Chelsea and Westminster Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING - 15TH APRIL 2026

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15 April 2026

16:00 GMT+1 Europe/London

AGENDA

1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached

1.0 Draft Agenda COG - April 2026 (TBC) (1).pdf

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting

Date: **15th April 2026**
Time: **16:00 - 18:30**
Location: **Main Boardroom, Lower Ground Floor, Chelsea and Westminster Hospital/MS Teams**

AGENDA

	1.0	**GENERAL BUSINESS**		
16:00	1.1	Welcome and Apologies for absence Apologies: Lucinda Sharpe	Verbal	Chair
16:02	1.2	Declarations of interest	Verbal	Chair
16:03	1.3	1.3a Minutes of CoG Meeting held on 22nd January 2026 1.3b Minutes of the Extraordinary CoG Meeting held on 19th March 2026	Paper Paper	Chair
	2.0	**UPDATES**		
16:05	2.1	Interim Chair's Report	Paper	Interim Chair
16:20	2.2	Chief Executive's Report	Paper	Chief Executive Officer
	3.0	**FOR DISCUSSION**		
16:45	3.1	Outpatients Update	Verbal	Chief Executive Officer
17:15	3.2	Quality Report	Paper	Vice Chair/Chief Nursing Officer
17:40	3.3	Annual Report from the Chair of the Finance and Performance Committee • 3.3a CW 5-year Plan	Paper	Chair of the Finance and Performance Committee
	4.0	**OTHER BUSINESS – ITEMS FOR NOTING**		
	4.1	Any other business, including: *4.1.1 - CoG Forward Plan and schedule of CoG meetings and CoG Briefings 2026-2027.	Paper	Chair
		Date and Time of the Next Meeting 16th July 2026 – venue and time tbc	Verbal	Chair

1.1 WELCOME AND APOLOGIES FOR ABSENCE

1.2 DECLARATIONS OF INTEREST

1.3 MINUTES OF COG MEETINGS

1.3a - Minutes of the CoG Meeting held on 22 January 2026
1.3b - Minutes of the Extraordinary CoG Meeting held on 19th March 2026

REFERENCES

Only PDFs are attached

1.3 CoG Meeting - 22 Jan 2026 (1).pdf

1.3b Extraordinary CoG Meeting - 19th March 2026 v1.pdf

DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)
22 January 2026 16:00 – 18:00
Main Boardroom, Chelsea and Westminster Hospital and MS Teams

Present:	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Patricia Gallan	Vice Chair	(PG)
	Richard Ballerand	Public Governor	(RBD)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Ollie Dacanay	Staff Governor	(OD)
	Ian Dalton	Patient Governor	(ID)
	Fiona O'Farrell	Patient Governor	(FOF)
	Stuart Fleming	Public Governor	(SF)
	Jerry Folkson	Public Governor	(JF)
	Minna Korjonen	Patient Governor	(MK)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Simon Mansfield	Public Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Cllr Will Pascal	Appointed Governor	(WP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Linda Vassallo	Staff Governor – Non Clinical	(LV)
	Desmond Walsh	Appointed Governor	(DW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Kevin Croft	Chief People Officer	(KC)
	Carolyn Downs	Non-Executive Director	(CD)
	Vineeta Manchanda	Non-Executive Director	(VM)
	Ajay Mehta	Non-Executive Director	(AM)
	Mike O'Donnell	Non-Executive Director	(MOD)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the NWL APC Chair in Common	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Christopher Digby-Bell	Patient Governor	(CDB)
	Nara Daubeney	Public Governor	(ND)
	Nathalie Podder	Public Governor	(NP)
	Jo Winterbottom	Public Governor	(JW)
	Aman Dalvi	Non-Executive Director	(AD)
	Syed Mohinuddin	Non-Executive Director	(SMo)
	Catherine Williamson	Non-Executive Director	(CW)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed everyone and summarised the agenda for the meeting.

1.2 Declarations of interest

MN confirmed that he would be standing as councillor for Hammersmith and Fulham Council.

The Chair added that he would exit the meeting at agenda item 3.15 where the approval of his extension as Chair would be discussed, and would re-join the meeting after this item.

1.3 Minutes of CoG meeting held on 22nd October 2025

The minutes were approved.

1.3a Minutes of CoG Private Session held on 22nd October 2025

The minutes were approved.

2.0 UPDATES

2.1 Chair's Report and NWL Acute Provider Collaborative (APC) Update

MS extended his thanks to AM and AD, who were both coming to the end of their term of office as Non-Executive Directors (NEDs), for their exceptional service to the Trust Board. The Chair commended AM for his work with Trust staff and the working environment and championing diversity, and added that the recruitment process for NEDs would be discussed later during this meeting.

The Chair noted that when the National Oversight Framework (NOF) rankings were published, CWFT returned to the top category, and was the fourth highest performing acute hospital in the country.

2.2 Chief Executive's Report

LW commented further on the NOF ranking, and added that the report provides a snapshot the work that is done at the Trust. LW referred to how the Trust's PROUD Awards recognises and celebrates success. LW also commented on the financial position of councils and Local Authorities for 2026/27, and how the Trust could deliver services to people within the community. LW noted that the Trust aimed to care for patients in appropriate settings, and were also working with the community to provide appropriate care for patients. It was noted that due to the different approaches on funding that our councils are applying would remain a challenge for the Trust and after the local elections in May. The Trust would be involved in funding discussions to ensure that services could continue. LW added that this would be a challenging year for the Trust.

NC commented on diagnostics, and asked if there was any evidence that early diagnostic action could make a difference. MN confirmed that patients who were being treated for HIV were also screened for other diseases, and were treated quickly due to the early diagnosis. LW followed on from this comment by saying that there was more work to do in this area.

NL commented on Transformation projects, and noted that some systems – especially Outpatients – needed reform rather than slow updates, and asked how the Collaborative could make these services more effective. The Council discussed this further and it was agreed that further work on Transformation and improving services needed to be done through addressing pathways and other aspects.

3.0 FOR APPROVAL

3.1 Group Non-Executive Director Changes for Transition to Group Governance Model Effective from 1 April 2026

The Chair advised the Council that this had been presented to the CoG Nominations and Remuneration Committee on 21st January, and had been submitted here with their recommendations.

PJ summarised the paper that detailed the new Governance structure, and explained the evolvement of the NWL Acute Provider Collaborative (APC) to the NWL Acute Provider Group (APG). PJ also commented on the work that had been done on the Governance model and committee structure, and how the composition of the Non-Executive Directors (NEDs) would change. It was noted that those who had joined the Board in Common (BiC) meeting earlier that week, the new Board structure was approved. The NED composition required to deliver the Governance mode was presented, and this was the first recommendation that the Council were required to approve.

PJ commented on the proposal which was to appoint two NEDs – Baljit Ubhey (BU) and Bob Alexander (BA) – to the CW Board. PJ added that the number of NEDs across the APG would be reduced to 14 from 18.

The second recommendation was for the Council to approve the recruitment process to appoint a NED to replace Helen Stephenson (HS) who stood down from her post as NED at the end of 2025. PJ added that the Lead Governor would represent the Governors and sit on the interview panel.

These recommendations were discussed further, and FOF raised an issue on the Governance structure and the balance between Executive Officers and NEDs. PJ confirmed that this had been addressed and there would now be 7 voting NEDs and 5 voting Executives at each Trust. MN asked whether moving two NEDs from another Trust to CW would be advantageous to us in any way. The Chair confirmed that both BU and BA were excellent candidates, and that BU chaired the Audit and Risk Committee (ARC) meetings at LNW and would chair those meetings at CW. The Chair added that BA would bring sufficient financial experience to this role, and advised that he would end his term as a NED at the end of August.

After discussion the Council approved the appointment of BU and BA to the CW Board, and the recruitment process to appoint a new NED.

The Council approved the appointment of BU and BA to the CW Board, and the recruitment process to appoint a new NED.

The Chair left the meeting.

PG was appointed as Chair for this agenda item.

The Chair summarised that the Council were asked to approve MS's post as Chair of the CW Board for a further two years, and noted that relevant information had been provided as requested by the Council as supporting information. NC added that this had also been recommended by the CoG Nominations and Remuneration Committee at their meeting on 21st January.

PJ added that for MS to carry on as Chair of the hospitals that were not Foundation Trusts, approval would be sought from NHS England (NHSE). NC asked what would happen if NHSE did not approve this extension. PJ confirmed that if this did happen, MS would only Chair two of the four Trusts in the APG. MN asked why the extension was only for only two years, and it was noted that the Code of Governance states that the term of office can only go up to six years, and could only be extended in extraordinary circumstances.

The Committee discussed this further and approved the extension of MS's term as Chair of the CW Board for two years.

The Council approved the extension of MS's term as Chair of CW Board for two years.

The Chair returned to the meeting.

4.0 FOR DISCUSSION

4.1 Annual Report from the Chair of the People and Workforce Committee

AM provided an overview of the year for the People and Workforce Committee, noting that a new Executive Team were in place. AJ added that the Committee supported the Trust Board on matters that related to staff, and would then report back to the APC People Committee in Common.

AM confirmed that the Committee met five times between January 2025 and January 2026, and the main focus was the development and delivery of the People Strategy. One major concern related to the violence and aggression towards Trust staff, and the huge impact that this had on staff and volunteers, and it was noted that this was a huge challenge across the NHS. AM added the importance of Personal Development Reviews (PDR's), and how essential that was for staff development and the validation of an individual's achievements, as well as addressing any concerns that the member of staff may have. AM noted that the Trust had achieved a 90% compliance rate for PDR's, which was a great achievement.

KC commented on the challenges and priorities that would follow from the implementation of the new Governance Model from 1st April. He confirmed that the data that had been reviewed by the Committee showed positive training results and a reduced figure relating to absenteeism.

RIM commented that the report provided no details of how the EDI was being addressed across the Trust. KC confirmed that this issue was being addressed and provided examples, which included guaranteeing diversity in recruitment panels, providing development programmes for staff, reviewing how staff were treated through the disciplinary process and why specific sanctions were issued, the continued development of the staff network, and the delivery of cultural intelligence programmes from a patient and staff perspective. RIM acknowledged this and asked about leadership programmes, and KC confirmed that a programme had been delivered at Imperial College Healthcare NHS Trust (ICHT), and would be rolled out across London.

MN raised the issue of the recent Supreme Court decision on gender, and asked what the Trust's reaction to this was and how they were supporting both sides. KC confirmed that work was underway in looking at areas that would cause concern, and the key was to wait for guidance to come through. LW confirmed that the Trust was better prepared than others, and the key aspect was to speak out if you felt unsafe in any way, and there had been no reports relating to this. LW added that there had always been open discussions with staff on this issue.

NL raised the issue of vacancy rates and staff turnover, and KC added that the Trust was in a positive position which was the result of bringing recruitment teams together, and we will continue to learn from each other and adapt the best models. LW reiterated KC's comments and added that it was essential that ideas and systems were brought together to get the balance right.

LW extended her thanks to AM, and commented on the qualities that he brought to his role that have helped the Trust to strive to do better. AM commented that this was his last report to the CoG, and strongly believed that the Trust had an exceptional workforce, and hearing the Staff Stories at the Committee meetings reinforced this. AM added his thanks to LW, the Executive Team and the other NEDs, to NL who championed workforce issues and to the new People and Workforce Team. AM and KC left the meeting.

4.2 Quality Update

PG summarised the issues that had been discussed at the Quality Committee meeting that had taken place on 21st January. LW commented on the recent Orthopaedic Review, and confirmed that patients that were impacted by this had been contacted and that the review took place for us and Great Ormond Street Hospital (GOSH), as well as other Trusts. LW also advised the Council that an article focusing on GOSH may be published soon. RB commented further on the Orthopaedic Review, and ensured the Council that our processes were robust and a good oversight was in place.

RB provided further information as part of the Quality Update, which included the following:

- **Infection, Prevention and Control (IPC)** – the Trust's C.diff and Ecoli rates were less than last year, even though we had reached our threshold for this year;
- **Complaints** – our position on complaints performance had improved, even though we had not delivered on our target, and a review of our processes and further learning needed to take place.
- **Quality Priorities** – these continued to progress well.
- **National Maternity Survey** – conflict resolution training was a key feature of this survey, and internal training would take place for two staff who in turn would deliver this training in-house.
- **Inpatient CQC Survey** – all four Trusts within the Collaborative had improved, and the scoring for the Virtual Wards was better than expected, and an area of focus for this year was 'noise at night'.

MN raised the issue of C.diff cases, and asked why mandatory training regarding this had not taken place. It was confirmed that mandatory training was provided, and the issue was because staff rotated, so education was key to managing this. The issue of staff vaccinations was also discussed

and it was noted that our figure for staff being vaccinated was under 50%. NC asked if there had been an issue in ensuring staff were vaccinated, and it was confirmed that every effort was made and the appropriate message was conveyed to ensure staff did get vaccinated.

PSG commented on 'Corridor Care', and RB confirmed that this was not in place at this Trust. RIM commented on violence and aggression towards staff and what the Trust had implemented to address this, and asked if there was more that we could do to target this and empower staff. RB added that this was something that was constantly assessed to ensure that we had staff with the appropriate skills to deal with this. RB added that we had gone through a consultation regarding this, and a senior nurse would now be on site to provide further support. RB commented that other issues were also considered, which included what was considered acceptable behaviour and if we could make the policy more user friendly, and any suggestions and ideas were welcome. Following further discussion, LW added that junior staff may be more sensitive to situations that could escalate. It was also noted that a patient's aggression comes out of fear and anxiety, so this aspect would need to be part of the mandatory training so it could be taken into account. PSG added that training and role-playing had a more positive impact, and showed a human side that highlighted human interaction.

4.3 Governor's Awayday

PJ commented on the Governor's Awayday which was scheduled to take place on 15th April. It was agreed that the Governors provided suggestions to NC about what they wanted from the Awayday and this would form the agenda and running order.

PJ also noted the Governor Briefing Session on 19th March, and again the Governors were to provide suggestions on the topic/topics to be discussed.

5.0 OTHER BUSINESS – ITEMS FOR NOTING

5.1 Any Other Business, including

5.1.1 CoG Forward plan and schedule of Council of Governor meetings and CoG Briefings 2026/2027

This was noted.

5.1.2 Governor attendance register

This was noted, and NC was to contact the Governors who did not attend the meetings regularly.

Black History Month

RIM asked if there was anything more that the Trust could do to highlight this and ensure that staff were fully seen. LW confirmed that events to mark and celebrate this took place at both sites. It was agreed that RIM would be involved in planning this event next year.

5.2 Date and Time of Next Meeting

A 'Hold The Date' request was sent to the Governors for 15th April 2026, as this was a proposed date for the Governor's Awayday, and where a CoG meeting would also take place. Once the date, venue and time for the Awayday had been confirmed the details would be forwarded to the CoG.

Meeting closed at 18:00hrs

MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING
19th March 2026 – 16:00 – 16:30 via MS teams

Present:	Patricia Gallan	Vice Chair	(Chair)
	Richard Ballerand	Public Governor	(RB)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Rodelix Dacanay	Staff Governor – Non-Clinical	(RD)
	Dr Nara Daubeney	Public Governor	(ND)
	Fiona O'Farell	Patient Governor	(FOF)
	Stuart Fleming	Public Governor	(SF)
	Jerry Folkson	Public Governor	(JF)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Simon Mansfield	Public Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Nathalie Podder	Public Governor	(NP)
In Attendance:	Lesley Watts	Chief Executive Officer	(LW)
	Carolyn Downs	Non-Executive Director	(CD)
	Catherine Williamson	Non-Executive Director	(CW)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the NWL APC Chair	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Cass J Cass-Horne	Public Governor (vote by proxy)	(CJCH)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Minna Korjonen	Patient Governor (vote by proxy)	(MK)
	Jo Winterbottom	Public Governor (vote by proxy)	(JW)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed everyone to the meeting and the apologies were noted.

1.2 Declarations of interest

There were no declarations of interest.

2.0 FOR APPROVAL

2.1 Appointment of Tanaka Chiimba (TC) as Non-Executive Director (NED)

The Chair advised the Council that the Council of Governors Nominations and Remuneration Committee recommended this appointment to the Council of Governors, and NC confirmed that TC was an enthusiastic candidate, a qualified accountant and had good experience in dealing with people. This recommendation was discussed further, and the Council approved the appointment of TC as Non-Executive Director.

The Council of Governors approved the appointment of TC as Non-Executive Director.

2.1a Appointment of Bob Alexander (BA) as Trust Interim Chair

The Chair noted that at the last meeting the Council approved the extension of Matthew Swindells (MS) term of office for a further two years, but added that as MS has now decided to step down as Chair with effect from the end of his term on 31st March, the APC would seek BA to be appointed as the interim Chair until 31st July 2026. The Chair confirmed that the Council of Governors Nominations and Remuneration Committee recommended this appointment to the Council of Governors. It was also noted that NHSE would lead the process of recruiting a permanent Chair with input from the Trusts.

This recommendation was discussed further, and the Council approved the appointment of BA as Interim Chair until 31st July 2026. It was noted that FOF abstained from voting for this appointment.

The Council of Governors approved the appointment of BA as Interim Chair until 31st July 2026.

MC raised an issue that residents from Richmond were no longer being referred to West Middlesex Hospital, and added this information was featured on a local GP forum, though was not clear on which specific service was being referred too. LW responded and noted that all patients who lived within NWL would be accommodated and would look into this.

FOF noted that this was scheduled to be a CoG Briefing Session, but it was changed at the last minute to hold this meeting and asked what the Briefing Session was due to be about. It was explained that, due to MS stepping down as Chair and the appointment of an interim Chair needed to be approved at very short notice, we had no option to postpone the Briefing Session and use this time for the CoG to approve this appointment.

FOF also commented on the Governor's Awayday, and added that no further information regarding this had come through, even though the CoG had been advised to hold the 15th April as a possible date when it would be held. The Chair noted that all Governor meetings (including Awaydays) were arranged around the Chair's diary, but as MS was no longer in post this had caused some disruption. It was agreed to endeavour to still have an away day on the agreed date. This was to be confirmed asap.

MC also opined that the general consensus was that Governors were not being presented with the opportunity to discuss the subjects and issues that impacted the hospital, and felt that this was a result of the possible abolishment of the Council of Governors.

LW noted MC's comments and provided an update on the Trust's recent news, including the following:

- The results for the NHS England National Oversight Framework (NOF) were published and the Trust was placed in segmentation 1 and overall 11th place in the country; and
- the Staff Survey Results had produced positive results across all nine themes. More work was in place to address violence and aggression towards staff and patients, which was a key issue that had been raised in the survey.

LW added that from 1st April the NWL Acute Provider Collaborative (APC) would become an NWL Acute Provider Group (APG) and Tim Orchard (TO) had been appointed as Group CEO, and online Town Hall engagement sessions explaining and asking for thoughts on the APG were being run for all staff at all Trusts within the Group.

NL confirmed that there was regular communication between the Board and the CoG, and thanked the Chair for ensuring that this continued, and added that a lot of the Governors do work full-time and have other commitments and do support the hospital as best they could, and it was not always easy for them to attend meetings that were either arranged or re-scheduled at short notice.

[Sec. note – a Governor's Private Session and the quarterly Council of Governors meeting would be taking place on Wednesday 15th April. The details of the session and the meeting were sent out to the Governors on 27th March 2026.]

3.0 OTHER BUSINESS

3.1 Any Other Business

There was no other business to discuss.

Date and time of next meeting: TBC.

Meeting closed at 16:30.

2. UPDATES

2.1 INTERIM CHAIR'S REPORT

REFERENCES

Only PDFs are attached

2.1 CWFT Council of Governors Chairs Report 15.04.26 final (002).pdf

Chelsea and Westminster Hospital
NHS Foundation Trust

CONFIDENTIAL

TITLE AND DATE *(of meeting at which report to be presented)*	Council of Governors Meeting 15 April 2026

AGENDA ITEM NO.	2.1
TITLE OF REPORT	Council of Governors Chair's Report
AUTHOR NAME AND ROLE	Alexia Pipe, Chief of Staff to Chair
ACCOUNTABLE EXECUTIVE DIRECTOR	Bob Alexander, Interim Chair
PURPOSE OF REPORT Decision/Approval: ; Assurance: ; Info Only: X ; Advice: Please tick above and then describe the requirement in the opposite column	
REPORT HISTORY Committees/Meetings where this item has been considered	Committee | Date of Meeting | Outcome
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	An update on CWFT and the APC from the Chair to the Council of Governors
KEY RISKS ARISING FROM REPORT	

STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)

Deliver high quality patient centred care	
Be the employer of Choice	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:	
Equality And Diversity	
Quality	
People (Workforce or Patients/Families/Carers)	
Operational Performance	
Finance	
Public Consultation	
Council of Governors	
please mark Y/N – where Y is indicated please explain the implications in the opposite column	

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	**N**
Patient Confidentiality	**N**
Staff Confidentiality	**N**
Other Exceptional Circumstances (please describe)	

The Acute Provider Group (APG)

From 1 April 2026, the four Acute Trusts formally became a Group, building on the work of the Acute Provider Collaborative since 2022. This change provides a clearer governance framework to support joint decision making, shared accountability and scale delivery across the system. The Group model is intended to:

- enable simpler and faster decision making;
- support consistent clinical and operational standards;
- strengthen collective leadership and talent development;
- focus resources on the needs of the 2.4 million people served across NWL.

As part of this change, Professor Tim Orchard has taken on the role of Group Chief Executive and Accountable Officer across all four Trusts and has identified key executive roles that will operate at group level. Each organisation will, however, continue to have its own Chief Executive and leadership team, responsible for the day-to-day running of services.

National Oversight Framework (NOF) – North West London Acutes

The most recent National Oversight Framework (NOF) results demonstrate strong performance across the four Acute Trusts in the North West London Acute Provider Group. Three trusts are currently placed in Segment 1, CWFT, London North West University Healthcare NHS Trust (LNWH) and ICHT the highest performing category, THHFT is in Segment 2.

Within the national context, North West London stands out. Of the 118 non specialist Acute Trusts in England, only five in London are in Segment 1, and three of them are in North West London. ICHT is ranked as the joint highest performing non specialist acute trust in the country, with CWFT fourth and LNWH sixth. THHFT has shown the largest in year improvement of any Acute Trust nationally, progressing from Segment 4 to Segment 2 within the year. These results reflect sustained operational, clinical and financial improvement and provide strong external validation of the collaborative approach that has been developed across the APG.

On behalf of the Board, I give thanks to all the staff in our organisations for their efforts in achieving this outstanding position.

Industrial Action

Resident doctors across England this last week took part in nationally organised industrial action linked to ongoing discussions about pay, terms and working conditions. During this period, CWFT and the other three Trusts in the APG implemented established contingency arrangements to prioritise patient safety and maintain essential services. Emergency and

urgent care continued throughout, with the majority of planned activity also going ahead.

The APG respects the legal right of staff to take industrial action and remains focused on its responsibility to provide safe and effective care for patients. I want to record my sincere thanks to all staff who worked during this period, including those who covered additional shifts or took on extended roles. Their professionalism and commitment were vital in keeping services safe and operational.

2.2 CHIEF EXECUTIVE'S REPORT

REFERENCES

Only PDFs are attached

2.2 CWFT CEO Board Report April 2026.pdf

Chief Executive Officer's Report - Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

1.1 National Oversight Framework performance

NHS England published its Q3 NHS Oversight Framework segmentation data and league tables ranking us in segment 1. I'm pleased to share that our Trust has risen to 11th place among acute trusts in the UK—up from 13th last quarter and continues to sit in segment 1, the highest oversight category. This is the third release under the new Framework, which provides a national view of how trusts are performing across quality, safety, access, and efficiency.

Our results reflect strong performance across key domains, with High Performing ratings in Access to Services, Patient Safety, People and Workforce, and Finance and Productivity, and an Above Average rating for the Effectiveness and Experience of Care. We continue to be very grateful of our staff for their dedication to delivering the high standards of care to our patients.

1.2 £2.26m saved on pathology testing

The Trust continues to make excellent progress in reducing unnecessary pathology testing. In January 2026 alone, we spent £469,000 less on pathology tests compared with January 2025. By increasing transparency regarding pathology costs and volumes, the Trust has achieved a £2.66 million reduction in pathology expenditure and decreased test volumes by over 470,000 within a 11-month period. This equates to an average of 43,000 reduction in pathology/blood tests per month based on previous year figures. This is a significant achievement and demonstrates the impact of strong cross team collaboration.

1.3 Top performer for patient environment

We have been recognised as a top performer in the February 2026 Patient-Led Assessments of the Care Environment (PLACE). We were the only acute provider to rank among the highest scorers for cleanliness, food quality, and privacy. PLACE is a national assessment carried out by patients and members of the public to evaluate the quality of the care environment. The assessment focuses on how clean our hospitals are, the standard of the food we serve, the dignity and privacy we provide, and the overall condition of our facilities.

2. Quality & Safety

2.1 Paediatric Delirium Screening Tool (CAPD) Embedded in Cerner

West London Children's Healthcare (WLCH) has embedded the Cornell Assessment of Paediatric Delirium (CAPD) screening tool into Cerner, enabling faster and safer detection of paediatric delirium across Chelsea and Westminster Hospital and Imperial College Healthcare. The tool went live after 16 months of development and is the first paediatric delirium screening tool integrated into the Trust's electronic patient record. The nurse-led project was initiated by Isabel Diez-Martin (Senior Recovery/PACU Nurse and Non-Medical Research Champion for Planned Care Recovery) with support from multidisciplinary teams and partner organisations. The launch coincided with World Delirium Day on 11 March**.**

2.2 Fit to Sit and RAT Improvements in West Middlesex A&E

West Middlesex A&E has replaced its short-stay ward with a 10-chair Fit to Sit area and a 2-bed Rapid Assessment and Treatment (RAT) space to support winter demand. Approximately 25% of A&E attendances are now managed through Fit to Sit, resulting in quicker assessments, faster treatment, and improved four-hour performance compared with the same period last year. Staff report that the dedicated area improves workflow for patients not requiring cubicle care, and patient feedback indicates appreciation for being treated away from the main waiting room. The RAT space enables rapid senior clinical assessment and earlier initiation of investigations and treatment.

2.3 Chelsea Mortuary Retains Gold Ward Accreditation

The Chelsea Mortuary team retained their Gold ward accreditation. To achieve Gold, a service must have no domains rated 'Requires Improvement' or 'Bronze', no more than three 'Silver' ratings, and all remaining domains at Gold. The team exceeded these thresholds, achieving Gold across all assessed areas. The accreditation programme, in place since 2016, continues to support quality improvement by helping teams evaluate and enhance the care they deliver.

2.4 Removal of Nitrous Oxide Pipelines to Reduce Emissions

The Trust has removed piped nitrous oxide supplies from both main hospital sites and replaced them with a more sustainable and cost-effective alternative. Decommissioning the three manifolds required extensive planning to ensure no impact on patient care.

Supported by NHS England funding and collaboration across Pharmacy, Anaesthetics, Sustainability, Estates and Clinical Engineering, the project is expected to reduce greenhouse gas emissions by approximately 391 tonnes CO_2e per year—equivalent to the annual energy use of around 254 UK homes. This initiative contributes significantly to the Trust's Green Plan, particularly in reducing emissions from medicines, equipment and anaesthetic gases.

3. Operational Performance

3.1 The Trust reported performance of 78.43% in February for A&E 4-hour performance, meeting the 78% standard. The Emergency Care improvement plan remains in place and progress has been seen in month in reducing time to initial assessment. Year to date performance is 78.6%.

3.2 Cancer standards were met in January 2026 for 28-Day Faster Diagnostics at 79.34% and the against the 31-Day standard at 100%. The 62-day standard was just below trajectory at 80.18%.

3.3 Elective Referral to Treatment (RTT) 18-week wait performance continues to improve in line with the operating plan trajectory. Elective Referral to Treatment (RTT) 18-week wait performance was 63.48% for February 2026, slightly below the Operating Plan trajectory but a marked improvement in performance. Overall PTL size has stabilised, and long waiters continue to reduce, with 1161 patients waiting over 52 weeks (-103) and 4 patients waiting over 65 weeks (-2).There were no patient waiting over 78 weeks.

3.4 Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 82.1% in February against the 95% standard although remains ahead of the 25/26 Operating Plan trajectory.

4. Financial Performance progress

4.1 The Trust is on plan year-to-date and is forecasting a breakeven position for the full year. We are making good progress towards our £33.4m savings target, though further focus is needed to convert one-off savings into recurrent ones. Planning returns for 2026/27 and the medium term have been submitted in line with national guidance. The Trust is planning for another breakeven year in 2026/27 but is signalling medium-term deficits as unearned income support reduces.

While reaching breakeven is positive, continued effort is essential to meet the 2026/27 plan, in particular with regard to identifying and delivery our savings.

5. People and Workforce

5.1 The latest NHS Staff Survey results show that our Trust continues to perform strongly, ranking us one of the leaders for staff engagement in London and above national average across all areas for the survey. We ranked as leaders in learning and development, with the ‘We are always learning’ theme ranked 2nd in London.

We also ranked above national average on a range of measures, including staff voice, raising concerns, team working, advocacy, health and safety climate, and appraisals, reflecting the continued commitment and professionalism of colleagues across our organisation.

The survey also shows improvement in the number of staff reporting that they received an appraisal, reflecting the introduction of PDR windows over the past year to support meaningful performance and development conversations.

5.2 **Key highlights:**

Heart valve clinic opens
We launched a new physiologist led valve clinic, offering patients faster access to specialist assessment, earlier diagnosis for heart valve disease. The service, which opened last month, is expected to benefit 200–250 patients across both hospital sites in its first year, increasing to 400–500 patients annually as capacity grows. Heart valve disease is common, affecting around 2.5% of adults and more than 10% of people over 75. This equates to over 1.6 million people over 65 currently living with the condition nationally, with numbers projected to double by 2046 and rise further to 3.3 million by 2056.

Until now, many patients faced long waiting times, fragmented investigations, and variable follow-up. The Trust's new Valve Clinic creates a streamlined, guideline-driven pathway, ensuring patients receive earlier assessment, structured surveillance, and timely referral for intervention when needed.

6. Updates from the Council of Governors (CoG)

6.1 The CoG met in public on 22 January 2026, and received the Annual Report from the Chair of the People and Workforce Committee, alongside a Quality Update which covered the Trust's Quality Priorities and the inpatient Care Quality Commission (CQC) Survey.

7. Research and innovation

7.1 **The Generation Study reaches major milestone**
The Trust has been supporting a major national study known as The Generation Study at both Chelsea and Westminster Hospital and West Middlesex University Hospital since July 2024. The study, led by Genomics England, in partnership with NHS England, remains open for recruitment until the end of the year, aiming to screen up to 100,000 newborns in England for more than 200 rare but treatable conditions.

So far, the Trust has enrolled 2,440 babies into the study — 1,528 at Chelsea and Westminster Hospital and 1,000 at West Middlesex University Hospital. More than 1,721 samples have already been collected across the Trust from blood taken from the newborn's umbilical cord shortly after birth. This pioneering research aims to identify rare conditions earlier, enabling timely diagnosis and treatment that could slow disease progression or improve — and in some cases extend — a child's life.

7.2 First-in-Human Trial for Ebola, Marburg and Lassa Vaccines Begins

The Trust and Imperial College London launched a first-in-human clinical trial, EML-Vac, to test three new vaccines targeting Ebola, Marburg and Lassa fever. The study is led by Professor Robin Shattock (Imperial) and Dr Marta Boffito (Chelsea and Westminster). The vaccines use self-amplifying RNA (saRNA) technology, which can be developed and manufactured more rapidly than traditional approaches. Each vaccine targets the glycoproteins of the respective viruses and is delivered using lipid nanoparticles. The trial will assess safety and immune responses, with vaccines being tested both individually and in combination. Recruitment is underway for healthy volunteers aged 18–50, with the study taking place at Chelsea and Westminster Hospital and sponsored by Imperial.

8. Equity, diversity and inclusion

8.1 **Interfaith Iftar in West Mid**

We recently hosted an interfaith Iftar with the support of our charity CW+ and Hounslow Friends of Faith and the Al Mustafa Trust, the event celebrated the spirit of Ramadan and united staff and members of our local community to share the meal at sunset. Thank you to everyone who contributed to the evening and to all who joined us.

8.2 **Staff Fashion Show – Scrubs to Sequins**

Our staff are hosting a staff led fashion fundraiser show 'Scrubs to Sequins', a vibrant charity fashion show celebrating the creativity, culture and diversity of staff from across our Trust. Taking place on Thursday 16 April, this unique event will see hospital staff swap scrubs for sequins as they take to the runway in support of CW+, our hospital charity. The show is also being supported by our staff networks representing the disability, armed forces, LGBTQ+ and more are taking part in the show. The event promises to be an uplifting evening featuring a lively runway show, original designs and a celebration of the people who care for our community every day.

8.3 Cultural Intelligence Programme launched

We launched our new Cultural Intelligence Programme with colleagues from People and OD, nursing, and our staff networks. This approach, successfully used in several London trusts, will help strengthen staff engagement, patient care and inclusion by improving how we understand and work across cultural differences. The rollout includes tailored workshops and behavioural preference assessments designed to reduce cultural misunderstandings and build more inclusive, psychologically safe teams.

9. Recognition and celebrating success

9.1 **Celebrating International Women's Day**

We recognised the achievements of our female colleagues across our organisation. This year's "Give to Gain" theme highlighted the importance of mentoring and shared knowledge. Colleagues visited stalls from female-owned businesses, joined national events and explored staff stories on the

intranet. We also recognised the women leading our Staff Networks and shared a message from Chelsea FC Women and Brentford FC Women.

9.2 **Arts programme in The Lancet**

Congratulations to Rebecca Goss, whose account of her CW+ Writer-in-Residence role based at West Middlesex University Hospital has been published in The Lancet. In her article, Rebecca describes how poetry opened the door to conversations about love, family, memory and everyday life – offering patients a moment away from treatment and worry.Her residency is part of the charity's wider Arts for All programme, bringing creativity and arts into our hospitals to support and enhance patient wellbeing.

9.3 **National Generation Study**

The study has been running at our hospital sites since July 2024 and has so far enrolled 2,440 babies with more than 1,721 samples have already been collected across the Trust from blood taken from newborns' umbilical cords shortly after birth. The study, led by Genomics England in partnership with NHS England, remains open for recruitment until the end of the year, aiming to screen up to 100,000 newborns in England for more than 200 rare but treatable conditions.

9.4 **Marking World Cancer Day**

We marked World Cancer Day on 4 February and hosted events over the week recognising the significant progress we have made in our cancer services. Macmillan Cancer Support teams at both hospital sites hosted information stalls this week for staff and patients, offering leaflets and helpful resources. Our Welfare Benefits Advisors were also on hand to provide guidance and answer questions.

9.5 **Recognition and Advocacy in Perinatal Mental Health**

Katie Pollard, Safeguarding and Perinatal Mental Health Support Midwife, has received an NHS England Safeguarding Star Award. Katie was recognised for her exceptional advocacy and support to her patients and also presented at the House of Commons to speak with MPs about Perinatal Mental Health in maternity services. She shared the important work we are doing to support women at high risk of infant removal, helping to raise national awareness of this critical area.

3. FOR DISCUSSION

3.1 OUTPATIENTS UPDATE

3.2 QUALITY REPORT

REFERENCES

Only PDFs are attached

3.2 Quality Report - Trust Standing Committee Mar 26.pdf

3.2a IQBR February-2026_RW_v1.0.pdf

Trust Standing Committee
8th April 2026
Quality Committee Highlight Report

1. Purpose and Introduction

This report provides a summary of the items discussed and agreed at the Quality Committee meetings held on 21 January 2026 and 2 March 2026, highlighting areas where the Committee received assurance and those requiring continued executive oversight and Board visibility.

2. Key issues to escalate to the Trust Standing Committee

The Quality Committee was assured that patient safety governance remains robust, with clear escalation routes in place, and that these arrangements provide appropriate assurance to the Trust Standing Committee. Mortality performance continues to be strong and below national benchmarks, and maternity services remain compliant with national safety standards, with improvement actions largely complete and embedded. The Committee was assured that learning from Prevention of Future Deaths (PFDs) and coronial cases is appropriately escalated to the Acute Provider Collaborative (APC) via the Learning from Deaths Group, and that safety signals arising from Maternity Outcome Signal system (MOSS) are formally recognised and escalated through APC governance arrangements.

However, the Committee agreed that continued executive oversight is required, and that these areas warrant ongoing visibility at Trust Standing Committee, particularly in relation to timely completion of PSIRF actions, infection prevention and control performance, ongoing emergency care pressures, and maternity demand management and workforce sustainability, particularly labour ward capacity and consistent senior clinical cover.

