











TRUST PERFORMANCE & QUALITY REPORT

September 2024



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	79.33%	82.76%	77.18%	80.46%	78.87%	81.54%	77.88%	80.08%	79.09%	82.13%	77.53%	79.52%	80.27%	 !
RTT	18 weeks RTT - Incomplete (Target: >92%)	65.14%	63.81%	64.77%	64.83%	62.00%	61.76%	62.66%	62.07%	63.52%	62.74%	63.68%	63.31%	63.39%	 !
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.89%	95.87%	96.18%	96.73%	97.10%	97.78%	98.30%	98.05%	97.01%	96.99%	97.46%	97.00%	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%	100%	100%	100%	100%	100%	100%	100%	 -
	31 day combined position (Target: >=96%)	100%	98.31%	100%	98.24%	99.15%	98.94%	94.74%	97.86%	99.48%	98.69%	96.60%	98.37%	98.00%	 !
	62 day combined position (Target: >=85%)	77.03%	80.51%	81.00%	81.01%	86.04%	93.41%	81.64%	83.74%	82.43%	88.33%	81.43%	83.33%	82.69%	 -
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	81.99%	82.38%	81.74%	81.80%	78.57%	80.95%	78.21%	78.74%	79.90%	81.50%	79.48%	80.26%	79.92%	 -
Patient Safety	Clostridium difficile infections (Year End Target: 33)	2	6	1	23	5	3	4	19	7	9	5	21	42	 !

A&E 4-hr Waiting Times

The Trust has experienced a significant challenge to performance in September with higher attendances following the seasonal variation in August. Flow and throughput of activity through the EDs has remained challenged. The ED Improvement workstream is working through a programme of initiatives to support ED flow. Mental Health has been a significant challenge, with 69 patients reported as waiting 12 or more hours for a mental health admission in-month.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained relatively stable in September 2024, standing at 63.68%. Elective admitted and outpatient activity levels in September are above operational plans. For Sept 2024, the total RTT Patient Treatment List (PTL) decreased to 60,850 (-1282), 52ww decreased to 742 (-221), 65ww decreased to 23 (-90) and 78ww decreased to 0 (-5). While progress has been made in the backlogs and with the achievement of the 78ww target, the focus is shifting 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 August 2024 with a performance of 98.58% with the September 2024 unvalidated position at 96.6% against the 96% standard.

62-Day: The 62-Day combined target of 85% standard was achieved in August 2024 with performance of 88.33%. September 2024 position continues to be validated, standing at present at 81.43% and is continually reflecting of our focus to reduce our backlog. Challenges to be seen in Urology, Gynaecology, Colorectal Surgery and Sarcoma. Plans continue to focus on backlog reductions over the coming months.

28-Day FDS: The Trust continues to maintain compliance against the FDS in August 2024 standing at 81.86% with September (un-validated) currently at 79.49% with room for this to improve further. With the national target at 75%, Trusts have been given a stretch ambition of 77% in preparation for a move to 80% from April 2025.

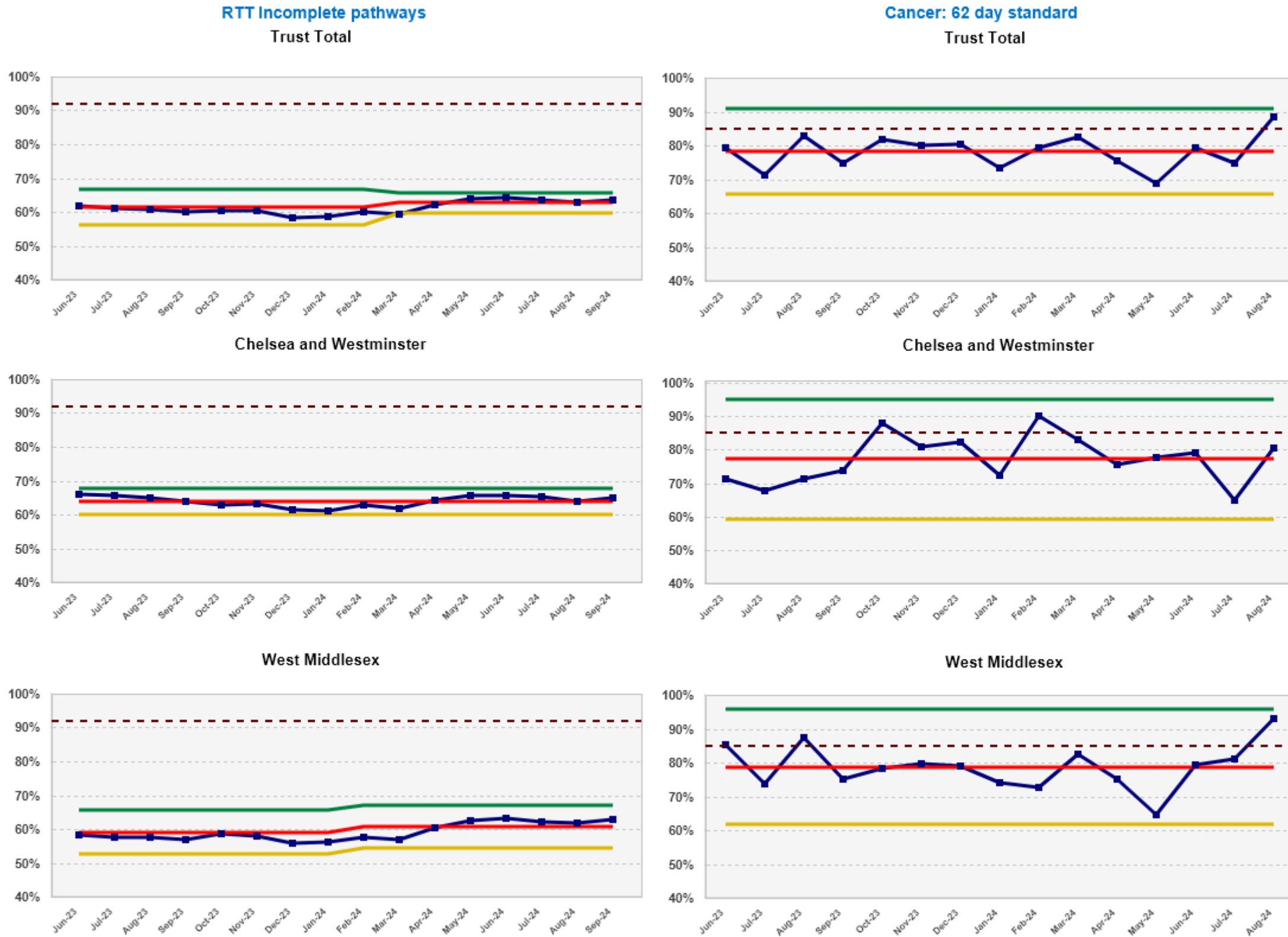
Clostridium Difficile

There were 5 Trust apportioned CDI cases in September 2024, 4 occurred at WM in the Emergency and Integrated Care (EIC) and Planned Care(PC) divisions and 1 occurred at CWH in the Specialist Care (SC) division. In the financial year-to-date there have been a total of 42 cases against a target of 33, despite the rise in cases, the Trust continues to benchmark beneath the national average. RCA meetings are currently being scheduled and all learning is shared with divisions and through the IPCG, with divisions being responsible for completing their CDI action plans following the RCA.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months June 2023 to September 2024





