	17	88.2%	100%	95.2%	n/a	84.8%	18		-
	Urological	56.3%	52.6%	70.6%	55.6%	45.5	84.2%	75.8%	73.7%	79.9%	55.5	71.4%	72.0%	72.2%	n/a	73.6%	101		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		100%	n/a	n/a	100%	0	100%	n/a	n/a	n/a	100%	0		-

Trust Commentary

The 62-Day combined target of 85% standard was marginally below the target in September 2024 with a performance of 84.34%. October 2024 position continues to be validated, standing at present at 82.86%. The backlog trajectory remains within set tolerances with deep dives underway in to services to support recovery. Our current challenges are seen within Urology, Gynaecology, Lung and Head & Neck.

October 2024

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				10.5
Gynaecology		4	2	3.5
Haematology	0.5	4.5		8
Head and Neck		1.5		1
Colorectal	1.5	9	1	12
Lung	1	6.5		3
Other				1
Sarcoma			1	3
Skin	1	21	1	9
Upper GI		5		1
Urology	4	8.5	13	51
Total:	8	60	18	103



Safer Staffing

Chelsea and Westminster October 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	120%	89%	130%	95%	3.7	2.8	6.5	0	60.16%	0.00%	35.63%	7	17			1	3			85%
Richmond	124%	66%	112%	116%	4.1	1.8	5.9	7.84	4.88%	5.43%	6.51%	3	17							100%
Syon 1 cardiology	105%	103%	100%	137%	4	1.9	5.9	8.83	-6.38%	3.87%	11.75%	2	16							98%
Syon 2	106%	82%	104%	89%	4	3	7	6.88	-4.13%	4.62%	5.28%	5	29		1		1		1	93%
Starlight	128%	-	119%	-	9.7	0	9.7	11.95	20.36%	17.44%	76.92%	1	1						1	100%
Kew	103%	99%	100%	173%	3.1	3.4	6.5	7.09	0.07%	14.47%	5.31%	4	19							100%
Crane	101%	74%	102%	74%	3.3	3.2	6.5	7.09	-6.52%	5.10%	11.27%									100%
Osterley 1	104%	47%	104%	117%	3.9	2.1	6	7.89	12.75%	16.94%	22.32%	3	38							100%
Osterley 2	100%	82%	104%	139%	3.8	3.1	6.9	7.84	-1.56%	38.52%	4.94%	4	21		1					100%
MAU	103%	79%	111%	98%	5.6	2	7.6	8.53	4.95%	3.14%	0.00%	9	45							97%
Maternity	94%	93%	101%	98%	7.4	2.2	9.6	12.48	-0.16%	4.07%	13.95%									99%
Special Care Baby Unit	91%	-	93%	-	6.8	0	6.8	11.95	17.40%	4.31%	0.00%									100%
Marble Hill 1	172%	105%	140%	223%	4.9	3.1	8	6.7	-5.20%	8.95%	0.00%	4	59							100%
Marble Hill 2	108%	104%	133%	129%	3.9	3.2	7.1	6.98	-4.34%	13.38%	16.81%	11	36				2			97%
ICU	96%	-	98%	-	26.6	0	26.6	26.81	5.36%	7.16%	0.00%									100%

West Middlesex October 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	120%	89%	130%	95%	3.7	2.8	6.5	0	60.16%	0.00%	35.63%	7	17			1	3			85%
Richmond	124%	66%	112%	116%	4.1	1.8	5.9	7.84	4.88%	5.43%	6.51%	3	17							100%
Syon 1 cardiology	105%	103%	100%	137%	4	1.9	5.9	8.83	-6.38%	3.87%	11.75%	2	16							98%
Syon 2	106%	82%	104%	89%	4	3	7	6.88	-4.13%	4.62%	5.28%	5	29		1		1		1	93%
Starlight	128%	-	119%	-	9.7	0	9.7	11.95	20.36%	17.44%	76.92%	1	1						1	100%
Kew	103%	99%	100%	173%	3.1	3.4	6.5	7.09	0.07%	14.47%	5.31%	4	19							100%
Crane	101%	74%	102%	74%	3.3	3.2	6.5	7.09	-6.52%	5.10%	11.27%									100%
Osterley 1	104%	47%	104%	117%	3.9	2.1	6	7.89	12.75%	16.94%	22.32%	3	38							100%
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MAU	103%	79%	111%	98%	5.6	2	7.6	8.53	4.95%	3.14%	0.00%	9	45							97%
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ICU	96%	-	98%	-	26.6	0	26.6	26.81	5.36%	7.16%	0.00%									100%