2.2 Key actions / decisions

The Committee reaffirmed expectations that Divisions accelerate the closure of outstanding PSIRF actions, with progress monitored through routine Quality Committee reporting. It was agreed that learning and safety signals arising from MOSS, coronial learning and PFDs will continue to be escalated through APC and Board governance routes, providing consistent system-wide assurance.

Assurance was noted that maternity improvement actions are complete or on track, with a continued focus on sustaining improvements through mentorship, workforce planning and strengthened escalation processes. The Committee supported the continued delivery of the Emergency Care Improvement Plan, with emphasis on senior clinical decision-maker presence and patient flow.

It was agreed that the Quality Committee Forward Planner will be reviewed ahead of April 2026, aligning reporting to the Trust Standing Committee under the new governance model to strengthen clarity, consistency and assurance. To strengthen assurance under the new model, the Committee supported the proposal for two Local Quality Committee meetings per year: one at the start of the financial year focusing on annual reports, and a second at mid-year to assess delivery and progress.

The Committee further agreed that issues escalated to the APC will also be escalated to the Board, noting that the Trust Standing Committee summary paper provides essential assurance given it does not receive the full suite of Quality Committee papers.

3. Key highlights – Safety and Quality Improvement

3.1 21st January 2026
3.1.2 Integrated Quality and Performance Report (IQPR)

The Committee received the Integrated Quality and Performance Report (IQPR), noting that this had previously been reviewed at Trust Standing Committee and covered November 2025 performance. It

was noted that there had been four severe harm and death incidents reported in-month. These incident and harm levels are being reviewed in line with PSIRF and internal governance systems.

The Trust is meeting the targets set for medication safety and management. There were 3 cases of C.Difficile reported in-month, with a Trust year-to-date total of 34 against a threshold of 33. E.Coli cases are 58 year to date against a threshold of 99, with current performance showing a 12% reduction on last year. A review across the Trust and APC is taking place for the IPC metrics to establish opportunities for learning.

The complaints position has further improved to 95% in-month following targeted improvement work with divisional and corporate teams. Friends and Family response rates and recommendation rates remain above target for inpatient areas and 95.6% adult inpatients report being treated with dignity and respect.

The Committee heard that VTE assessments are above target at both sites, however further analysis is required on the Hospital Acquired VTE cases between the sites, and the development of an electronic detection and reporting system from the patient record is being explored. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this. On this basis, the Committee was assured that the Trust's core quality controls remain embedded and that no additional escalations were required beyond routine monitoring through established governance routes.

3.1.3 Prevention of Future Deaths (PFD) and Coronial Learning

The Committee reviewed the consolidated PFD and coronial learning paper covering 2020–2025. Across the period, 7,395 in-hospital deaths were recorded at CW and 1,704 were referred to the coroner, with referral numbers described as stable over five years. However, 2024/25 saw an increase in inquests and Trust attendance requested by the coroner, creating potential workforce and wellbeing impact.

The Committee was assured that staff involved in inquests receive appropriate legal and wellbeing support, and that learning and escalation routes remain robust. An action was agreed to provide an update on the PFD and coronial learning process to the Council of Governors.

3.1.4 Maternity – Neonatal and Stillbirth Review

The Committee reviewed neonatal and stillbirth data across both sites. The Chelsea site review of the PMRT data and identified 27 neonatal deaths. However, 13 out of 27 neonatal deaths did not meet criteria of the NWL neonatal death TOR (Terms of References) and were not included in this thematic review. Subsequently, 7 out of 14 neonatal deaths met agreed local criteria and have been reviewed by panel members. West Middlesex site identified 5 neonatal deaths, however 1 of the cases did not meet the TOR and was not reviewed. Subsequently 4 neonatal deaths were reviewed by panel members.

On the CW site 4 of 14 cases were of women from Black African heritage and 3 from white any other background and 3 women identified as Indian ethnicity. On the WMUH site 2 women identified as being from a white any other background. 3 of the NND's on WMUH site and 3 on the CW site met the criteria for MNSI and 3 deaths on the CW site eligible for review were reported to the coroner.

Key learning opportunities were identified across both sites including:

- inappropriate risk assessment/place of woman's care.
- inaccurate/incomplete record keeping.
- difficulty in finding external panel members for PMRT reviews.
- fetal growth surveillance.
- listening to family concerns.
- escalation and clinical review, including risk assessment, challenges around resuscitation.
- poor thermoregulation during resuscitation/during transfer.
- lack of/unclear documentation.

The Committee discussed ethnicity and age-related risk factors, documentation quality and cultural factors, and received assurance that strengthened documentation audits, targeted feedback and embedding learning are underway. The Committee was assured that, while individual cases are inherently distressing, the Trust's stillbirth rate remains below the national target and that learning is being actively embedded.

3.1.5 Home Birth Service Assessment

The Committee noted the cross-site review of home birth provision undertaken in line with the National Framework following publication of a PFD following the sad death of a mother and baby in Manchester. Home birth volumes were described as low (approximately three per month), with slightly higher activity at WMUH. The review identified gaps relating to equipment checks and "out of guidance" care, resulting in a clear action plan and enhanced training for senior midwives on call. Assurance was provided regarding workforce safeguards, including clear limits on working hours. No escalations were identified, with ongoing monitoring agreed through the quarterly maternity reporting.

3.1.6 Maternity Outcomes Signal System (MOSS)

The Committee received an update on the implementation of MOSS (December 2025). The Maternity Outcomes Signal System (MOSS) is a national maternity surveillance mechanism led by NHS England, designed to provide early visibility of potential emerging safety risks through the monitoring of routinely collected maternity and neonatal outcomes data.

Two Level 1 signals were reported at WMUH, and one Level 2 signal was escalated to NHSE, with an eight-day turnaround from signal receipt to report. Risks were highlighted around inconsistent obstetric rota cover.

The Committee noted that the system remains in its early stages and it is too early to assess overall effectiveness. Ongoing monitoring and learning were agreed through established governance and APC escalation routes.

3.1.7 Maternity Incentive Scheme (Year 7)

The Committee noted the update on the Maternity Incentive Scheme. The Maternity Incentive Scheme (MIS) aims to support Maternity Services to deliver safer maternity care through recovery of an incentive element built into the Clinical Negligence Scheme for Trusts (CNST) contributions, where trusts can evidence compliance with all ten safety actions.

The Committee was assured that the Trust is forecasting compliance with the 10 safety standards for MIS year 7 and have plans in place to complete a process of validation and peer review of evidence, with submission of the Board declaration form ahead of 3rd March 2026.

3.1.8 Medical Devices Annual Report

The Committee noted the Medical Devices Annual Report and received assurance regarding safety culture, training and updated policies. The Trust maintains 6,986 devices across 62 departments and delivered formal training to 605 staff in 2024/25; this includes 460 registered nurses/midwives, 56 student nurses and 66 HCAs, alongside bespoke training provision.

Key achievements were detailed:

- Incident Reporting & Safety Culture: The Trust recorded 620 medical device-related incidents (Chelsea: 371, West Middlesex: 249), with Chelsea leading in incident reporting for the third consecutive year. Notably, 91% of incidents resulted in no harm, reflecting a strong safety culture and proactive risk mitigation.
- Governance & Oversight: Monthly Medical Devices Safety Group (MDSG) meetings reviewed incidents, promoted best practices, and supported implementation of external patient safety guidance. The Medical Equipment Capital Group efficiently allocated capital for equipment

replacement, with a total approved budget of £4.94 million for 2024/25.

- Policy Development: An approval process for research medical devices was established, clarifying liability and safety for non-Trust devices used in research, and ensuring compliance with indemnity requirements.
- Preventative Maintenance: The Clinical Engineering team maintained 13,572 devices, completing maintenance visits for 62 departments and 6,986 devices, supporting reliability and regulatory compliance.
- Field Safety Notices: All Field Safety Notices (FSNs) received from MHRA and suppliers were tracked to completion, with improved oversight and prompt corrective actions.

Key risks relating to ageing equipment and capital constraints were highlighted, with assurance that these are managed through governance, risk registers and preventative maintenance programmes, and that field safety notices are tracked to completion. A detailed improvement plan was noted for the coming year.

3.1.9 Safeguarding Bi-Annual Report

The Committee reviewed the Safeguarding Report covering adults, children, maternity, learning disabilities, mental health, and domestic abuse from May to December 2025, drawing on the work of the Joint Safeguarding Group (JSG) and its subgroups.

The Committee was assured that the Joint Safeguarding Group continues to provide strong oversight, ensuring policies are implemented, risks are escalated, and safeguarding improvements are embedded organisation-wide. The period has been characterised by rising activity, increasing case complexity, and a sustained need for system-wide collaboration.

The Committee heard adult referrals exceeded 200 per quarter, driven by increased activity and more out-of-area cases. Neglect and self-neglect remained the top themes. Modern slavery emerged as a new referral type (Chelsea site), prompting targeted education.

For children's safeguarding referrals remain high but decreased slightly across Q1 and Q2 (540 → 486). Themes included abuse, mental health, accidents, gang-related harm, domestic abuse, and substance misuse. In quarter referral patterns changed, with West Middlesex generating more referrals than Chelsea. Within Maternity safeguarding domestic abuse and mental health were the leading concerns with a rise in substance misuse referrals at Chelsea.

The Committee noted that Learning Disabilities activity remained stable and Mental health attendances to the Emergency Department (ED) remained high with 31% of patients spending over 12 hours in ED. A patient experience audit for Mental Health patients at the Chelsea site identified mixed feedback; and assurance was given regarding an action plan in place being co-delivered by the team and the expert by lived experience.

It was noted that training compliance for adult level 3 safeguarding remains challenged at 84% with assurances that a plan is in place to deliver compliance by the end of the financial year. The Committee noted that internal delivery of Level 3 training is being implemented to address capacity constraints.

Risks were detailed and the improvement plan addressing mental health provision, training capacity, enhanced learning disability visibility and addressing case complexity was presented. The Committee was assured regarding the strength of governance oversight and the action plan to address training compliance and emerging themes.

3.1.10 Organ Donation Annual Report

The Committee was provided assurance that organ donation at Chelsea and Westminster NHS Foundation Trust (CWHFT) is governed safely, effectively, and in line with national standards (NHSBT, NICE CG135). The Trust remains committed to supporting organ donation across Chelsea and Westminster Hospital and West Middlesex University Hospital, both of which have significant ED and critical care activity. It was noted that CWHFT is categorised as a Level 4 Trust, reflecting three or

fewer proceeding donors per year. However, assurance was provided that missed opportunities remain low, reflecting the Trust's clinical case mix.

Risks were outlined to the committee and the improvement plan for 2025/26 was presented detailing ongoing education, publication of the devastating brain injury protocol, use of donor recognition funds, consideration of referrals integration to the ICU operational handover and exploration of ancillary testing protocols.

The Committee was assured that CWHFT maintains a robust and well-governed organ donation programme, despite operating with low overall donor numbers. Processes for identification, referral, consent, and governance are well-established and align with national best practice.

3.1.11 Health Improvement Committee Report

The Committee noted continued progress on health improvement initiatives, including smoking cessation and alcohol harm reduction. Risks relating to inequalities in maternity outcomes were addressed through actions already underway, including piloting the Maternal Reducing Inequalities Care Bundle and improvements in late pregnancy booking for women from ethnic minority backgrounds. Data quality and transfer issues were noted as a risk, with further development of FDP analytics identified as an action to support improved risk assessment and outcomes.

3.1.12 National Maternity Survey

The Committee noted the response rate and demographic breakdown of the National Maternity Survey. A total of 245 responses were received; 29% of respondents identified as Asian and 48% identified as White.

The Committee was informed that the survey outputs demonstrate areas of significant progress as well as areas requiring improvement. Communication and respect remain strong across antenatal, labour, and postnatal care, and actions to improve partner involvement and induction information have delivered positive results. Across a few questions within the Labour & Birth, Staff Caring for You and Postnatal (Ward) domains, the Trust benchmarks favourably within London and performs around the middle, or just above the middle, nationally.

Challenges remain around discharge delays, feeding support, and continuity of postnatal care delivered in the community. Some of these issues sit beyond the Trust's direct control, as a proportion of women choose to give birth at the Trust but receive most of their antenatal and postnatal care from community providers in their local area. Mental health information provided after birth has declined, and national benchmarking indicates that the Trust performs poorly on triage and assessment, particularly in relation to listening and waiting times.

Assurance was provided that the Patient Experience Action Plan has been updated, in collaboration with the MNVP to ensure the patient voice is represented, to reflect the survey findings and will be monitored through routine governance.

3.1.13 Flu Plan and Progress

The Committee noted strong performance in staff flu vaccination uptake. At the point of reporting, 45% of frontline staff were vaccinated against an externally set target of 43%, which is an increase on performance from the previous year which was at 39.5%. Continued efforts to maximise uptake were noted.

3.1.14 CQC Statement of Purpose

The Committee noted minor updates to the Statement of Purpose with amendments to the organisation Aims and Objectives and the removal of CP House as a satellite location from Chelsea and Westminster Hospital. Risks around public confidence and future inspection readiness were acknowledged, with assurance provided regarding the Trust's focus on well-led standards.

3.1.15 Quality Account Timeline

The Committee noted the revised approach to producing a standalone Quality Account for 2025/26, aligned to the new governance structure. No significant risks were identified.

3.1.16 Board Assurance Framework – Quality Risks

The Committee noted the Q3 risk assurance framework with 157 live risks recorded aligned to the Quality Committee, with 11 new risks identified and 85 due to be mitigated by the end of Q4 2025/26. 1 risk was overdue its review date, and 1 risk (the same) overdue its target mitigation date.

There are 303 live risks recorded across the organisation, as of 2nd January 2026. 29 new risks were added to the register during Q3 2025/26. A total of 1 risk was overdue their review date, and 1 risk (the same) was overdue its target mitigation date.

The risks are categorised into different levels - Low, Moderate, High, and Extreme. There are 158 'high' risks, and 3 'extreme' risks. The 3 extreme risks are aligned to Finance and Performance Committee and the Quality Committee; they relate to Cyber Security, Physical Estate and Demand. Of the 29 new risks added to the register this quarter, 18 of these are high risks. Notably, no new 'Extreme' risks were registered in Q3 2025/26.

The Committee was assured that oversight of progress in risk management, including the identification and resolution of obstacles to effective mitigation, provision of relevant assurances, and consideration of organisational risk tolerance, is routinely conducted by designated management groups for departmental risk plans, as well as by assurance sub-groups for specific risk subjects.

3.2.1 2nd March 2026

3.2.2 Integrated Quality and Performance Report (IQPR)

The Committee reviewed the IQPR and identified several areas requiring continued oversight alongside areas of assurance. The Trust saw a decline in reported incidents and medication safety incidents during the month of January. This will be reviewed as part of the medication safety group, and additional focus provided to areas of low reporting. There were 5 cases of C.Difficile which have been reported in-month, with a Trust year-to-date total of 49 against a threshold of 33. 2 cases were reported at the Chelsea site 3 at West Middlesex, with 2 of the cases reported on AMU. Cases are undergoing learning response review, and additional surveillance and cleaning procedures have been instigated. Samples have been sent for ribotyping to check for cross infection. This has prompted an escalation to address fundamental infection prevention and control standards, with a renewed focus on basics. E.Coli cases are 77 year to date against a threshold of 99.

The complaints position declined to 92.6% in-month however the year-to-date position improves from 80.6% to 82.6% following targeted improvement work with divisional and corporate teams. Mitigating actions include strengthened Complaints Team oversight and increased PALS intervention. Positive assurance was noted from increased Friends and Family Test feedback.

While maternity safety standards were met, demand management pressures—particularly around induction timing and labour ward capacity—were affecting patient experience. A risk was identified around under-reporting of incidents, with actions underway to reinforce reporting culture. Performance concerns were noted in A&E 4-hour performance (77.3%), which remains a delivery risk, although progress in time to initial assessment was acknowledged. Cancer standards were met and RTT performance, while below trajectory, remains under active management.

3.2.3 Patient Safety Incident Response Framework (PSIRF) – Learning Response Report

The Committee reviewed PSIRF learning and noted delivery risks relating to timeliness. Across January–December 2025, 17,287 patient safety incidents were reported Trust-wide, with 277 incidents triggering PSIRF learning responses. At the time of reporting, there were 37 open learning responses (14 overdue) and 301 open incident actions (104 overdue), with a forward plan in place to address backlog and improve timeliness. Assurance was provided that duty of candour remains robust and consistently applied, with continued oversight agreed.

3.2.4 PFD Response and Neonatal Case Update

The Committee reviewed a neonatal case involving a known cardiac risk, which highlighted a wider system risk relating to digital prescribing design and medication safety. Risks were identified relating to digital system usability, specifically the use of drop-down menus and predictive text, which contributed to repeated errors. Actions include learning dissemination, review of digital prescribing processes, and reinforcement of safe medication administration practices.

3.2.5 Maternity Assurance Report Q3 – Quality

The Committee received assurance on maternity quality for quarter 3. Both maternity sites maintained their CQC ratings following the national inspection programme into maternity service (West Middlesex: Outstanding; Chelsea: Good). All CQC actions are being overseen through a cross-site assurance group, with all ‘must do’ actions completed and no current areas of non-compliance found. Learning from an internal mock CQC inspection and recent ward accreditations is informing updated action plans aligned to the revised CQC framework.

The perinatal mortality review processes remain embedded, with 21 deaths meeting PMRT criteria in Q3. Performance remains strong, with 89% of eligible cases meeting the six-month publication requirement, and clear oversight of cases breaching timeframes. Actions have been implemented to strengthen escalation processes, with ongoing monitoring. All 43 previously identified actions have now been completed, with focus shifting to sustainability through mentorship for staff.

Incident reporting has increased across maternity services, reflecting improving safety culture. All reported incidents received immediate investigation and learning actions. Key themes included NICU admissions, ITU admissions, and delays in acting on results, with ongoing focus on improving closure rates, particularly at the West Middlesex site.

There are 22 active risks on the maternity and neonatal risk registers, with 14 scoring 9 or above. These are actively managed and monitored through established governance structures.

Saving Babies’ Lives compliance reached 96%, with an ambition to achieve full compliance in Q4. Workforce wellbeing risks were highlighted through Staff Survey findings, with mitigating actions in place. Work continues to address job planning and consistent senior obstetric cover, which remains a key delivery risk. Overall, the Committee was assured regarding delivery and sustainability of the improvement programme.

3.2.6 Maternity Assurance Report Q3 – Workforce

The Committee noted assurance regarding the current position of maternity and neonatal staffing and demonstrates compliance with Maternity Incentive Scheme (MIS) Year 7 Safety Actions 4 and 5.

The Trust has effective systems in place for clinical and midwifery workforce planning, supported by robust governance, triangulation of staffing and acuity data, and clear escalation processes. Staffing across maternity and neonatal services is actively monitored through planned versus actual workforce reporting, Birthrate Plus acuity metrics, red-flag monitoring, Datix reporting, and senior clinical oversight, including escalation to the Senior Midwife on Call (SMOC) where required.

For Safety Action 4, assurance is provided that effective workforce planning arrangements are in place for the obstetric, anaesthetic, neonatal medical, and neonatal nursing workforces. Any identified gaps, including medical or neonatal nursing shortfalls, are formally risk-assessed, logged on the risk register, and mitigated through agreed action plans, locum or bank cover, cross-site support, and recurrent investment where required. This ensures continued compliance with national standards, including British Association Perinatal Medicine (BAPM) requirements.

For Safety Action 5, assurance is provided that effective midwifery workforce planning arrangements are in place. Board-level oversight is maintained through the submission of a dedicated quarterly maternity staffing and safety report. Compliance with the requirement for a supernumerary labour ward coordinator and the provision of one-to-one midwifery care in active labour is demonstrated through review of red-flag incidents, Birthrate Plus acuity data, and Datix reporting. Where pressures arise, timely escalation and mitigation ensure patient safety is maintained.

The Committee was assured that maternity and neonatal staffing levels remain compliant with Maternity Incentive Scheme (MIS) Year 7, Safety Actions 4 and 5. No immediate escalations were identified, though continued monitoring was agreed. The Committee noted the MIS Year 7 Declaration paper for assurance.

3.2.7 Quality Priorities Q3

The Committee received an update on the progress of the Quality Priorities in quarter 3.

Dementia: Dementia screening performance has been strong overall, with Q3 screening reaching 96.6%, above the 90% target. Tier 2 training uptake is improving, and over 50 dementia champions trained. Work continues on carers' engagement, enhanced observation policy development, and expanding education on use of the 4AT tool.

Deteriorating Patients – Sepsis: Martha's Rule is fully implemented across two of the three components, with pilots progressing well, generating 175 calls to date—most non-clinical. Sepsis screening remains above target on most wards, though ED performance remains variable. Work continues on data capture, Cerner optimisation and strengthening escalation processes.

NatSSIPs2: The LocSSIP/Surgical Safety Group has established new governance and is progressing harmonisation of LocSSIPs, alongside planning for digital integration of standardised checklists.

Training and digitisation remain dependent on completion of APC-wide agreement and Cerner configuration.

Medication Incidents – Moderate Harm and Above: harm-and-above incidents remain low at 0.5%, well under the ≤1% target. Key developments include new high-risk medication safeguards, the launch of the Omitted Doses Dashboard, and strengthened anticoagulation safety processes.

Single Delivery Plan: Across maternity and neonatal services, there is good progress against the national three-year plan: 30 deliverables are now complete, with the remainder on track. Improvements include strengthened safety governance, ongoing workforce initiatives, Baby Friendly Initiative (BFI) accreditation, and enhanced real-time outcomes monitoring.

Violence & Aggression – Staff Feeling Safe at Work: Training compliance continues to rise—Level 1 at 95% and Level 2 at 46%—with increased numbers of Safety Champions and refreshed trust-wide communications ready for launch pending policy completion.

Deteriorating Patient – PEWS: PEWS is now live across NW London; outstanding work relates to deploying the WelchAllyn observation machine configuration locally due to new device-sign-off processes. Post-go-live audits continue through April 2026.

The Committee was assured that all the priorities remain on track with some strong quarter 3 performance demonstrated. Risks were identified and outlined with clear mitigation plans in place to support continued delivery.

3.2.8 Paediatric Audiology

The Committee reviewed the outcome of the national paediatric audiology review and noted the Trust was initially omitted, representing a system-level risk outside local control. Of 41 cases reviewed, 30 were assessed as no harm and 11 required recalls. A targeted communication approach was taken: 11 families were contacted for a phone call led by the Audiology team (1 family did not respond), 7 families were scheduled for a joint meeting, and 3 patients were planned for follow-up appointments. The Committee noted that audiology testing has transferred to Imperial and agreed actions focused on completion of harm reviews and continued engagement with national bodies.

3.2.9 Patient and Public Experience, Complaints and PALS Q3

The Committee noted across quarter 3, patient stories again provide powerful insight: consistent strengths are compassionate care and teamwork, and persistent challenges are communication, noise/environment, and ensuring interactions are person-centred.

Complaint and PALs performance improved through later part of quarter and into Q4. The Committee was assured that a policy refresh had taken place with aims to improve complainant contact, clarity, oversight, and communicating learning back to patients. The refresh includes an initial phone call with every complainant, a clear Terms of Reference for each investigation shaped by that conversation, and stronger oversight to ensure all points are explored and addressed. The forward focus includes improving how learning is communicated back to patients and shared with services.

Engagement and involvement continue to increase, including targeted work with colorectal, frailty, cancer and specialist pathways, with explicit attention to seldom-heard groups and digital exclusion.

Risks remain around slow progress in cancer pathways and night-time noise, though improvements were noted in A&E and front-door processes. Actions continue through experience-led improvement initiatives.

The Committee was assured that the Trust continues to listen to patients and act on feedback, with tangible improvement activity across divisions — while acknowledging persistent risks around communication, pathway variation, estate constraints and flow pressures.

3.2.10 Risk Assurance Framework

The Committee reviewed the Risk Assurance Framework. There are 303 live risks recorded across the organisation, as of 2nd January 2026. 29 new risks were added to the register during Q3 2025/26. A total of 1 risk was overdue their review date, and 1 risk (the same) was overdue its target mitigation date.

There are 157 live risks recorded aligned to the Quality Committee, with 11 new risks identified and 85 due to be mitigated by the end of Q4 2025/26. 1 risk was overdue its review date, and 1 risk (the same) overdue its target mitigation date.

The risks are categorised into different levels - Low, Moderate, High, and Extreme. There are 158 ‘high’ risks, and 3 ‘extreme’ risks. The 3 extreme risks are aligned to Finance and Performance Committee and the Quality Committee; they relate to Cyber Security, Pandemic planning and Demand.

Of the 29 new risks added to the register this quarter, 18 of these are high risks. Notably, no new ‘Extreme’ risks were registered in Q3 2025/26.

Assurance was provided that risk scoring is subject to weekly review, addressing concerns around high-consequence risk calibration.

3.2.11 Research Strategy

The Committee welcomed the Research Strategy and implementation plan, noting strong progress, increased staffing and 16% of research posts now commercially funded.

The strategy provides a clear, credible and well-evidenced framework for delivering sustained growth in research activity across Chelsea and Westminster Hospital NHS Foundation Trust between 2026 and 2031. It builds on the strong delivery of the previous strategy and responds appropriately to the current national and regional research landscape, including reduced funding, changes to NIHR structures, increased regulatory burden, and the shift towards integrated, population-based care. The strategy is explicitly aligned with national priorities, including the Government’s three major shifts (digital transformation, hospital-to-community care, and prevention), and with system working across North-West and North London, providing assurance that the Trust’s approach is both future-focused and system-aligned.

The strategy sets out a comprehensive and balanced approach to research growth across academic, Regional Research Delivery Networks (RRDN), Nursing Midwifery and AHP (NMAHP), digital, commercial and innovation domains, with clear actions to strengthen infrastructure, capability and culture. It places appropriate emphasis on developing staff across all professional groups, expanding research space and digital capability, and embedding patient and public involvement and equality, diversity and inclusion throughout research design and delivery. The proposed academic partnerships, commercial collaborations and community-based research models are coherent and mutually reinforcing, providing assurance that growth is planned in a sustainable way that benefits patients, staff and the wider population served by the Trust.

The Committee was assured that delivery and oversight are supported by a robust set of defined actions and key performance indicators covering funding, workforce development, infrastructure, research delivery performance, digital enablement and inclusion. These measures provide a clear basis for monitoring progress, managing risk and demonstrating impact at Trust and Board level. Taken together, the strategy offers strong assurance that the Trust has a realistic, deliverable and well-governed plan to grow high-quality research activity, enhance its reputation as a research-active organisation, and ensure that the benefits of research are accessible to staff, patients and communities throughout the life of the strategy.

3.2.12 Health, Safety and Environmental Risk Report

The Committee received assurance on the effectiveness of the Health, Safety and Environmental Risk Group (HSERG) and its sub-groups for quarter 3.

Various sub-groups reported on safety aspects including asbestos management, electrical safety, medical gases, radiation, respiratory protection, ventilation, water safety, and safer sharps, with ongoing initiatives to manage risks and improve compliance.

HSERG approved two health and safety-related policies: Laser Safety Policy and Pressure Systems Policy. Some policies like Moving & Handling and Control of Contractors remain in draft or deferred status.

Training coverage increased or remained stable in key areas such as fire safety, health and safety, conflict resolution level 1 and medical gases, however notable dips were observed relating to fit testing, moving and handling, and conflict resolution level 2.

The Trust maintained compliance with external regulatory requirements, with no Health and Safety Executive investigations or enforcement actions reported in Q3 2025/26.

The Committee noted improved assurance following the termination of the JCA contract, including appointment of in-house engineers and a comprehensive asbestos review. Risks remain at the WM site, particularly around infrastructure labelling and mandatory training compliance, with actions underway to address these gaps.

3.2.13 Clinical Effectiveness Group (CEG)

The Committee noted strong engagement with national clinical audits; 48 of 58 eligible audits fully participated, with partial or no participation in six workstreams due to data system readiness, digital integration, and capacity gaps.

Strong involvement with national confidential enquiries was noted with six fully participating and two partially participating workstreams this quarter. All mandatory maternal and perinatal enquiries fully completed; upcoming rib fractures study prepared for Q4.

High compliance with NICE guidance was demonstrated. Trust compliance of 91% (335 of 370 guidance items) was reported. Thirteen items remain partially compliant due to workforce constraints, system freezes, and pathway or equipment gaps. It was noted that recent national changes (NICE structural updates and Budget-driven cost-effectiveness shifts) will increase future implementation pressures.

The Committee was assured on the process for the management of clinical guidelines with only 5.27% overdue (52 or 987). The highest delays are in WLCH and PCD divisions. Escalation and targeted review plans in place to reduce overdue items further.

3.2.14 Mortality Report / Learning from Deaths

The Committee received strong assurance that the Trust remains one of the best-performing acute (non-specialist) providers in England in relation to relative risk of mortality, with a Trust-wide Summary Hospital-level Mortality Indicator (SHMI) of 76.44 for the period September 2024 to August 2025 (where a value below 100 indicates lower than expected mortality).

Between January 2025 and December 2025, a total of 1,322 in-hospital adult and child deaths were recorded within the Trust's mortality review system (Datix). Of these, 96% were screened, and 42% underwent a full mortality case review.

No cases were identified where sub-optimal care would reasonably be expected to have made a difference to the patient's outcome. Six cases of sub-optimal care graded as CESDI 2 (where sub-optimal care was identified and different care might have made a difference to the outcome) were identified and escalated for consideration of the appropriate learning response.

The Committee was assured that where opportunities for improvement are identified, learning is reviewed at Divisional Mortality Review Groups and escalated to the Trust-wide Mortality Surveillance Group to provide assurance on actions taken. This process ensures appropriate scrutiny, oversight, and the effective sharing and cascading of learning across the Trust. The Committee noted that no PFD notices were issued in Q3.

Chelsea and Westminster Hospital
NHS Foundation Trust

Trust Performance and Quality Report

February 2026

Table of Contents

Executive Summary

Chelsea and Westminster Hospital NHS Foundation Trust

Patient Safety and Experience

Medication safety incident reporting increased in the month of February following actions by the medication safety group after Januarys decline. There were 6 cases of C.Difficile reported in-month, with a Trust year-to-date total of 55 against a threshold of 33. 2 cases were reported at the Chelsea site and 4 at the West Middlesex site. Cases are undergoing learning response review, and additional surveillance and cleaning procedures have been instigated. Samples have been sent for ribotyping to check for cross infection. E.Coli cases are 86 year to date against a threshold of 99.

The complaint response time within 25 working days declined in month to 82.9%, however there was no deterioration in the year to date performance which remains at 82.6%. compliance within 45 working days is reported a month in arrears but remains strong with January seeing 100% compliance.

VTE assessment rates remain above target. The differential between the 2 sites in terms of Hospital Acquired VTE cases has stabilised in month however improvement plans and the development of an electronic detection and reporting system from the patient record continue to be explored. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this. Falls risk assessment rates are compliant across both sites with the West Middlesex site also being compliant for Purpose T assessment. Further targeted work at the Chelsea site with respect to purpose T is ongoing. There were 0 hospital acquired pressure ulcers at category 2 or above during February and 1 fall with severe harm. Improvement plans remain in place for both pressure ulcers and falls which have been produced based on learning responses and are monitored through the patient safety group.

The time spent on the stroke unit remains above the target of 80% at both sites. The time to theatre for fractured NOF patients is a combined position of 88.6%, with 90.5% compliance at WM and 85.7% at CW. An action plan is in place to support improvement which is monitored through the divisional performance meetings. The divisional teams are reviewing the Sepsis position and improvement plan which has demonstrated some positive achievement in month. This will; continue to be monitored through divisional performance meetings and at EMB.

Patient Access and Operating Plan

The Trust reported performance of 78.43% for A&E 4-hour performance, meeting the 78% standard. The Emergency Care improvement plan remains in place and progress has been seen in month in reducing time to initial assessment.

Cancer standards were met in January 2026 for 28-Day Faster Diagnostics at 79.34% and the against the 31-Day standard at 100%. The 62-day standard was just below trajectory at 80.18%.

Elective Referral to Treatment (RTT) 18-week wait performance was 63.48% for February 2026, slightly below the Operating Plan trajectory but a marked improvement in performance. Overall PTL size has stabilised, and long waiters continue to reduce, with 1161 patients waiting over 52 weeks (-103) and 4 patients waiting over 65 weeks (-2). There were no patient waiting over 78 weeks.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 82.1% against the 95% standard although remains ahead of the 25/26 Operating Plan trajectory.

Workforce

The Trust's Month 11 position exceeded the operating plan target level for total staffing (158 WTE). Agency staffing was within the operating plan target however Bank staffing exceeded the plan by 312 WTE; substantive staffing was under the plan target for this month (114WTE / 1.5%).

Finance

The adjusted YTD financial position at month 11 is a £0.46m deficit which is £0.67 m favourable against plan.

Performance Summary

Trust level

Chelsea and Westminster Hospital NHS Foundation Trust

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	45.03	
Patient safety incident investigations	n/a	2	
Never Events	0	0	
Dementia screening %	90%	92.55%	
ED sepsis screening %	90%	89.23%	!
Inpatient sepsis screening %	90%	84.95%	!
C. Difficile cases	n/a	6	
E. coli cases	n/a	9	
Complaints Received per 1000 Bed Days	n/a	3.2	
Best Practice			
NoF Time to Theatre <36hrs for Medically Fit Patients	n/a	88.6%	!

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

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	78.43%	
LAS handovers 30 mins	n/a	158	
18 week RTT incompletes	60%	63.48%	!
Diagnostic waiting times < 6 weeks	95%	82.09%	!
28 day Faster Diagnosis Standard	77%	79.11%	
31 day diagnosis to first or subsequent treatment	96%	100.00%	
62 day GP referral to first treatment combined	85%	79.76%	!
Mortality			
Summary Hospital-level Mortality Index	<100	75.78	
Hospital Standardised Mortality Ratio	<100	76.35	
Workforce			
Medical PDR compliance	90%	84.6%	
Non-medical PDR compliance	45%	93.7%	
Core skills compliance	90%	91.9%	

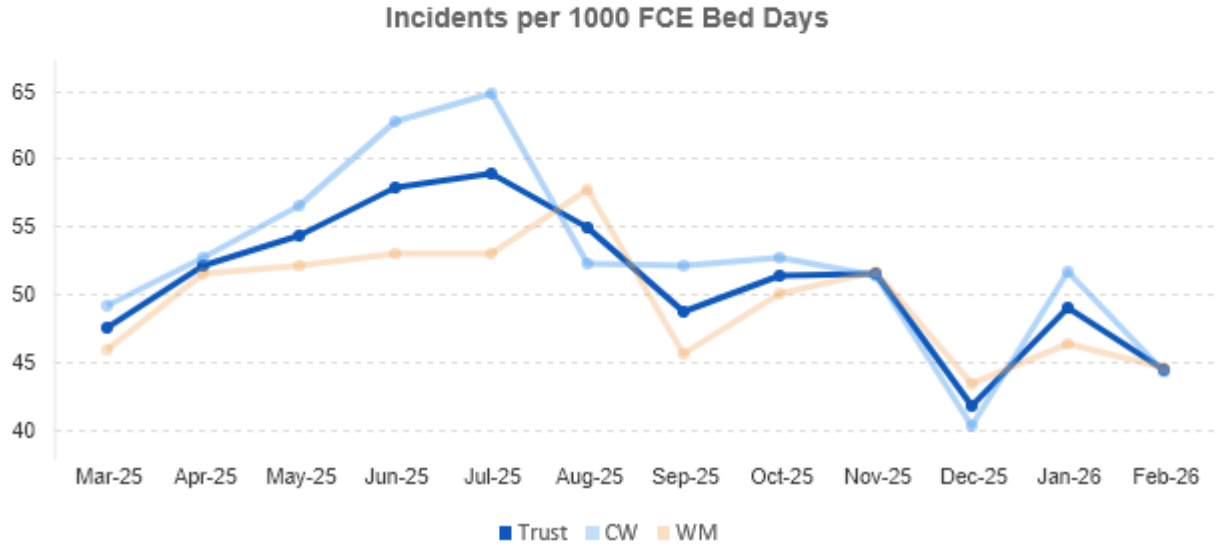
Patient Safety and Experience

Patient Safety Incidents

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation's safety culture, with higher reporting rates typically reflecting a positive environment in which staff feel empowered to speak up. Reporting rates have shown some variability over the rolling 12-month period. The Trust continues to proactively identify and address areas for improvement, informed by recurring themes and trends across patient safety events that impact patients both directly and indirectly, in line with the national Learning from Patient Safety Events (LFPSE) framework.