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	1	0	0	1	0	1	0	2	1	1	0	2	3		-
	Hand hygiene compliance (Target: >90%)	96.0%	96.6%	97.2%	96.3%	99.2%	99.4%	98.4%	99.1%	97.4%	97.8%	97.8%	97.6%	97.6%		-
Incidents	Number of serious incidents	2	1	3	12	4	0	2	11	6	1	5	12	23		-
	Incident reporting rate per 100 admissions (Target: >8.5)	9.6	10.8	8.7	9.7	8.8	9.0	7.9	9.1	9.1	9.8	8.3	9.1	9.4		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.05	0.04	0.02	0.00	0.01	0.03	0.01	0.00	0.03	0.03	0.02	0.02		-
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.70	6.58	4.22	5.36	4.65	4.84	3.92	4.35	5.67	5.72	4.06	5.15	4.84		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	1.1%	1.8%	0.6%	0.0%	1.5%	0.0%	0.8%	0.0%	1.3%	0.9%	0.7%	0.7%		-
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)	1	0	0	1	1	1	0	4	2	1	0	3	5		-
	Safeguarding adults - number of referrals	32	37	36	227	57	33	29	240	89	70	65	224	467		-
	Safeguarding children - number of referrals	130	75	98	593	144	127	122	790	274	202	220	696	1383		-
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	67	65	66	66	75	73	71	71	71	70	69	70	69		-
	Number of hospital deaths - Adult	27	32	36	203	72	39	39	332	99	71	75	245	535		-
	Number of hospital deaths - Paediatric	0	0	0	2	0	0	0	0	0	0	0	0	2		-
	Number of hospital deaths - Neonatal	2	0	3	9	1	0	1	2	3	0	4	7	11		-
	Number of deaths in A&E - Adult	2	0	0	8	3	1	0	8	5	1	0	6	16		-
	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 bacteraemias in September 2024 and there has been 3 Trust apportioned cases year-to-date. Two cases occurred at WMH and one at CWH.

Incidents

There were five PSII's declared in September 2024; two cases are being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme and relate to a Intrauterine fetal death and a maternal ITU admission. The other 3 cases are being investigated as local PSII's and include an unexpected neonatal death, a missed fracture neck of femur and 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 (September 2024) the target rate of patient safety incidents per 100 admissions was met by Chelsea and Westminster Hospital, however, West Middlesex Hospital fell slightly below the expected target of 8.5. Whilst the number of reported incidents at WM is comparable to the previous month, there was a 7% increase in the number of admissions in September which impacted the reporting rate.

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

There has been a good level of reporting of medication-related incidents cross-site, with increased reporting numbers at WM site in September (89), compared to August (77).

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

Trust target met. One incident of moderate harm and above was reported at CW site relating to diazepam.

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	
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025		
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	92.33%	92.67%	90.37%	93.86%	97.06%	98.06%	97.34%	97.67%	94.93%	96.19%	94.55%	95.2%	96.03%		-
	FFT: Inpatient not satisfaction % (Target: <10%)	5.12%	2.93%	3.68%	2.87%	1.05%	0.58%	0.95%	0.98%	2.88%	1.40%	2.05%	2.1%	1.79%		-
	FFT: Inpatient response rate (Target: >15%)	25.47%	18.33%	21.83%	25.34%	35.05%	38.23%	38.38%	38.16%	29.97%	27.79%	29.43%	29.1%	31.35%		!
	FFT: A&E satisfaction % (Target: >90%)	85.13%	88.63%	86.55%	85.36%	76.76%	86.22%	79.65%	79.32%	81.22%	87.50%	83.52%	83.8%	82.66%		!
	FFT: A&E not satisfaction % (Target: <10%)	9.57%	7.32%	9.50%	9.76%	16.78%	9.31%	14.29%	14.55%	12.93%	8.25%	11.60%	11.1%	11.90%		-
	FFT: A&E response rate (Target: >15%)	10.58%	10.15%	10.03%	15.05%	9.86%	8.94%	8.50%	12.81%	10.23%	9.54%	9.29%	9.7%	13.96%		!
	FFT: Maternity satisfaction % (Target: >90%)	93.85%	89.58%	88.60%	90.70%	90.28%	77.78%	92.00%	85.68%	92.57%	83.87%	89.95%	88.9%	88.71%		-
	FFT: Maternity not satisfaction % (Target: <10%)	2.31%	6.25%	9.65%	6.29%	2.78%	16.67%	5.33%	9.33%	2.48%	11.29%	7.94%	7.1%	7.50%		-
	FFT: Maternity response rate (Target: >15%)	23.26%	19.05%	22.05%	21.40%	14.94%	19.27%	16.27%	16.51%	19.40%	19.16%	19.33%	19.3%	19.15%		!
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	16	21	18	109	16	21	18	55	109		!
Complaints	Complaints (informal) through PALS	28	40	37	225	20	34	47	207	48	74	84	206	432		-
	Complaints formal: No of complaints due for response	37	20	39	167	11	13	9	65	48	33	48	129	232		-
	Complaints formal: Number responded to < 25 days	31	20	36	134	8	11	9	52	39	31	45	115	186		-
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0		-

MSA (Mixed Sex Accommodation)

Guidelines for the Provision of Intensive Care Services dictate that patients should be transferred from critical care to a ward within four hours of the decision. West Middlesex had 18 breaches in September, down 3 compared to August, resulting in patients remaining in mixed sex areas.

Breach details: 7 patients waited over 10 hours for a ward bed, with 4 exceeding 20 hours. This was due to a high bed occupancy rate within WM for the month of September. The ICU Matron highlights these breaches at the bed meetings with the site management team and in every instance of MSA, the patient and their relatives are informed of the reasons mixing has occurred, what is being done to address it, such as moving patients to other beds to improve the patient experience.

Complaints

94% of complaints were responded to within the 25 day KPI (target 95%) during September 2024. Three complaints were not responded to within the timeframe ; 2 for Planned Care and 1 for Corporate. This was due to delays in receiving the investigation outcome/draft response from investigators. Compliance with responding to PALS concerns within 5 working days during September was 86% (KPI 90%). The PALS team have received increased numbers of concerns for both EIC and Planned Care during September and these have taken longer to resolve.