Safer Staffing & Patient Quality Indicator Report

October 2024

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

West Middlesex site:

Kew ward experienced increased HCA fill rates at night due to a rise in the number of confused patients and those at high risk of harm. Marble Hill 1 reported increased RN and HCA fill rates for both day and night shifts due to high acuity and the need for 1:1 care for several patients; additional funding has been approved to provide support. On Marble Hill 2, the high RN and HCA fill rate during the night reflects the need for staffing additional escalation beds. Reduced HCA fill rates on DRU reflect adjustments to patient needs and acuity levels, ensuring that CHPPD was not compromised. MAU had low HCA fill rates for day shifts due to sickness and an inability to cover shifts with bank staff; however, supernumerary staff were assigned to ensure CHPPD was maintained. Redlees ward experienced high HCA fill rates at night due to an increase in confused patients and those at high risk of harm.

Osterley 1 and Richmond wards had low HCA fill rates during the day due to unfilled bank shifts, but IEN supernumerary staff supported these wards to maintain CHPPD. Richmond had increased RN fill rates, as one staff member remained in a non-clinical role. Osterley 2 required increased HCA fill rates at night due to patients at high risk of falls and those requiring 1:1 care. Starlight ward required high RN fill rates during the day to provide mental health support to certain patients.

Chelsea and Westminster site:

Saint Mary Abbots ward saw increased HCA fill rates both day and night due to the opening of escalation beds. Lord Wigram and David Evans wards experienced low HCA fill rates for day shifts due to sickness and challenges in covering shifts with bank staff. Ron Johnson ward required high HCA fill rates both day and night to support several patients needing 1:1 care. Chelsea Wing had high RN fill rates during the day due to staff supernumerary time and reduced HCA fill rates both day and night in response to a reduction in patient acuity. AAU, David Erskine, Rainsford Mowlem, and Edgar Horne wards all experienced low HCA fill rates for day shifts due to sickness and difficulties covering shifts with bank staff; however, staff were redeployed between wards to ensure that CHPPD was maintained. Nell Gwynne ward had reduced HCA fill rates during both day and night shifts, with staff redeployed from Nightingale to provide support. Nightingale ward itself had low fill rates for both RN and HCA roles day and night, resulting from a decrease in bed capacity; staff from this ward were reassigned to other wards as needed. Burns ward required additional RN fill rates both day and night to support step-down ITU patients requiring 1:1 care.

Incidents:

In terms of incidents with harm, there were four Trust acquired pressure incidents reported this month:

A patient on Edgar Horne ward was admitted with a category 2-pressure ulcer, which deteriorated due to patient's non-compliance with care recommendations. An air mattress was in place, and the tissue viability team are involved in the care plan. The heel ulcer identified on Lampton ward remains under investigation and is scheduled for review by the AAR panel. Another patient, identified on St. Mary Abbots, sustained tissue damage on the left buttock due to patient's non-compliance with turning regime. The tissue viability team provided input, with additional focus on the patient's poor nutrition related to underlying comorbidities. A patient on AAU had unstageable tissue damage on the left buttock and underwent debridement surgery by the plastics team. Following a prolonged ITU stay, the patient, with diabetes and multiple comorbidities, was non-compliant with the ward-based turning regimen and air mattress use. Tissue viability input was provided to support wound management and educate patient.

Friends and Family test showed that five wards at CW and ten at WM scored 100%.