Recovery Plan: The Trust is committed to increasing incident reporting by fostering a culture of openness and psychological safety. Key initiatives include:
•Delivery of national and local training programmes aligned with PSIRF
•Enhanced identification and dissemination of learning from incidents
•Promotion of incident reporting through local team meetings, safety huddles, and divisional Quality & Safety Boards
Improvements: The implementation of a new incident management system, expected in the summer of 2026, will support the standardisation of processes across the APC and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

In-Month Performance

	Incidents per 1000 FCE Bed Days	Incidents Resulting in Severe Harm or Death	Incidents Resulting in Death	Incidents Resulting in Death per 1000 FCE Bed Days
CW	44.24	3	0	0.00
WM	44.52	3	0	0.00
Trust	**44.37**	**6**	**0**	**0.00**

Year-to-Date Performance

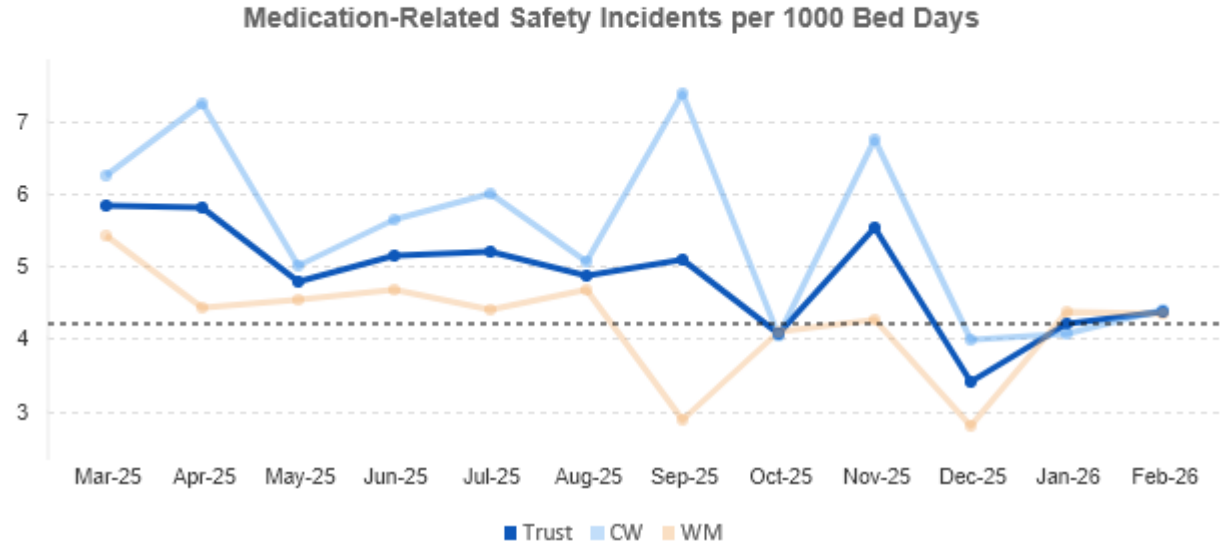
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	52.7	51.4	40.2	51.6	44.2	52.4
	WM	49.9	51.6	43.4	46.3	44.5	49.7
	Trust	**51.3**	**51.5**	**41.7**	**49.0**	**44.4**	**51.1**
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	3	0	2	3	15
	WM	2	2	2	4	3	18
	Trust	**3**	**5**	**2**	**6**	**6**	**33**
Incidents Resulting in Death (Target:)	CW	0	0	0	1	0	3
	WM	0	1	0	1	0	2
	Trust	**0**	**1**	**0**	**2**	**0**	**5**
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.00	0.00	0.06	0.00	0.02
	WM	0.00	0.07	0.00	0.07	0.00	0.01
	Trust	**0.00**	**0.04**	**0.00**	**0.07**	**0.00**	**0.02**

Medication Safety Incidents

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

- Reporting rates cross-site have met the Trust target
- There were no incidents of moderate harm or above reported in February – the Trust target has been met.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	4.41	0.0%
WM	4.34	0.0%
Trust	**4.38**	**0.0%**

Year-to-Date Performance

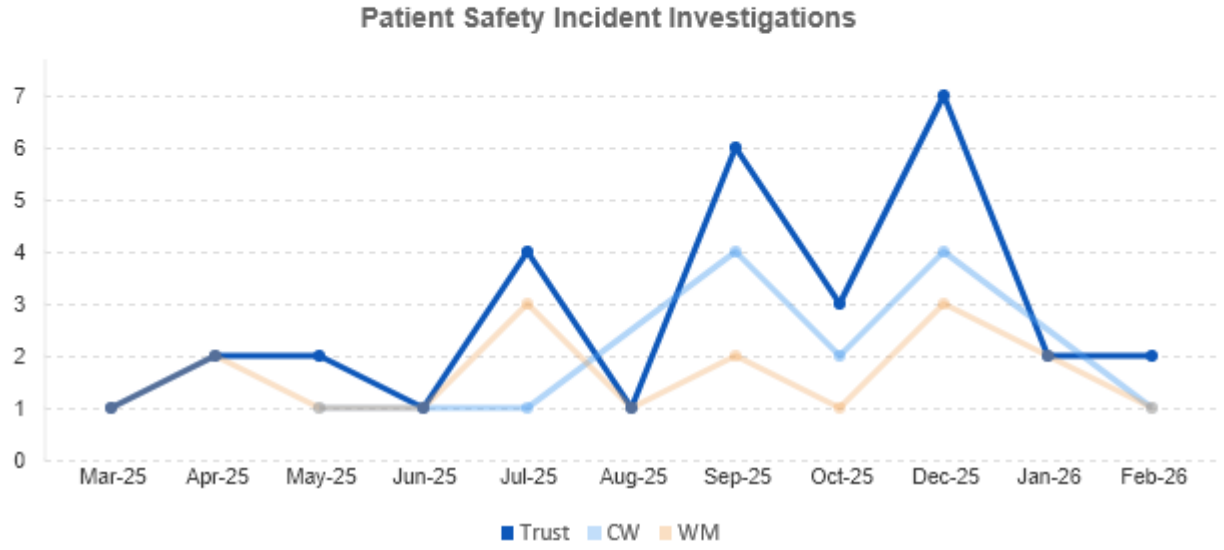
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	4.03	6.75	3.97	4.07	4.41	5.36
	WM	4.10	4.26	2.78	4.36	4.34	4.10
	Trust	**4.06**	**5.53**	**3.41**	**4.21**	**4.38**	**4.74**
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	1.6%	0.0%	0.0%	0.0%	0.0%	0.3%
	WM	0.0%	0.0%	0.0%	1.5%	0.0%	0.5%
	Trust	**0.8%**	**0.0%**	**0.0%**	**0.8%**	**0.0%**	**0.4%**

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance: Since the implementation of PSIRF, the number of incidents reported externally via StEIS has decreased. This is an expected outcome, reflecting PSIRF's emphasis on proportionate responses and a greater focus on identifying and addressing local learning opportunities.
Over the rolling 12-month period, PSII indications comprised 68% (21) locally defined incidents requiring local PSII and 32% (10) nationally defined priority incidents subject to MNSI.
Two PSIIs were declared in February, involving a paediatric patient who deteriorated following a handover omission and a mental health patient who absconded from the Emergency Department.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plan (PSIRP). Safety Improvement Groups are aligned with PSIRF themes, supporting interventions in areas like falls, thrombosis, surgical safety, infection control, and medication harm. Thematic reviews have also provided insights into recurring issues.

Forecast Risks: The Trust has seen a reduction in the number of cases exceeding their completion deadlines; however, some incidents continue to experience delays in completing learning responses beyond the timeframes set out in the PSIRF Policy. Delays in incident review risk slowing the identification and implementation of learning and corrective actions, which may impact the Trust's ability to improve patient safety in a timely manner.

In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	1	0	2	0	1
WM	1	0	0	0	2
Trust	**2**	**0**	**2**	**0**	**3**

Year-to-Date Performance

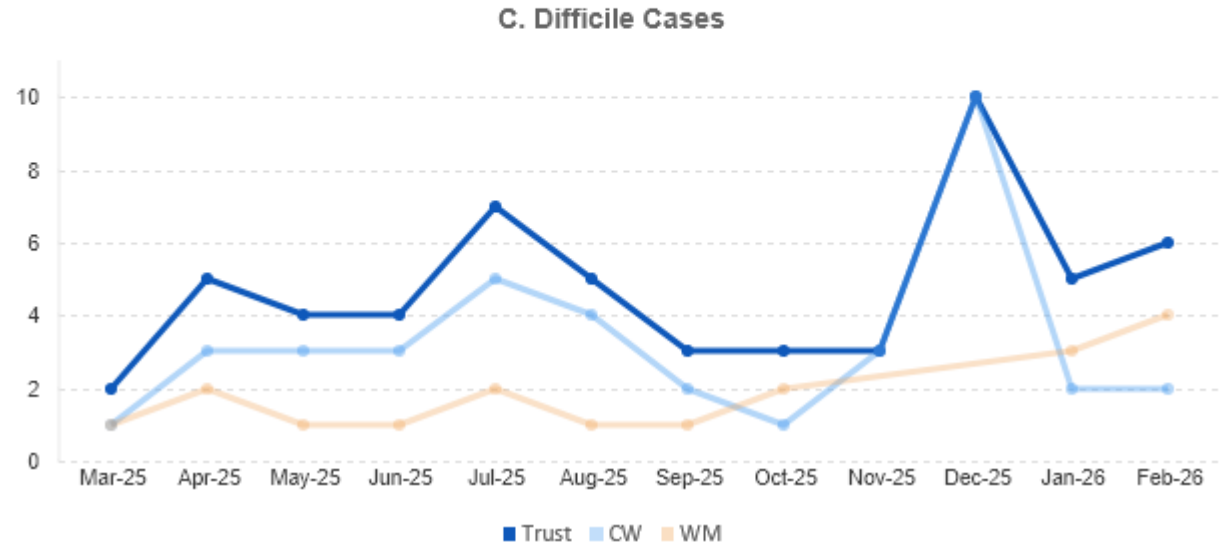
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Patient Safety Incident Investigations	CW	2	0	4	0	1	13
	WM	1	0	3	2	1	17
	Trust	**3**	**0**	**7**	**2**	**2**	**30**
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Learning Responses Declared (AAR)	CW	0	0	2	1	2	19
	WM	2	5	3	0	0	19
	Trust	**2**	**5**	**5**	**1**	**2**	**38**
Learning Responses Declared (Thematic Review)	CW	0	2	0	0	0	2
	WM	0	2	0	0	0	3
	Trust	**0**	**4**	**0**	**0**	**0**	**5**
Learning Responses Declared (MDT)	CW	0	0	1	0	1	4
	WM	0	0	1	0	2	3
	Trust	**0**	**0**	**2**	**0**	**3**	**7**

Infection Prevention and Control

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	2	0
WM	4	0
Trust	**6**	**0**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
C. Difficile Cases (Target: <33)	CW	1	3	10	2	2	38
	WM	2	-	-	3	4	17
	Trust	**3**	**3**	**10**	**5**	**6**	**55**
MRSA Bacteraemia (Target: 0)	CW	0	0	0	0	0	3
	WM	0	-	-	1	0	2
	Trust	**0**	**0**	**0**	**1**	**0**	**5**

Narrative

CDI

6 Healthcare associated CDI cases occurred in February 2026, 4 at CWH and 2 at WMH across the EIC and PC divisions. To date there has been a total of 55 cases this financial year, this is a 7% reduction in cases in comparison with the same 2024/25 financial year period and the Trust continues to rate below the national and London averages.

Ribotyping results received on all cases to date suggests sporadic disease with no confirmed healthcare transmission.

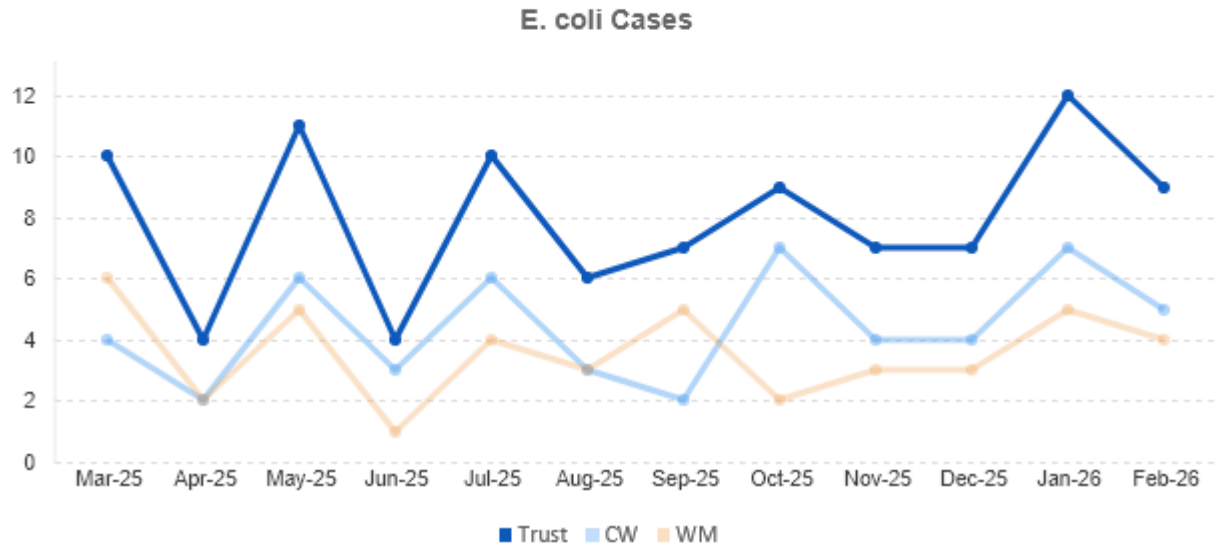
PSIRF meetings are held for all cases and learning disseminated.

Healthcare Associated E.Coli Infections

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

E.coli

There were 9 healthcare associated E.coli bacteraemias in February 2026, 4 occurred at CWH and 5 at WMH and were spread across EIC, PC and SC divisions.

To date this financial year there have been a total of 86 cases, this is a 20% reduction in cases in comparison to the same 2024/25 year period.

Hand Hygiene Compliance

Hand hygiene compliance decreased in February 2026, this was largely due to an increase in non-submission of audit lowering compliance scores; both the CWH and WMH sites continue to trend above the local 95% compliance target.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	5	94.3%
WM	4	94.6%
Trust	**9**	**94.4%**

Year-to-Date Performance

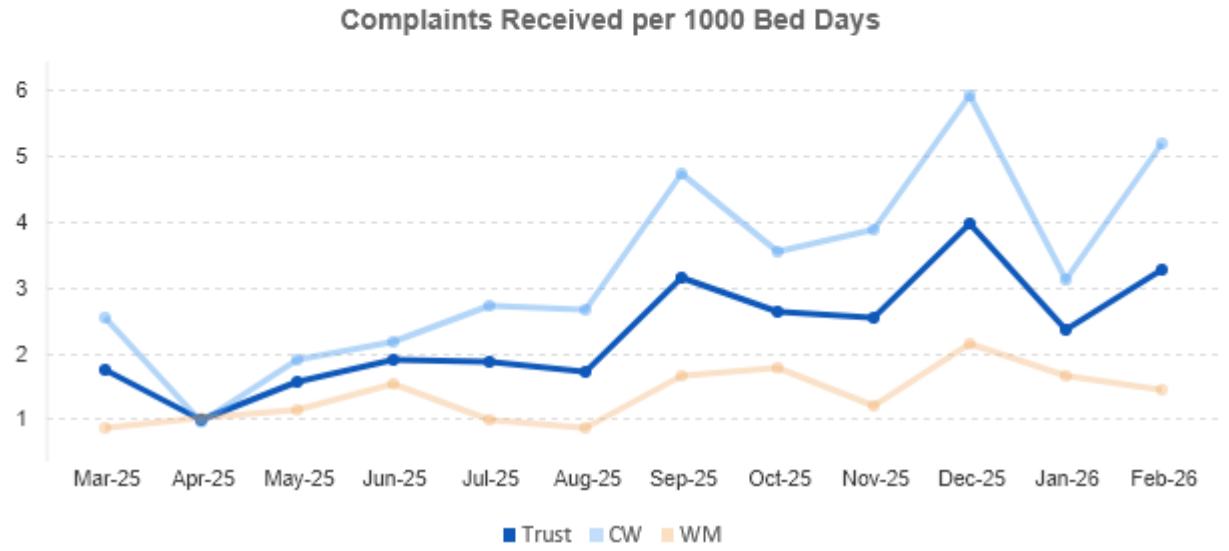
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
E. coli Cases	CW	7	4	4	7	5	49
	WM	2	3	3	5	4	37
	Trust	**9**	**7**	**7**	**12**	**9**	**86**
Hand Hygiene Compliance (Target: >95%)	CW	95.2%	95.8%	96.9%	94.2%	94.3%	96.0%
	WM	96.1%	97.6%	98.8%	98.8%	94.6%	97.6%
	Trust	**95.6%**	**96.6%**	**97.9%**	**96.4%**	**94.4%**	**96.8%**

Formal Complaints

Responsive

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Formal Complaints - Formal complaints per 1,000 bed days increased in February, most notably at Chelsea & Westminster Hospital site. 65 formal complaints were opened in February (up from 58 in January).
EIC remains the highest-reporting division; maternity continues to be the highest-reporting directorate. Totals - EIC: 19, SCD: 18, Planned Care: 17, WLCH: 4, CSD: 4, Corporate: 3. Themes remain consistent with previous months: concerns about A&E/acute care, inpatient experience, outpatient experience, birthing experience, and safety/quality of care. No significant new outliers identified.

PALS - 309 PALS concerns were opened in February, a slight reduction from 342 in January, but still the third highest month this year and above the monthly average of 264. Highest volumes in February were: Planned Care: 118, EIC: 88, Specialist: 53, CSD: 28, WLCH: 16, Corporate: 6. At the beginning of February, there were 39% PALS cases overdue with the oldest dating back to 17 November 2025, at the end of February 32% PALS cases were overdue with the oldest dating back to 27 November (**as of 16 March, there are no open PALS cases from 2025). 304 PALS cases were closed in February; 51% were closed within 5 working days. Capacity and demand pressures continue to impact timely resolution.

Formal Complaint Response Compliance - Compliance dipped from 92.6% in January to 84.8% in February. The majority of late responses were within the EIC division. Key contributing factors included:
- Delays in initial ownership and review when complaints are received.
- Long gaps before investigations begin.
- Variable quality of investigation responses.

Met with EIC leadership and agreed revised arrangements for March:
- Introducing split weekly complaint meetings (one for Emergency & Acute, one for General & Specialist Medicine) to allow more dedicated discussion time.
- Incorporating drop-in PALS closure meetings to support improved throughput.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	5.2	84.8%	0	4
WM	1.4	79.2%	0	0
Trust	**3.3**	**82.9%**	**0**	**4**

Year-to-Date Performance

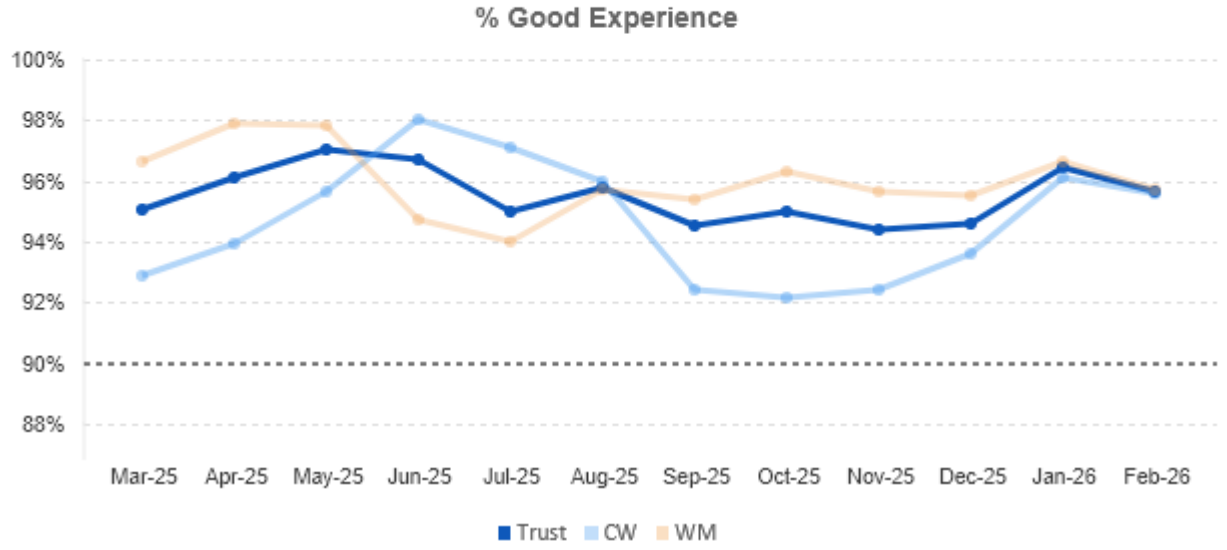
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Complaints Received per 1000 Bed Days	CW	3.5	3.9	5.9	3.1	5.2	3.2
	WM	1.8	1.2	2.1	1.6	1.4	1.4
	Trust	**2.6**	**2.5**	**4.0**	**2.3**	**3.3**	**2.3**
Complaints Responded to <25 Working Days (Target: >90%)	CW	90.9%	92.9%	98.1%	92.6%	84.8%	83.4%
	WM	85.0%	100.0%	95.5%	92.6%	79.2%	80.7%
	Trust	**89.3%**	**95.0%**	**97.3%**	**92.6%**	**82.9%**	**82.6%**
Complaints Responded to <45 Working Days (Target: >90%)	CW	100.0%	95.2%	98.1%	100.0%	Reports a month in arrears	96.7%
	WM	90.0%	100.0%	100.0%	100.0%		95.4%
	Trust	**97.3%**	**96.7%**	**98.7%**	**100.0%**		**96.4%**
Complaints Upheld by PHSO	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Complaints Open > 90 Days	CW	1	1	0	3	4	9
	WM	0	0	1	1	0	5
	Trust	**1**	**1**	**1**	**4**	**4**	**14**

Inpatient Friends & Family Test

Caring

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

- Small drop in FFT responses overall, but wards across both sites are still doing well in promoting it.
- Biggest progress continues at Chelsea & Westminster, especially in the EIC wards over the last few months.
- Work on reducing noise at night is underway, including using Noise-at-Night Champions and testing sleep charts in DRU areas to help tailor night-time care.
- Some patients still feel they're not fully involved in decisions or given information in a way that's easy to understand—this reflects themes seen in complaints too.
- Mealtime feedback continues to be taken through the Nutrition and Hydration Steering Group, alongside MUST screening, nutritional assessments and considering how volunteers can support.
- Very low FFT responses at Lord Wigram (only one in February) and Osterley 2 (three responses), and this has been followed up with teams.
- Lowest-scoring wards remain David Erskine and SMA at CW, and Marble Hill and Lampton at WM.
- A consistent theme across much of the feedback is communication, how we explain things to patients and how we involve families.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	631	68.1%	95.6%	97.0%
WM	891	74.2%	95.7%	97.0%
Trust	**1,522**	**71.6%**	**95.7%**	**97.0%**

Year-to-Date Performance

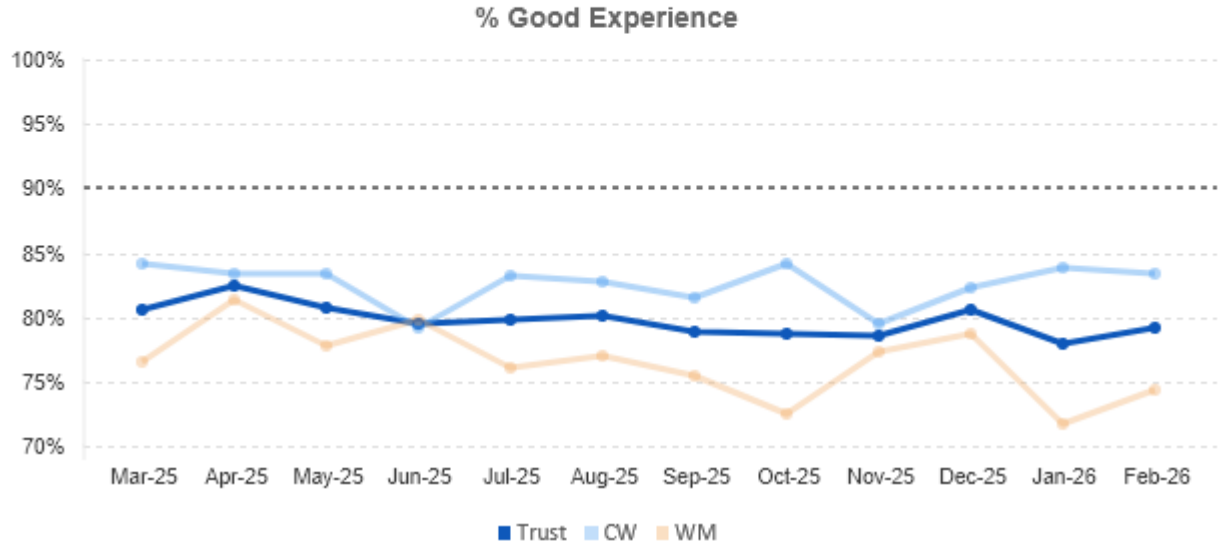
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	281	502	707	592	631	4,553
	WM	573	763	710	949	891	6,976
	Trust	**854**	**1,265**	**1,417**	**1,541**	**1,522**	**11,529**
Response Rate (Target: >10%)	CW	31.9%	52.4%	75.5%	64.1%	68.1%	40.7%
	WM	42.7%	58.1%	55.2%	83.5%	74.2%	51.6%
	Trust	**38.4%**	**55.7%**	**63.8%**	**74.8%**	**71.6%**	**46.7%**
% Good Experience (Target: >90%)	CW	92.2%	92.4%	93.6%	96.1%	95.6%	94.7%
	WM	96.3%	95.7%	95.5%	96.6%	95.7%	96.0%
	Trust	**95.0%**	**94.4%**	**94.6%**	**96.4%**	**95.7%**	**95.5%**
Treated With % Dignity and Respect (Target: >90%)	CW	97.0%	95.0%	97.0%	97.0%	97.0%	96.1%
	WM	100.0%	96.0%	96.0%	97.0%	97.0%	96.5%
	Trust	**97.4%**	**95.6%**	**96.5%**	**97.0%**	**97.0%**	**96.3%**

Emergency Department Friends & Family Test

Caring

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

- No major changes in overall satisfaction or the main themes. Patients remain frustrated by waiting times, lack of updates, limited involvement in decisions, and the information they receive on discharge.
- There are still positives in the feedback, and the CW site continues to compare well nationally.
- Slight drop in response numbers, mainly due to fewer SMS reminders being sent out.
- Learning continues around how and when certain tests are carried out, and importantly how this is explained to patients and families.
- Two complaints have been escalated to incidents because of concerns regarding clinical care

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	892	9.4%	83.4%	88.0%
WM	794	7.6%	74.3%	80.0%
Trust	**1,686**	**8.5%**	**79.1%**	**84.3%**

Year-to-Date Performance

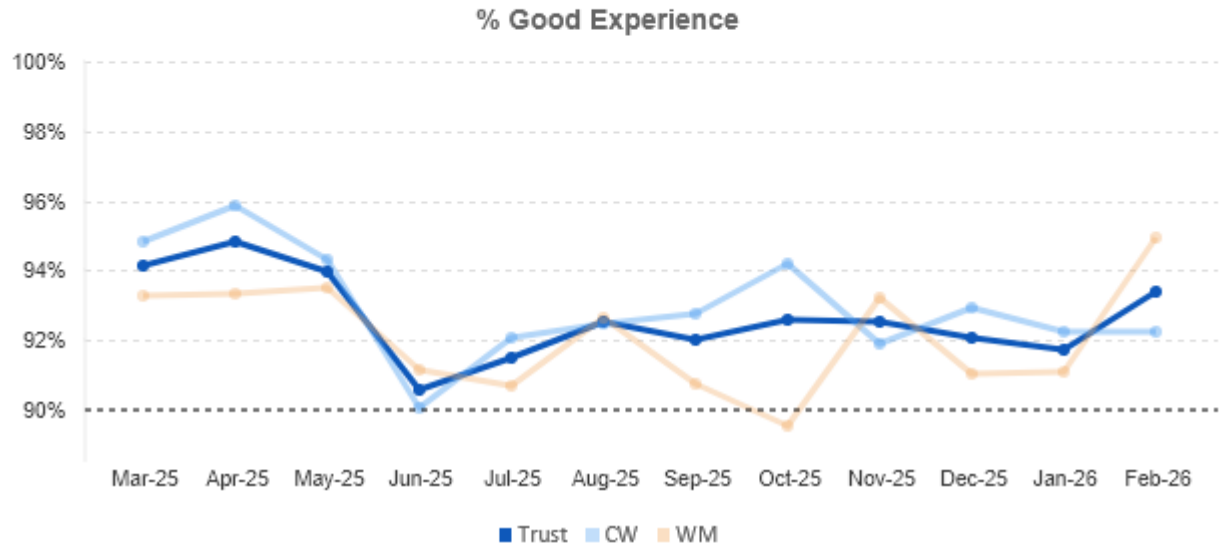
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	1,008	954	935	1,041	892	10,601
	WM	882	804	820	991	794	9,113
	Trust	**1,890**	**1,758**	**1,755**	**2,032**	**1,686**	**19,714**
Response Rate (Target: >10%)	CW	9.3%	9.0%	9.2%	9.9%	9.4%	9.9%
	WM	8.3%	7.5%	7.1%	8.5%	7.6%	8.2%
	Trust	**8.8%**	**8.2%**	**8.1%**	**9.2%**	**8.5%**	**9.0%**
% Good Experience (Target: >90%)	CW	84.1%	79.6%	82.2%	83.8%	83.4%	82.4%
	WM	72.4%	77.2%	78.8%	71.7%	74.3%	76.4%
	Trust	**78.7%**	**78.5%**	**80.6%**	**77.9%**	**79.1%**	**79.6%**
% Treated With Dignity and Respect (Target: >90%)	CW	89.0%	85.0%	88.0%	88.0%	88.0%	86.6%
	WM	81.0%	82.0%	84.0%	82.0%	80.0%	81.3%
	Trust	**85.3%**	**83.6%**	**86.1%**	**85.1%**	**84.3%**	**84.1%**

Outpatient Friends & Family Test

Caring

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Chelsea & Westminster Hospital site

- Strong performance across many specialties, with particularly good feedback in Gynaecology and Endocrinology
- Lower scores appear in places like Hepatology, Rheumatology, Urology and Neurology, mainly around involvement in decisions and clarity on what happens next.
- A few services have very small response numbers, so some of the more extreme results may not be truly representative.

West Middlesex Hospital site

- Cardiology, Gynaecology and Diabetic Medicine continue to score well, with consistently positive feedback across most areas.
- Some specialties, including General Surgery, Neurology and Breast Surgery, show dips in communication, timeliness and how well patients feel prepared.
- A handful of services have only one or two responses, which, similar to Chelsea, can skew the percentages and make the picture less reliable.

Overall Themes

- Patients generally feel respected and well-treated, and most are happy with how their care and treatment are explained.
- The recurring issues are waiting times, lack of updates during delays, and patients not always feeling involved in decisions or clear on next steps.
- Communication, between teams, with patients, and with families, remains the biggest overarching theme across both sites.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,107	4.9%	92.2%	96.0%
WM	807	6.7%	94.9%	97.0%
Trust	**1,914**	**5.5%**	**93.4%**	**96.4%**

Year-to-Date Performance

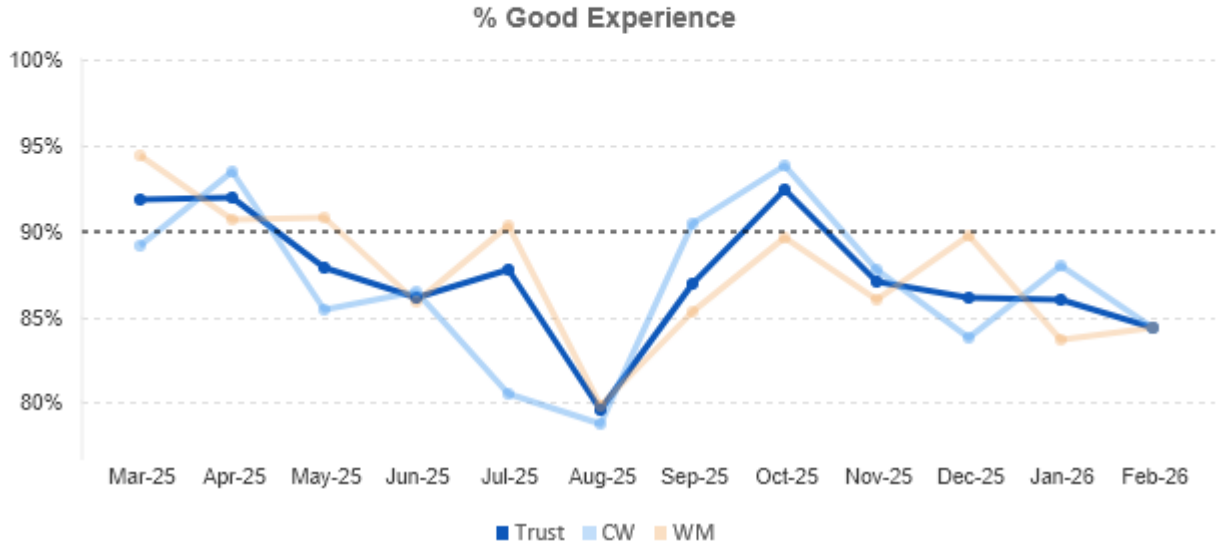
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	1,496	1,075	1,149	980	1,107	13,223
	WM	804	970	935	853	807	9,460
	Trust	**2,300**	**2,045**	**2,084**	**1,833**	**1,914**	**22,683**
Response Rate (Target: >10%)	CW	15.5%	6.4%	11.9%	4.1%	4.9%	8.2%
	WM	11.9%	8.4%	10.3%	3.9%	6.7%	8.5%
	Trust	**14.0%**	**7.2%**	**11.2%**	**4.0%**	**5.5%**	**8.3%**
% Good Experience (Target: >90%)	CW	94.2%	91.9%	93.0%	92.2%	92.2%	92.7%
	WM	89.6%	93.2%	91.0%	91.1%	94.9%	91.8%
	Trust	**92.6%**	**92.5%**	**92.1%**	**91.7%**	**93.4%**	**92.3%**
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	96.0%	96.0%	96.0%	96.0%	96.3%
	WM	95.0%	96.0%	95.0%	96.0%	97.0%	95.8%
	Trust	**96.3%**	**96.0%**	**95.6%**	**96.0%**	**96.4%**	**96.1%**

Maternity Friends & Family Test

Caring

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

- Survey responses continue to fall, and overall satisfaction at CW has also declined. Feedback reflects what we're seeing in complaints, which have risen sharply issues around complex births, feeling uninvolved, safety concerns, and not always feeling treated with dignity or kindness.
- We're still waiting for an update from maternity leads on the actions from the national patient survey and how these will be aligned with wider feedback. This will be followed up.
- February's learning focuses on improving how staff respond to reported pain, the timeliness of prescribing and giving antibiotics, and increasing companionship and attentiveness during labour (women not feeling alone). The common thread continues to be patients not feeling listened to, which has already been flagged in reflective work for each complaint.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	102	22.3%	84.3%	88.0%
WM	77	19.0%	84.4%	83.0%
Trust	**179**	**20.7%**	**84.4%**	**86.0%**