Friends and Family Test

Inpatient satisfaction rates and responses remain positive and meet the trust targets. A&E satisfaction rate continues to fluctuate month on month, with the same themes being seen in terms of positive patient and staff interactions but negative experiences pertaining to wait times, environment and information provision at West Middlesex Hospital. Improvement work will be tied into the national UEC action plan. Maternity satisfaction rates have increased at West Middlesex Hospital but continue to decline at the Chelsea site. Similar to A&E experiences, all maternity improvements will be tied into the national maternity survey action plan.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025		
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	3.09	2.88	2.78	2.76	2.49	2.61	2.12	2.51	2.92	2.79	2.53	2.74	2.68		-
	Average length of stay - non-elective (Target: <3.95)	3.92	4.38	3.84	4.00	3.48	3.28	3.24	3.40	3.67	3.74	3.50	3.64	3.67		-
	Emergency care pathway - average LoS (Target: <4.5)	4.10	4.61	4.41	4.28	3.92	3.39	3.51	3.70	3.99	3.86	3.85	3.90	3.93		-
	Emergency care pathway - discharges	293	259	270	1694	428	416	436	2532	721	676	706	2105	4227		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.07%	4.66%	4.80%	4.85%	6.57%	7.17%	6.80%	6.71%	5.82%	5.95%	5.82%	5.86%	5.78%		-
	Non-elective long-stayers	488	467	208	2633	493	437	134	2480	981	904	342	2227	5113		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	89.3%	83.1%	88.2%	87.7%	88.6%	90.0%	83.3%	87.6%	89.0%	85.6%	87.0%	87.3%	87.7%		-
	Operations cancelled on the day for non-clinical reasons: actuals	15	16	10	81	12	18	10	86	27	34	20	81	167		-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.38%	0.46%	0.27%	0.36%	0.40%	0.66%	0.33%	0.50%	0.39%	0.55%	0.30%	0.41%	0.42%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	9	0	1	13	1	3	0	11	10	3	1	14	24		!
	Theatre Utilisation Model Hospital (Target > 85%)	77.3%	80.7%	77.8%	78.2%	93.0%	90.2%	93.1%	91.1%	83.0%	84.3%	83.1%	83.4%	82.7%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.37	2.36	2.33	2.35	1.80	1.87	1.83	1.75	2.10	2.13	2.09	2.11	2.07		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.4	10.3	10.4	10.1	11.4	10.2	10.5	11.4	10.9	10.2	10.4	10.5	10.7		!
	DNA rate: first appointment	9.7%	10.7%	9.9%	10.3%	8.6%	9.2%	9.2%	9.5%	9.2%	10.0%	9.5%	9.5%	9.9%		-
	DNA rate: follow-up appointment	8.4%	8.3%	7.7%	8.2%	7.0%	7.4%	6.6%	7.2%	7.8%	7.9%	7.2%	7.6%	7.8%		-
	PIFU - % of Total Outpatient attendances	11.3%	11.6%	11.4%	11.3%	1.9%	1.9%	1.8%	1.9%	7.4%	7.5%	7.3%	7.4%	7.4%		-

Day-Case Rate

The day-case rate increased in September 2024 going up from 85.6% to 87%, remaining well above the 85% target. This was driven by an increase in performance on the CW site.

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day decreased Trust-wide in September from 20. This decrease was seen on both sites, and was largely driven by improvement seen through the theatres QI work. One patient was rebooked after the 28 day target, this was due to patient choice.

Theatre Utilisation

Trust-Wide utilisation remained fairly static in September 2024, increasing slightly at 83.1%. Theatre utilisation remains significantly above the 85% target at 93.1% on the West Middlesex site. The Chelsea site remains below the 85% target, this has been driven by significant Paediatrics, who were heavily impacted by cancellations on the day due to patients being unwell.

Outpatients

Following a small dip in August, our DNA rate improved across both sites for both new patients and follow ups in September. The follow up position in particular is the lowest we have seen, which is very positive. There is still work to do around patients discharged to PIFU with a lower update across both sites. PIFU should be a key enabler to shift our First-to-Follow up ratio which improved very slightly in September. But as a Trust we continue to undertake unpaid follow up activity. Our average wait to first appointment was relatively static between August and September. There is significant work on-going to schedule all of our long-waiting unbooked new patients, so this is more likely to go up between now and the end of the year. Routine waits remain long for many of our services, especially at West Middlesex Hospital.



Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	97.2%	90.8%	94.8%	93.6%	90.4%	97.4%	92.1%	93.4%	93.4%	94.7%	93.3%	93.8%	93.5%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	70.6%	71.4%	73.3%	72.8%	100.0%	84.6%	100.0%	96.2%	83.3%	77.8%	86.7%	82.8%	83.5%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	60.0%	88.9%	75.0%	79.6%	100.0%	95.7%	86.4%	92.4%	81.8%	92.7%	81.0%	85.3%	86.8%		-
VTE	VTE: Hospital acquired	1	0	0	3	7	5	0	22	8	5	0	13	25		-
	VTE risk assessment (Target: >95%)	94.2%	94.8%	94.7%	94.7%	96.2%	96.5%	96.7%	96.3%	95.3%	95.8%	95.8%	95.6%	95.5%		!
TB Care	TB: Number of active cases identified and notified	1	5	2	14	7	7	1	38	8	12	3	23	52		-
Sepsis	ED % Periods Screened (Target >90%)	89.0%	91.2%	94.3%	90.2%	85.8%	87.2%	85.0%	85.0%	87.5%	89.3%	90.0%	88.9%	87.9%		-
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	74.7%	79.1%	73.6%	74.4%	90.5%	87.4%	89.7%	90.0%	81.2%	82.7%	80.3%	81.3%	80.6%		-
	Ward % Periods Screened (Target >90%)	86.7%	87.4%	88.1%	86.8%	94.0%	94.2%	91.4%	93.9%	90.0%	90.7%	89.6%	90.1%	90.1%		-
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.9%	94.9%	97.4%	96.0%	94.8%	94.8%	95.8%	96.1%	95.8%	94.9%	96.6%	95.8%	96.0%		-
Discharge	Date of Discharge is same as Discharge Ready Date	89.8%	86.6%	89.9%	88.5%	86.1%	86.6%	87.6%	86.2%	87.9%	86.6%	88.6%	87.7%	87.3%		-
	Date of Discharge is 1+ days after Discharge Ready Date	10.2%	13.4%	10.0%	11.5%	13.9%	13.4%	12.4%	13.7%	12.1%	13.4%	11.3%	12.2%	12.7%		-

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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Dementia Screening

Compliance was achieved on both sites for September 2024 with CW at 95% and WM at 92%.

#NoF (Time to Theatre - Neck of Femur)

Trust compliance has improved compared to the previous month with the West Middlesex site achieving full compliance against the target. Performance for the Chelsea site has improved slightly despite remaining under the target. In the Chelsea site 11 of 15 patients were medically fit for surgery had surgery within 36 hours. There were 4 patients who were medically fit but were delayed. Two were waiting for space on the trauma list due to a high volume of trauma while two were awaiting a hip consultant.

VTE Risk

VTE performance on the Chelsea site is again this month just under the 95%. This is mainly in elective surgery a combination of Treatment Centre and Fry Surgical Lounge.

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. There is clear reporting in place through the discharge dashboard and are working on a process for improvement.

Sepsis

There is sustained improvement in screening for Sepsis at the Chelsea site. Current targeted quality improvement for review of patients at Chelsea ED, currently monitored through EIC performance meetings. Performance in wards remain broadly stable (with an improvement towards compliance in Chelsea wards).