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



Safe Staffing Analysis | Registered Nurse and Care Staff October 2024

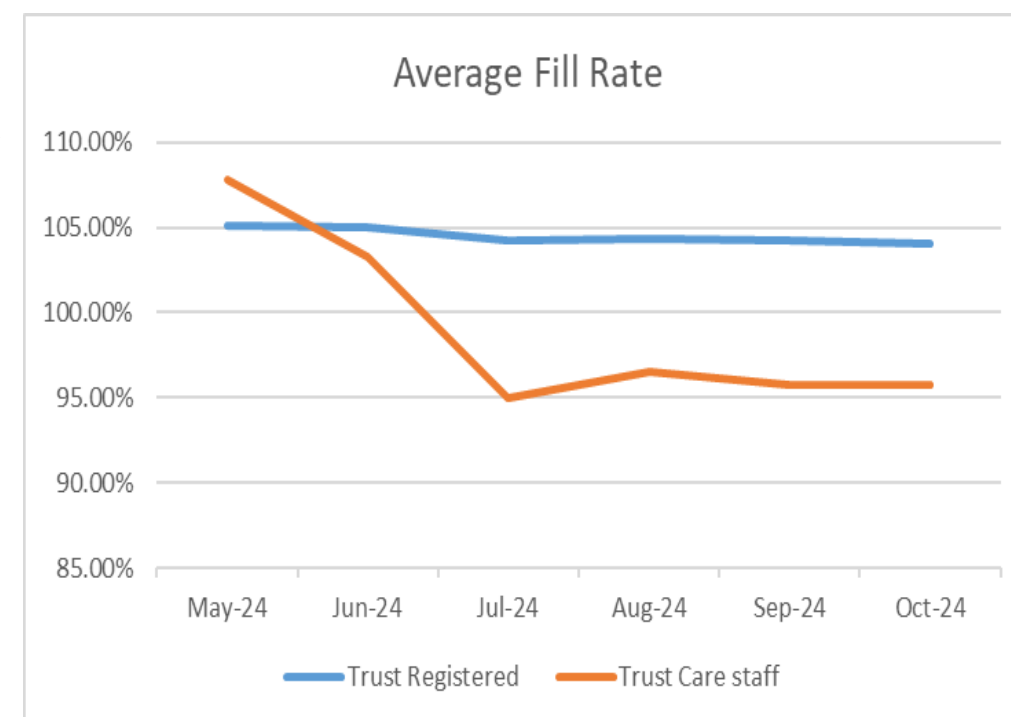
RN Fill Rates (ward areas) stayed the same from 104.20% in September 2024 to 104.08% in October 2024. The RN vacancy rate (whole trust) in October 2024 was 2.78%, down from 3.99% in September 2024.

Care Staff Fill Rates (ward areas) stayed the same from 95.80% in September 2024 to 95.76% in October 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in October 2024 was 10.10% slightly up from September 2024 – 9.92%

The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 100% in September 2024 to 99.92% in October 2024.