Year-to-Date Performance

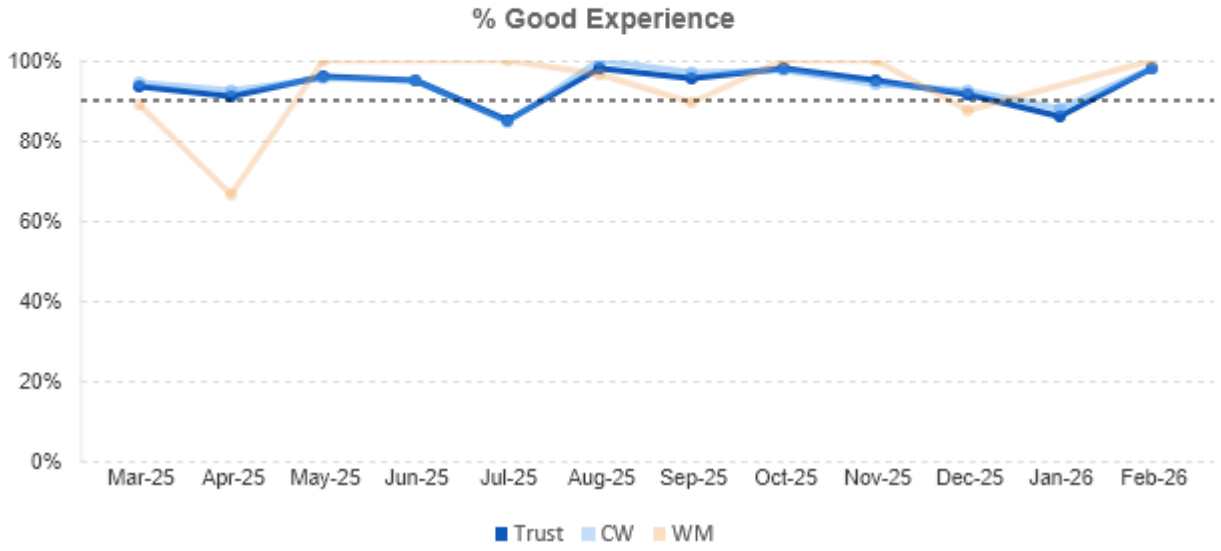
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	193	172	136	100	102	1,106
	WM	96	121	88	86	77	1,142
	Trust	**289**	**293**	**224**	**186**	**179**	**2,248**
Response Rate (Target: >10%)	CW	38.4%	31.4%	27.7%	18.0%	22.3%	20.8%
	WM	3.8%	28.5%	19.4%	18.9%	19.0%	8.8%
	Trust	**9.6%**	**30.1%**	**23.7%**	**18.4%**	**20.7%**	**12.3%**
% Good Experience (Target: >90%)	CW	93.8%	87.8%	83.8%	88.0%	84.3%	87.9%
	WM	89.6%	86.0%	89.8%	83.7%	84.4%	86.9%
	Trust	**92.4%**	**87.0%**	**86.2%**	**86.0%**	**84.4%**	**87.4%**
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	93.0%	89.0%	93.0%	88.0%	92.0%
	WM	87.0%	90.0%	90.0%	88.0%	83.0%	88.6%
	Trust	**93.9%**	**91.8%**	**89.4%**	**90.9%**	**86.0%**	**90.3%**

Children and Young People Friends & Family Test

Caring

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

- Response rates remain low across both sites, particularly at West Mid, which limits how representative the results are. However, teams continue to say they are actively promoting, and every response is still reviewed and used to inform local improvements.
- Despite the small numbers, satisfaction consistently scores above 90%, indicating broadly positive experiences among those who do respond but sample size so small.
- New CYP-specific survey questions are going through testing on CIVICA with aim to launch in April
- These updates aim to deliver more meaningful insights and larger, more reliable sample sizes in the new financial year, supporting clearer priorities and stronger improvement planning.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	45	7.8%	97.8%	99.0%
WM	11	4.2%	100.0%	100.0%
Trust	**56**	**6.7%**	**98.1%**	**99.1%**

Year-to-Date Performance

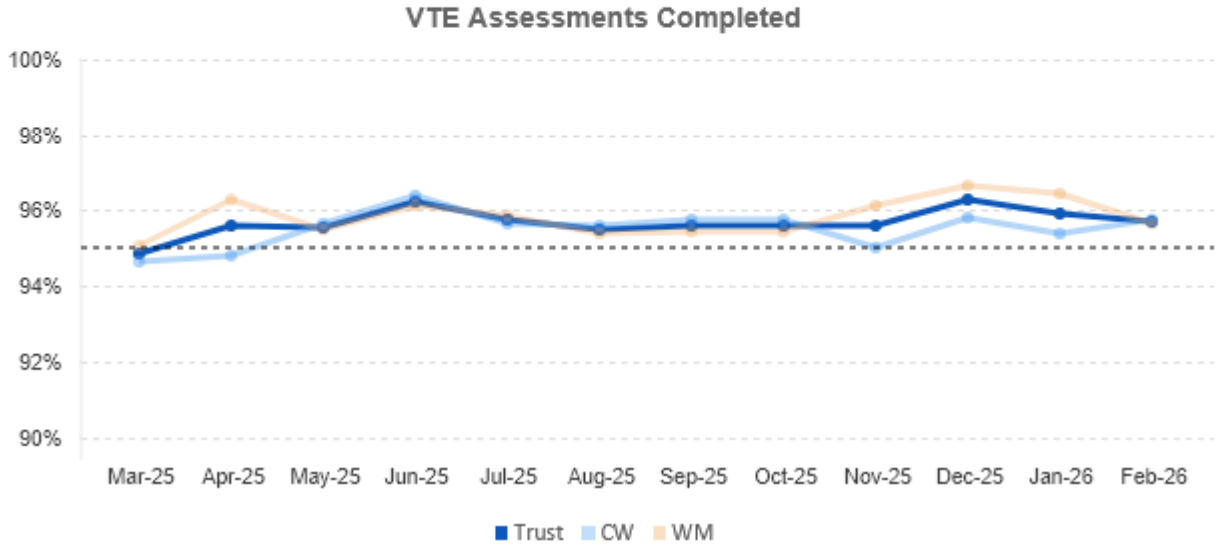
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	39	57	39	42	45	460
	WM	9	8	8	1	11	89
	Trust	**48**	**65**	**47**	**43**	**56**	**549**
Response Rate (Target: >10%)	CW	13.8%	9.5%	7.0%	6.9%	7.8%	10.8%
	WM	2.7%	2.4%	3.3%	1.0%	4.2%	4.0%
	Trust	**7.9%**	**7.0%**	**5.8%**	**6.1%**	**6.7%**	**8.5%**
% Good Experience (Target: >90%)	CW	97.4%	93.9%	92.3%	88.1%	97.8%	94.3%
	WM	100.0%	100.0%	87.5%	0.0%	100.0%	92.9%
	Trust	**97.9%**	**95.1%**	**91.5%**	**86.0%**	**98.1%**	**94.0%**
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	96.0%	99.0%	95.0%	99.0%	94.5%
	WM	100.0%	100.0%	86.0%	89.0%	100.0%	77.8%
	Trust	**97.4%**	**96.7%**	**98.0%**	**94.5%**	**99.1%**	**91.8%**

VTE Risk Assessments Completed

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

VTE Risk Assessment: Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate.
Divisions requiring improvement: Planned Care (92.3%) and West London Childrens Hospital (91%).
Specialities requiring improvement: Burns care, urology, trauma & orthopaedics, general surgery, colorectal surgery, elderly medicine and A&E (admissions).

Hospital Associated VTE (HAT) Events:

- *Cross-Site:* 'VTE alert' included in positive VTE imaging reports for identification of VTE diagnosis.
- *CW Site:* HATs under-reported due to identification. Awaiting Business Analyst resource to develop and implement digital identification with auto-reporting of HATs from Cerner patient admission records.
- *Cross-Site:* All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and any actions to prevent recurrence. **Timely completion of HAT investigation form is required by clinical teams.**
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.
- Shared learning from potentially preventable HATs disseminated to specialities and departments, with action plan in progress to address contributory factors.

In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.7%	3	0.2
WM	95.6%	2	0.1
Trust	**95.7%**	**5**	**0.2**

Year-to-Date Performance

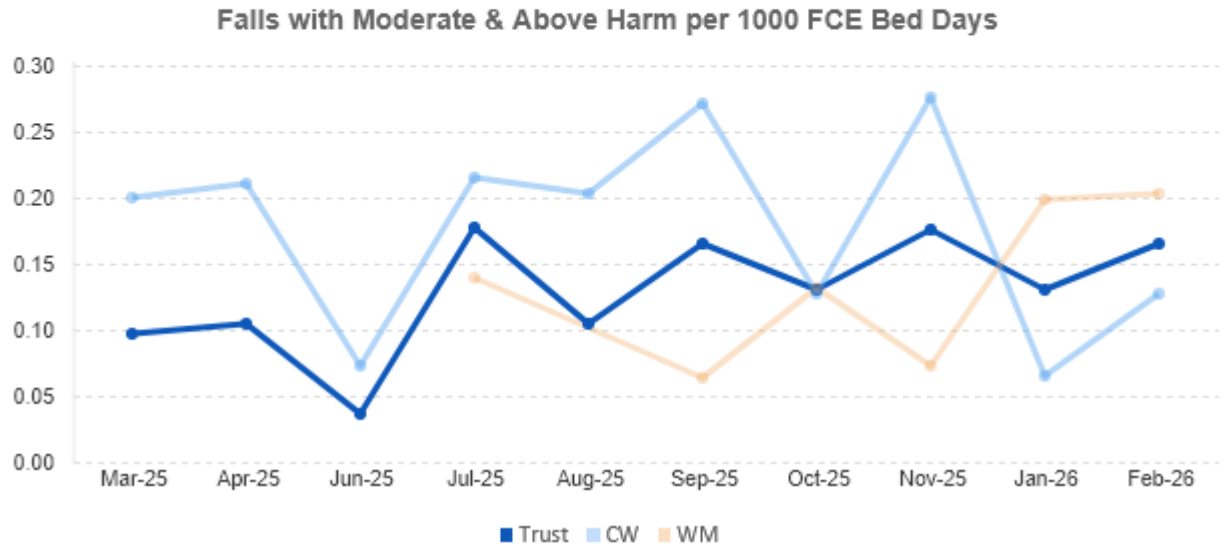
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	95.7%	95.0%	95.8%	95.4%	95.7%	95.6%
	WM	95.4%	96.1%	96.6%	96.5%	95.6%	95.9%
	Trust	**95.6%**	**95.6%**	**96.3%**	**95.9%**	**95.7%**	**95.8%**
Hospital Aquired VTE Cases	CW	0	0	0	1	3	7
	WM	6	10	5	3	2	51
	Trust	**6**	**10**	**5**	**4**	**5**	**58**
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.0	0.0	0.1	0.2	0.0
	WM	0.4	0.7	0.3	0.2	0.1	0.3
	Trust	**0.2**	**0.4**	**0.1**	**0.1**	**0.2**	**0.2**

Patient Falls

Safe/Effective

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Patient falls per 1000 bed days with moderate and severe harm have risen in the year. All falls moderate or severe harm are investigated by the falls leads at the time of the fall. This is then assessed at IIR/AAR reviews as deemed to be events where learning can be identified or there was a missed opportunity to be able to reduce to low harm.

All learning from incidents are discussed at the falls steering group and further reported in to the Patient Safety Group. All learning from the ward team is discussed at the group. Education regarding falls and bed rails assessments has increased from learning and a bed rail audit has been completed.

All patients who fall are screened by the falls leads and patients are physically assessed as well as all notes and assessment checked.

Compliance with falls risk assessment reflected in the report currently includes all areas in the hospital and all divisions. When considering just inpatient areas compliance is above 90%.

Our pilots of new falls alarms in 3 areas, are ongoing, each area has seen a reduction in falls with moderate and severe harm. EIC and Planned Care are preparing business proposals to expand the alarms through their wards.

A thematic review will be undertaken, from 1st April 2025-31st March 2026. The thematic review will include the time of the fall, location, pre fall interventions, staffing and frailty scores into account, this will help us to identify common themes and develop a plan for improvement.

In-Month Performance

	Inpatient Falls with Moderate & Above Harm	Inpatient Falls Resulting in Severe Harm or Death	Falls with Moderate & Above Harm per 1000 FCE Bed Days	Falls per 1000 FCE Bed Days	Compliance with Falls Risk Assessment
CW	2	0	0.13	3.32	90.7%
WM	3	1	0.20	3.60	93.3%
Trust	**5**	**1**	**0.16**	**3.46**	**92.1%**

Year-to-Date Performance

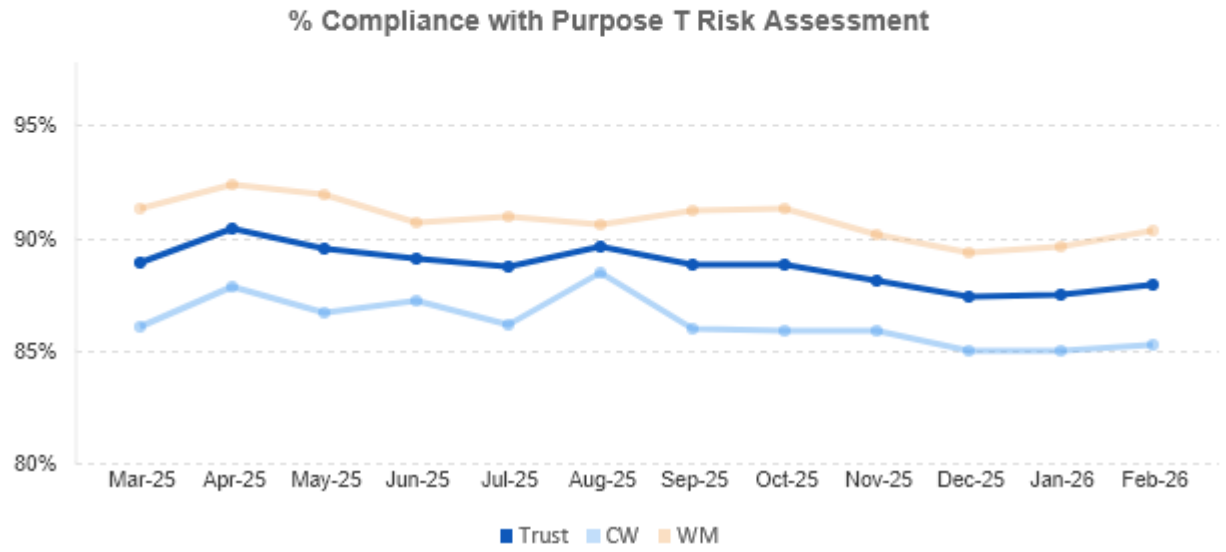
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	2	4	0	1	2	23
	WM	2	1	0	3	3	12
	Trust	**4**	**5**	**0**	**4**	**5**	**35**
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	2	0	0	0	8
	WM	1	0	0	2	1	5
	Trust	**2**	**2**	**0**	**2**	**1**	**13**
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.13	0.28	0.00	0.06	0.13	0.14
	WM	0.13	0.07	0.00	0.20	0.20	0.07
	Trust	**0.13**	**0.18**	**0.00**	**0.13**	**0.16**	**0.11**
Falls per 1000 FCE Bed Days	CW	4.41	4.82	3.92	4.78	3.32	3.99
	WM	3.77	4.91	3.86	3.96	3.60	4.12
	Trust	**4.10**	**4.87**	**3.89**	**4.37**	**3.46**	**4.06**
Compliance with Falls Risk Assessment (Target: >=90%)	CW	90.8%	91.0%	90.7%	90.8%	90.7%	91.4%
	WM	93.8%	93.6%	93.2%	92.9%	93.3%	94.0%
	Trust	**92.5%**	**92.4%**	**92.1%**	**91.9%**	**92.1%**	**92.8%**

Pressure Ulcers

Safe/Effective

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

In month the Trust has had zero category 4, category 3 and category 2 hospital-acquired pressure ulcers. All previous hospital-acquired category 3 pressure ulcers have been reviewed, with key findings disseminated across divisions and through the monthly Pressure Ulcer Steering Group.

Actions

- A Trust-wide action plan to reduce hospital-acquired pressure damage continues to be implemented, supported by local action plans in areas with higher incidence.
- Targeted training and focused support is being provided to the clinical teams at WMH involved in the recent category 3 cases.
- Learning from these incidents will be shared Trust-wide to strengthen prevention, assessment and early intervention.

In-Month Performance

	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	85.2%	0	0	0	-
WM	90.3%	0	0	0	-
Trust	**87.9%**	**0**	**0**	**0**	-

Year-to-Date Performance

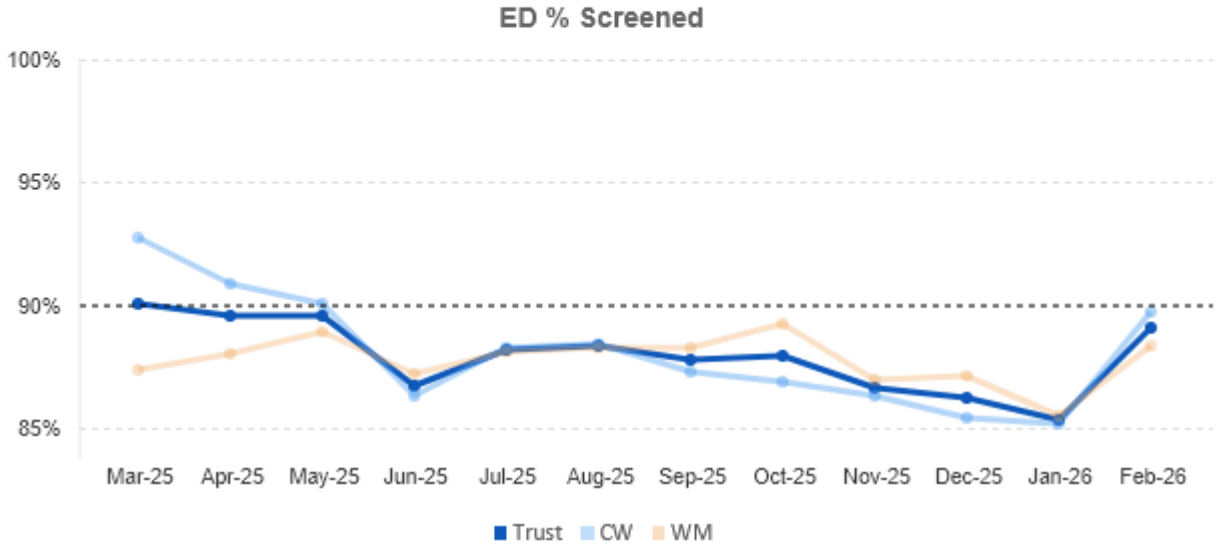
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	85.9%	85.8%	85.0%	84.9%	85.2%	86.3%
	WM	91.3%	90.1%	89.4%	89.6%	90.3%	90.8%
	Trust	**88.8%**	**88.1%**	**87.4%**	**87.5%**	**87.9%**	**88.7%**
Category 2 Pressure Ulcers	CW	0	2	0	1	0	11
	WM	1	0	1	1	0	15
	Trust	**1**	**2**	**1**	**2**	**0**	**26**
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	2
	WM	0	4	1	1	0	10
	Trust	**0**	**4**	**1**	**1**	**0**	**12**
Category 4 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**
Medical Device Related Pressure Ulcers	CW	0	1	0	0	0	4
	WM	0	0	1	0	0	5
	Trust	**0**	**1**	**1**	**0**	**0**	**9**

Sepsis

Safe

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

Significant improvement across all areas is reflected by the concerted work which is currently being placed on these metrics. Further improvement in documented evidence of reviews at Chelsea ED. This reflects a process issue rather than a care issue

In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	89.7%	72.3%	83.4%	95.7%
WM	88.4%	94.9%	86.8%	95.4%
Trust	**89.1%**	**81.4%**	**84.9%**	**95.5%**

Year-to-Date Performance

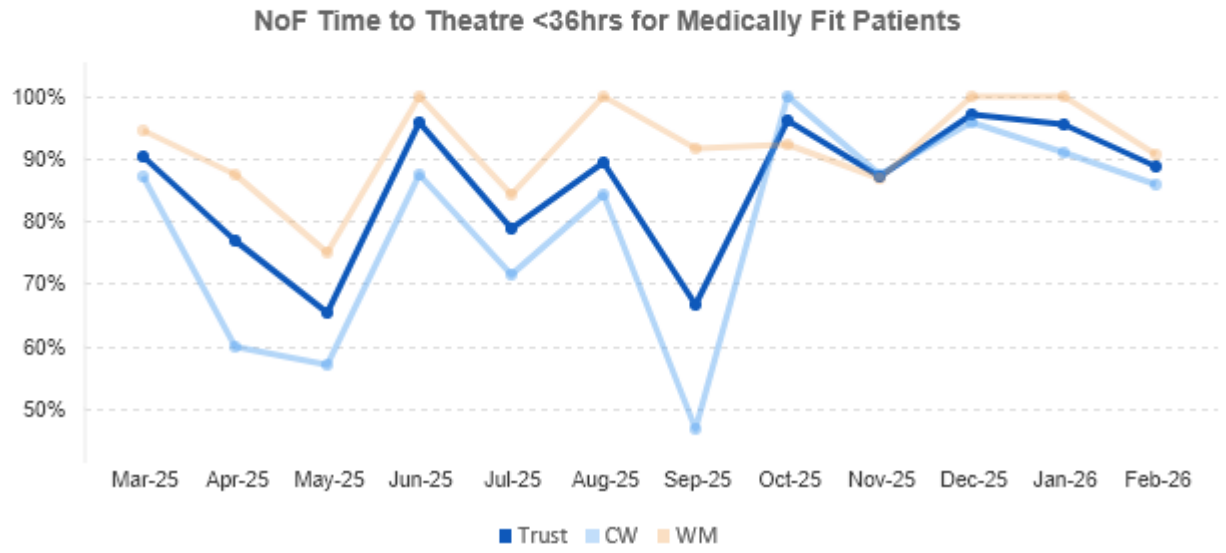
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
ED % Screened (Target: >90%)	CW	86.9%	86.3%	85.5%	85.2%	89.7%	87.5%
	WM	89.2%	87.0%	87.1%	85.5%	88.4%	87.7%
	Trust	**88.0%**	**86.6%**	**86.3%**	**85.4%**	**89.1%**	**87.6%**
ED % Potential Red Flags Reviewed (Target: >90%)	CW	76.5%	67.2%	63.0%	68.4%	72.3%	76.2%
	WM	94.9%	94.7%	95.2%	94.3%	94.9%	93.7%
	Trust	**84.9%**	**78.1%**	**76.7%**	**79.8%**	**81.4%**	**83.8%**
Ward % Screened (Target: >90%)	CW	83.7%	84.6%	82.8%	80.4%	83.4%	84.1%
	WM	88.4%	86.0%	86.4%	86.5%	86.8%	88.5%
	Trust	**85.8%**	**85.2%**	**84.3%**	**83.1%**	**84.9%**	**86.1%**
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	93.1%	95.3%	96.9%	95.1%	95.7%	95.4%
	WM	96.3%	96.9%	97.3%	97.4%	95.4%	96.3%
	Trust	**94.6%**	**96.0%**	**97.1%**	**96.2%**	**95.5%**	**95.8%**

Best Practice

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

NoF Time to Theatre: Compliance across both sites has remained positive for five consecutive months.

- At WM, 19 out of 21 medically fit patients received surgery within 36 hours.
- At CW, 12 out of 14 medically fit patients were operated on within the 36-hour standard. The two delays occurred on the same day due to a complex case that occupied the full theatre list.

The improvement action plan continues to be implemented, and this sustained focus is reflected in the ongoing strong performance.

Breach of Same Sex Accommodation: breaches in month were at the West Middlesex Site all due to delayed discharges from ICU. The team continue to work with the site team for timely discharges

Time Spent on a Stroke Unit: compliance with time on a stroke unit remains stable

Dementia Screening: We continue to meet our target of 90% and above for dementia screening. The Dementia lead is engaging with the wider MDT as part of QI project. The focus is the completion of the 4AT within the first 24 hours of admission, this will ensure we are capturing patients with both a delirium or a possible cognitive impairment.

In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accomodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	85.7%	0	100.0%	90.9%
WM	90.5%	33	96.3%	93.7%
Trust	**88.6%**	**33**	**97.4%**	**92.6%**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	100.0%	87.5%	95.7%	90.9%	85.7%	80.2%
	WM	92.3%	86.7%	100.0%	100.0%	90.5%	91.5%
	Trust	**96.0%**	**87.1%**	**97.1%**	**95.5%**	**88.6%**	**85.8%**
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	27	29	29	38	33	348
	Trust	**27**	**29**	**29**	**38**	**33**	**348**
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	95.5%	94.1%	83.3%	88.9%	100.0%	88.1%
	WM	93.1%	92.9%	94.7%	88.0%	96.3%	92.4%
	Trust	**94.1%**	**93.3%**	**89.2%**	**88.4%**	**97.4%**	**90.7%**
Dementia Screening Case Finding (Target: >90%)	CW	93.4%	97.4%	96.8%	92.4%	90.9%	93.7%
	WM	95.3%	98.0%	98.4%	94.7%	93.7%	92.2%
	Trust	**94.5%**	**97.8%**	**97.7%**	**93.7%**	**92.6%**	**92.9%**

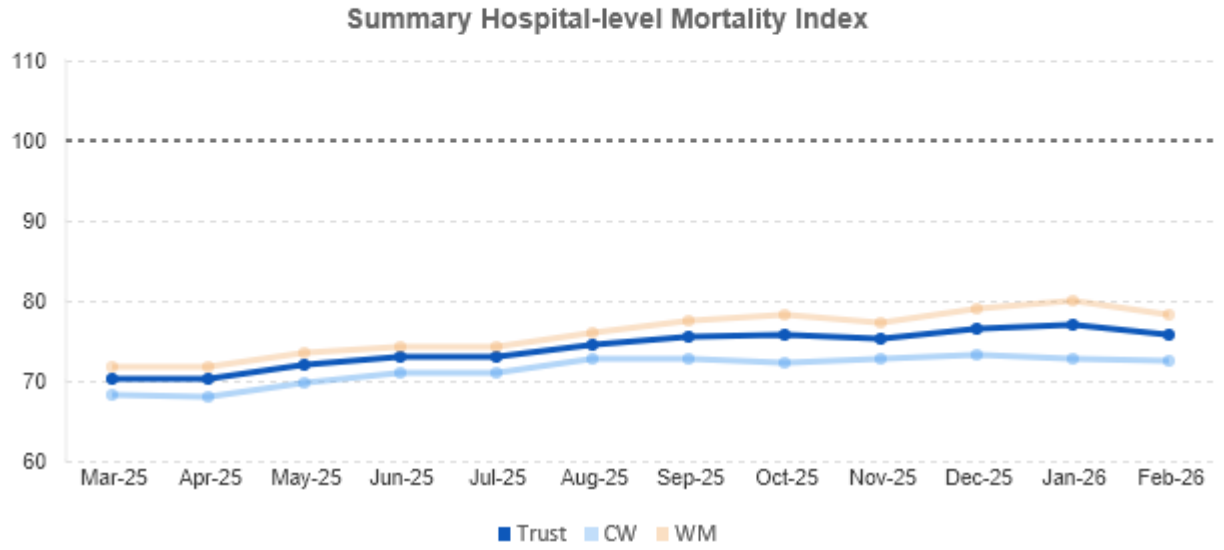
Mortality

Summary Hospital-level Mortality Index

Effective

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

All mortality indices remain stable and show positive performance both regionally and nationally.

Further deep dive into crude mortality per site through MSG also stable.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	72.4	66.9
WM	78.3	83.2
Trust	**75.8**	**76.4**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
SHMI (Target: <100)	CW	72.3	72.8	73.3	72.8	72.4	71.7
	WM	78.2	77.1	78.9	80.1	78.3	76.3
	Trust	**75.7**	**75.3**	**76.5**	**77.0**	**75.8**	**74.4**
HSMR (Target: <100)	CW	68.2	69.5	69.1	67.0	66.9	73.2
	WM	83.7	82.3	83.9	85.0	83.2	84.0
	Trust	**77.3**	**76.9**	**77.6**	**77.4**	**76.4**	**78.7**

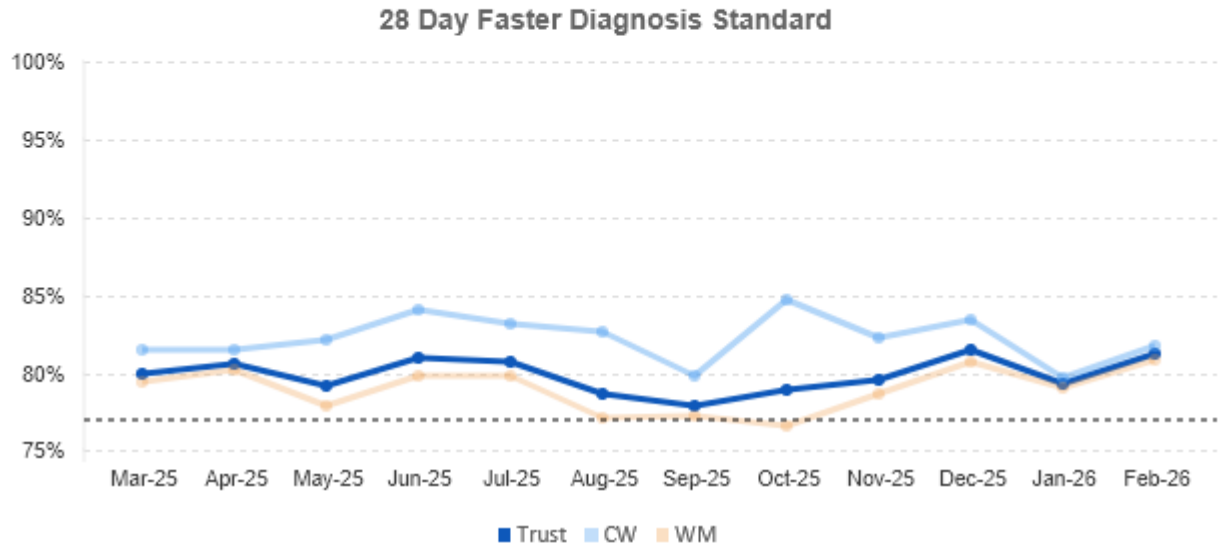
Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	81.8%	94.6%
WM	80.9%	97.3%
Trust	**81.2%**	**96.2%**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	84.7%	82.3%	83.4%	79.7%	81.8%	82.2%
	WM	76.6%	78.6%	80.7%	79.1%	80.9%	78.9%
	Trust	**78.9%**	**79.6%**	**81.4%**	**79.3%**	**81.2%**	**79.9%**
2 Weeks from Referral to First Seen (All Urgent Referals) (Target: >=96%)	CW	95.1%	93.4%	93.4%	96.3%	94.6%	94.6%
	WM	94.3%	96.0%	96.5%	95.2%	97.3%	96.1%
	Trust	**94.7%**	**94.9%**	**95.1%**	**95.6%**	**96.2%**	**95.5%**

Narrative

The Trust continues to meet the National KPI for 28 Day FDS (77%) in January 2026, albeit with a slight reduction on our December performance, but still strong with 79.7% (validated). We are seeing a strong February FDS performance which stands at present at 81.8% (unvalidated) with both sites performing well against the metric.

The Sarcoma service is particularly challenged and non-compliance in FDS due to continued demand from wider London sectors as well as the home counties, alongside some diagnostic changes to the pathway, making this service a particular concern at present and has temporarily ceased receiving referrals to work through managing the current patients on their pathway in a timely manner.

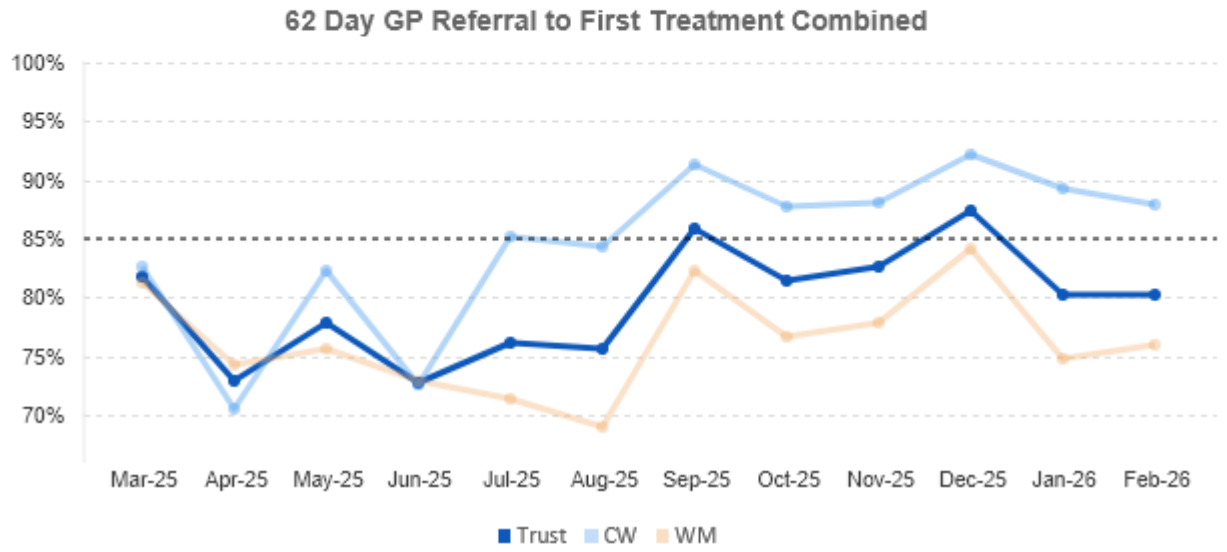
Our 2ww pathways continue to remain above the national compliance metrics with performance continuing to remain high against the national target of 93%.

Access to Cancer Care (Treatment)

Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



In-Month Performance

	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	87.9%	98.0%	
WM	76.0%	100.0%	
Trust	**80.2%**	**99.2%**	**98**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	87.8%	88.1%	92.2%	89.3%	87.9%	85.1%
	WM	76.7%	77.8%	84.2%	74.8%	76.0%	75.9%
	Trust	**81.4%**	**82.5%**	**87.4%**	**80.2%**	**80.2%**	**79.6%**
31 Day Diagnosis to First or Subsquent Treatment (Target: >=96%)	CW	97.4%	98.7%	100.0%	100.0%	98.0%	98.4%
	WM	97.2%	98.9%	99.0%	100.0%	100.0%	99.0%
	Trust	**97.3%**	**98.8%**	**99.4%**	**100.0%**	**99.2%**	**98.7%**
62+ Day Backlog (Target: 100)	CW						
	WM						
	Trust	**110**	**75**	**107**	**98**	**98**	**98**

Narrative

The Trust retains to see an overall strong 62-Day Combined performance, with the validated performance for December 2025 and whilst we have seen a slight dip on this in January 2026, we have still held above 80%, with 80.3% uploaded.

The West Middlesex site continues to be more challenged within several services in January 2026 with Head and Neck and Colorectal have a more challenged month. This is a mix of complexity and ITR transfers. Breast Performance is strongly improved in February , and Urology, whilst not within compliance, is retaining a higher level of performance, sitting at a collective 77% cross site.

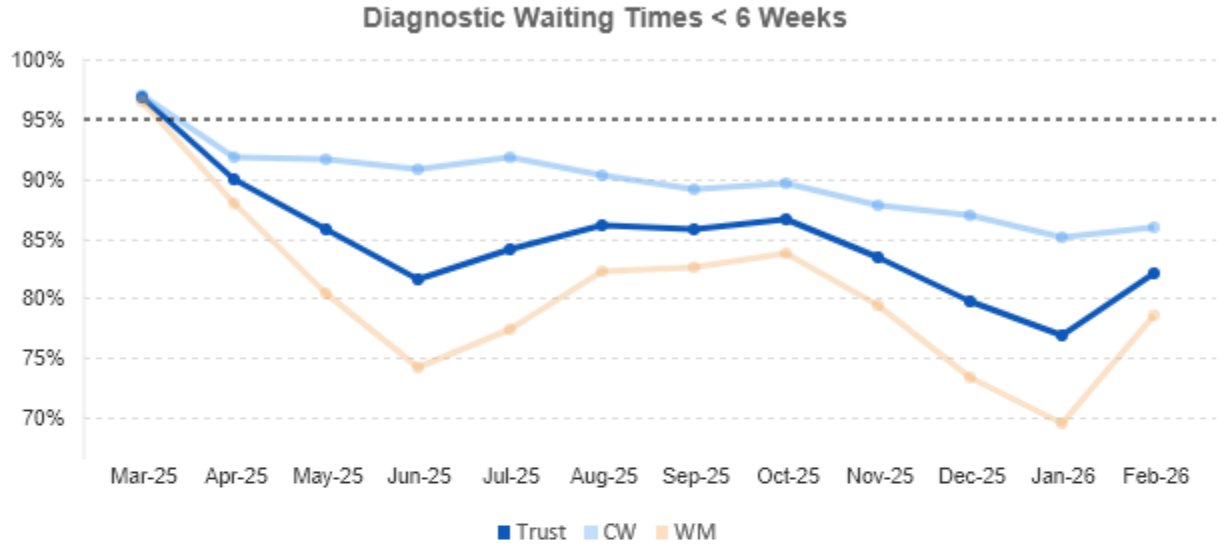
The Trusts 31D position remains strong and above the National KPIs of 96% with a validated January 2025 position being at 98.7% and continuing strong compliance in February 2026.
The Trust has held its reported backlog after seeing a rise in late 2025, to below 100, and continues to work on reducing to 80.