Access

Access Dashboard

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RTT waits	RTT Incompletes 52 week Patients at month end	635	532	401	3961	440	431	341	3549	1075	963	742	2780	7510		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	78.37%	82.90%	87.26%	81.54%	79.80%	81.97%	88.45%	77.14%	79.09%	82.45%	87.86%	83.00%	79.27%		!
	Diagnostic waiting times >6 weeks: breach actuals	1308	991	701	6787	1232	1006	641	8917	2540	1997	1342	5879	15704		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.4%	7.3%	6.1%	7.0%	7.3%	8.4%	6.4%	7.4%	7.3%	7.9%	6.2%	7.1%	7.2%		!
	A&E time to treatment - Median (Target: <60')	00:24	00:23	00:22	00:25	00:36	00:33	00:35	00:33	00:31	00:30	00:29	00:30	00:30		-
	London Ambulance Service - patient handover 30' breaches	19	26	35	182	120	123	164	818	139	149	199	487	1000		-
	London Ambulance Service - patient handover 60' breaches	2	0	0	3	3	1	3	30	5	1	3	9	33		!

Please note the following: blank cell An empty cell denotes those indicators currently under development Either Site or Trust overall performance red in each of the past three months

Diagnostic 6-Week Waits

September has been another strong month for DM01 recovery with 87.86% performance which is a 5% increase compared to the previous month and the lowest number of patients waiting over six weeks this calendar year. MRI remains the main driver of the overall Trust position, however MRI and UDS have seen the highest improvement from last month with 10% and 13% performance improvement respectively. Overall PTL size is at second lowest in the last eleven months, being only higher than December 2023 by 49 patients. The Trust still present an evenly distributed waiting list for diagnostic tests with performance differences across both sites of 0.8%.

Ambulance Handover

Ambulance handovers remain strong and among the best in sector, however the Trust has experienced increased difficulties in offloading due to challenged flow.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Jul-24	Aug-24	Sep-24	Jul-24	Aug-24	Sep-24	Jul-24	Aug-24	Sep-24
RTT waiting list positions	Total RTT waiting list	29576	29881	29310	31674	32251	31540	61250	62132	60850
	Total Non-Admitted waiting list	26691	27013	26459	29755	30471	29890	56446	57484	56349
	Non-Admitted with a date	7148	9934	13461	6057	9965	14240	13205	19899	27701
	Non-Admitted without a date	19543	17079	12998	23698	20506	15650	43241	37585	28648
	Total Admitted waiting list	2885	2868	2851	1919	1780	1650	4804	4648	4501
	Admitted with a date	498	638	947	364	481	728	862	1119	1675
	Admitted without a date	2387	2230	1904	1555	1299	922	3942	3529	2826
	Patients waiting >65 weeks	115	73	17	65	40	6	180	113	23
	Patients waiting >78 weeks	11	5	0	6	0	0	17	5	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		
	Jul-24	Aug-24	Sep-24	Jul-24	Aug-24	Sep-24	Jul-24	Aug-24	Sep-24
Total	635	532	401	440	431	341	1075	963	742
Breast Surgery						1			1
Burns Care	3	6	3				3	6	3
Clinical Haematology			1			1			2
Colorectal Surgery	21	21	16	16	17	12	37	38	28
Dermatology	7	8	8	9	6	3	16	14	11
Endocrinology	1	6		8	4	2	9	10	2
ENT				84	102	81	84	102	81
Gastroenterology	2	2	2		1	1	2	3	3
General Surgery	127	99	90	24	13	9	151	112	99
Gynaecology	3	2	2			1	3	2	3
Hepatology	1	2	5	18	17	24	19	19	29
Maxillo-Facial Surgery	3	5	7	1			4	5	7
Neurology				5	4		5	4	
Ophthalmology	14	22	19				14	22	19
Oral Surgery						1			1
Orthodontics	1		1				1		1
Paediatric Cardiology			1	1	1	1	1	1	2
Paediatric Clinical Haematology				1	1	1	1	1	1
Paediatric Clinical Immunology	1	1	4	3	4	3	4	5	7
Paediatric Dentistry	3	1					3	1	
Paediatric Dermatology	4	3	1				4	3	1
Paediatric Ear Nose and Throat	4	2	3	17	48	42	21	50	45
Paediatric Endocrinology						2			2
Paediatric Gastroenterology	4	4	4		1	2	4	5	6
Paediatric Maxillo-Facial Surg	8	17	10				8	17	10
Paediatric Neurology	1	1			1		1	2	
Paediatric Plastic Surgery	19	18	19				19	18	19
Paediatric Respiratory Medicin				3	3		3	3	
Paediatric Surgery	1		1	2	1	2	3	1	3
Paediatric Trauma and Orthopae	1	1			1	3	1	2	3
Paediatric Urology				1		1	1		1
Paediatrics	7	7	2	2	3		9	10	2
Pain Management		1	2					1	2
Plastic Surgery	123	124	90	67	71	53	190	195	143
Podiatric Surgery				3	2	2	3	2	2
Podiatry					2	3		2	3
Respiratory Medicine				3	1		3	1	
Rheumatology	40	10		19	12	3	59	22	3
Trauma & Orthopaedics	142	94	61	99	65	46	241	159	107
Trauma and Orthopaedics	2	1					2	1	
Urology	40	31	22	2	2	2	42	33	24
Vascular Surgery	52	43	27	52	48	39	104	91	66



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:27	1:26	1:25	1:25	1:24	1:27	1:27	1:27	1:26	1:27	1:26	1:26	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)	447	428	418	2634	390	414	383	2332	837	842	801	2480	4966	-
	Total number of bookings (Target:> CW 580 WM 478)	578	525	533	3389	485	490	472	2838	1063	1015	1005	3083	6227	-
	Maternity 1:1 care in established labour (Target: >95%)	94.5%	99.0%	97.0%	96.8%	97.5%	97.0%	97.0%	97.6%	96.0%	98.0%	97.0%	97.0%	97.2%	-
Safety	Admissions >37/40 to NICU/SCBU	21	19	16	122	9	2	13	195	30	21	29	56	122	-
	Number of reported Serious Incidents	4	10	1	18	1	2	1	11	5	12	2	19	29	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	2	2	0	6	0	0	0	3	2	2	0	4	9	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.6%	7.0%	9.6%	7.2%	5.4%	6.8%	5.0%	5.7%	5.5%	6.9%	7.3%	6.6%	6.5%	-
	Number of stillbirths	1	3	1	6	1	1	1	6	2	4	2	8	12	-
	Number of Infant deaths	0	0	1	8	2	0	2	6	2	0	3	5	14	-
	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	4.1%	2.2%	n/a	2.8%	6.2%	4.5%		5.3%	5.2%	3.4%	n/a	4.3%	4.1%	-
	Spontaneous unassisted vaginal births	27.0%	28.2%	24.0%	24.6%	32.3%	28.5%	35.0%	28.9%	29.7%	28.4%	29.5%	29.2%	26.7%	-
	Vaginal Births - spontaneous & induced	40.0%	38.9%	37.0%	37.8%	40.5%	37.9%	43.0%	42.5%	40.3%	38.4%	40.0%	39.6%	40.1%	!
	Instrumental deliveries	60	52	55	312	43	62	49	296	103	114	104	321	608	-
	Pre-labour elective caesarean sections	102	71	90	550	58	68	55	331	160	139	145	444	881	-
	Emergency caesarean sections in labour	106	134	116	736	132	123	116	714	238	257	232	727	1450	-