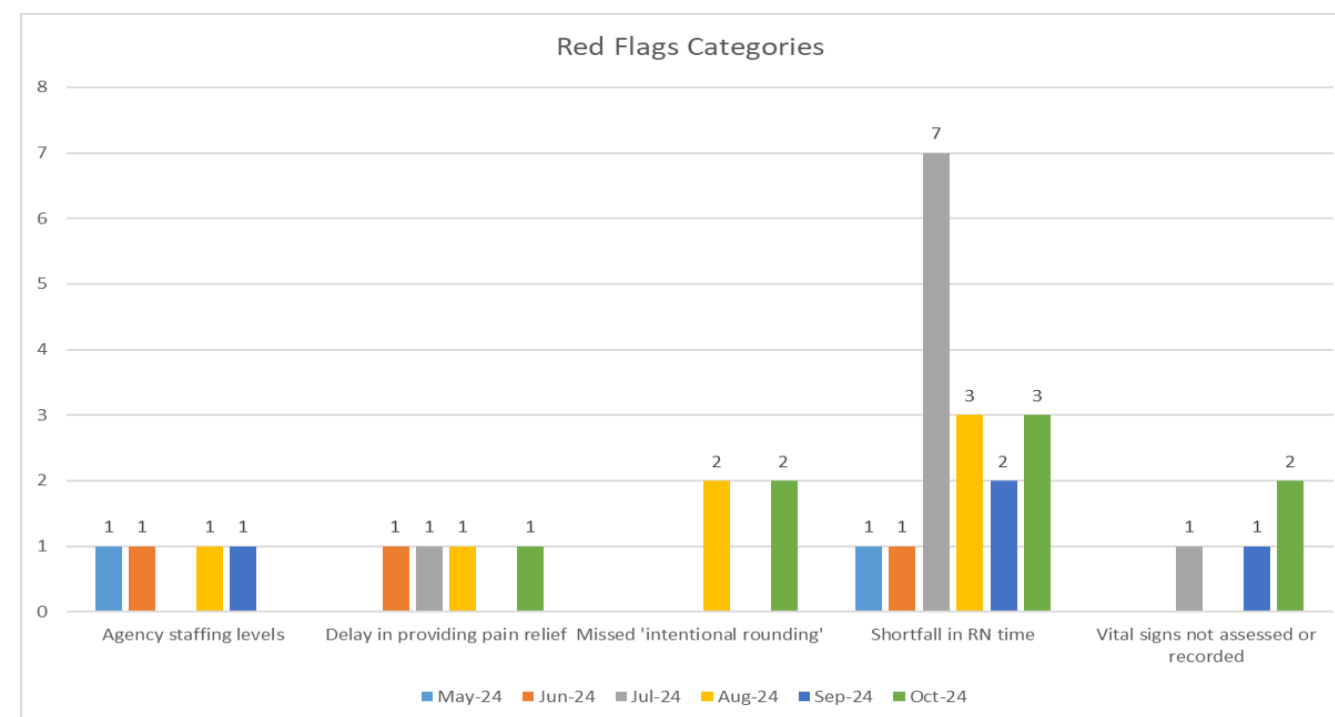
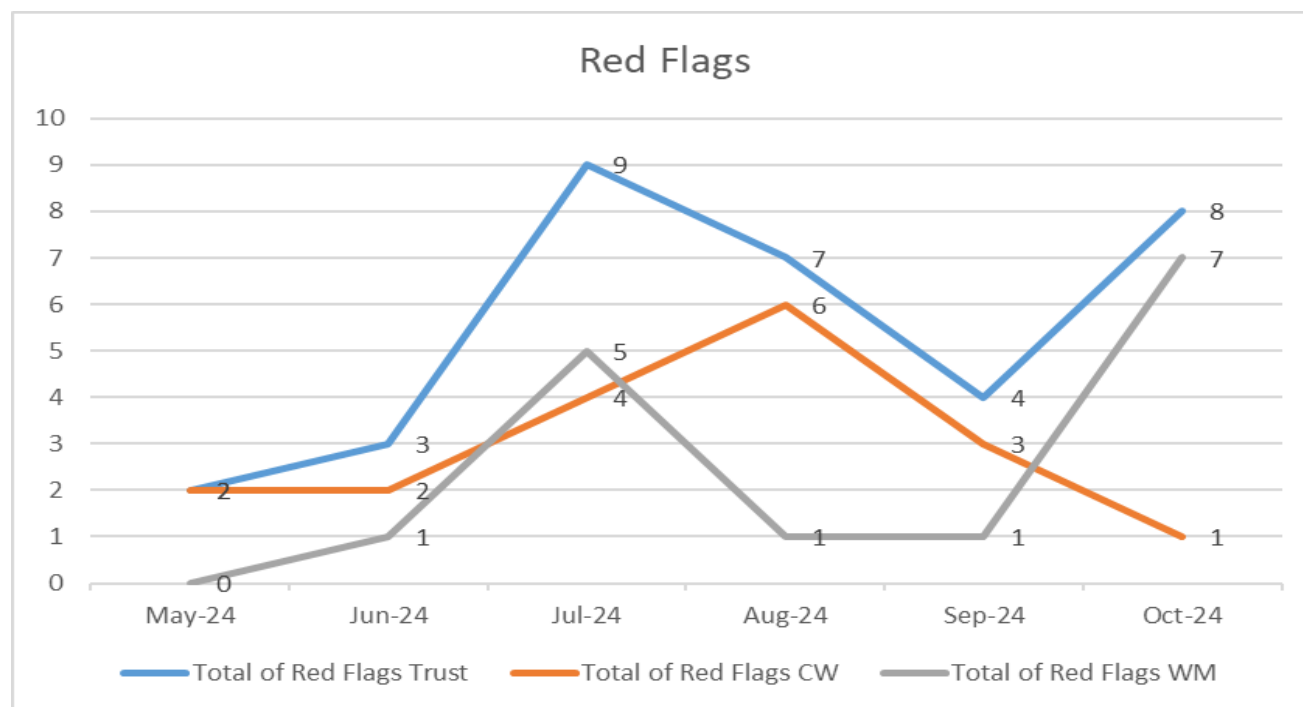
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (May 2024) was 9. Trust workforce data confirms the CHPPD was 8.2 in October 2024, down from 8.8 in September 2024