Access to Diagnostics

Responsive – Operating Plan

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

February represents an improved position from January in the Trust's DM01 performance. Although structural challenges remain—particularly in Echo, non-obstetric US and CT (driven by current works at WM)—the month end position demonstrates that targeted capacity deployment - CDC utilisation, insourcing of endoscopy additional weekend US lists- has delivered the expected performance gains. Nonetheless, the increase of the Trust overall diagnostics PTL is being closely monitored and where possible additional capacity is being explored to further reduce the demand and capacity mismatch largely driven by additional elective activity.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	85.9%	1,124	0
WM	78.5%	1,857	0
Trust	**82.1%**	**2,981**	**0**

Year-to-Date Performance

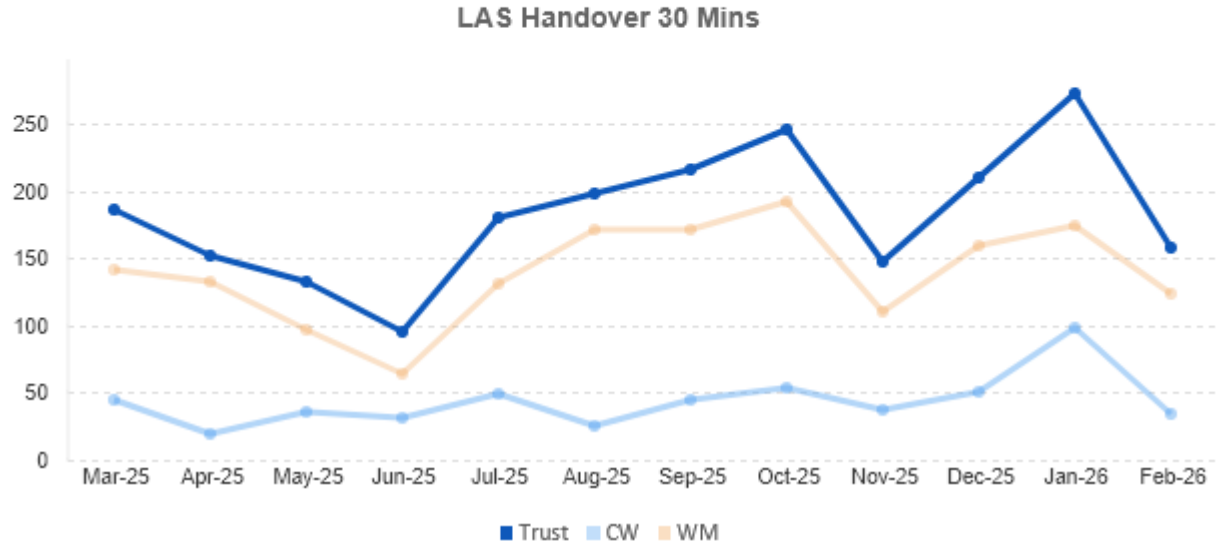
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	89.7%	87.7%	86.9%	85.1%	85.9%	88.9%
	WM	83.7%	79.4%	73.3%	69.5%	78.5%	78.5%
	Trust	**86.6%**	**83.4%**	**79.8%**	**76.8%**	**82.1%**	**83.5%**
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	658	757	811	1,091	1,124	1,124
	WM	1,072	1,329	1,807	2,545	1,857	1,857
	Trust	**1,730**	**2,086**	**2,618**	**3,636**	**2,981**	**2,981**
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	**0**	**0**	**0**	**0**	**0**	**0**

Ambulance Handover Waits

Safe

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance
The Trust's overall performance for ambulance handovers remains strong. In the month of February 2026, the Trust reported two 60-minute LAS handover delays. This is a decrease from the previous month of three 60-minute breaches. The 15-minute handover was non-compliant across both sites but there has been an improvement from last month Chelsea site 16:17 and the West Middlesex site 16:52. The Trust is working towards reducing the number of breaches against this target.

Improvement
The focus is on reducing the length of stay through the departments for all patients on arrival. There are a number of schemes being managed through the ED Improvement program.

Risk
Cubicle capacity in the department.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	780	86.0	34	0
WM	970	125.7	124	2
Trust	**1,750**	**211.7**	**158**	**2**

Year-to-Date Performance

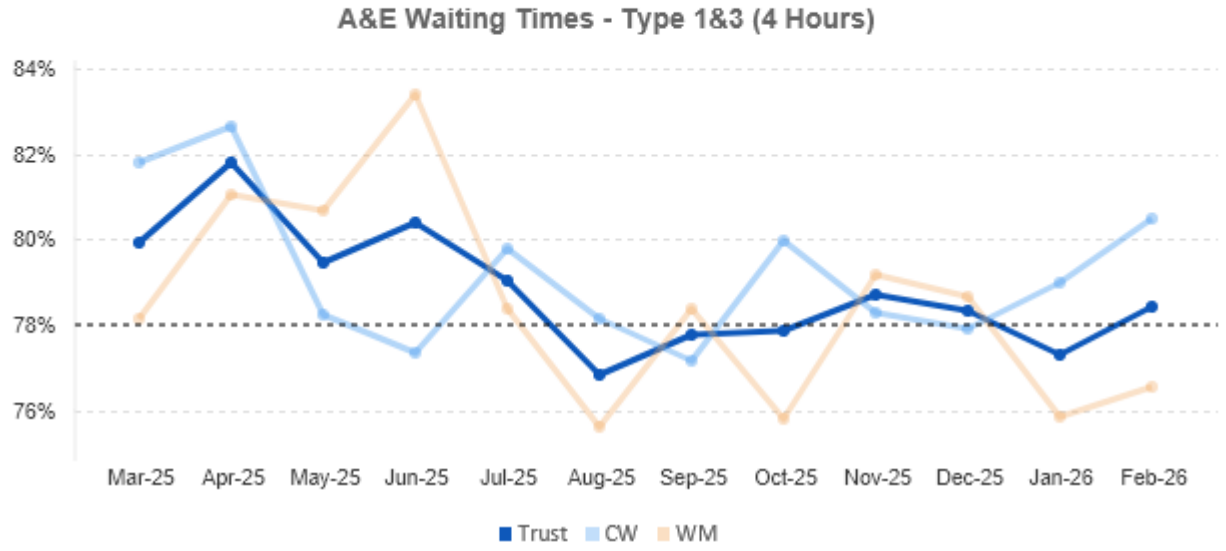
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
LAS 15 Min Breach Performance	CW	758	704	793	886	780	8,386
	WM	1,078	969	1,055	1,141	970	10,640
	Trust	**1,836**	**1,673**	**1,848**	**2,027**	**1,750**	**19,026**
LAS Time Lost (Hrs)	CW	80.4	73.2	96.9	116.6	86.0	895.0
	WM	165.3	124.2	152.9	166.1	125.7	1,487.5
	Trust	**245.7**	**197.4**	**249.8**	**282.7**	**211.7**	**2,382.5**
LAS Handovers 30 Mins	CW	53	37	51	99	34	480
	WM	193	111	160	174	124	1,531
	Trust	**246**	**148**	**211**	**273**	**158**	**2,011**
LAS Handovers 60 Mins	CW	0	0	6	1	0	8
	WM	3	2	1	2	2	20
	Trust	**3**	**2**	**7**	**3**	**2**	**28**

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance
Performance against the 4-hour standard in February 2026 was 78.4%. West Middlesex achieved 76.6% with 12,830 attendances and the Chelsea site 80.5% with 11,760 attendances.

The 12-hour performance is 2.5% against our operating plan trajectory target of 2.8%.

Improvement
There has been an ongoing focus on A&E time to triage in February West Middlesex achieved an average time to triage of 6 minutes and at the Chelsea site 16 minutes.

Risk
Increased mental health presentation (MH) and long length of stay patients who have a decision to admit(DTA).

In-Month Performance

	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	80.5%	2.0%	00:14	11,760	684	29
WM	76.6%	2.9%	00:06	12,830	708	14
Trust	**78.4%**	**2.5%**	**00:10**	**24,590**	**1,392**	**43**

Year-to-Date Performance

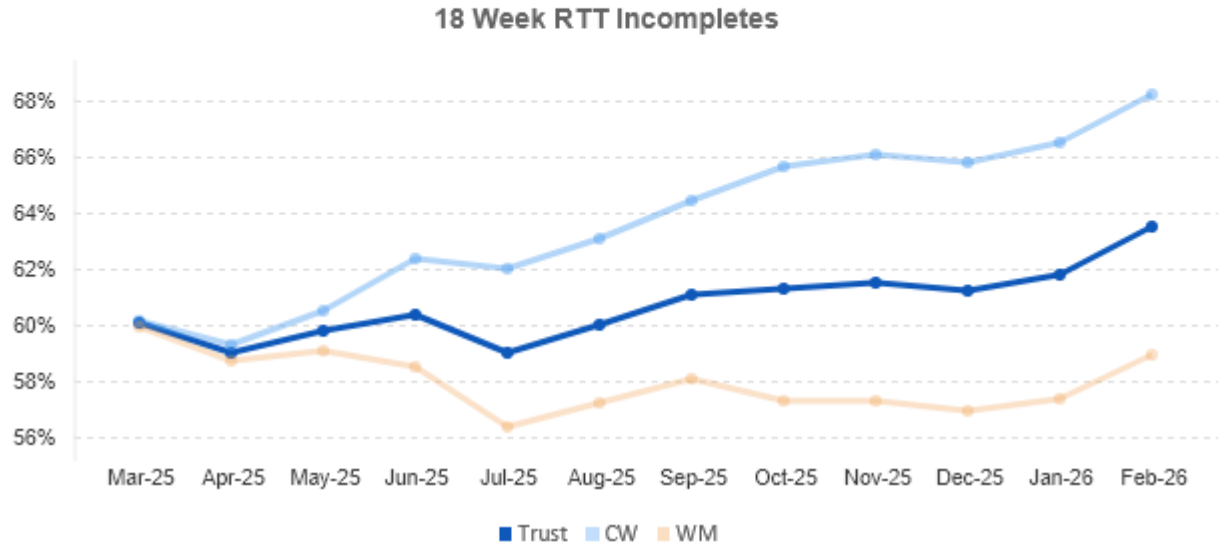
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: >78%)	CW	80.0%	78.3%	77.9%	79.0%	80.5%	79.0%
	WM	75.8%	79.2%	78.7%	75.8%	76.6%	78.5%
	Trust	**77.8%**	**78.7%**	**78.3%**	**77.3%**	**78.4%**	**78.7%**
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	2.3%	1.9%	2.0%	3.2%	2.0%	2.0%
	WM	3.2%	1.7%	2.7%	3.8%	2.9%	2.5%
	Trust	**2.8%**	**1.8%**	**2.4%**	**3.5%**	**2.5%**	**2.3%**
A&E Time to Triage (Target: 15mins)	CW	00:16	00:16	00:15	00:15	00:14	00:15
	WM	00:07	00:06	00:06	00:06	00:06	00:07
	Trust	**00:11**	**00:11**	**00:10**	**00:10**	**00:10**	**00:11**
Total Attendances Type 1&3	CW	13,347	13,440	12,674	13,092	11,760	140,452
	WM	14,077	14,064	14,645	14,525	12,830	151,132
	Trust	**27,424**	**27,504**	**27,319**	**27,617**	**24,590**	**291,584**
Referrals to SDEC (Target as Per Op Plan)	CW	827	703	770	817	684	8,104
	WM	892	767	839	896	708	9,631
	Trust	**1,719**	**1,470**	**1,609**	**1,713**	**1,392**	**17,735**

Referral to Treatment Waits

Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait performance was reported at 63.4% showing significant improvement from the previous month. Whilst remaining behind our trajectory of 63.9% we have seen a marked improvement in performance.

The month ended with 4 65-week breaches and 1,184 52-week waits. Our February target was 1,150 52-week breaches so behind trajectory with T&O and Oral Surgery in particular seeing a deteriorated position.

Improvement : In/Outsourcing has increased since December and is now in place for 5 of the most pressured specialties. Over 200 additional clinic/theatre lists are being undertaken each month and plans for a full month of activity drives are being scaled up for March 2026.

Risk : Potential further Industrial action, reduced capacity and time taken to agree in/outsourcing opportunities.

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	68.2%	74.5%	1.2%	441	3
WM	59.0%	53.8%	1.9%	720	1
Trust	**63.5%**	**64.4%**	**1.6%**	**1,161**	**4**

Year-to-Date Performance

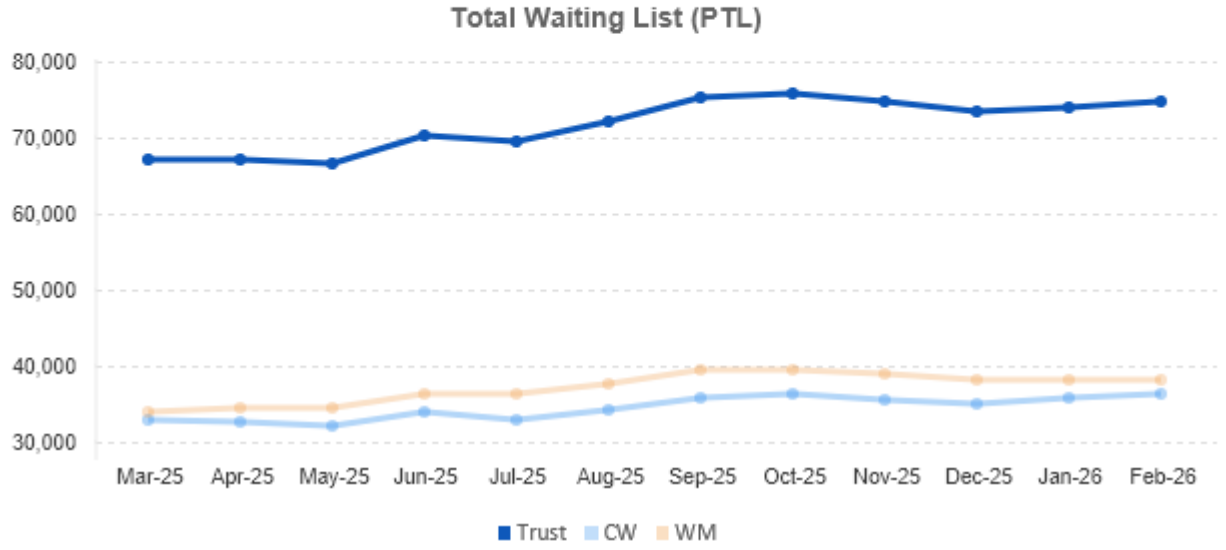
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	65.7%	66.1%	65.8%	66.5%	68.2%	68.2%
	WM	57.3%	57.3%	57.0%	57.4%	59.0%	59.0%
	Trust	**61.3%**	**61.5%**	**61.2%**	**61.8%**	**63.5%**	**63.5%**
18 Week RTT Incompletes Paeds	CW	69.4%	71.0%	71.6%	74.4%	74.5%	74.5%
	WM	43.7%	45.6%	48.4%	51.3%	53.8%	53.8%
	Trust	**56.0%**	**57.8%**	**59.5%**	**62.8%**	**64.4%**	**64.4%**
52 Week RTT Incompletes (Target: <1%)	CW	1.8%	1.8%	1.5%	1.4%	1.2%	1.2%
	WM	2.5%	2.4%	2.1%	2.0%	1.9%	1.9%
	Trust	**2.2%**	**2.1%**	**1.8%**	**1.7%**	**1.6%**	**1.6%**
52 Week Waiters	CW	666	637	524	495	441	441
	WM	1,003	928	797	769	720	720
	Trust	**1,669**	**1,565**	**1,321**	**1,264**	**1,161**	**1,161**
65 Week Waiters	CW	34	29	9	3	3	3
	WM	47	31	11	3	1	1
	Trust	**81**	**60**	**20**	**6**	**4**	**4**

Referral to Treatment Waits

Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Performance: In Month 11 the total RTT Patient Treatment List (PTL) was reported as 75,081. The focus remains on ensuring fewer patients are awaiting first appointments and continually addressing chronological booking for the backlog cohorts as enhanced oversight and targeted interventions continue for at-risk specialities. Operating lists are booked on clinical urgency and in chronological order.

Improvement : The Trust continues to contact patients via routine administrative validation leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment. Capacity drive across surgical and outpatient areas is underway in Q4, focused on prioritising patients in the backlog cohorts.
Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialties.

Risk : Potential further Industrial action, reduced WLI activity and time taken to agree in/outsourcing opportunities

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	36,495	5,745	66.5%	6.5
WM	38,254	5,480	58.0%	6.5
Trust	**74,749**	**11,225**	**61.8%**	**6.5**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Total Waiting List (PTL)	CW	36,369	35,663	35,156	35,845	36,495	36,495
	WM	39,597	39,058	38,243	38,300	38,254	38,254
	Trust	**75,966**	**74,721**	**73,399**	**74,145**	**74,749**	**74,749**
Total Waiting List (PTL) Paeds	CW	5,479	5,430	5,191	5,465	5,745	5,745
	WM	5,966	5,868	5,688	5,494	5,480	5,480
	Trust	**11,445**	**11,298**	**10,879**	**10,959**	**11,225**	**11,225**
Patients Waiting < 18 Weeks for First Appointment	CW	66.2%	65.1%	63.6%	65.2%	66.5%	66.5%
	WM	57.2%	57.7%	56.0%	57.4%	58.0%	58.0%
	Trust	**61.3%**	**61.0%**	**59.4%**	**60.9%**	**61.8%**	**61.8%**
RTT Clearance Time: Size of Waiting List	CW	5.6	5.8	6.2	5.9	6.5	6.5
	WM	6.5	6.9	6.6	6.6	6.5	6.5
	Trust	**6.1**	**6.3**	**6.4**	**6.2**	**6.5**	**6.5**

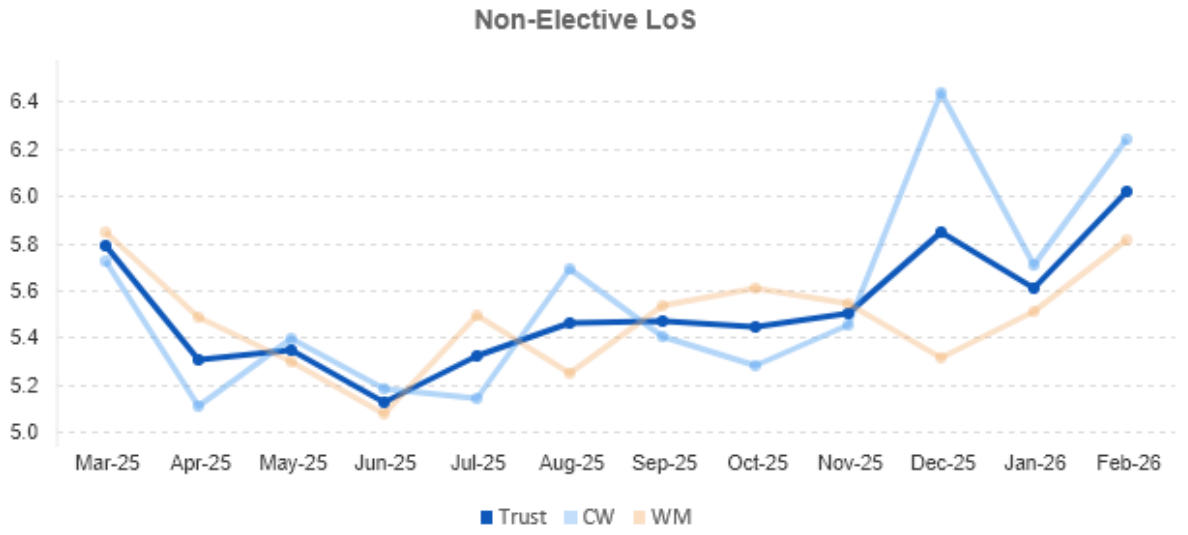
Operating Plan and Capacity

Flow & Discharge – Admitted Care

Responsive/Effective

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Elective LoS is compliant with the standard year to date.

Non-Elective LOS is non-compliant across both sites. In February there was an overall increase in LoS compared to January. The CW site saw an increase in average discharge ready to discharge date, several areas of improvement have been identified through the discharge performance meeting with daily oversight. There is continued weekly focus on long length of stay patients, no criteria to reside and escalation meetings with community partners all with Trust flow board oversight.

In February 2026, the Trust's Critical Care Occupancy reached 107.9%, which is significantly above the target threshold of <85%. Both constituent sites contributed to this high level: CW site: 113.6% ; WM site: 102.1%
This indicates a sustained period during which demand has exceeded the nominal capacity for critical care beds. Flexing staffing and use of uncommissioned bed have been used to meet demand. The month-on-month data shows a broad pattern of persistently elevated critical care occupancy, with fluctuations but repeated overshooting of target capacity. Focus continues with the site team to ensure an admitting bed is available at all times through timely step-downs of patients to ward level care.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRD and DD
CW	3.8	6.2	470	147	113.6%	8.2
WM	4.3	5.8	552	163	102.1%	5.6
Trust	**3.9**	**6.0**	**1,022**	**310**	**107.9%**	**6.7**

Year-to-Date Performance

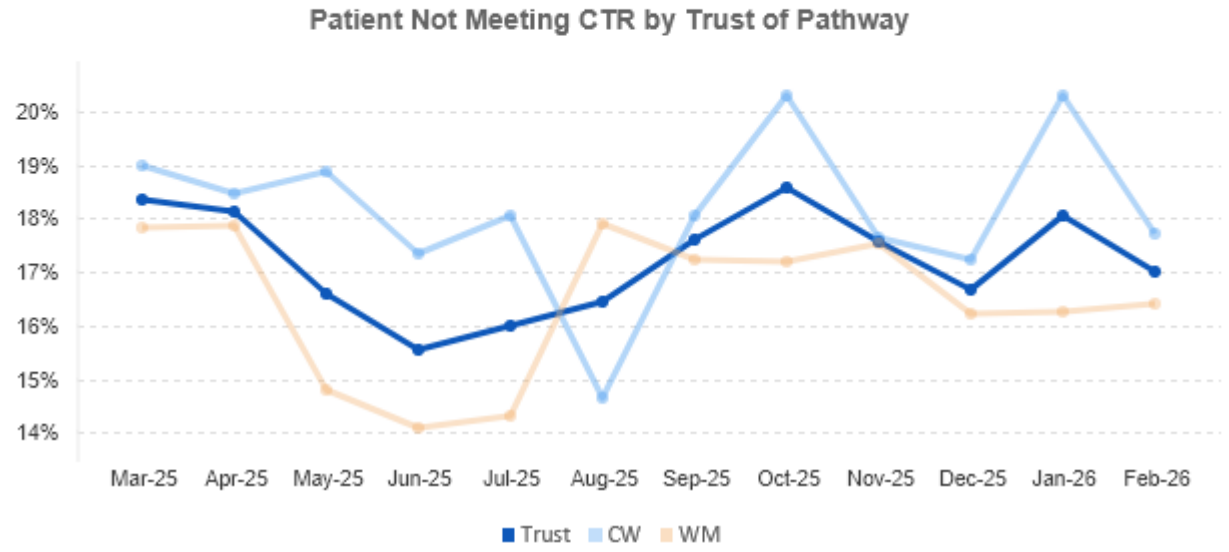
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Elective LoS (Target: <2.9)	CW	2.9	2.1	2.8	2.7	3.8	2.9
	WM	2.7	2.9	2.1	1.8	4.3	2.6
	Trust	**2.9**	**2.4**	**2.6**	**2.4**	**3.9**	**2.8**
Non-Elective LoS (Target: <3.95)	CW	5.3	5.4	6.4	5.7	6.2	5.5
	WM	5.6	5.5	5.3	5.5	5.8	5.4
	Trust	**5.4**	**5.5**	**5.8**	**5.6**	**6.0**	**5.5**
Non-Elective Long Stays (>=7 days)	CW	508	417	514	472	470	5,001
	WM	591	500	570	568	552	5,920
	Trust	**1,099**	**917**	**1,084**	**1,040**	**1,022**	**10,921**
Non-Elective Long Stays (>=21 Days)	CW	129	126	148	158	147	1,394
	WM	144	150	150	149	163	1,553
	Trust	**273**	**276**	**298**	**307**	**310**	**2,947**
Critical Care Occupancy (Target: <85%)	CW	88.7%	96.0%	84.2%	99.0%	113.6%	87.3%
	WM	119.4%	102.3%	89.7%	107.7%	102.1%	101.6%
	Trust	**103.2%**	**99.2%**	**86.9%**	**103.4%**	**107.9%**	**94.2%**
Average days between the DRD and DD	CW	8.0	6.5	6.3	5.9	8.2	6.7
	WM	6.8	6.9	7.5	7.0	5.6	6.4
	Trust	**7.3**	**6.7**	**7.0**	**6.5**	**6.7**	**6.5**

Flow & Discharge – Discharges

Responsive

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

The Trust remains an outlier for the number of patients in hospital who do not meet the criteria to reside in an acute hospital bed. This is predominantly driven by patients requiring discharge with a package of care (P1 discharge) or to a nursing home (P3 discharge) and timescales. Metrics for discharge ready date and readmissions remain consistent.

Three times a week escalation meetings are in place with system partners as well as a NWL weekly system GOLD call.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	17.7%	15.8%	88.1%	11.9%	4.7%
WM	16.4%	15.7%	85.6%	14.4%	5.0%
Trust	**17.0%**	**15.8%**	**86.8%**	**13.2%**	**4.9%**

Year-to-Date Performance

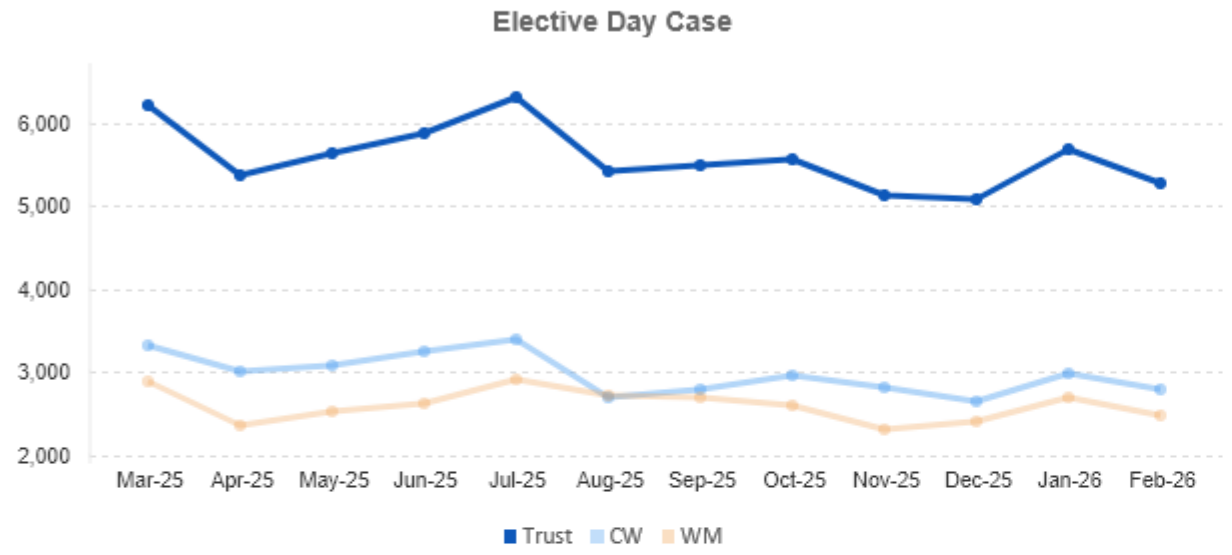
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Patient Not Meeting CTR Daily Average	CW	20.3%	17.6%	17.2%	20.3%	17.7%	18.1%
	WM	17.2%	17.5%	16.2%	16.2%	16.4%	16.3%
	Trust	**18.6%**	**17.6%**	**16.7%**	**18.1%**	**17.0%**	**17.1%**
Discharges Before 12	CW	16%	15%	14%	16%	16%	14%
	WM	15%	15%	14%	13%	16%	14%
	Trust	**15%**	**15%**	**14%**	**14%**	**16%**	**14%**
Discharge Date Same as Discharge Ready Date	CW	88.5%	89.9%	88.1%	87.2%	88.1%	88.9%
	WM	86.1%	85.1%	86.8%	86.5%	85.6%	86.2%
	Trust	**87.2%**	**87.6%**	**87.4%**	**86.8%**	**86.8%**	**87.5%**
Discharge Date After Discharge Ready Date	CW	11.5%	10.1%	11.9%	12.8%	11.9%	n/a
	WM	13.9%	14.9%	13.2%	13.5%	14.4%	n/a
	Trust	**12.8%**	**12.4%**	**12.6%**	**13.2%**	**13.2%**	**n/a**
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	4.1%	5.4%	5.4%	4.6%	4.7%	4.9%
	WM	6.5%	6.6%	6.0%	4.9%	5.0%	5.9%
	Trust	**5.3%**	**5.9%**	**5.7%**	**4.7%**	**4.9%**	**5.4%**

Operating Plan Performance

Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

The Trust continues to meet its Operating plans for elective activity despite the planned reduction inactivity in 2025/26 due to the ERF cap.

For outpatients, further work has been undertaken to reduce the level of follow up activity in order to increase capacity for new patients. This includes a review of clinic templates to address this balance. Additional activity has also been undertaken to support elective recovery.

Risk to achieving plans include Industrial action.

In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	2,798	451	5,193	10,332	17,693
WM	2,473	186	3,081	9,464	9,576
Trust	**5,271**	**637**	**8,274**	**19,796**	**27,269**

Year-to-Date Performance

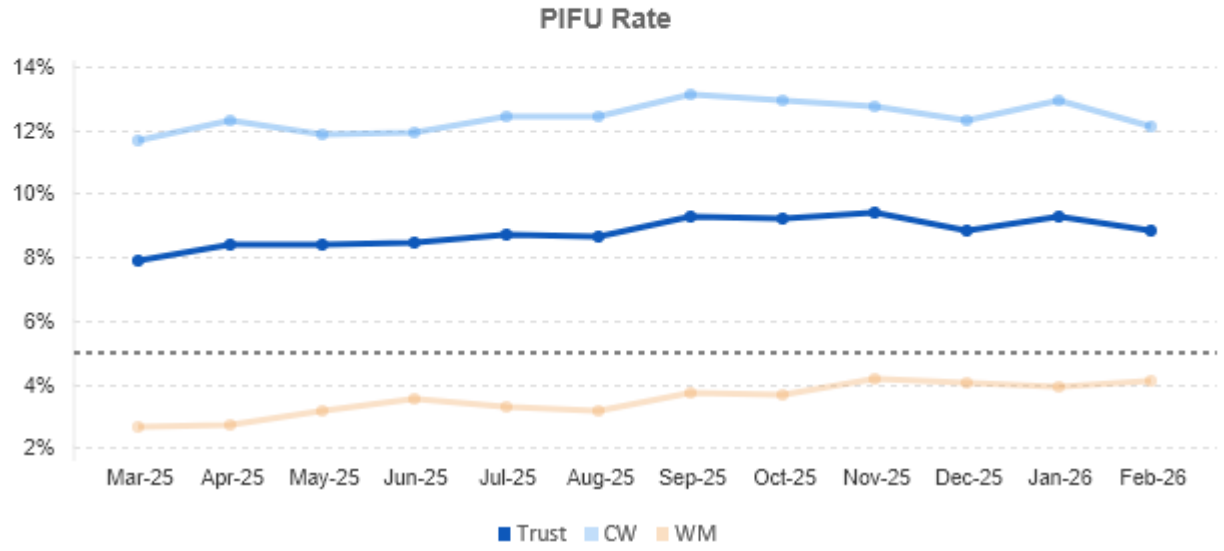
	Site	Nov-25	Dec-25	Jan-26	Feb-26	Plan YTD	2025-2026
Elective Day Cases	CW	2,827	2,655	2,988	2,798	31,389	32,470
	WM	2,304	2,417	2,701	2,473	28,432	28,313
	Trust	**5,131**	**5,072**	**5,689**	**5,271**	**59,822**	**60,783**
Elective Ordinary Admissions	CW	510	437	434	451	4,029	4,729
	WM	189	192	200	186	1,584	2,149
	Trust	**699**	**629**	**634**	**637**	**5,614**	**6,878**
OP Procedures	CW	5,423	4,807	5,286	5,193	50,266	57,935
	WM	3,314	3,261	3,399	3,081	32,353	35,687
	Trust	**8,737**	**8,068**	**8,685**	**8,274**	**82,619**	**93,622**
OP First Attendance Without Procedure	CW	10,245	9,566	11,005	10,332	114,851	111,508
	WM	7,641	8,316	9,162	9,464	89,713	93,245
	Trust	**17,886**	**17,882**	**20,167**	**19,796**	**204,563**	**204,753**
OP FUp Attendance Without Procedure	CW	18,989	17,053	18,738	17,693	185,413	200,363
	WM	9,686	9,523	9,749	9,576	130,572	111,651
	Trust	**28,675**	**26,576**	**28,487**	**27,269**	**315,985**	**312,014**

Outpatient Transformation

Responsive

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

Trend



Narrative

DNA rate improved again across both sites for both new and follow up patients in February. We continue to focus on ways to improve DNA rates, including Patient Led Validation, and our volunteers are kindly helping with phone calls in some areas.

Percentage of **PIFU** was static in February at 8.9%, although this is a competitive performance compared with our peer Trusts and against the central NHS target, but slightly below the Trust's November peak.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.1%	10.2%	7.8%	4,784
WM	4.1%	9.6%	7.5%	3,917
Trust	**8.8%**	**9.9%**	**7.7%**	**8,701**

Year-to-Date Performance

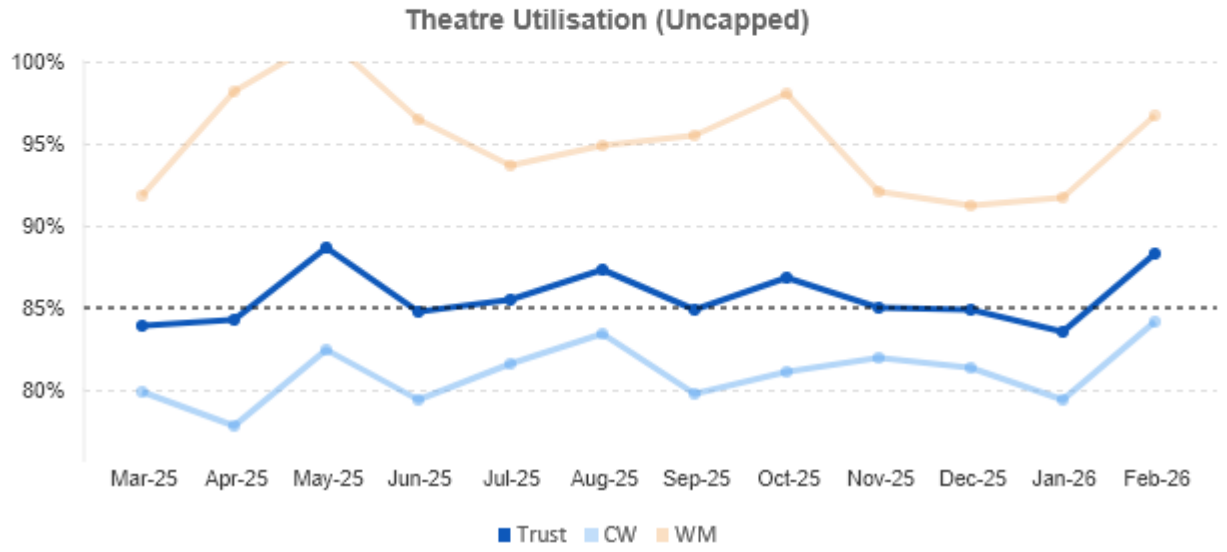
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
PIFU Rate (Target: 5%)	CW	12.9%	12.8%	12.3%	12.9%	12.1%	12.5%
	WM	3.6%	4.1%	4.0%	3.9%	4.1%	3.6%
	Trust	**9.2%**	**9.4%**	**8.9%**	**9.3%**	**8.8%**	**8.9%**
DNA Rates - First Appointment	CW	10.9%	10.8%	11.8%	11.3%	10.2%	10.8%
	WM	11.6%	12.5%	11.1%	10.2%	9.6%	10.6%
	Trust	**11.2%**	**11.5%**	**11.5%**	**10.8%**	**9.9%**	**10.7%**
DNA Rates - Follow Up Appointment	CW	8.2%	8.1%	8.4%	8.1%	7.8%	8.4%
	WM	7.4%	7.3%	7.7%	7.5%	7.5%	7.3%
	Trust	**7.9%**	**7.8%**	**8.1%**	**7.9%**	**7.7%**	**8.0%**
Virtual Contacts	CW	4,727	4,213	4,325	4,186	4,784	47,140
	WM	4,231	3,631	3,640	3,711	3,917	41,706
	Trust	**8,958**	**7,844**	**7,965**	**7,897**	**8,701**	**88,846**

Theatre Utilisation

Responsive

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

Trust-Wide utilisation significantly increased in February at 88.2%, meaning we are now complaint for 25/26 at 85.75. There was an increase in utilisation on both sites. The WM site remains above the 85% target, with the CW just slightly non-compliant at 84.1%. Lower utilisation at the CW site continues to be driven by the Day Surgery Unit, and Paediatric theatres. Focused work is being done through the Theatres Improvement Programme, with a focus on consultant productivity data to drive improvement.