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 September are 1:27 at Chelsea and 1:25 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 declined on the Chelsea site to 69.44% entries were mostly missed at 6am and 18:00 and the service are focusing on meeting the 85% compliance target. West Mid reported increased confidence interval to 87.78% for September. There was 1 red flag on the CW site and 4 on the WM site which is an increase from August. The red flag at the CW site was due to loss of supernumerary status of the coordinator the red flags at WM were related to a delay in induction of labour (n=3) and 1 loss of supernumerary status of the coordinator. 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 77% green (staffing met activity and acuity demands), and 19% amber (up to 2 MWs short). The acuity by RAG status at WM was consistent with August, 30% green (staffing met activity and acuity demands), 35% amber (up to 2 MWs short) and 35% red (two or more midwives short). It is recognised there are limitations to the tool as it only represents a 4-hour snapshot window and so to manage activity and mitigate risk, staffing is reviewed during the safety huddles as a minimum and staff redeployed accordingly. Substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff, this ensures there are safe staffing levels to manage the activity within a shift. For September the fill rate on the CW site during the day was 92.62% and for WM 94.35%.

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 was 1 confirmed MNSI case:

1. White Eastern European woman, P0, attended at 41+4/40, CS due to pathological CTG, complicated resuscitation due to meconium, baby sadly died at 1 hour 20 minutes of age.

Datix reporting system: There were 90 reported incidents in September continued decrease from August (114).

Main themes arising:

- I. Transfer to Labour ward >5cm dilated (5)- thematic review being undertaken.
- II. Delay /access to hospital/care (8)
- III. Appointment not made or other issue (6)
- IV. Medication management (8).
- V. Staff safety incidents: 20 Top incident types: Aggression/unacceptable behaviour (3); staff issues (10); communication (4); contact with sharps (3).

CWH site: for the month of September no new cases.

Updated August patient safety incidents (10): x1 MNSI, a further case reported to MNSI rejected and will be reviewed as an AAR. x2 incidents included in existing thematic reviews (wound infection and retained products of conception), 1 incident for local review and 5 IIR's.

Datix reporting system: In September 138 Datix, a decrease from August (157)

Main themes arising:

- 18 Delay / failure in access to hospital / care
- 9 Communication failure within team
- 8 Maternal - Post-partum haemorrhage > 1500mls (MOH)/8 All other medication incidents (errors with prescribing, administration, follow-up etc.)



1. **PMRT (Cross site):** CW site reported 2 cases. **NND-** baby with known Cardiac abnormalities. **Stillbirth** -Presented to MAS at 26 weeks with history of abdominal pain and bleeding. Placenta abruption diagnosis on USS, baby born with no signs of life. WMUH reported 3 cases: **NND** x1 following CAT 2 CS at term and a 22+1. **Stillbirth-** at 36+6.
2. **ATAIN (Cross site):** On the CW site there were 16 term admissions in September 3 were deemed avoidable. On the WM site there were 13 term admission in September and none 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

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					
		Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025	
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	96.0%	95.0%	94.0%	92.3%	96.0%	95.0%	93.0%	94.0%	96.0%	95.0%	93.5%	94.8%	93.2%	
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	90.0%	94.0%	93.0%	91.0%	91.0%	87.0%	90.2%	92.5%	90.5%	90.5%	91.2%	91.6%	
	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	4	12	27
	Progress in achievements of NHSR MIS (10 safety actions) Amber										6	6	6	18	18
	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%

	Site	Overall	Safe	Effective	Caring	Well-led	Responsive
CQC Metric Ratings - May 2023	West Middlesex	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding
	Chelsea and Westminster	Good	Requires Improvement	Good	Good	Outstanding	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 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 September overall multi-disciplinary training compliance is above 90% across both sites. However, fetal monitoring training compliance at the WMUH site is 87% 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.

Service user feedback: The service receives monthly friends and family test feedback, September saw an increase in positive ratings at WM from 76.24% in August to 89.74% in September, the response rates continue to decline 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 a decline in their positive rating from 88.78% in August to 87.14% in September the response rate has increased from 20% in August to 28% in September. 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 4 out of 10 safety actions with the expectation that it will be fully compliant in readiness for the submission period, which will end 30 November 2024 and the submission deadline will be 12:00 midday on 3 March 2025.

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

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



Cancer Update

62 day Cancer referrals by tumour site Dashboard

Target of 85%

Domain	Tumour site	Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance					Trust data 13 months		
		Jul-24	Aug-24	Sep-24	2024-2025	YTD breaches	Jul-24	Aug-24	Sep-24	2024-2025	YTD breaches	Jul-24	Aug-24	Sep-24	2024-2025 Q2	2024-2025		YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		91.3%	100%	100%	95.7%	4	91.3%	100%	100%	97.8%	95.7%	4		-
	Colorectal / Lower GI	94.7%	100%	100%	91.9%	3	94.7%	81.8%	77.3%	70.1%	25	94.7%	86.2%	86.1%	89.6%	77.9%	28		-
	Gynaecological	33.3%	100%	57.1%	76.9%	7.5	81.8%	92.9%	77.8%	90.4%	4.5	71.4%	94.4%	68.8%	88.0%	84.6%	12		-
	Haematological	100%	100%	75.0%	93.2%	3.5	77.8%	100%	80.0%	89.7%	9	80.6%	100%	78.3%	91.0%	90.6%	12.5		-
	Head and neck	75.0%	100%	100%	91.7%	1	n/a	100%	100%	70.8%	3.5	75.0%	100%	100%	92.3%	81.3%	4.5		-
	Lung	76.5%	55.6%	88.9%	67.9%	10	85.0%	93.3%	87.5%	81.3%	10	81.1%	79.2%	88.2%	80.0%	76.3%	20		-
	Sarcoma	33.3%	100%	0.0%	55.6%	3	100%	0.0%	n/a	66.7%	2	60.0%	50.0%	0.0%	55.6%	61.9%	5		!
	Skin	92.1%	100%	88.9%	95.3%	7	97.1%	100%	88.2%	96.9%	4	94.4%	100%	88.6%	97.8%	95.9%	11		-
	Upper gastrointestinal	100%	84.6%	100%	97.3%	2	60.0%	90.9%	100%	57.0%	17	88.2%	88.6%	100%	88.5%	83.2%	19		-
	Urological	59.1%	44.4%	42.1%	52.1%	45.5	79.7%	90.0%	74.2%	84.8%	46.5	72.4%	71.6%	68.8%	72.0%	74.1%	92		!
	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	100%	100%	0		-