Safe Staffing Red Flags – 8 red flags from the 5 categories (tables below) were reported during October 2024 : where majority were in Shortfall in RN time.



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

Nursing, Midwifery and care staff average fill rate October 2024				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
104.08% ↔	95.76% ↔	5.9 ↓	2.3 ↓	8.2 ↓





Finance M7 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	562,058	588,475	26,417
<i>Expenditure</i>			
Pay	(319,243)	(333,807)	(14,565)
Non-Pay	(214,134)	(225,785)	(11,651)
EBITDA	28,682	28,883	201
EBITDA %	5%	4.91%	-0.2%
Depreciation	(19,496)	(19,773)	(278)
Non-Operational Exp-Inc	(6,890)	(7,326)	(435)
Surplus/Deficit	2,296	1,784	(512)
Control total Adj - Donated asset, Impairment & Other	(3,043)	(2,517)	526
PFI Model recalculation		620	620
Adjusted financial performance surplus/(deficit)	(747)	(113)	634

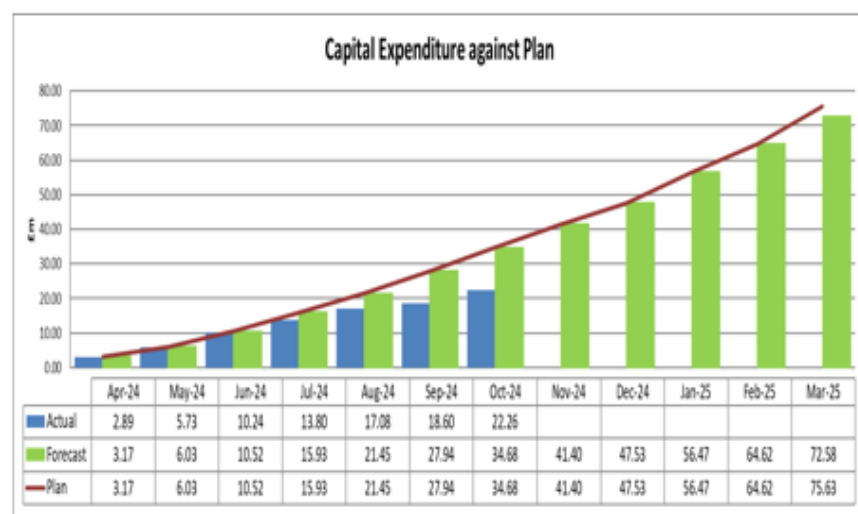
The adjusted financial position at month 07 is a £0.11m deficit which is £0.64m favourable against plan..

Expenditure

Pay: £14.57m adverse against plan. The adverse variance at Month 7 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave. The position includes YTD pay awards received and funded in M7 for AFC staff, Consultants and SAS doctors.

Non-Pay: There is a £11.71m adverse variance which includes adjustment to budget to match NHSi return in addition to inflationary pressure above funded levels and activity related spend.