Day case rates significantly improved further in February at 99.1%. The increase was seen at both sites, with WM reaching 100% compliance.

OTD cancellations were fairy static for February, with 3 28 day breaches. The on the day cancellation rate remains a focus on improvement work streams and working closely with operational teams to identify capacity to rebook.

In-Month Performance

	Basket Procedures Carried Out as Daycases	OTD Non-Clinical Cancellations as % Elective Admissions	OTD Cancellations Not Re-booked < 28 Days	Theatre Utilisation (Uncapped)
CW	89.0%	1.0%	3	84.1%
WM	94.6%	0.7%	0	96.7%
Trust	**90.5%**	**0.8%**	**3**	**88.2%**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	84.2%	85.5%	79.8%	87.5%	89.0%	85.8%
	WM	88.2%	90.1%	91.1%	86.4%	94.6%	87.5%
	Trust	**85.6%**	**86.7%**	**83.6%**	**87.1%**	**90.5%**	**86.4%**
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.4%	1.0%	0.7%	1.3%	1.0%	0.8%
	WM	0.6%	0.2%	0.4%	0.9%	0.7%	0.5%
	Trust	**0.5%**	**0.6%**	**0.5%**	**1.1%**	**0.8%**	**0.6%**
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	0	0	5	5	3	22
	WM	1	0	0	0	0	6
	Trust	**1**	**0**	**5**	**5**	**3**	**28**
Theatre Utilisation (Uncapped) (Target: >85%)	CW	81.1%	81.9%	81.2%	79.3%	84.1%	81.1%
	WM	98.0%	92.0%	91.2%	91.6%	96.7%	95.3%
	Trust	**86.8%**	**84.9%**	**84.8%**	**83.5%**	**88.2%**	**85.7%**

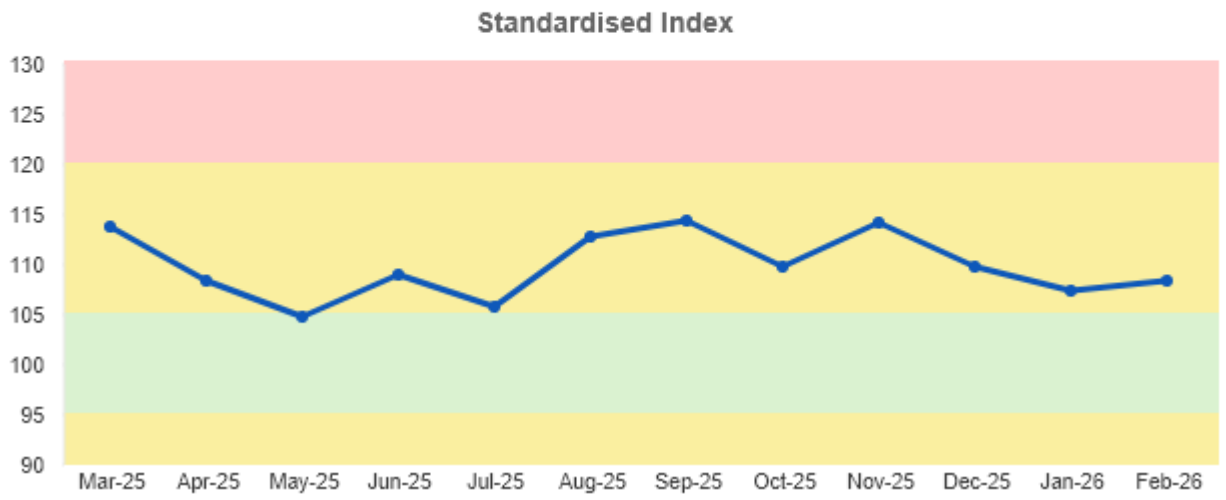
Equality, Diversity and Inclusion

Inequity-RTT Waiting Times

Equality, Diversity and Inclusion

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	**108**	**8.2%**	**7.6%**	**682**	**4,924**

Year-to-Date Performance

Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Standardised Index	110	114	110	107	108	110
Proportion IMDQ1	9.4%	9.7%	9.0%	8.1%	8.2%	9.3%
Proportion IMDQ2-5	8.6%	8.5%	8.2%	7.5%	7.6%	8.5%
IMDQ1 >40wk	799	814	747	675	682	8,348
IMDQ2 - 5 > 40wk	5,672	5,527	5,259	4,872	4,924	58,724

Narrative

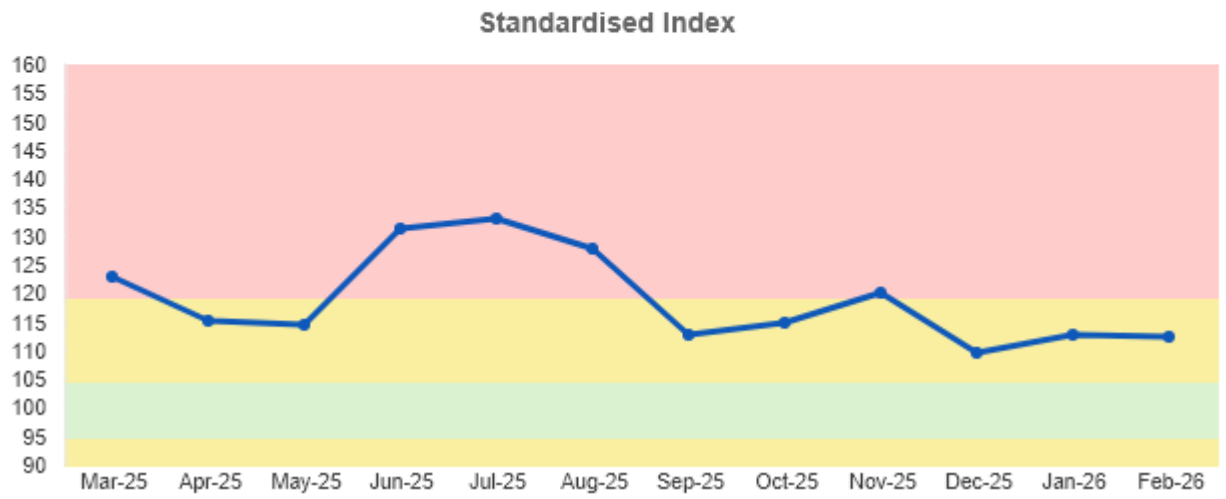
- Following introduction of this metric, data quality has been reviewed and local monitoring and reporting arrangement agreed
- Improvement trajectories are being developed at a specialty level, recognising that there is significant variation in waiting times between specialties impacting on this metric
- Improvement plans to be monitored through Trust Outpatient Productivity Board and the APC Outpatient Group

Inequity-DNA Rates

Equality, Diversity and Inclusion

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	**112**	**10.6%**	**9.4%**	**322**	**2,278**

Year-to-Date Performance

Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Standardised Index	115	120	109	113	112	117
Proportion IMDQ1	15.1%	12.6%	12.0%	11.5%	10.6%	12.8%
Proportion IMDQ2-5	13.2%	10.5%	11.0%	10.2%	9.4%	10.9%
IMDQ1 >40wk	389	377	329	381	322	3,928
IMDQ2 - 5 >40wk	3,299	2,363	2,413	2,543	2,278	27,378

Narrative

- Actions are in place to reduce overall DNA rates, including digital initiatives
- To reduce variation in IMDQ1, the Trust is focusing administrative resource, including volunteers, to give reminder telephone calls to IMDQ1 patients in advance of appointments
- Further work will be undertaken to understand reasons for DNAs in the IMDQ1 group and actions that can be taken to mitigate this

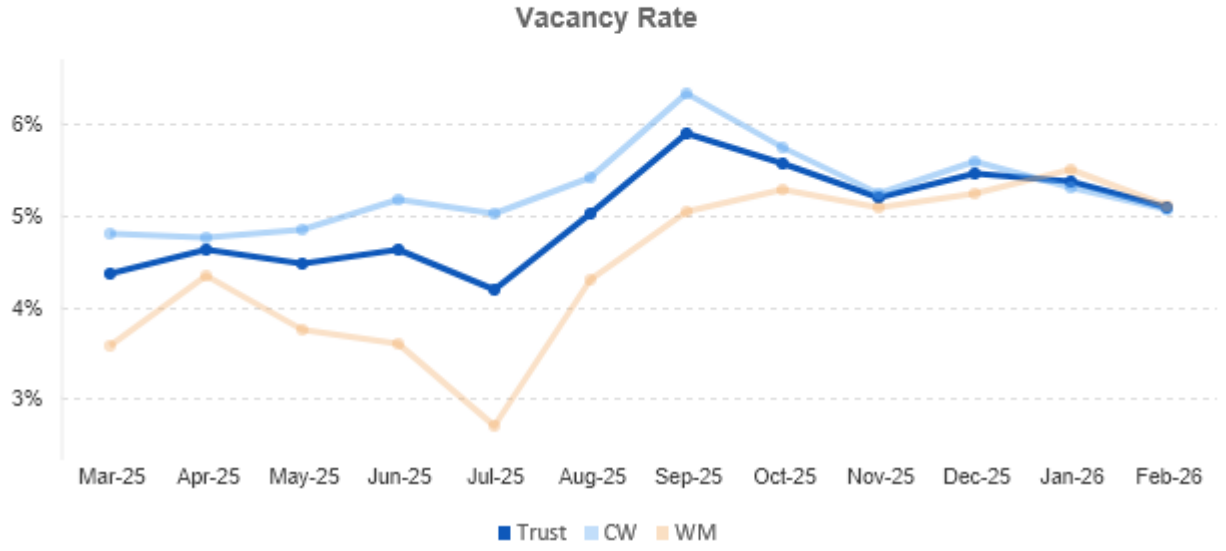
Workforce

Workforce

Safe/Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

The Trust's Month 11 position exceeded the operating plan target level for total staffing (158 WTE). Agency staffing was within the operating plan target however Bank staffing exceeded the plan by 312 WTE; substantive staffing was under the plan target for this month (114WTE / 1.5%).

Agency Spend remains within the targeted reductions for 2025/26 and bank spend is within its trajectory in month and year to date.

The vacancy (5.1%) and voluntary turnover rates (8.2%) are within the target level. The key marker for concern regarding pressure remains the sickness levels which increased marginally on last month with pressure in CSD, PCD and SCD which are above 4% for in-month sickness. CSD, PCD and SCD both exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledged that the team is stretched with current holds on A&C posts.

In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.06%	8.7%	4.2%	0.3%	8.9%
WM	5.10%	7.2%	4.8%	0.3%	11.2%
Trust	**5.08%**	**8.2%**	**4.4%**	**0.3%**	**9.7%**

Year-to-Date Performance

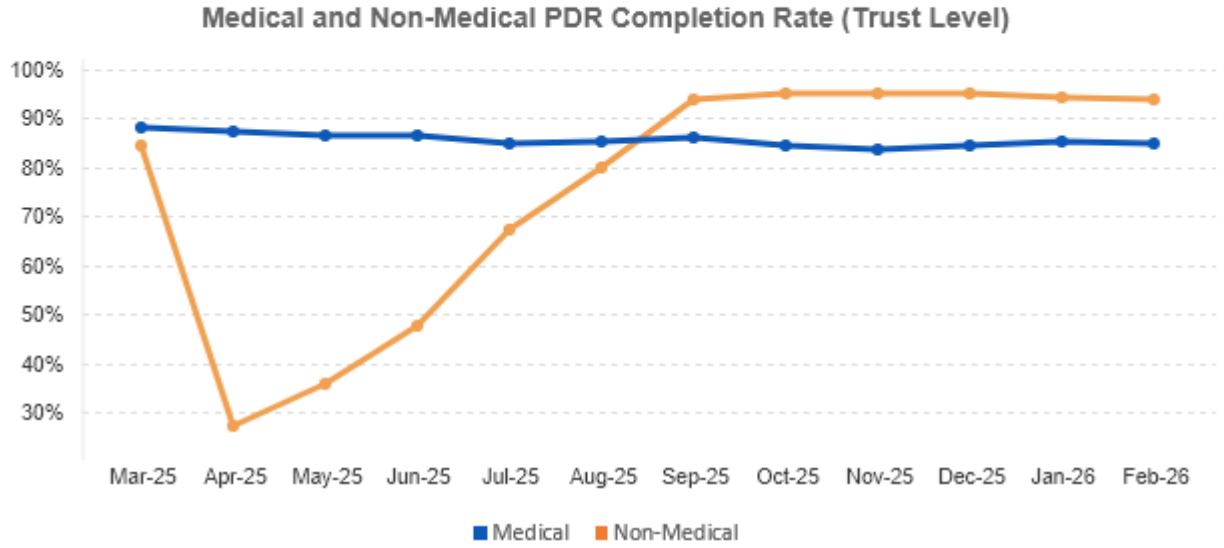
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Vacancy Rate	CW	5.7%	5.2%	5.6%	5.3%	5.1%	5.1%
	WM	5.3%	5.1%	5.2%	5.5%	5.1%	5.1%
	Trust	**5.6%**	**5.2%**	**5.5%**	**5.4%**	**5.1%**	**5.1%**
Voluntary Turnover	CW	8.9%	8.6%	8.5%	8.8%	8.7%	8.7%
	WM	7.1%	6.8%	7.0%	7.3%	7.2%	7.2%
	Trust	**8.3%**	**8.0%**	**8.0%**	**8.2%**	**8.2%**	**8.2%**
Sickness Absence	CW	4.4%	4.3%	4.7%	4.3%	4.2%	4.2%
	WM	4.5%	4.1%	4.6%	5.0%	4.8%	4.8%
	Trust	**4.5%**	**4.2%**	**4.6%**	**4.6%**	**4.4%**	**4.4%**
% Agency Usage	CW	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%
	WM	0.1%	0.1%	0.1%	0.1%	0.3%	0.3%
	Trust	**0.2%**	**0.2%**	**0.2%**	**0.2%**	**0.3%**	**0.3%**
% Bank Usage	CW	7.5%	7.8%	7.9%	8.2%	8.9%	8.9%
	WM	10.6%	10.8%	9.6%	10.6%	11.2%	11.2%
	Trust	**8.6%**	**8.9%**	**8.5%**	**9.1%**	**9.7%**	**9.7%**

Workforce

Safe/Responsive – Operating Plan

Chelsea and Westminster Hospital NHS Foundation Trust

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month 11 being 93.7%.

EIC (94.68%) and CSD (94.78%) have the highest rates across the divisions. In addition, the staff groups with the highest PDR rates are Qualified Nursing (94.79%) and AHPs(94.56%).

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	92.9%	91.3%
WM	-	95.0%	92.8%
Trust	**84.6%**	**93.7%**	**91.9%**

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	**84.3%**	**83.5%**	**84.3%**	**85.1%**	**84.6%**	**84.6%**
Non-Medical PDR Completion Rate	CW	94.6%	94.6%	94.3%	93.7%	92.9%	92.9%
	WM	95.9%	95.8%	95.7%	95.2%	95.0%	95.0%
	Trust	**95.1%**	**95.0%**	**94.8%**	**94.2%**	**93.7%**	**93.7%**
Core Skills Completion Rate	CW	90.8%	91.1%	91.1%	91.3%	91.3%	91.3%
	WM	92.4%	93.0%	93.0%	92.8%	92.8%	92.8%
	Trust	**91.4%**	**91.8%**	**91.8%**	**91.9%**	**91.9%**	**91.9%**

Safe Staffing & Patient Quality Indicators – Chelsea & Westminster Site

Chelsea and Westminster Hospital NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage 1 & 2		Stage 3, 4 & nonstage		No Harm & Mild		Moderate & Severe					
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Maternity	88%	96%	94%	102%	7.1	2.5	0.0	0.0	9.60	12.79	9.32%	6.43%	7.41%	1	3	0	0	0	0	0	0	4	81	0	0	8	78	88.25%	
Annie Zunz	93%	102%	100%	100%	6.3	2.5	0.0	0.0	8.71	8.73	2.18%	15.62%	0.00%	1	12	0	0	0	0	0	0	1	5	0	0	0	3	98.78%	
Apollo	86%	-	89%	-	19.2	0.0	0.0	0.0	19.24	N/A	-3.53%	5.46%	32.97%	0	1	0	0	0	1	0	0	2	20	0	0	0	0		
Mercury	96%	-	101%	-	7.0	0.0	0.0	0.0	6.98	9.94	-4.48%	6.37%	0.00%	0	3	0	0	0	0	0	0	4	78	0	0	0	2	100.00%	
Neptune	113%	-	116%	-	7.8	0.0	0.0	0.1	7.82	13.06	11.77%	5.84%	0.00%	0	3	0	0	0	0	0	0	3	40	0	0	0	3	88.89%	
NICU	107%	-	108%	-	14.5	0.0	0.2	0.0	14.71	26.91	3.44%	5.09%	0.00%	0	0	0	0	0	0	0	0	5	99	0	0	0	7		
AAU	111%	100%	108%	164%	7.1	2.1	0.0	0.1	9.23	8.4	1.49%	5.48%	5.92%	10	114	2	2	0	5	0	0	8	91	0	0	1	15	97.44%	
Nell Gwynne	97%	69%	106%	88%	3.6	3.0	0.0	0.1	6.79	7.82	-2.15%	4.75%	16.29%	2	48	0	3	0	0	0	1	0	12	0	0	0	2	96.43%	
David Erskine	100%	88%	81%	131%	3.3	3.1	0.1	0.0	6.58	7.14	5.46%	8.65%	11.69%	6	73	0	2	0	0	0	0	1	30	0	0	0	7	90.48%	
Edgar Horne	106%	102%	102%	118%	3.3	3.2	0.2	0.0	6.65	6.78	4.88%	0.00%	5.56%	3	56	0	2	0	1	0	0	5	29	0	0	1	10	94.68%	
Lord Wigram	99%	89%	96%	95%	3.6	3.0	0.2	0.1	6.93	7.81	2.10%	4.48%	14.86%	0	29	0	1	0	3	0	1	4	26	0	0	0	3	100.00%	3
St Mary Abbots	95%	99%	99%	99%	3.6	3.4	0.0	0.0	6.96	7.55	7.49%	15.19%	27.14%	3	25	0	0	0	0	0	0	0	39	0	0	2	11	93.94%	1
David Evans	94%	90%	93%	108%	4.7	3.1	0.0	0.4	8.08	7.55	-0.97%	0.00%	0.00%	1	20	0	2	0	0	0	0	3	21	0	1	0	9	96.30%	
Chelsea Wing	130%	113%	100%	95%	8.0	4.6	0.0	0.0	12.66	7.55	33.91%	19.85%	22.50%	1	0	0	1	0	0	0	0	6	16	0	0	1	8		
Burns Unit	105%	170%	169%	169%	20.4	4.2	0.0	0.4	25.04	N/A	6.95%	4.71%	0.00%	2	5	0	0	0	0	0	0	0	8	0	0	0	3		
Ron Johnson	94%	107%	100%	113%	4.3	2.6	0.0	0.0	6.84	5.51	4.33%	0.00%	11.11%	3	44	0	0	0	0	0	0	2	32	0	0	1	4	100.00%	
ICU	102%	-	102%	-	22.3	0.0	0.5	0.0	22.85	26.91	1.89%	9.15%	20.92%	0	9	0	0	1	3	0	1	2	40	0	0	0	2		
Rainsford Mowlem	109%	96%	99%	121%	3.1	3.0	0.2	0.1	6.37	7.5	4.08%	6.59%	8.19%	2	62	0	2	0	2	0	0	0	29	0	0	0	6	93.75%	
Nightingale	106%	91%	102%	133%	3.3	3.1	0.0	0.1	6.61	7.5	13.78%	0.00%	0.00%	7	82	0	1	1	3	0	0	3	34	0	0	0	4	95.24%	
Emergency Department	103%	83%	111%	100%	-	-	-	-	-	N/A	6.47%	8.63%	0.00%	1	52	0	1	0	0	0	0	9	88	0	0	7	76	87.26%	
DSU	83%	72%	102%	84%	-	-	-	-	-	N/A	11.76%	4.60%	0.00%	0	3	0	0	0	0	0	0	5	12	0	0	1	5	92.68%	
Theatres	96%	76%	99%	100%	-	-	-	-	-	N/A	2.63%	9.02%	15.63%	0	0	0	0	0	0	0	0	0	6	0	0	1	7		
OPD	63%	95%	-	-	-	-	-	-	-	N/A	-5.26%	9.26%	10.64%	0	4	0	1	0	0	0	0	2	12	0	0	5	84	91.88%	
Averages /Totals	**99%**	**97%**	**104%**	**113%**	**8.0**	**2.3**	**0.1**	**0.1**	**10.5**		**5.11%**	**6.75%**	**9.17%**	**43**	**648**	**2**	**18**	**2**	**18**	**0**	**3**	**69**	**848**	**0**	**1**	**28**	**349**	**94.47%**	**4**

Safe Staffing & Patient Quality Indicators – West Middlesex

Chelsea and Westminster Hospital NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Lampton FU	111%	93%	133%	97%	3.2	2.6	0.0	0.0	5.85	7.5	8.30%	0.00%	5.64%	3	51	0	0	0	8	0	1	2	48	0	0	1	2	95.74%	
Richmond	97%	82%	101%	98%	4.0	2.6	0.2	0.0	6.78	7.55	-2.41%	0.00%	16.78%	4	18	0	0	0	0	0	0	1	11	0	0	0	5	100.00%	
Syon 1 cardiology	100%	97%	99%	112%	4.3	1.9	0.0	0.2	6.45	7.93	9.29%	5.83%	47.67%	2	39	0	1	0	0	0	0	4	16	0	0	0	0	98.67%	
Syon 2	102%	91%	98%	100%	3.4	3.0	0.1	0.0	6.43	7.14	4.07%	0.00%	0.00%	4	50	0	0	0	3	0	1	2	38	0	0	0	7	94.44%	
Starlight	134%	-	114%	-	8.5	0.0	0.0	0.0	8.46	13.06	7.09%	10.21%	100.00%	1	2	0	0	0	1	0	0	9	30	0	0	0	7	100.00%	
Kew (Lampton)	100%	108%	100%	158%	3.3	3.5	0.2	0.2	7.23	7.5	8.43%	5.23%	3.54%	5	34	0	0	0	2	0	1	6	24	0	0	0	1	90.48%	
DRU (Crane)	101%	85%	99%	68%	3.1	3.2	0.2	0.0	6.43	7.5	3.11%	0.00%	11.70%	6	51	0	1	0	0	0	0	0	31	0	0	2	3	100.00%	
Osterley 1	80%	90%	86%	82%	3.8	2.5	0.2	0.1	6.58	7.81	10.94%	3.82%	11.09%	3	51	0	0	0	12	0	1	2	46	0	0	0	8	95.00%	
Osterley 2	92%	95%	98%	98%	3.6	3.4	0.2	0.0	7.19	7.55	4.06%	0.00%	4.84%	3	24	1	0	0	1	0	0	2	23	0	0	1	5	66.67%	1
MAU	101%	93%	110%	107%	6.4	2.6	0.0	0.0	8.96	8.4	8.68%	1.52%	0.00%	2	99	0	1	1	5	0	0	8	78	0	1	2	15	95.92%	
Maternity	100%	86%	104%	93%	7.5	2.1	0.0	0.0	9.55	12.79	-3.99%	5.13%	3.27%	0	1	0	0	0	0	0	0	4	47	0	0	0	11	78.26%	
Special Care Baby Unit	100%	-	107%	-	10.7	0.0	0.0	0.0	10.72	13.06	16.77%	6.90%	9.28%	0	0	0	0	0	0	0	0	1	20	0	0	0	2		
Marble Hill 1	104%	108%	105%	125%	3.8	3.0	0.0	0.0	6.89	6.8	2.95%	3.76%	11.95%	6	91	0	2	0	4	0	0	3	87	0	0	0	4	95.16%	3
Marble Hill 2	116%	115%	144%	127%	4.0	3.4	0.1	0.0	7.60	6.78	8.47%	4.77%	0.00%	5	64	1	1	0	0	0	1	3	58	0	0	1	8	100.00%	
ITU	90%	-	91%	-	21.9	0.0	0.0	0.0	21.95	26.91	6.03%	11.86%	40.00%	0	4	0	0	0	4	0	0	2	54	0	0	0	0		
Redlees (Kew)	100%	93%	100%	105%	3.6	3.3	0.2	0.4	7.44	7.82	-0.15%	0.00%	0.00%	2	45	0	0	0	0	0	0	1	19	0	0	0	1	100.00%	
Emergency Department	101%	95%	107%	71%	-	-	-	-	-	N/A	28.78%	13.99%	0.00%	2	41	0	1	0	1	0	0	3	55	1	1	1	33	78.42%	
DSU	107%	152%	-	-	-	-	-	-	-	N/A	-3.31%	0.00%	0.00%	0	7	0	0	0	0	0	0	0	4	0	0	0	5	88.89%	
Theatres	96%	63%	104%	100%	-	-	-	-	-	N/A	2.95%	3.20%	11.38%	0	0	0	0	0	0	0	0	0	9	0	0	0	6		
OPD	72%	80%	-	-	-	-	-	-	-	N/A	-8.38%	14.59%	6.16%	0	4	0	0	0	0	0	0	2	12	0	0	7	33	93.27%	
Averages /Totals	**100%**	**96%**	**106%**	**103%**	**5.9**	**2.3**	**0.1**	**0.1**	**8.4**		**5.58%**	**4.54%**	**14.16%**	**48**	**676**	**2**	**7**	**1**	**41**	**0**	**5**	**55**	**710**	**1**	**2**	**15**	**156**	**92.41%**	**4**

Safer Staffing

Chelsea and Westminster Hospital NHS Foundation Trust

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. Emergency Departments, Day Surgery Units, Theatres and Out-patient Departments have been added to the report this month in accordance with Developing Workforce Safeguards Guidance. In relation to CHPPD, information has been compared against the national benchmarks and data has been 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 nursing safety huddles continue to oversee the deployment of staff, as required, in order to maintain patient safety.

West Middlesex site:
Kew, Marble Hill 1**,** and Marble Hill 2 reported increased HCA fill rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. DRU ward had lower HCA fill rates at night attributed to changes to the staffing template. CHPPD was not compromised. Marble Hill 2 and Lampton Frailty Unit had increased RN fill rate at night shifts, due to the opening of escalation beds. Osterley 1 had reduced RN fill rate during the day due to sickness and inability to fill with bank cover. Ward manager supported. CHPPD was not compromised.
Starlight had increased day RN fill rates due to increased bed utilisation. ED and Theatres reported low HCA fill rates due to sickness and lack of bank cover for the specialised areas. The Day Surgery Unit (DSU) had increased HCA fill rates due to additional lists. The Out-patient Department (OPD) experienced low RN and HCA fill rates during the day due to reduced acuity and changes attributed to staffing template.

Chelsea and Westminster site:
Chelsea Wing saw increased RN fill rates on days due to additional private clinic demands. AAU had increased fill rates at night rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. Nightingale and Rainsford Mowlem had increased fill rate at night due to staffing escalation areas. Nell Gwynne had low HCA fill rate day and night due to sickness and inability to fill with bank cover. Ward manager supported. Patient CHPPD was not compromised. David Erskine had increased HCA night-time fill rates to provide enhanced observations for patients requiring mental health supervision.
The Burns Unit had increased RN and HCA fill rates to support enhanced observation for patients requiring mental health supervision. In OPD RN fill rates were low due to staff sickness and limited bank cover. The Orthopaedic practitioners and matron provided support, patient safety was maintained throughout. Theatres reported low HCA fill rates due to sickness and lack of bank cover for the specialised areas. The DSU experienced low HCA fill rates during the day due to reduced acuity and activity. Patient care and safety was maintained throughout.

Incidents:
In February five incidents involving patient harm were reported: four related to falls and one related to medication. Across AAU, Osterley 2 and Marble Hill 2, four patient falls were reported. On AAU, an unwitnessed fall resulted in a fractured ulna, and a separate witnessed fall led to a right clavicle fracture; in both cases an Immediate Incident Review (IIR), post-fall policy and Duty of Candour were completed. On Osterley 2, an unwitnessed fall resulted in a scalp laceration and the incident remains under review. On Marble Hill 2, an unwitnessed fall occurred, the post-fall protocol was implemented, and the incident also remains under review.
The medication incident in the Emergency Department WM involving an incorrect intravenous dosage, administered based on patient weight, remains under review and is currently undergoing investigation

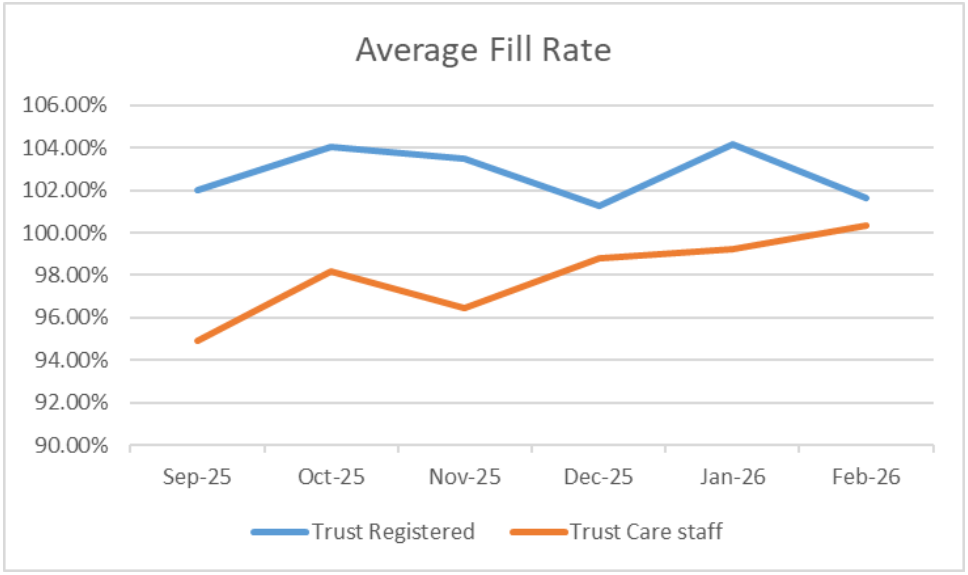
The Friends and Family Test showed 100% scores in five wards at WM and three wards at CW. Three areas received FFT feedback scores below 80%. In the Emergency Department WM, feedback highlighted concerns regarding waiting times and overall patient experience. On Osterley 2, feedback identified issues with poor communication between family members and clinical staff. The Ward Manager is aware of the findings and is actively addressing the issues identified. Maternity WM FFT did not identify a single dominant theme but highlighted several areas of concern, including night-time noise, limited partner space, temperature and environmental comfort, and the lack of recliner chairs for partners staying overnight. Staff are actively implementing measures to address the recurring themes identified.
Please note all incident figures are correct at time of extraction from DATIX. There were 8 red flags raised in January: 5 for planned care and 3 for the EIC. All were related to staffing shortfalls and care. The vacancy rate and turnover are from January 2026.

Safer Staffing

Chelsea and Westminster Hospital NHS Foundation Trust

Nursing, Midwifery and care staff average fill rate February 2026				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
101.64% ↓	100.33% ↑	5.9 ↔	2.5 ↑	8.5 ↑

RN Fill Rates (ward areas) decreased from 104.17% in January 2026 to 101.64% in February 2026. The RN vacancy rate (whole trust) in January 2026 was 4.34%



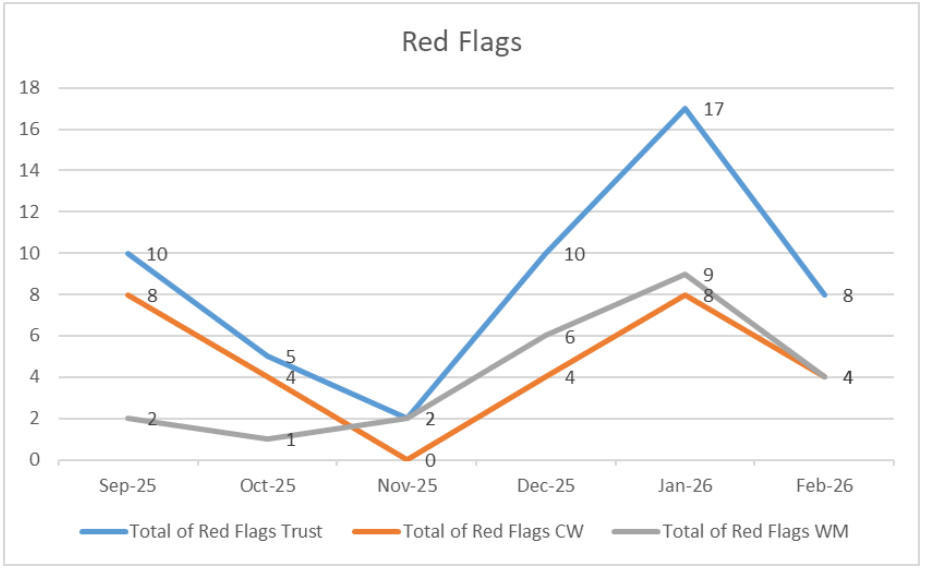
Care Staff Fill Rates (ward areas) increased from 99.20% in January 2026 to 100.33% in February 2026. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in January 2026 was 9.12%

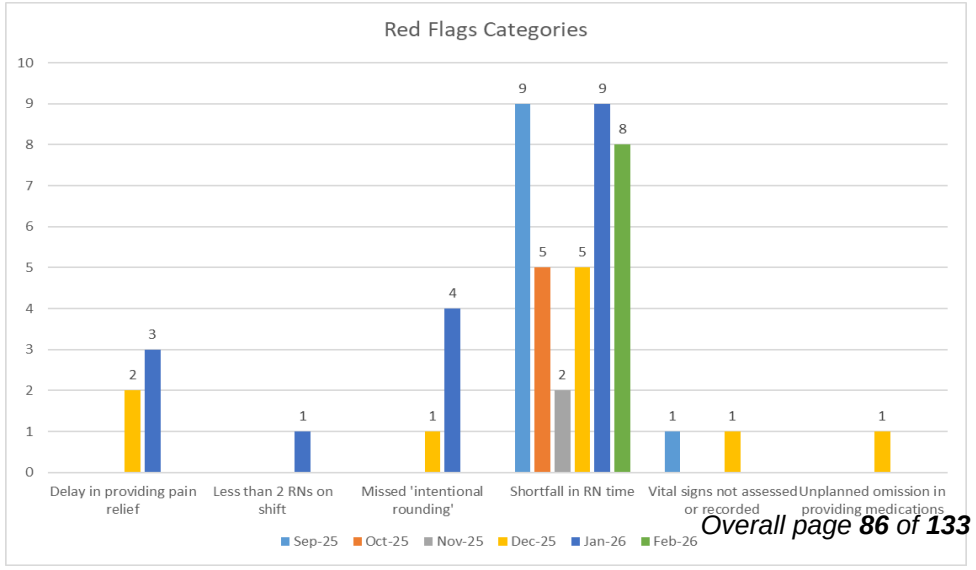
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 101.69% in January 2026 to 100.99% in February 2026.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (September 2025) was 8.3. Trust workforce data confirms the CHPPD was 8.5 in February 2026, slightly up from January 2026. – 8.4.