Trust Commentary

The 62-Day combined target of 85% standard was achieved in August 2024 with performance of 88.33%. September 2024 position continues to be validated, standing at present at 81.43% and is continually reflecting of our focus to reduce our backlog. Challenges to be seen in Urology, Gynaecology, Colorectal Surgery and Sarcoma. Plans are focused on backlog reductions over the coming months.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast				16.5
Gynaecology	0.5	1.5		7.5
Haematology		3		6
Head and Neck		2		1.5
Colorectal	1	6	1	9.5
Lung	2	4		8
Other				1.5
Sarcoma			1	3
Skin		20.5		7.5
Upper GI	1	6	1	11
Urology	7	16	3	19
Total:	11.5	59	6	91



Safer Staffing

Chelsea and Westminster September 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 September 2024

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



Safer Staffing & Patient Quality Indicator Report

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 experienced increased HCA fill rates at night due to an increase 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 the high acuity of the area. Additional funding has been approved to provide support. The high fill rate for RN and HCA staff during the night on Marble Hill 2 reflects the need to staff additional escalation bed. The reduced HCA fill rate on DRU reflects an adjustment to patient staffing and acuity levels. CHPPD was not compromised. Syon 2 and MAU had low HCA fill rate for day shifts due to sickness and inability to cover shifts with bank staff. Redlees had high HCA fill rate both day and night, due to an increase number of confused patients and those patients at high risk of harm.

Osterley 1 and 2 had a low HCA fill rate during the day due to unfilled bank shifts; however, apprentice's supernumerary roles, helped maintain the CHPPD. Richmond, Ost 1 and 2 had increased HCA fill rate at night due to patients at risk of falls and patients requiring 1:1 care.

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

Chelsea and Westminster site:

Saint Mary Abbots had an increased HCA fill rate day and night due to the opening of escalation beds. Lord Wigram had low HCA fill rate for day shifts due to sickness and inability to cover shifts with bank staff. Ron Johnson had high HCA fill rates day and night due to several patient requiring 1:1 care. Chelsea Wing had high fill rates for RNs during the day due to staff supernumerary time. They had reduced HCA fill rate at night due to a reduction in patients and requirement. AAU, Rainsford Mowlem and Edgar Horne had low HCA fill rates for day shifts due to sickness and inability to cover shifts with bank staff. Staff were redeployed between wards to support. CHPPD was not compromised. Nell Gwynne and David Erskine wards had reduced HCA fill rates during both day and night shifts, as Nursing Associates filled these shifts. CHPPD was not affected. Nightingale ward had low fill rate for both RNs and HCAs day and night due to decrease in bed base capacity. Staff were redeployed to other wards to support staffing. Following the closure of Neptune ward, additional RN night shifts were required on Mercury due to the opening of escalation beds. Staff were redeployed from the closed ward to support these needs.

Incidents:

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

The medication incident on SMA involved the patient not receiving their regular medication upon admission. This has now been resolved. Additionally, a medication incident occurred on Syon 2 due to potential side effects of medication. This case is currently under review through the After Action Review (AAR) process and has been submitted to the governance team.

An incident occurred on Lord Wigram involving a fall, resulting in moderate harm. The incident was promptly reviewed and managed by the clinical team.

The pressure ulcer identified in the ICU was determined to have originated from a previous unit, with an initial incorrect grading of the ulcer. The patient has since been managed appropriately. A trust-acquired pressure ulcer occurred on Lampton Unit, and was reclassified, with additional education and tissue viability support being provided to the team to enhance accurate identification.

Friends and Family test showed that three wards at CW and seven at WM scored 100 %. SMA FFT score of 72.9%, was primarily driven by negative feedback regarding delays in the ED department and medication administration. The manager is aware and has shared the findings with the team for review and action.

Ron Johnson FFT scored 66.67% following patient's dissatisfaction with delays in being admitted to the ward after experiencing symptoms for four weeks. No other recurring themes were noted in the FFT feedback.



Safe Staffing Analysis | Registered Nurse and Care Staff September 2024

RN Fill Rates (ward areas) stayed the same from 104.32% in August 2024 to 104.20% in September 2024. The RN vacancy rate (whole trust) in September 2024 was 3.99%, down from 4.32% in August 2024.

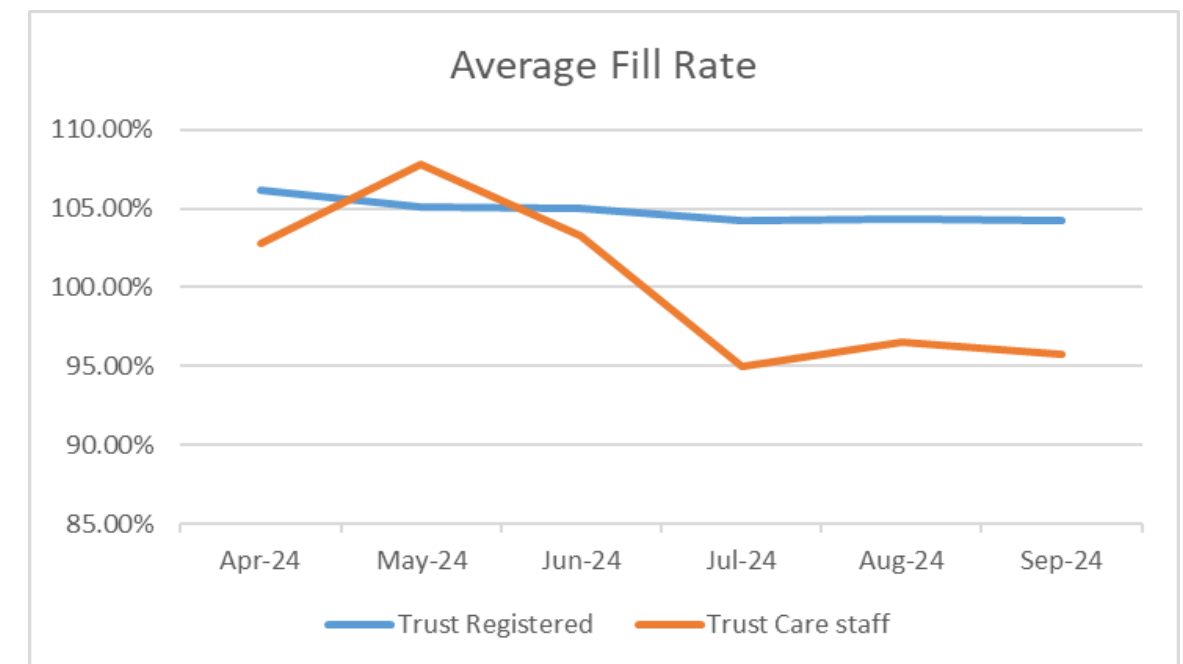
Care Staff Fill Rates (ward areas) decreased from 96.51% in August 2024 to 95.80% in September 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in September 2024 was 9.92% slightly up from August 2024 – 9.18%

The Trust overall fill rate (ward areas) (RN and Care Staff combined) stayed the same from 100.42% in August 2024 to 100% in September 2024.