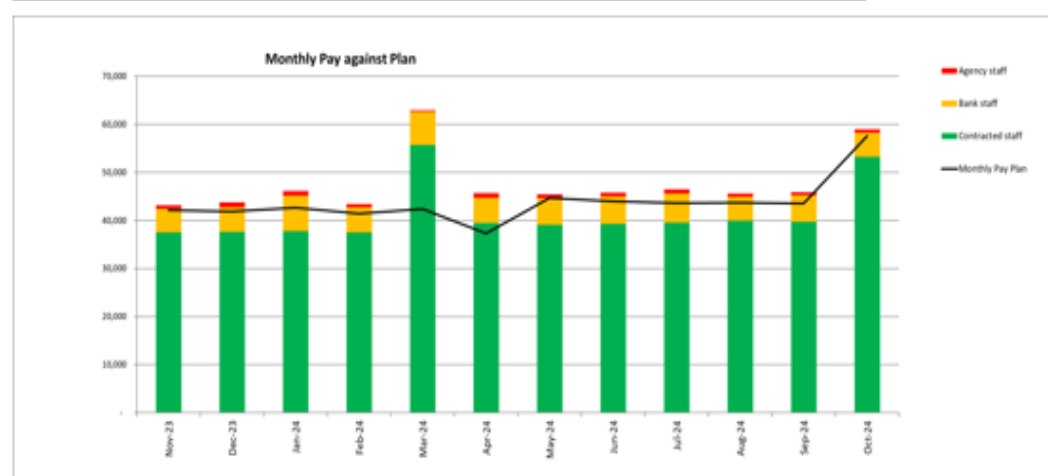
Income: M07 Income performance and run rate remains strong. There was also a benefit from prior period flex/freeze activity and the increase in contractual income to account for the pay award. Overall in year performance continues to be driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. Local Authority income in M07 reflects the uplift in tariff; the position includes an accrual for the last two periods based on historic trend and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.



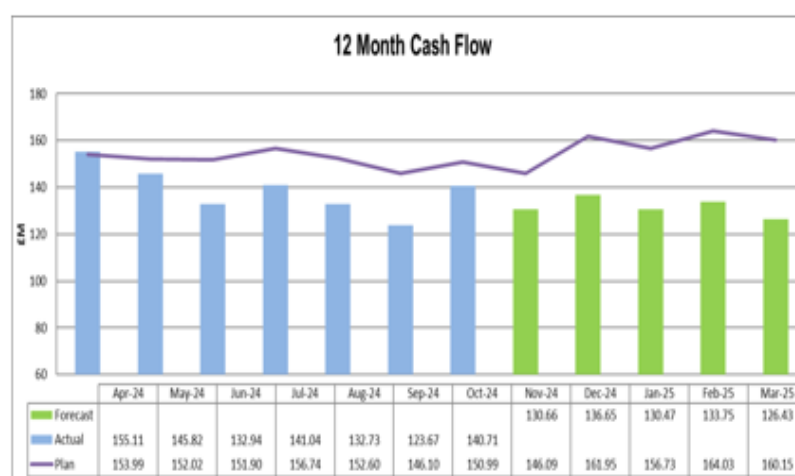
Comment

The original capital programme for 2024/25 was £65.05m, which has been adjusted to £72.58m following the award of additional funding from the 23/24 UEC Winter Incentive, the inclusion of the additional IECPP 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, Estates schemes £16.62m, ICS Reserves £0.37m and non medical equipment £0.18m.

The YTD P07 position is an under spend of £12.42m against the P07 YTD planned budget of £34.68m, actual spend £22.26m. The majority of this underspend relates to the Treatment Centre £6.54m and the ADC project £2.24m, where there is a large difference in the original phasing of capital spend and the latest building programme phased spend. This under spend will be spent in the next couple of months.



Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £18.45m (a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike.



Comment

The Negative cash variance to plan in M7 of £10.28m is negative cash variance b/fwd from M6 of £22.43m, Higher receipts to plan of £24.58m (ICB & NHS England & FT's 19.35m Higher, Local Authority & AR £3.84m Higher, Other Income £0.042m Higher, PP Income £1.35m Higher, Donations £0.03m Lower, Interest Income £0.02 m Higher) offset by Higher cash outflows to plan £12.43m (Higher Creditor payments & Higher Payroll)