Safe Staffing Red Flags – 8 red flags from the 5 categories (tables below) were reported during February 2026 where majority were Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Sep 2025
Trust	8.3
Hillingdon Hospital	9.1
London NW	9.0
Imperial	10.4
National Median	8.8





Finance

Finance

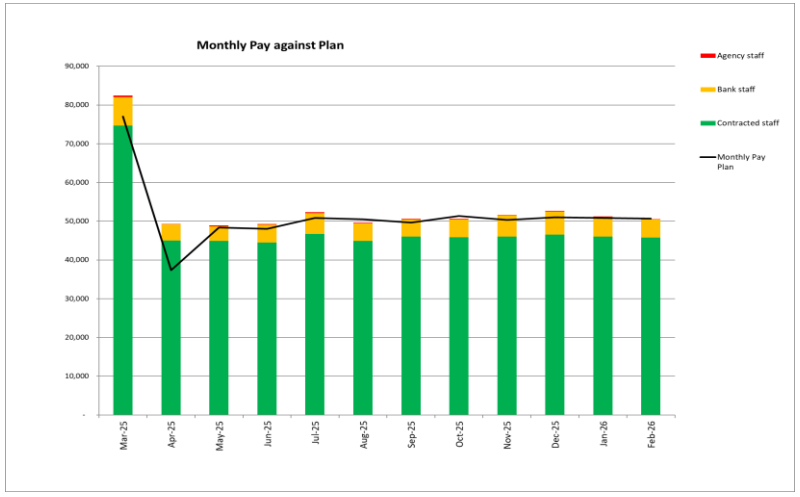
Chelsea and Westminster Hospital NHS Foundation Trust

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	947,680	950,690	3,010
Expenditure			
Pay	(548,450)	(556,757)	(8,307)
Non-Pay	(336,185)	(339,785)	(3,599)
EBITDA	**63,045**	**54,149**	**(8,896)**
EBITDA %	7%	5.70%	-1.0%
Depreciation	(32,107)	(32,382)	(275)
Non-Operational Exp-Inc	(14,175)	(29,099)	(14,924)
Surplus/Deficit	**16,762**	**(7,333)**	**(24,095)**
Control total Adj - Donated asset, Impairment & Other	(16,971)	7,272	24,243
PFI Model recalculation		523	523
Adjusted financial performance surplus/(deficit)	**(209)**	**462**	**671**

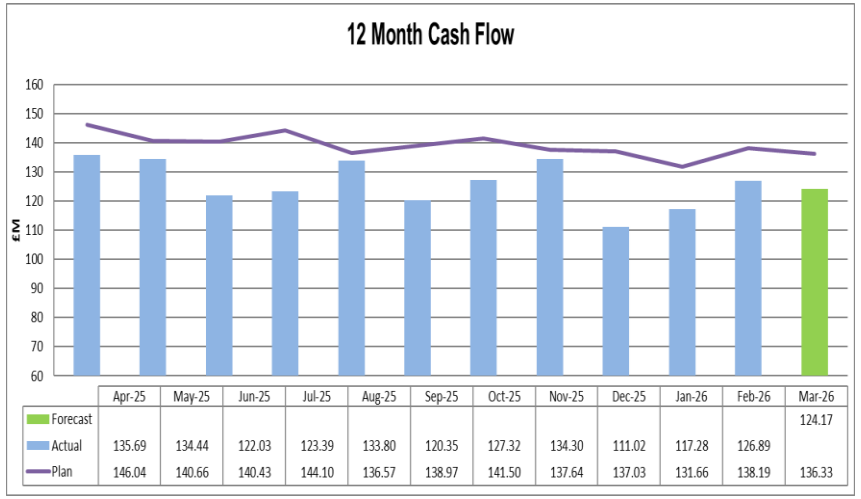
The adjusted YTD financial position at month 11 is a £0.46m surplus which is £0.67 m favourable against plan.

Pay: £8.31m adverse against plan. The adverse variance at Month 11 includes spend on additional clinics, , WLI, cover for vacancies, sickness, rota gaps, and other forms of leave. Also included is spend on Industrial Action.

Income: Income performance for the month and YTD is favourable against plan. The positive variance is driven by both, income released for WLI (offset by cost) and over performance on the variable elements of the contract (Drugs, Devices, Unbundled imaging). Sexual Health services continue to underperform against planned levels, largely due to demand management measures.

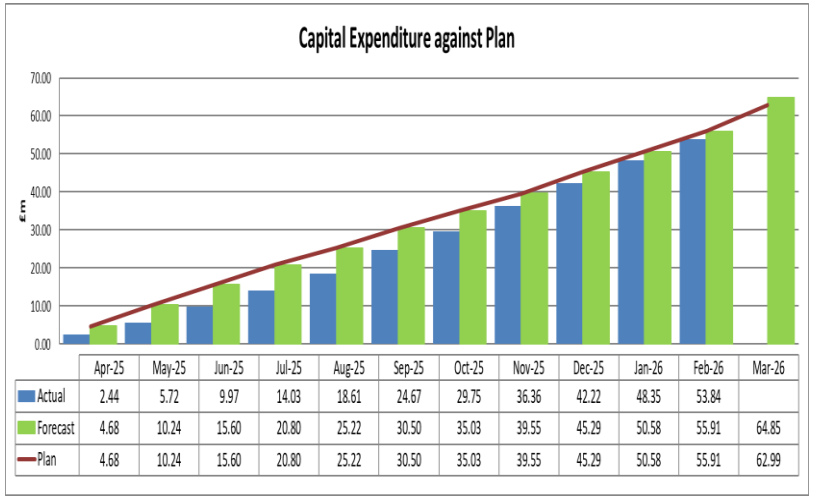


Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor recieved YTD pay awards resulting in the in month spike.



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Forecast												124.17
Actual	135.69	134.44	122.03	123.39	133.80	120.35	127.32	134.30	111.02	117.28	126.89	
Plan	146.04	140.66	140.43	144.10	136.57	138.97	141.50	137.64	137.03	131.66	138.19	136.33

Comment: The negative cash variance to plan in M11 of £11.30m is negative cash variance b/fwd from M10 of £14.38m, higher receipts to plan of £5.50m (ICB & NHS England & FTs £4.32m higher, local authority & AR £0.26m higher, other income £0.16m higher, PP income £0.87m higher, interest £0.11m lower) offset by higher cash outflows to plan £2.42m (higher creditor payments and payroll)



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Actual	2.44	5.72	9.97	14.03	18.61	24.67	29.75	36.36	42.22	48.35	53.84	
Forecast	4.68	10.24	15.60	20.80	25.22	30.50	35.03	39.55	45.29	50.58	55.91	64.85
Plan	4.68	10.24	15.60	20.80	25.22	30.50	35.03	39.55	45.29	50.58	55.91	62.99

Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £64.85m following the carry forward of the additional grant for the IECCP project from 2024/25, a new grant donation of £0.25m for the CW Paeds ED waiting room project, the allocation of £7.19m from the ICS reserves/ contingency and the deferral of the Human Challenge Scheme £6.3m and CW+ donation of £2.76m to 2026/27. The capital budget has been allocated to the various departments, with £45.91m for the ADC Project, £0.68m for the Treatment Centre, £2.11m for the PFI, £1.39m for Medical Equipment, £1.26m for IT equipment, £3.87m for Estates schemes, £0.53m Central Contingency, £1.10m for IFRS16, £3.50m for IECCP, £0.13m for WM site development and £8.05m for PDC funded projects which are allocated to support some of the above listed items and other estates works. Individual budgets have been allocated from the available capital budgets and business cases for these projects have been submitted to CPB for approval throughout the year. The P11 YTD underspend of £2.07m which mainly relates to the PDC funded schemes and will be spent in March 2026.

Appendix: A
Glossary

AAR = After Action Review
CW = Chelsea and Westminster Hospital
CTR = Criteria to Reside
DNA = Did not Attend
CQC = Care Quality Commission
ED = Emergency Department
FFT = Friends and Family Test
FCE = Finished Consultant Episode
HSMR = Hospital Standardised Mortality Ratio
LOS = Length of Stay
KPI = Key Performance Indicator
MDT = Multiple Discipline Team
MRSA = Methicillin-Resistant Staphylococcus Aureus
OPFU = Outpatient Follow-up
OPFA = Outpatient First Attendance
OP = Outpatient
PHSO = Parliamentary and Health Service Ombudsman
PDR = Performance Development Review
PIFU = Patient Initiated Follow-up
PSII = Patient Safety Incident Investigations
PTL = Patient Tracking List
PU = Pressure Ulcer
RTT = Referral to Treatment Time
SDEC = Same Day Emergency Care
SHMI = Summary Hospital-level Mortality Index
STEIS = Strategic Executive Information System
VTE = Venous Thromboembolism
WM = West Middlesex Hospital

3.3 ANNUAL REPORT FROM THE CHAIR OF THE FINANCE AND PERFORMANCE COMMITTEE

3.3a - CW 5-year Plan

REFERENCES

Only PDFs are attached

3.3 Annual Report from the Chair of the Finance and PerformanceCommitte (2026)_VM.pdf

3.3a CW Five Year Plan 2026-31 - final.pdf

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Finance and Performance Committee – Chair's Annual Report to the Council of Governors (CoG), April 2026.

This report summarises the work of the CWFT Board Finance and Performance Committee for the period April 2025 to March 2026.

1-Introduction/Governance Structure:
(i)-CWFT Finance and Performance Committee:
The CWFT Finance and Performance Committee provides the Trust Board of Directors with assurance on matters related to finance and performance, ensuring there are appropriate processes in place to identify any risks and issues and manage them accordingly.

Escalation reports from these meetings are presented at the North West London Acute Provider Collaborative (NWL APC) Finance and Performance Committee and the Trust Standing Committee, which is managed through the Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Corporate Governance Team.

The NWL APC Finance and Performance Committee and the CWFT Finance and Performance Committee shall conduct objective reviews of financial and investment policy, operational performance, estates and sustainability, Information Management and Technology (IM&T) and commercial development issues on behalf of the Trust Board.

The Trust Committee's objectives in relation to the oversight of financial and planning performance are:
- To consider, advise and govern the Trust's medium-term financial strategy, in relation to both revenue and capital.
- To consider the Trust's annual financial targets and govern performance against them.
- To review the annual budget, before recommending approval to the Trust Board of Directors.
- To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets.
- To review proposals for business cases over £200,000 revenue between funding and costs and/or over £200,000 capital investment, where no budget has been previously approved by the Trust Board and their respective funding sources prior to submission to the Board and any business cases greater than £1m within budget.
- Maintain an oversight of the robustness of the Trust's key income sources and contractual safeguards, including oversight of major income streams.
- Conduct post investment reviews of major investments and/or business cases.
- The continual delivery of capital programmes, including the major investment of the Diagnostic Treatment and Education Centre (DTEC) at the West Middlesex site.

In relation to investment policy, management and reporting, these objectives are:
- To approve and keep under review, on behalf of the Board of Directors, the Trust's investment strategy and policy (including the Trust's treasury policy).
- To maintain on oversight of the Trust's investments, ensuring compliance with the Trust's policy and regulatory requirements.
- To maintain an oversight of the Commercial Development Opportunities and Workstreams within the Trust ensuring these are aligned to Trust Strategy and objectives.

In relation to Operational Performance the objectives are:

- Gaining assurance on the effective operational performance of the organisation, with a focus the constitutional standards.
- Review and monitor key performance indicators and progress in respect of the Elective Recovery Programme.
- Reviewing and recommending the Annual Operational plan to the Board.
- Review and monitor the outputs of the Performance metrics utilising the Integrated Quality & Performance Report.

In relation to Estates and Sustainability these objectives are:

- Monitoring and overseeing the delivery of the Trust's Estates, Facilities and capital development annual plan including the funding and ongoing alignment with the Trust's objectives.
- Providing advice on and governing the delivery of the Estates Strategy, and ensuring ongoing alignment to Trust objectives.
- Monitoring and overseeing the delivery of the Trust's Sustainability Strategy through the receipt of periodic reports against sustainability Key Performance Indicators.

In relation to Risk, these objectives are:

- Monitoring the risks that had been identified in the Trust's Board Assurance Framework (BAF), and which have been allocated for oversight by the Committee.
- Establishing and maintaining an overview of the Trust's financial risks and risks to the delivery of the Trusts IM&T, estates, facilities and sustainability plans, and ensure the effectiveness and implementation of controls to mitigate risks.

From 1st April 2026, the Trust became an Acute Provider Group (APG), and as a result the Governance structure regarding meetings has changed. The final Local Finance and Performance Committee meeting took place on 9th March 2026, and a Group Finance and Performance Committee is now in place and will look at and address finance and performance issues for the APG. (The first meeting took place on 8th April).

Local Trust Finance & Performance will also be reviewed at the regular Trust Standing Committee and there will be a named NED lead for Finance & Performance for the Trust. Updates will continue to be provided to the Council of Governors.

2- CWFT Finance and Performance Committee Membership and Attendance:

(i)-Non-Executive Director (NED) membership: My appointment as a NED began in November 2024, and I have chaired each Finance and Performance Committee meeting from March 2025 to March 2026.

The other NED committee members from April 2025 to March 2026 were Helen Stephenson (up to December 2025) and Vineeta Manchanda.

(ii)-Executive Director membership:

Lesley Watts (Chief Executive Officer); Virginia Massaro (Chief Financial Officer), Sheena Basnayake (Managing Director, West Middlesex Hospital), Laura Bewick (Managing Director, Chelsea and Westminster Hospital) and Osian Powell (Director of Transformation).

Other attendees at these meetings include Peter Chapman (Deputy Director of Finance - Financial Operations) and Chirag Tank (Deputy Director of Finance, Financial Planning & Strategy).

The attendance at these meetings is consistent, with regular participation from all attendees with in-depth discussion and robust challenge on the topics presented on the agendas.

Between April 2025 and March 2026, the Committee met six times.

3 - Key items achieved by the Finance and Performance Committee:

3.1 Financial Plan – 2025/2026

The Trust implemented an internal budget setting, where £19m cost-pressure funding was made available to fund existing cost pressures, and which was agreed at Executive Management Board (EMB). This included:

- Funding Pathology overspends at 80% of 2024/2025 outturn.
- Funding the residual 2023/2024 CIP Target.
- Funding unidentified 2024/2025 CIP gap/non-pay pressures.
- Specific funding for the Diagnostic, Education and Treatment Centre (DTEC).
- a £2m ring-fenced amount for any essential business cases for existing costs only, which was split evenly across Specialist Care Division, Planned Care Division, and Emergency and Integrated Care Division.

3.2 Medium-Term Financial Plan

The Trust developed a standardised 5-year Medium-Term Financial Plan (MTFP), which was to align with financial assumptions and reporting across the Trust and the Collaborative, as well as inform strategic financial decision-making and support a collective trajectory to financial balance. This work supported the 2026/27 and medium term plan submissions to NHS England.

The key items from the report included:

Breakeven Plan for 2025/26:

The Trust plans to breakeven in 2025/26, but this relied on £3.6m non-recurrent income and £19.5m non-recurrent/unidentified cost improvement programmes (CIPs). The underlying position was a £22.2m deficit if these items are excluded.

Scenario Modelling:

Two scenarios modelled:

- Base Case (25/26 Plan CUF): Assumes population growth is funded, operational status quo, and only existing capital plans.
- NHSE MTFP Case: Uses NHSE's 5-year cost uplift factors, also optimistic on population growth funding.

The next steps included:

- Continuing local governance and a review of assumptions.
- Continued work with the APC MTFP Programme Group to update for known costs and benefits.
- Ensure that the financial model reflects realistic CIP delivery and contract impacts.
- Feed outputs into 2026/2027 planning.

3.3 Business Plan 2026/2027

- A draft multi-year Trust Plan was scheduled for submission in December 2025 with the final version due in February 2026, and which covered a three year period, with strategic plan covering a five-year outlook.
- Performance targets were expected to return to constitutional standards, including Cancer and Referral to Treatment (RTT), and these targets would be triangulated with the financial plan to ensure alignment.
- Inflationary pressures were factored into the planning assumptions and an internal planning group worked towards the plan's submission.
- Queries related to unearned income from services was considered in the planning process.
- A funding reset was anticipated for 2025/26, and was based on the 2024/25 allocations, and was also factored into the current planning.

The key challenges regarding the Business Plan included:

- The slow uptake of improvement plans.
- No implementation of a multi-year CIP plan.
- Delivery of constitutional standards.

3.2 Diagnostic, Treatment & Education Centre (DTEC)

The DTEC programme remained on time to be completed by August 2026 and within budget, but due to issues relating to power connection, the contractors have advised that the proposed completion date in August 2026 now cannot be met. A revised programme will be presented in April 2026 and reviewed. The equipping programme also remained on time and within budget, with a forecast underspend of £2.5m which has resulted in an overall £2.85m contingency remaining for the project.

A ground-floor link bridge from the Marjory Warren Building to the DTEC was to be built and the funding for this was approved by the Finance and Performance Committee at its meeting on 26th January. Issues regarding patient parking and the installation of a zebra crossing continued, but it is hoped that this has now been resolved with an alternative parking proposal.

3.3 Digital Update

The Committee was presented with regular updates in relation to the digital agenda.

The foundational technical work for the Federated Data Platform (FDP) programme across the Acute Provider Group (APG) is now largely in place, and all four Trusts have live data flows into this platform. This process was underpinned by a shared transformative environment hosted at London Northwest (LNWH) which enabled consistent data alignment across the Group.

An investment of £245k (capital and revenue) for Y1 and £115k from Y2 onwards was needed for the LNWH data centre in order to deliver the data and digital strategy across the collaborative, including the requirements outlined in the full FDP programme. This request was submitted to APC EMB at their meeting at the beginning of December 2025 for their approval.

Investment has been made to provide mobile phone signal from within the hospital building, addressing a longstanding problem of areas where signal was poor. A programme of capital investment to improve the resilience of the Trusts' network and servers was completed in December 2025.

3.4 Improvement Programme Update

The Trust's Improvement Board focuses on key productivity and efficiency, along with the improvement programmes that were established for 25/26, as well as Transformational Priorities and the reviewing progress against 26/27 identified CIPs (which sat at 34% identified at the last FPC).

The Trust remains 100% identified against the 2025/26 £33.4m CIP target, and we saw an improvement in the recurrent position from 57% in M8 to 62% in M9, which is a £1.6m improvement.

CIP delivery is £1.6m behind plan YTD, which is a result in the slippage in Q1 delivery, but the forecast remains to fully deliver against the £33.4m target. Additional focus still needs to be applied on converting non-recurrent schemes to recurrent schemes to support the Trust's financial plan for 26/27, and work was underway to address this as above.

The Trust is also implementing a CIP Oversight Panel to not only ensure that grip and control measures around the CIPs for 26/27 were in place, but to also look forward to longer-planned CIPs, highlighting any issues on delivery in the early stages so that appropriate mitigations could be put in place.

The transformation approach and priorities for 26/27 were being reviewed to maximise the delivery of operational performance, quality and productivity, but overarching programmes are likely to remain in place.

3.8 Estates and Facilities

The key achievements for the Estates and Facilities Directorate include the successful in-house transition of Hard FM services at the CW site, with the 100% delivery of cost improvement target with the progress being tracked via Performance and Governance meetings.

Some of the key risks included staff shortages, infrastructure and compliance, operational disruption, financial and contractual and sustainability, but each risk was mitigated accordingly to reduce any negative impact.

In summary, the financial performance remains robust, with effective cost controls and ongoing benchmarking to ensure value for money.

4- 2026/2027 Finance and Performance Priorities:

- Delivering on the Trust's 2026/2027 Financial Plan.
- Ensuring grip and control measures remained in place.
- Ensuring focus is applied to areas where the Trust can increase productivity and reduce costs.
- Delivery of constitutional standards including RTT waiting times, diagnostic waits (DM01), and A&E 4-hour waiting times.
- Mitigation is implemented in all areas where there are possible risks.

5-Comments/Assurance:

As Chair of this Committee, I have been impressed to see the continued financial management of the executive and the management of budgets and funding.

The 2025/2026 financial year has been a challenge for the NHS as a whole, and the staff at Chelsea and Westminster have risen to this and worked exceptionally hard to ensure that the Trust continues to provide an excellent service. The 2026/2027 financial year will continue to be a challenge on all fronts, but the hard work done during 2025/2026 will provide a sound foundation to assist in delivering the Trust's Financial and Operational Plan for the upcoming year.

Mike O'Donnell
Chair of CWFT Finance and Performance Committee

April 2026

Chelsea and Westminster Hospital
NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust (RQM) Five Year Plan 2026–2031

Integrated delivery plan for the 2026/27–2028/29 operating plan

Table of contents

Executive summary

This paper outlines the delivery plan for Chelsea and Westminster Hospital NHS Foundation Trust's medium-term operational plan for 2026/27 to 2030/31.

The Trust is part of the North West London Acute Provider Collaborative (NWL APC), alongside Imperial College Healthcare NHS Trust, London North West Healthcare NHS Trust and The Hillingdon Hospitals NHS Foundation Trust. The four Trusts will formally become a group on 1 April 2026.

Medium-term planning has been coordinated in a consistent way across the NWL APC and triangulated across activity, performance, workforce and financial plans at both Trust and Collaborative level.

The final plan spans three financial years (2026/27 to 2028/29) for income and expenditure, operational and workforce plans, and five years for the capital programme.

Financial plan

The 2026/27 financial plan is a breakeven position, which assumes additional funding to support a 7% improvement in the delivery of elective constitutional standards and a Cost Improvement Programme (CIP) target of £33.4m. The plan for 2027/28 is a £6.6m deficit and for 2028/29 a £4.0m deficit.

Core capital allocation (CRL) is approximately £3m lower than the Trust's planning assumption for 2026/27. This, coupled with over-programming within the 2026/27 plan, results in a £10.6m CRL funding gap for 2026/27. Bids were submitted against a number of national capital funding streams, with £7.7m (2026/27) and £2.9m (2027/28) being secured against the Diagnostic workstream that is PDC funded, but the Trust didn't have any successful bids against the other *Return to Constitutional Standards* or *Estates Safety* national funding schemes.

Workforce

Planning is led through a coordinated approach and leadership across the NWL Acute Provider Collaborative Trusts. The plan focuses on delivery of key workforce commitments, including a 12% reduction in bank usage, a 28% reduction in agency usage in Year 1, and a reduction in sickness absence, alongside known service changes, activity implications and Cost Improvement Programme plans.

Performance

The plan assumes delivery of constitutional standards, including a 7% improvement in referral to treatment (RTT) performance in 2026/27 and achievement of 92% by 2028/29. The plan assumes 2.6% growth in non-elective activity in 2026/27, 1.7% in 2027/28 and 3.1% in 2028/29, supported by left shift of activity through ICB investment in neighbourhood hubs. The plan assumes year-on-year improvement across all urgent and emergency care (UEC) metrics. There is a recognised risk to delivery without additional investment. No growth has been included for any other points of delivery.

Strategic context

This strategic narrative is being written at a time of significant public sector reform, both within and outside the NHS. In addition to NHS operating model changes, local government partners are entering a period of substantial financial challenge, including the impact of the Fair Funding Review, which will reshape resource distribution across boroughs and place intense pressure on wider public services. These changes reinforce the need for us to work differently as an integrated system, focusing our collective resources where need is greatest and enabling prevention, earlier intervention and population-level change.

Nationally, the NHS Strategic Commissioning Framework and the NHS Medium-Term Planning Framework set a clear expectation that ICBs must take a longer-term, population-focused, value-driven approach. This includes strategic commissioning based on outcomes, reducing disparities in access, experience and outcomes, and shifting investment from reactive to proactive care. As an acute and specialist Trust, with significant specialist expertise and a deep-rooted culture of research, innovation and education, we have a significant role to play in working with our partners and communities to enable these changes.

Strategic case for change

The current configuration of health and care across west and north London is unsustainable and is failing to deliver equitable outcomes. There is a 17-year gap in healthy life expectancy between neighbourhoods across the different communities our hospitals serve. These inequalities are deep-rooted and complex in nature. Significant future population health risk—identified through improved modelling and analytics—remains unaddressed.

This includes analysis that shows:

- **Certain communities are experiencing poorer outcomes and have greater emergency care use,** for example deprived communities and adults with severe mental illness (SMI). Across West and North London, the excess under 75 (all-cause) mortality rate in adults with SMI is 379% greater than for adults without SMI, with significant variation at borough level (Source: ONS, MHSDS, Fingertips).
- **In these communities, lower investment in proactive and planned care in high-need areas results in higher-cost reactive care later.** A far greater proportion of spending in our most deprived population goes on reactive care, compared with our least deprived population (Source: ONS, MHSDS, Fingertips).
- **True equity cannot be achieved without addressing multi-morbidity.** There are clear gaps in the number and severity of long-term conditions between different deprivation levels and ethnic groups. People in our most deprived neighbourhoods and from ethnic minority communities develop poor health earlier in life.
- **People with multiple long-term conditions continue to experience fragmented, poorly coordinated pathways,** typically interacting with eight or more services each year, yet very few have a shared care plan. A review of frailty services in one borough identified 40 different services that a frail person might need to interact with.
- **Low levels of trust,** partly due to poor experiences and access to care within our more deprived neighbourhoods and ethnic minority communities, lead to conditions being diagnosed later and being poorly managed.
- **Over-medicalisation** and excessive variation lead to low-value interventions.
- **The current system trajectory is financially unsustainable and operationally fragile** at a time when expectations of delivery are high.

Our system's strategic approach

In response to this challenging context, our West and North London ICB mission is to reduce the variation in healthy life expectancy, supporting everyone to have a good start in life, increasing the number of years lived in good health and supporting healthy ageing.

Our commissioners have committed to working closely with us and fellow providers as we lead on detailed pathway optimisation, reduction of unwarranted variation and productivity. We hold the clinical insight, operational levers and day-to-day accountability for care.

Working together as a system, we have three critical steps to take, in parallel:

- **We will work to understand rising risk within our communities and take a proactive, preventative approach** to designing services that support people to stay healthy and well, identify conditions early and support people to self-manage conditions. This will reduce the flow of people moving into the high-utilisation, poor-outcome cohort. These services will be designed in collaboration with communities in a way that builds trust.

- **We will prioritise population cohorts with high utilisation but poor outcomes or poor value.** These are the patients who repeatedly touch multiple parts of the system because pathways are fragmented or inefficient. By understanding their needs and the drivers of avoidable activity, and working with these patients to redesign care so that it is proactive, coordinated and genuinely improves outcomes at lower cost, we can improve both experience and value.

- **Working with our commissioners, we will implement a step-change in planned care pathways by using 'should-cost' analysis.** This means moving away from historic patterns of delivery and instead modelling what each pathway 'should cost' if it were designed around best practice, efficient staffing models, digital triage and optimised flows. This creates a shared benchmark for improvement and a clear basis for investment and reinvestment decisions.

Underpinning these shifts are two critical enablers:

- **Digital infrastructure,** which enables better access and consistent triage, risk stratification and personalisation, and seamless information-sharing between providers.

- **Patient engagement, activation and support,** enabling people to engage in their health, feel confident to self-manage where appropriate, choose the right service at the right time and engage effectively with a fundamentally transformed NHS.

Our population and services

We are proud to be one of the top-performing and safest trusts in England. We employ 7,900 staff across our two main hospital sites—Chelsea and Westminster Hospital and West Middlesex University Hospital—as well as our award-winning community-based clinics across North West London. We pride ourselves on delivering outstanding care to a community of more than 1.5 million people.

Strategic priorities

The Trust's strategy is based on our vision and our PROUD values. There are three overall priorities. These are the things we care about most and are central to achieving our vision.

- **Deliver high-quality, patient-centred care:** Patients, their friends, family and carers will be treated with unfailing kindness and respect by every member of staff in every department, and their experience and quality of care will be second to none.
- **Be the employer of choice:** We will provide every member of staff with the support, information, facilities and environment they need to develop in their roles and careers, and we will recruit and retain the people we need to deliver high-quality services to our patients and other service users.
- **Deliver better care at lower cost:** We will continuously improve the quality of care and patient experience through the most efficient use of our resources, both financial and human, including staff, partners, stakeholders, volunteers and friends.

Trust values

Our Trust values define the standard of care and experience that patients and the public should expect from our services. These values form the mnemonic PROUD:

- **P**utting patients first
- **R**esponsive to patients and staff
- **O**pen and honest
- **U**nfailingly kind
- **D**etermined to develop

Current performance and key challenges

During 2025/26, the Trust has continued to face the challenge of reducing elective care backlogs within a constrained financial position and alongside increasing demand for services. Progress is being made in reducing the longest waits for treatment and, alongside this, the Trust has maintained high levels of quality and performance, treating patients in the best way it has been able to.

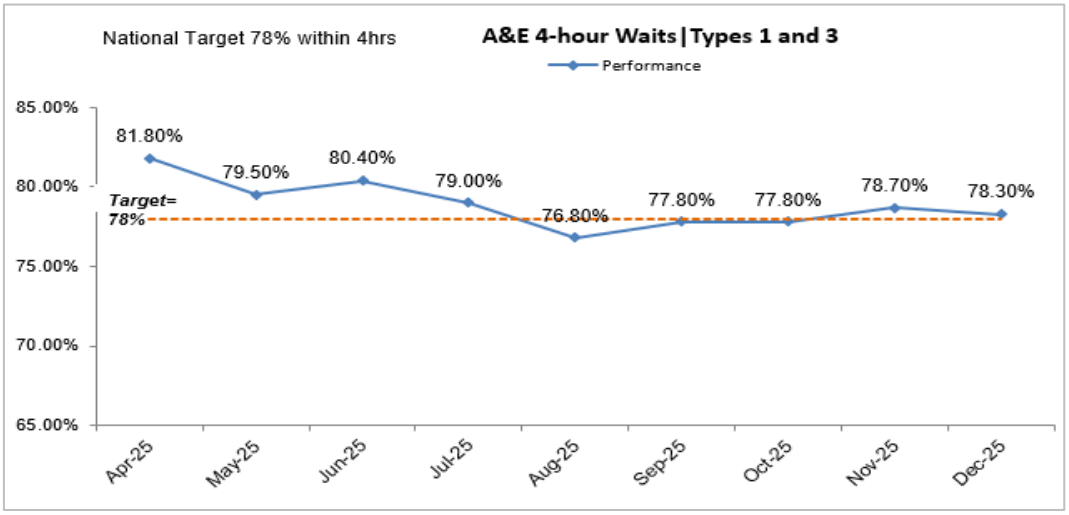
Urgent and Emergency Care services have seen high levels of demand throughout the year, with year-to-date performance showing 78.7% of patients admitted, transferred or discharged within four hours. Ambulance handover performance also remains strong.

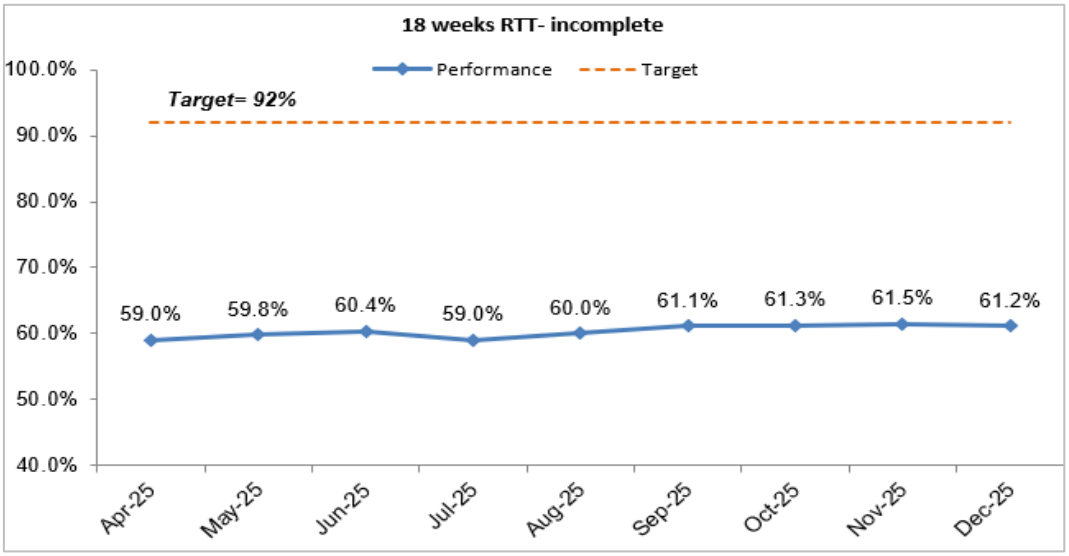
Performance against the referral to treatment time (RTT) target has been a particular challenge, in line with the cap on the Elective Recovery Fund. The Trust has focused on using available capacity to treat patients in turn and reduce waiting times. There continue to be no patients waiting over 78 weeks for treatment, and work is ongoing to eliminate waits over 65 weeks. Waits over 52 weeks are reducing in line with the 2025/26 Operating Plan, with RTT performance improving.

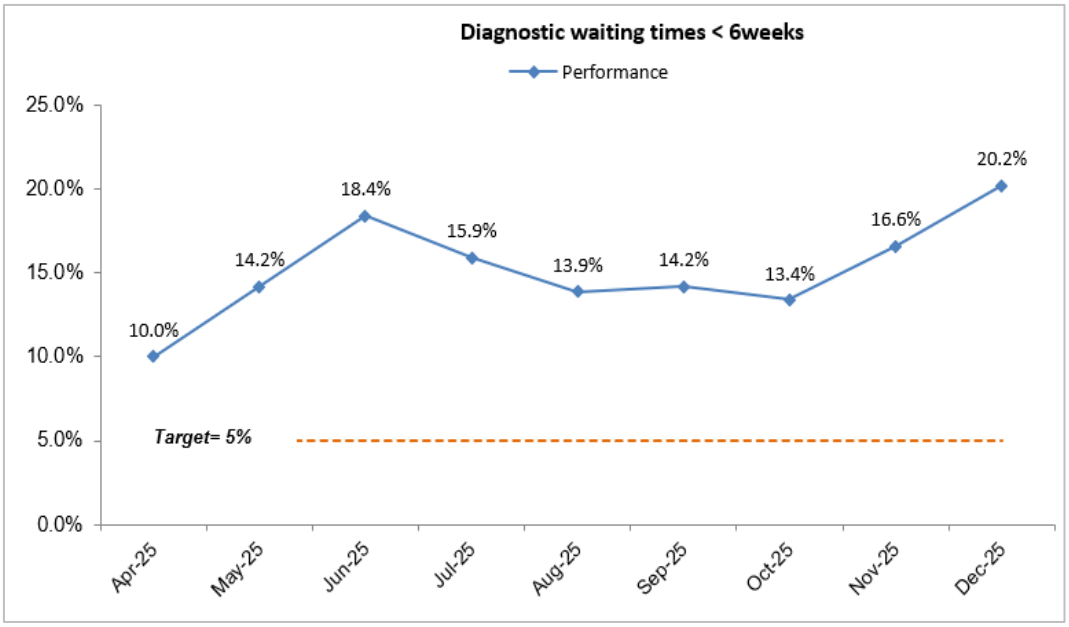
Performance against the 5% DM01 diagnostic standard has not been achieved during the year but is exceeding the 2025/26 Operating Plan trajectory by approximately 10%.

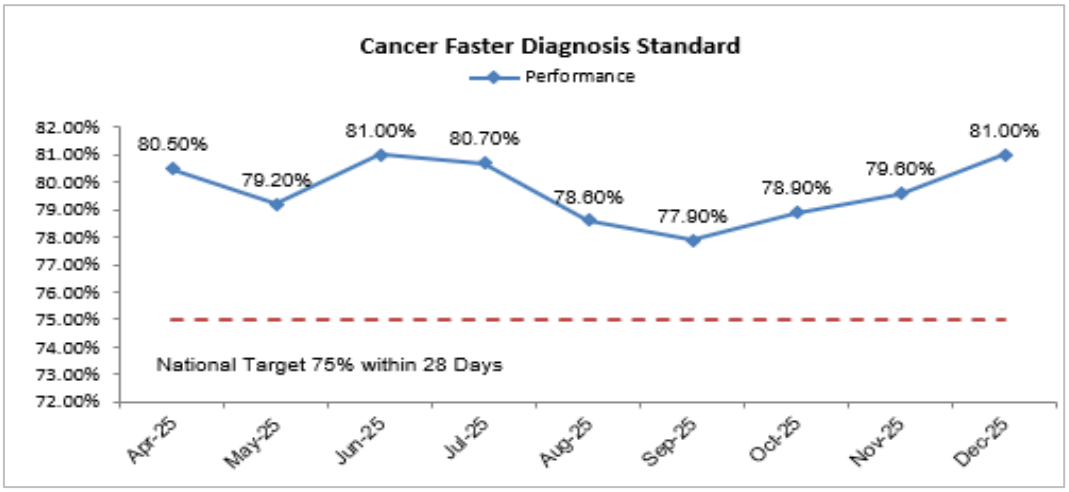
Performance against cancer standards has remained strong, with the 28-day Faster Diagnosis Standard and the 31-day treatment standard achieved in all months year to date. Performance against the 62-day standard has improved but remains slightly below the 85% trajectory set out in the 2025/26 Operating Plan.

The following graphs illustrate the Trust's performance against each of the key national standards outlined above.