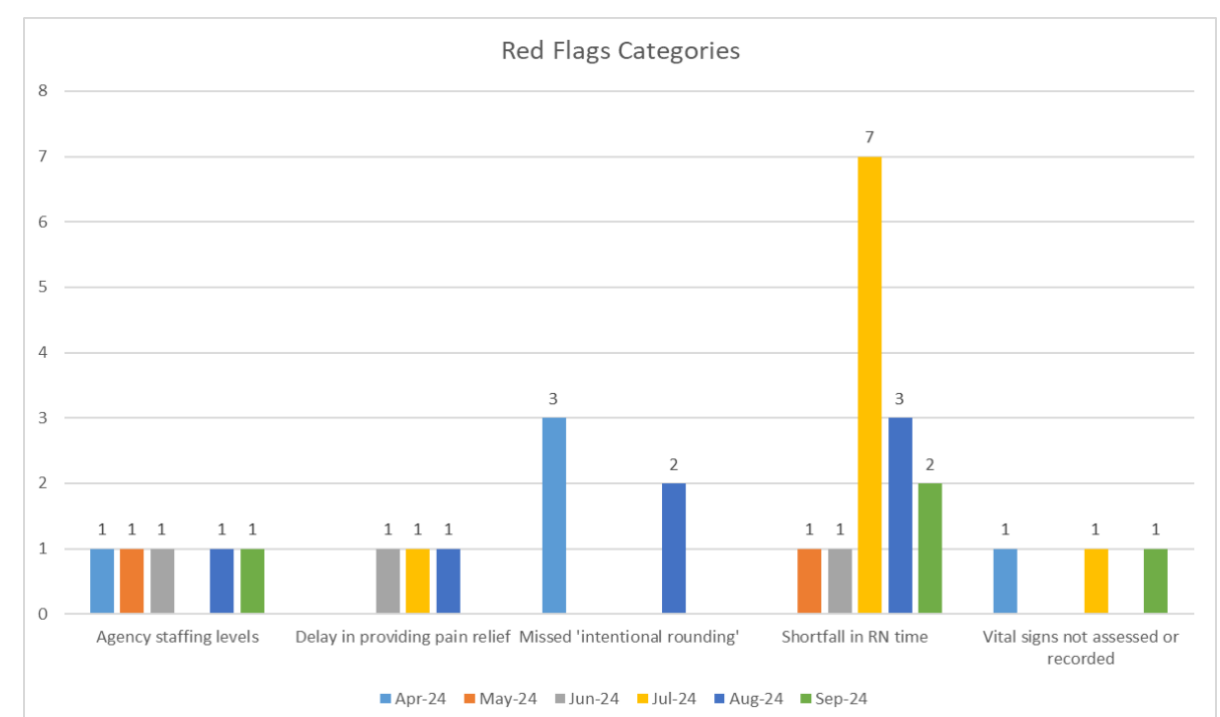
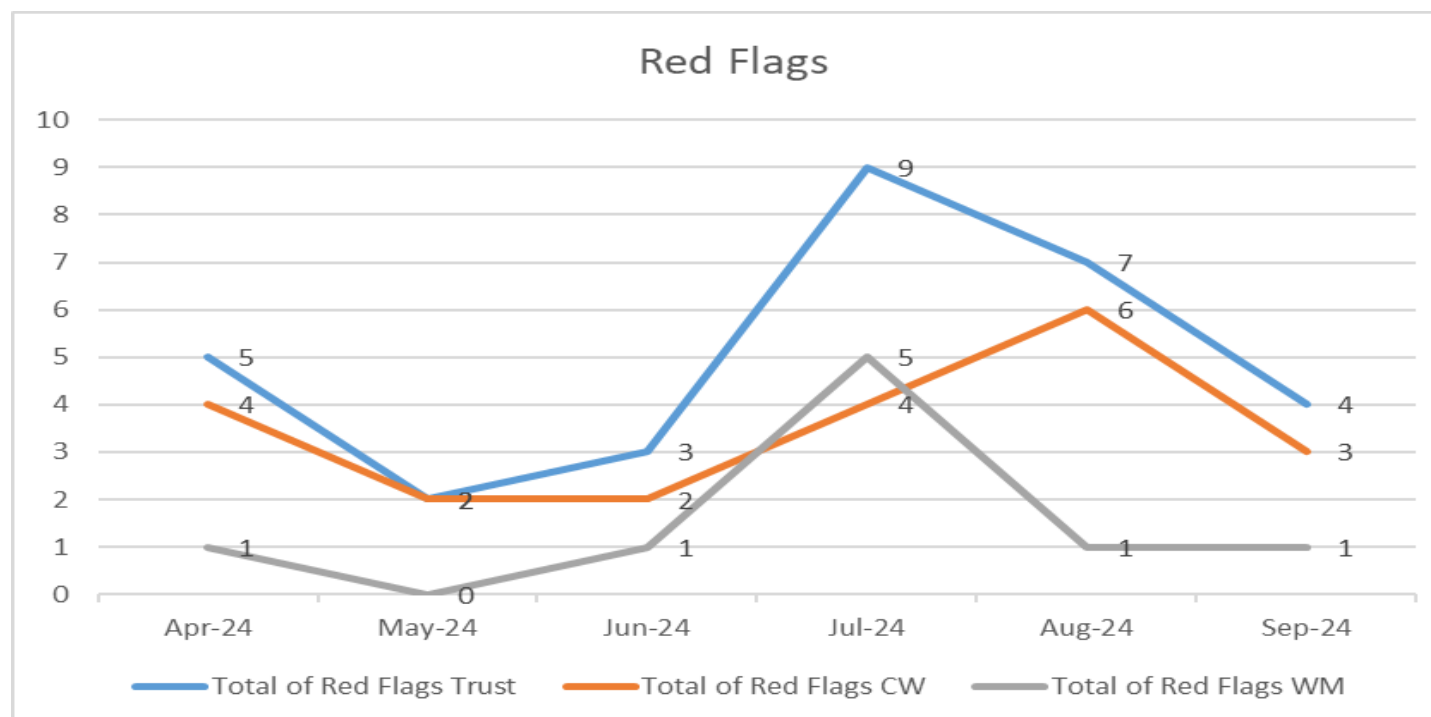
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (May 2024) was 9. Trust workforce data confirms the CHPPD was 8.8 in September 2024, down from 9.1 in August 2024

Safe Staffing Red Flags – 4 red flags from the 5 categories (tables below) were reported during September 2024 : where majority were in Shortfall in RN time.

Nursing, Midwifery and care staff average fill rate September 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
104.20% ↔	95.80% ↓	6.3 ↓	2.5 ↓	8.8 ↓



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





Finance M6 (September 2024) 2024/2025

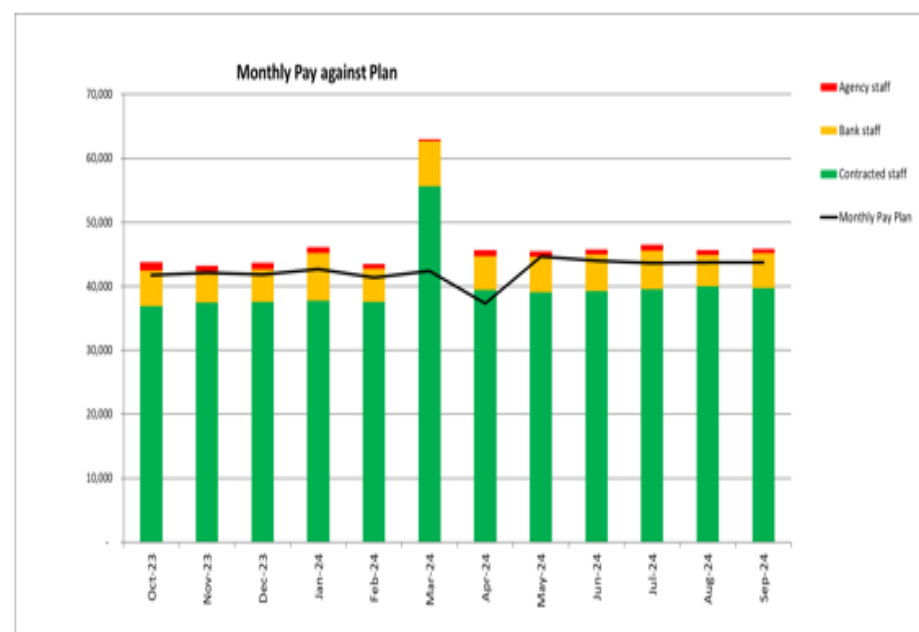
Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	463,757	487,850	24,093
<i>Expenditure</i>			
Pay	(261,642)	(274,858)	(13,216)
Non-Pay	(178,390)	(190,102)	(11,712)
EBITDA	23,725	22,890	(836)
EBITDA %	5%	4.69%	-0.4%
Depreciation	(16,572)	(16,904)	(332)
Non-Operational Exp-Inc	(5,804)	(6,228)	(424)
Surplus/Deficit	1,349	(243)	(1,592)
Control total Adj - Donated asset, Impairment & Other	(2,041)	(1,995)	46
PFI Model recalculation		538	538
Adjusted financial performance surplus/(deficit)	(691)	(1,699)	(1,008)

The adjusted financial position at month 06 is a £1.7m deficit which is £1.01m adverse against plan.

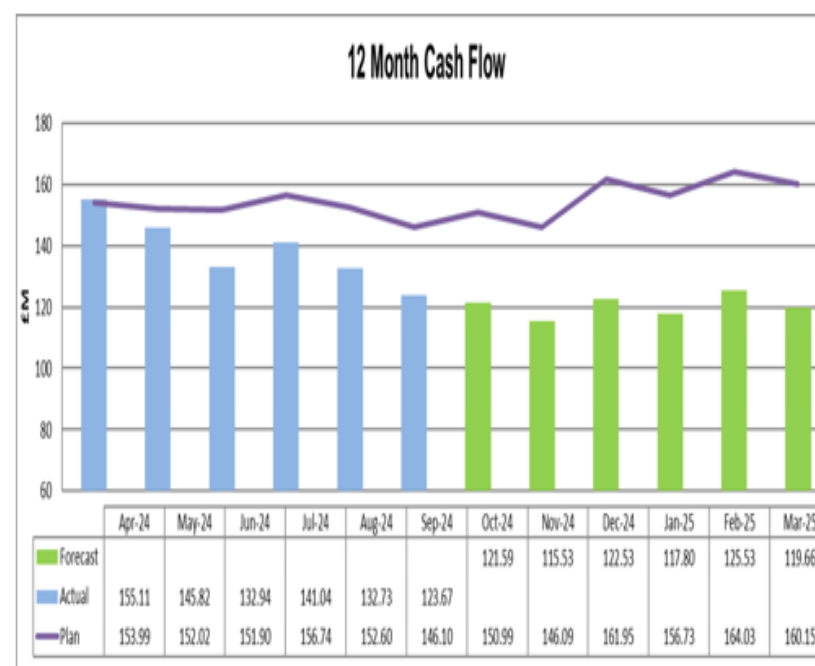
Pay: £13.22m adverse against plan. The adverse variance at Month 6 includes spend to cover Industrial action, additional clinics/WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Income

M06 Income performance improved considerably as NHS England has approved the reduction in ERF baselines to account for the flex/freeze moment in 23/24 position. 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 for the last two periods is accrued based on historic activity levels and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.

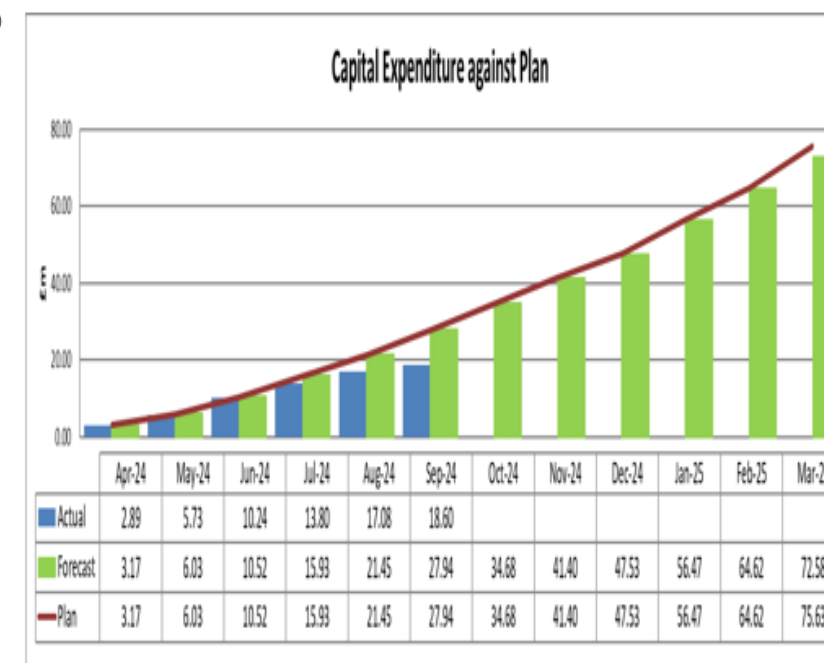


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution- £18.45m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



Comment

The negative cash variance to plan in M6 of £22.43m is negative cash variance b/fwd from M5 of £19.87m, Higher receipts to plan of £1.72m (ICB & NHS England & FT's £1.32m Lower, Local Authority & AR £1.13m Higher, Other Income £0.14m Higher, PP Income £0.41m Lower PDC Drawdown £4.19m Higher, Donations £2.03m Lower, Interest Income £0.01m Higher) offset by Higher cash outflows to plan £4.27m (Higher Creditor payments & Higher Payroll)



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, Estate schemes £16.62m, ICS Reserves £0.37m and nonmedical equipment £0.18m. The YTD P06 position is an under spend of £9.34m against the P06 YTD planned budget of £27.94m, actual spend £18.60m. The majority of this underspend relates to the Treatment Centre £6.23m, 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.