Diagnostic waiting times < 6weeks
Performance
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
10.0%
14.2%
18.4%
15.9%
13.9%
14.2%
13.4%
16.6%
20.2%
Target= 5%
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25


Cancer Faster Diagnosis Standard
Performance
82.00%
81.00%
80.00%
79.00%
78.00%
77.00%
76.00%
75.00%
74.00%
73.00%
72.00%
80.50%
79.20%
81.00%
80.70%
78.60%
77.90%
78.90%
79.60%
81.00%
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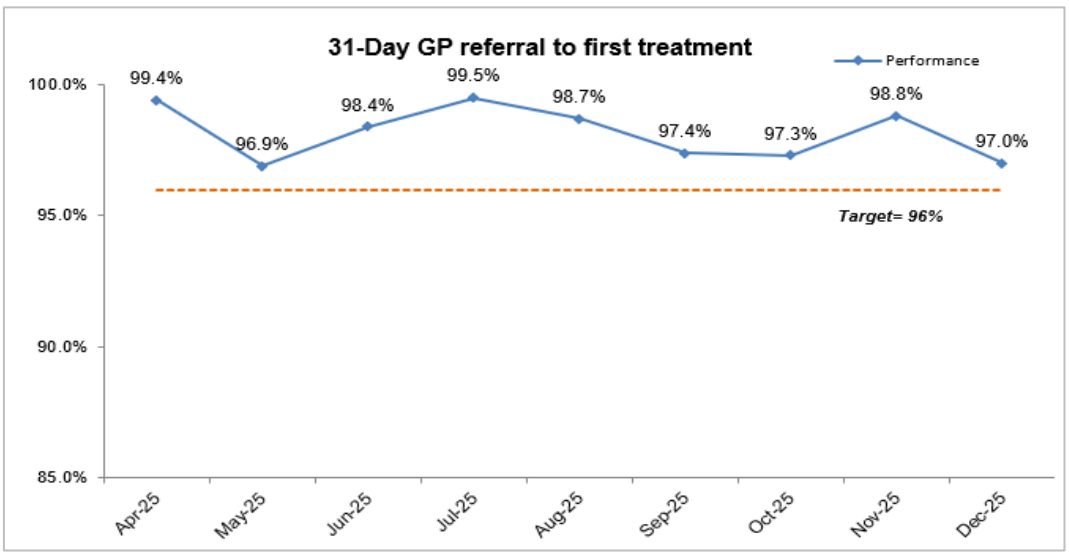
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25


31-Day GP referral to first treatment
Performance
100.0%
95.0%
90.0%
85.0%
99.4%
96.9%
98.4%
99.5%
98.7%
97.4%
97.3%
98.8%
97.0%
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Apr-25
May-25
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Jul-25
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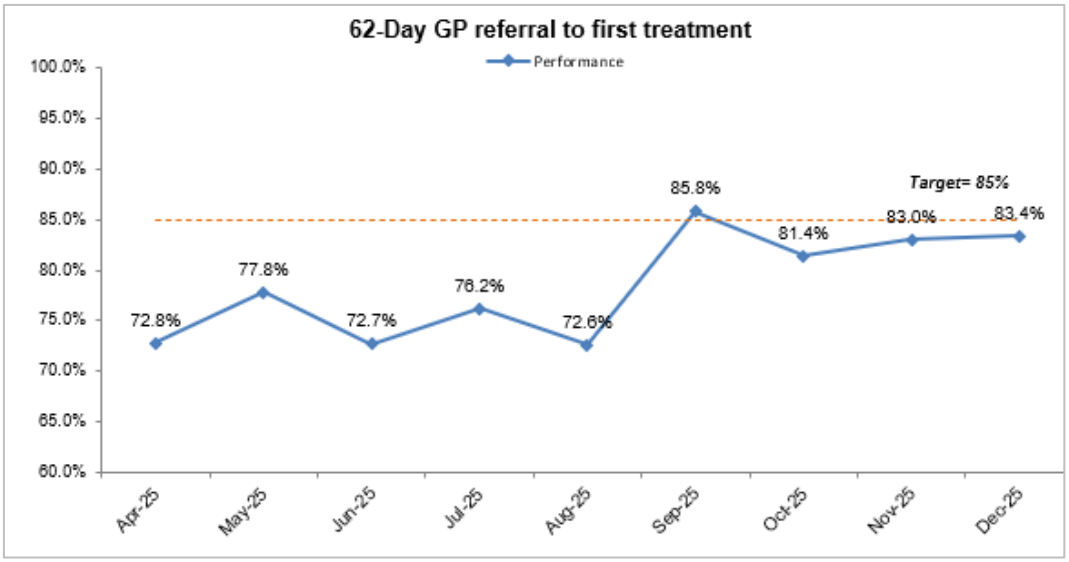
Oct-25
Nov-25
Dec-25



Population health needs

The Trust has a comprehensive strategy to support population health improvement and reduce health inequalities by focusing on preventative, population-based care aligned with CORE20PLUS principles. This approach prioritises groups at higher risk of poor health outcomes and integrates data-driven insights from the integrated care system to tailor services accordingly.

By strengthening collaboration with community groups, voluntary organisations, primary care networks and borough-level services, the Trust ensures it is addressing local health needs in a holistic way.

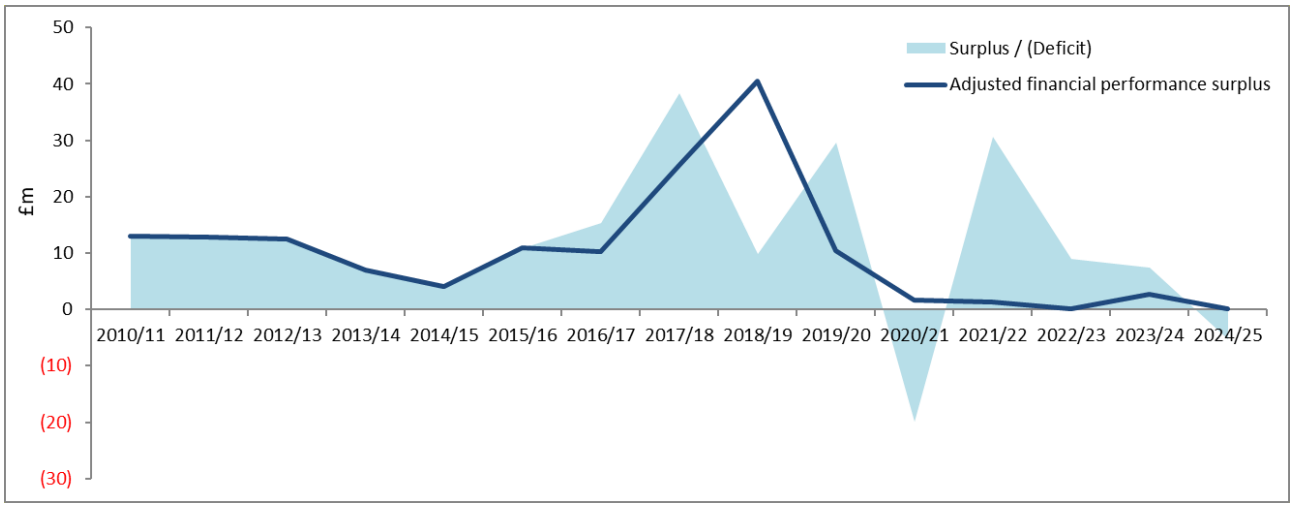
The Trust is adopting a data-driven and person-centred approach by collecting and analysing clinical and demographic data by ethnicity, deprivation, age, sex and chosen language to identify disparities and target interventions for improvement. Patient experience feedback and community engagement are used to develop and shape care models.

The Trust adopts a coordinated approach across acute and elective care, as well as outpatient, maternity and community-facing programmes, targeting prevention strategies and supporting improved access for the most deprived 20% of the population. Further Acute Provider Collaborative recommendations have informed the identification of additional population groups requiring targeted intervention to improve health outcomes.

Financial context

The Trust has a strong track record of financial delivery and is forecasting delivery of its breakeven plan in 2025/26. The graph below shows the Trust's financial performance since 2010/11.

Summary financial performance 2010/11 to 2024/25



In 2024/25, the Trust reported an adjusted surplus of £0.11m against a breakeven control total. The Trust delivered its full £23.5m cost improvement programme during the year.

The Trust is forecasting a breakeven position in 2025/26, in line with plan. This includes forecast full delivery of the £33.4m cost improvement target. The Trust's cash balance at month 9 is £111.0m, with a forecast year-end cash position of £131m.

Gross capital expenditure in 2025/26 is forecast to be £65.2m. The largest programme relates to the Diagnostic, Treatment and Education Centre at the West Middlesex site, which is due to complete and open to patients during 2026/27.

Delivery approach

The performance and delivery of the Trust are monitored and delivered through an established governance structure, through to the Trust Board. Our clinical divisions are led by a triumvirate model of clinical, operational and nursing, midwifery and allied health professional leadership, ensuring a strong, clinically informed and clinically led culture.

Performance at divisional level is scrutinised through monthly divisional performance review meetings. These provide an opportunity for executive directors to hold detailed discussions with divisional teams to support performance improvement initiatives, celebrate good performance and challenge underperformance. Divisional performance reviews are supported by the division's performance information against committee- and Board-level KPIs, supplemented by additional information relevant to the priorities of the division concerned.

A comprehensive programme of specialty-based deep dives has been fully embedded across the organisation for a number of years. These executive-led reviews are held

with specialty multidisciplinary teams to review quality, performance, workforce and efficiency metrics.

In addition, a weekly performance meeting led by the Managing Directors and Divisional Directors of Operations monitors key performance metrics. Performance against the elective recovery plan is also monitored frequently through the Executive Management Board and shared at all-staff webinars.

To support effective operational performance, the Trust employs a team of specialist information professionals who provide analytical support across the organisation and meet the Trust's internal and external reporting obligations.

Operational plans are developed in conjunction with the Trust Clinical Services Strategy, Quality Plan and associated supporting plans. These are aligned to the Trust's three strategic objectives and build on the Trust's position and commitment to the populations we serve and our staff.

In refreshing our clinical strategy and setting out our areas of focus for the coming years, we followed a set of guiding principles. These were used to set our objectives and will help us evaluate progress. We will:

Build on our foundations

- Deliver the best possible outcomes and experiences
- Develop a workforce to meet the challenges of the future
- Apply best practice and use data to measure and improve
- Make the most of our investments

Innovate new ways of working

- Deliver new care models as a leading centre for innovation
- Grow our research portfolio to ensure everyone can access its benefits
- Offer world-leading programmes that address population needs and attract leading talent

Look beyond our walls

- Work in partnership to do more at scale and create a thriving community for our patients and their families
- Focus on population health and upstream prevention
- Address inequalities and unwarranted variation across our communities

Delivery areas

Quality and operational performance

Delivering high-quality, patient-centred care is the first strategic priority of the Trust. Our Quality Plan is designed to ensure that we consistently provide safe, effective and compassionate care, meeting the diverse needs of the communities we serve. Quality is at the heart of everything we do, and the Quality Plan outlines our shared vision and the actions we will take to achieve excellence in healthcare delivery.

Quality is everyone's responsibility, from frontline staff to senior management. Each member of our team plays a crucial role in maintaining and improving standards of care. By building a culture of continuous improvement, we aim to empower our workforce, encourage innovation and drive positive change across the organisation.

With a unified approach to quality, we follow the framework set by the National Quality Board, focusing on five core domains—safe, effective, caring, responsive and well-led. These pillars are supported by a commitment to sustainability and equity, ensuring responsible use of resources and reducing inequalities in care. By prioritising these areas, we strive to create a healthcare environment where every patient feels valued, respected and confident in the care they receive.

The Quality Plan utilises the five domains outlined by the Care Quality Commission (CQC), in addition to equity and sustainability. These have been used to inform improvement initiatives across the Trust in the delivery of our strategies and operational plans.

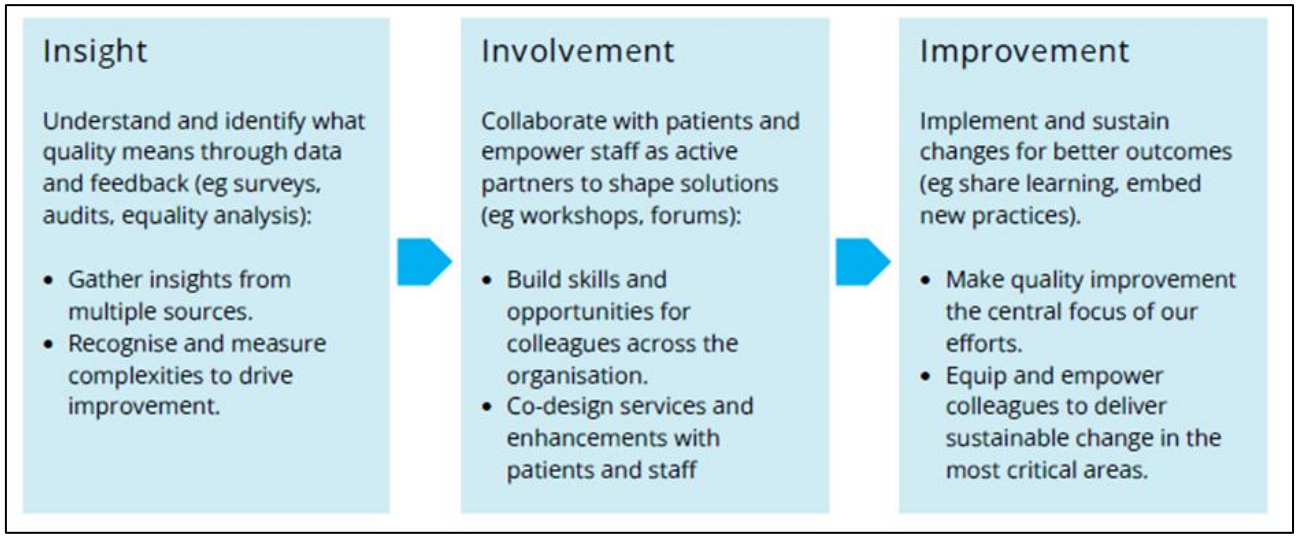
Quality domains

- **Safe:** People are protected by a strong, comprehensive safety system, with a focus on openness, transparency and learning when things do not go to plan.
- **Effective:** People's care achieves outcomes that are consistently better than expected when compared with other similar services, is based on the best available evidence and promotes healthier living.
- **Caring:** People are respected and valued as individuals and are empowered as partners in their care, practically and emotionally, through an exceptional and distinctive service.
- **Responsive:** Services are tailored to meet the needs of individual people and are delivered in a way that ensures flexibility, choice and continuity of care.

- **Well-led:** Leadership, governance and culture are used to drive and improve the delivery of high-quality, person-centred care, creating an inclusive and positive culture of continuous learning and improvement.

- **Equity and sustainability:** People receive high-quality, equitable care that is sustainably resourced, minimises environmental and public health impacts, and addresses system variation and inequalities.

The three steps of continuous quality improvement



The Trust has a plan to deliver the additional activity required to meet the performance targets outlined in the Operating Plan and to deliver phased activity for each year. We will use our information and operational history to triangulate a comprehensive view of our capabilities and deliver improvement plans aligned to delivery requirements and the 10-Year Plan.

The Trust will continue to work towards a more sustainable approach and robust plans to reduce and stabilise further growth in RTT patient tracking lists, cancer and DM01 backlogs. This will ensure that patients are seen and treated within set timeframes, maintaining and improving equity of access for all patients.

The Trust Quality and Performance Plan sets out the direction and shared commitment for how we will achieve this, together with a focus on safe, effective, caring, responsive and well-led services. We will use our data, evidence and improvement resources to deliver high-quality care for everyone. We will continue to work with our North West London partners, Integrated Care Boards, the Acute Provider Collaborative and our commissioning partners, strengthening collaborative working to deliver lasting impact for our communities.

Medium-term quality and performance expectations

The Medium-Term Plan sets out expectations for improvements from 2026/27 to 2028/29 across a range of quality and operational performance metrics, to support a return to pre-pandemic performance levels:

- RTT improvement of 7% in 2026/27 and 10% in 2027/28
- DM01 improvement to 4.6% in 2026/27, 2% in 2027/28 and 1% in 2028/29
- Compliance with all cancer standards
- UEC four-hour compliant trajectory across all three years
- UEC 12-hour Type 1 compliant
- 45-minute ambulance handovers compliant; 15-minute handovers not compliant
- 2.6% growth in non-elective activity in 2026/27, 1.7% in 2027/28 and 3.1% growth in 2028/29, with no growth assumed for elective care or other points of delivery, apart from additional activity linked to backlog clearance

Digital adoption of core products

Over the period 2026–2031, the Trust will complete the transition to digital-by-default service delivery through adoption of North West London Acute Provider Group-aligned products.

Making digital the default for patient access

By 2027, the NHS App and Patient Engagement Portal will become the primary gateway for patient interactions. Patients will be able to book appointments, manage medications, view test results, track waiting lists and complete pre-appointment questionnaires digitally.

Digital Patient Initiated Follow-Up (PIFU) will be implemented in line with GIRFT guidance, giving patients control over follow-up based on clinical need. Advice and Guidance will become the default pathway for the Trust's 10 highest-volume specialties. The newly developed Demand Centre within the Federated Data Platform (FDP) will become the hub for managing referrals, advice and guidance. Surgical pathways are being redesigned through straight-to-test clinics, remote consultations and digital monitoring.

The Oracle Cerner Optimisation Programme maximises adoption of the electronic patient record to support clinical workflows, operational oversight and regulatory compliance. Workflows are being systematically reviewed, with planned EPR upgrades to enhance integration across the application ecosystem, improving user experience, system resilience and data provision. For emergency care, Emergency Care Dataset visibility is being restored via actionable dashboards. For planned care, pre-operative assessment digitisation is being enhanced, theatre workflows augmented with AI, and faster, collaborative Patient Tracking Lists delivered through the FDP.

The Patient Engagement Programme is transforming how patients interact with services by making the NHS App the primary gateway to care. By March 2027, the Trust is committing to significantly improving its digital offer, including bookable appointments, medicines management, test results, waiting list tracking and pre-appointment questionnaires through the NHS App and Patient Engagement Portal, with AI triage capabilities. Over 75% digital letter access has already been achieved, with ongoing initiatives including invite-to-book, auto-cancellation and rescheduling, DNA predictor tools and clinical outcome letters delivering patient convenience and cost savings.

Federated Data Platform: Transforming data infrastructure

Within the FDP, a common data model is being created across the Acute Provider Group, bringing together EPR, diagnostic and operational platforms. This enables real-time patient pathway tracking and proactive intervention.

The Demand Centre is being developed as an FDP module to bring together e-vetting for referral management with advice and guidance. This will enable oversight of GP, dental, internal and tertiary referrals in a single system. The Demand Centre will support consultants to determine whether patients need to be seen, could be

managed in primary care, require diagnostics first or need onward referral, with AI-driven enhancements planned for 2026/27.

AI innovation and divisional integration

Artificial intelligence deployment focuses on augmenting clinical practice and increasing productivity by reducing administrative and managerial burden. Ambient Voice Technology (AVT) is being deployed across clinical settings, with clinicians typically saving two to three hours per week that can be redirected to patient care. Procurement and deployment are planned for 2026/27, alongside registration in the national AVT registry.

The Trust is also progressing AI-assisted discharge summaries, in collaboration with the Medicines and Healthcare products Regulatory Agency, to support regulatory approval.

Workforce

The Trust, along with the three other Trusts in the North West London Acute Provider Collaborative, which will move to a Group from 2026, has identified four workforce strategies. These range from immediate cost control and efficiency interventions through to longer-term workforce redesign and transformation interventions. These are:

- Workforce design and deployment
- Operational efficiency drivers of people productivity
- Service redesign drivers of new ways of working
- Service, organisational or estate reconfiguration drivers of workforce redesign and consolidation

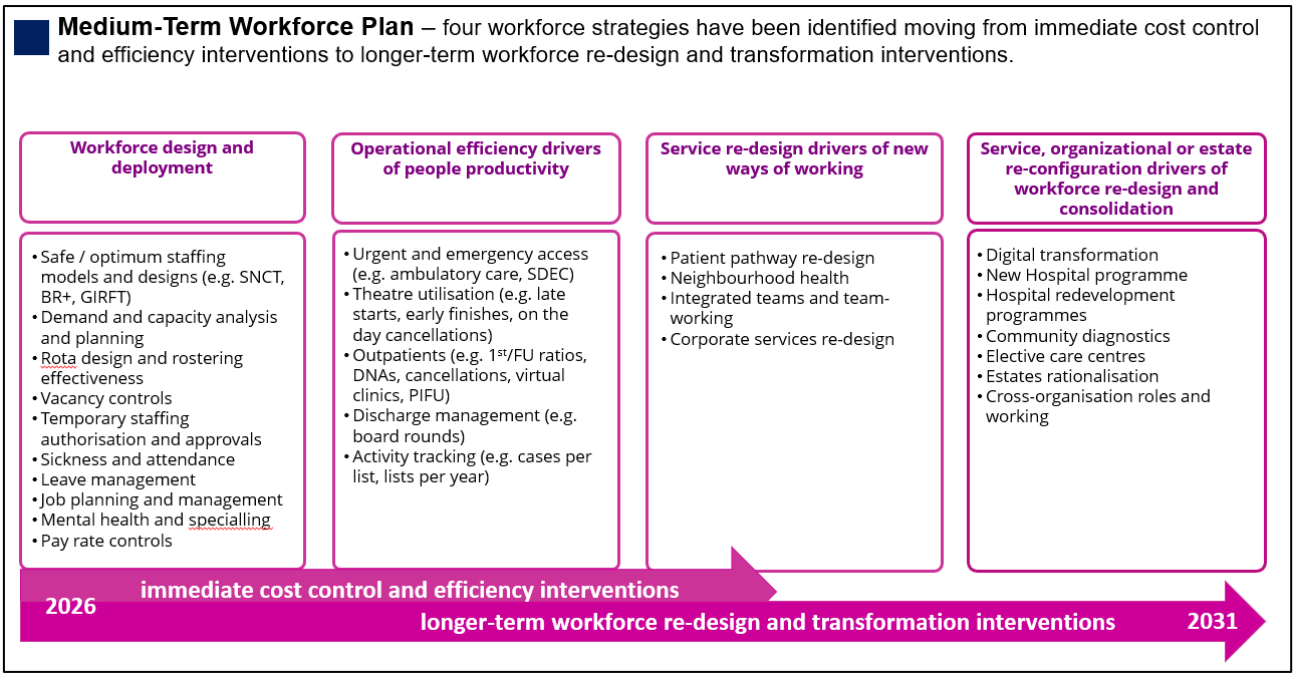
All four Trusts have been collaborating over the last four years through the Acute Provider Collaborative and have adopted the four NHS People Promises to guide their people improvement priorities. These are:

- Looking after our people
- Belonging in the NHS
- Growing for the future
- New ways of working and delivering care

The Group has a patient pathway programme focused on identifying potential improvements across 28 patient pathways, alongside joint work emerging on health inequalities. The Trusts are also engaging with local partners on neighbourhood health. Neighbourhood health plans and work on the left shift are at an early stage of development and, as such, there are currently no workforce reductions planned

across the acute Trusts within the Group. The Integrated Care Board (ICB) has identified funding to support left shift activity, which may result in staff moving out of secondary care in the future.

The only exception is Hillingdon Hospital, where the Trust has a longer-term workforce plan linked to the New Hospital Programme. However, detailed workforce modelling has yet to be completed as part of the New Hospital Programme and, therefore, no significant workforce reductions are currently included in the medium-term workforce plan.



Workforce plans

A coordinated approach has been taken to develop the people plan across the three years of the medium-term planning cycle. This has involved leadership across the four North West London Acute Provider Trusts through weekly planning meetings, with support from finance, operational and informatics colleagues, and the use of shared framework principles, methodologies and planning assumptions.

The Trusts have worked collaboratively to ensure that the people plan fully triangulates with the finance and activity plans at all stages of the medium-term planning process.

The people plan reflects the impact of mandated reductions in bank and agency expenditure, reductions in sickness absence and the workforce cost response required to deliver activity in line with national standards, as set out in the planning guidance.

In addition, the following staffing impacts have been considered:

- Current workforce position against the 2025/26 plan, including patient acuity, dependency and activity
- Implications of planned changes in activity and income (increase or decrease)
- Cost Improvement Plans
- Known service changes, including service transfers, TUPE arrangements and relocations
- Current turnover and vacancy rates against targets
- Hard-to-recruit roles and associated reliance on temporary staffing
- A targeted approach to eliminating consistent agency use
- Productivity gains and workforce cost response

Finance

Overview of the Medium-Term Financial Plan (2026/27–2030/31)

The Trust's Medium-Term Plan (MTP) sets out a clear trajectory towards long-term financial sustainability, with a focus on returning to and maintaining breakeven through a combination of income assurance, tight expenditure control, robust efficiency planning and improved productivity.

Revenue position (Years 1–3 as submitted; Years 4–5 extrapolated)

The plan is built on the mandated three-year revenue submission, with internal projections extending over five years:

- **2026/27:** The plan is for a breakeven position, which includes funding to support a 7% improvement in elective RTT constitutional standards and a Cost Improvement Programme (CIP) target of £33.4m.

2027/28: The plan is for a £6.6m deficit position. This is primarily driven by an expected reduction in 'unearned income' as a result of the deconstruction of the block exercise and assumes a CIP target of £34.2m. Further funding is assumed to support delivery of constitutional standards.

2028/29: The plan is for a £4m deficit position. This is primarily driven by an expected reduction in 'unearned income' as a result of the deconstruction of the block exercise and assumes a CIP target of £34.3m. Further funding is assumed to support delivery of constitutional standards to the 92% national target.

2029/30–2030/31: Internal planning assumes further stabilisation of elective and UEC activity patterns, progressive reductions in bank and agency spend and incremental improvement in the Trust's underlying position.

Capital programme (five-year plan)

Core Capital Resource Limit (CRL), or operational capital values, have been allocated to all providers for 2026/27 and the subsequent four years, based on nationally set formulas. The values for Chelsea and Westminster Hospital NHS Foundation Trust are:

- **2026/27:** £25.6m
- **2027/28:** £26.9m
- **2028/29:** £27.5m
- **2029/30:** £28.2m

The Trust's 2026/27 core capital allocation of £25.6m is approximately £3m lower than previously planned and, when combined with £7.6m of over-programming in the current capital plan, results in an overall £10.6m CRL gap for 2026/27.

This shortfall is driven largely by the £23.9m Diagnostics, Treatment & Education Centre (DTEC) build and equipment requirements, which consume nearly 80% of the available core allocation. To avoid reductions across wider capital budgets, the Trust will need to secure additional funding from external capital streams available from 2026/27 onwards.

Several national funding streams, including Estates Safety, Return to Constitutional Standards, system bonus CRL and digital funding, are being targeted to close affordability gaps and prioritise risk. To date, £7.7m (2026/27) and £2.9m (2027/28) have been secured against the Diagnostic workstream that is PDC funded, but the Trust didn't have any successful bids against the other *Return to Constitutional Standards* or *Estates Safety* pots.

The Trust is also holding the capital reserves on behalf of W&NL ICB (£31.9m) until this is devolved to organisations in 2026/27.

	Source of Funds	26/27 £'000	27/28 £'000	28/29 £'000	29/30 £'000
Core	Trust Cash	25,573	26,941	27,546	28,150
Freedom & Flexibilities	Trust Cash				
Impact IFRS 16	Trust Cash				
System Reserves	Trust Cash	31,947			
Core Capital Allocation		57,520	26,941	27,546	28,150
Estates Safety	Cash Backed PDC				
Constitutional Standards :					
UEC	Cash Backed PDC				
Diagnostics	Cash Backed PDC	7,670	2,930		
RAAC	Cash Backed PDC				
National Capital		7,670	2,930	0	0
New Hospital Programmes	Cash Backed PDC				
PFI capital charges (e.g. residual charges)	Cash Backed PDC	2,281	2,362	2,446	2,533
Other National PDC schemes		2,281	2,362	2,446	2,533
Total CDEL		**67,471**	**32,233**	**29,992**	**30,683**
CWFT carrying Systems Reserves for ICS in 26/27 until this is devolved out					

Evidence of financial rigour in planning and decision-making

Comprehensive challenge and validation processes

The following controls have been applied to ensure the robustness of the financial plan:

- **Contract and income validation:** Active engagement with Integrated Care Boards (ICBs), out-of-area commissioners and specialised commissioning teams to validate income assumptions and ensure affordability and consistency across North West London Acute Provider Collaborative partners.
- **Peer review across the North West London Acute Provider Collaborative:** Validation of underlying position treatment, Income and Expenditure bridges, planning profiles and standardisation of CIP definitions to ensure comparability and financial discipline.
- **Triangulation of finance, workforce and activity plans:** Ensures that RTT performance, UEC trajectories and diagnostic recovery assumptions are supported by aligned staffing and cost plans.

Rigorous CIP and productivity approach

CIP target for 2026/27: £33.4m, with 80% planned to be recurrent.

- Multi-year CIP planning informed by national benchmarking (NHSE productivity packs) to identify opportunities across 2026/27–2028/29, including theatres, flow, outpatients, procurement and non-elective care (see Transformation and Productivity section).

A fortnightly CIP Oversight Group provides governance, prioritisation, pipeline management and early escalation of schemes at risk. The Improvement Board oversees delivery of improvement programmes across the Trust. Progress is reported to the Trust Executive Management Board and Finance and Performance Committee.

The table below summarises the year-on-year projected CIP target and the target expressed as a percentage of Trust income, ranging from 3.3% to 3.2%.

Trust	2026/27 - 2028/29 CIP							
	Forecast 25/26	Target 26/27	Target 27/28	Target 28/29	% of Income 25/26	% of Income 26/27	% of Income 27/28	% of Income 27/29
	£m	£m	£m	£m	%	%	%	%
CWFT	33.4	33.4	34.1	34.2	3.3%	3.2%	3.2%	3.2%

Workforce and cost control measures

Planning assumptions include:

- 12% reduction in bank spend in Year 1
- 28% reduction in agency spend in Year 1, reducing to zero by 2029/30
- National requirement regarding reduction in sickness absence to 4.1%

Establishment growth is tightly controlled, with only activity-driven increases permitted. Trustwide grip and control measures apply across temporary staffing, non-pay expenditure, vacancy management and service reviews, including operation of a vacancy control panel and a non-pay oversight group.

Long-term financial sustainability

The plan demonstrates long-term sustainability through the following mechanisms:

- **Tackling the underlying position:** The 2025/26 underlying deficit of £15.1m is being addressed through conversion of non-recurrent savings and tight control of baseline cost inflation.

- **Securing recurrent funding:** A key dependency remains additional RTT and constitutional standards funding. Without this funding, the deficit position and CIP burden increase significantly. Achieving recurrent CIP delivery and reducing reliance on temporary staffing materially improve the Trust's run-rate from 2026 onwards.

- **Productivity-driven operating model:** The elective recovery trajectory, including delivery of 92% RTT compliance by 2028/29, is supported by productivity measures such as improved clinic templates, reduction in DNAs and increased efficiency of core capacity. UEC performance improvements are resourced through clear, costed delivery models.

Transformation and productivity

Transformation across the Acute Provider Group (APG)

We are part of the North West London Acute Provider Group (NWL APG), and our priorities will increasingly align to benefit from scale, shared expertise and equitable access to high-quality care for all patients in north west London.

Over the next five years, many transformation priorities will be implemented once across the NWL APG. For example, we now have a shared digital team which is increasing the standardisation of digital tools, pathways and insights. The team has begun implementing new tools, including AI such as ambient voice and Copilot agents in corporate functions, releasing staff time to provide more care or help reduce costs.

Across the APG, a specialty pathway programme has been created. Each of the 28 specialties operating across the trusts has identified pathway improvements and best practice between the four clinical teams and implemented changes to care that raise quality and efficiency. This is creating innovation in service models through greater partnership working, such as the NWL Elective Orthopaedic Centre hosted at Central Middlesex Hospital.

These transformations will improve productivity by increasing throughput and utilisation of resources, offering more capacity either to meet greater demand with proportionately fewer inputs or to enable reductions in total resources. Productivity-focused transformation includes reducing unwarranted variation, supporting demand management and reducing waste, automating tasks to free up resource to treat more patients or reduce total headcount, and improving operational and administrative processes to tackle failure demand, such as DNAs, cancellations and multiple pathway steps.

Organisational approach to transformation

The Trust will continue to take a range of approaches to transforming and improving care for patients. This includes larger Trust- and sector-wide transformation programmes such as Outpatient Productivity and Improving Patient Flow, alongside a high number of smaller-scale, locally owned improvement projects, such as increasing throughput on theatre lists and reducing overcrowding in the Emergency Department.

The transformation work programme is largely overseen by the Trust Improvement Board, chaired by the Director of Transformation. This Board also oversees associated cost improvements arising from increased productivity. The Trust also links with Acute Provider Group work programmes to identify opportunities to improve the quality and productivity of services, either by doing things once or by doing things consistently across the Group.

Key enablers of the transformation programme include comprehensive information and business intelligence to support data-driven decision-making and targeted interventions. Much of the transformation work will also be underpinned by digital innovation already in place, or in progress, at the Trust and across the APG. These include the use of artificial intelligence in clinical and administrative settings to increase efficiency and enhanced use of the Federated Data Platform to streamline pathways and support dissemination of best practice.

System working for community shift

In addition to working with acute partners, the Trust will increase active participation and collaboration with community partners by building 'neighbourhood' pathways that proactively identify and support vulnerable, high-frequency users before they deteriorate and require hospital admission.

In practice, this includes strengthening pre-hospital and admission-avoidance routes such as the multi-disciplinary London Ambulance Service triage 'hub' model. This model supports senior clinical decision-making, access to integrated records and video consultation, enabling safe reductions in conveyance to the Emergency Department, particularly for patients with frailty, falls or those living in care homes.

This approach also focuses on making community alternatives easier to access in real time, including direct booking into same-day emergency care services, with a particular focus on frailty services, improved alignment with virtual wards and clearer pathways to community-based support.

Current focused improvement programmes

The Trust is currently delivering the following focused improvement programmes:

- Patient flow
- Theatre productivity
- Outpatient productivity
- Diagnostics improvement
- Therapies productivity
- Workforce
- Medicines management
- Procurement
- Private patients

Enablers

Estates and Facilities

Estates and Facilities continues to support Trust-wide efficiency and the delivery of high-quality care through optimisation of the estate, strengthening procurement and contract management processes and delivering initiatives that enhance patient flow and operational productivity. In parallel with modernising key infrastructure and ensuring that environments remain safe, compliant and fit for purpose, the department is further developing internal team structures and investing in workforce development to establish a resilient, skilled and sustainable workforce.

The recent transition of hard facilities management services to an in-house model at the Chelsea site has strengthened operational governance, improved responsiveness and supports long-term financial sustainability. Estates and Facilities continues to contribute to the safe implementation of service transitions and to ensure that estate capacity is appropriately aligned with evolving clinical and organisational priorities.

Workforce

The CWFT plan is predicated on the following workforce assumptions:

- Staffing levels and competence remain stable
- Bank and agency staff are replaced with substantive postholders
- Sickness absence and vacancy rates reduce
- There is no industrial action impacting workforce availability or delivery of activity

Digital governance and infrastructure

Oversight of information governance, cyber security, IT operations and the Digital Programme is provided through local Trust, NWL APG and ICS governance arrangements.

This includes a structure of digital committees that report into executive management groups and the Collaborative Digital and Data Committee, which is a sub-committee of the Board in Common.

Risks and mitigations

Risk model

Risk management is an integral part of Chelsea and Westminster Hospital NHS Foundation Trust's approach to quality improvement and good governance. It is the process by which the Trust identifies, assesses and analyses the risks inherent in, and

arising from, its activities and puts in place robust and effective controls to mitigate those risks. The Trust seeks to embed risk management into everyday practice in order to provide assurance that risks are recognised and managed, and that internal systems of control are maintained.

The Trust operates an ISO 31000-based, Datix-enabled risk model that runs from ward to Board. The Trust operates two primary risk management recording tools that support the delivery of risk assurance information:

- **The Risk Assurance Framework (RAF):** The Risk Assurance Framework supports an effective, robust and consistent approach to risk identification and management of risks to acceptable levels. This framework also facilitates the risk decision-making process, ensuring that risks are managed through the same process and measured using the same tools. This facilitates benchmarking of risk levels across the Trust.

- **The Board Assurance Framework (BAF):** The Board Assurance Framework supports the Trust's understanding of the principal barriers and risks to the delivery of its strategic objectives. It supports communication of key strategic risks between the Executive Management Board and the Trust Board.

Governance for the management and oversight of risk spans Divisional Quality Boards and Board sub-committees, including Quality, People and Workforce, Finance and Performance, and the Audit and Risk Committee, each with executive leads and defined risk subject areas.

The Trust's risk appetite statement describes the amount of risk the Board is prepared to take in pursuit of its objectives. Risk appetite varies between objectives and risk type and is reviewed by the Board, via its committees, at least annually to ensure it reflects changes in strategy, appetite and tolerance to risk.

The Trust's risk appetite statement describes:

- **Risk appetite:** An acknowledgement of the Board's willingness and capacity to take on risk in pursuit of its strategic objectives. This informs objective setting, business planning, service delivery and the routine functioning of the organisation.

- **Risk tolerance:** A measure that quantifies the Board's tolerance for loss or negative events that arise in delivery of its strategic objectives. This provides guidance for leaders across the organisation regarding the level of action required to mitigate individual risks they are responsible for managing.

The Trust recognises that its long-term sustainability depends upon delivery of its strategic objectives and its relationships with patients, staff, volunteers, communities and strategic partners. As such, the Trust has:

- **A LOW appetite** for risk taking in relation to safety and quality outcomes. The organisation will take considered risks to improve quality outcomes but will not compromise patient safety, experience or clinical effectiveness when pursuing strategic objectives. The Trust has a cautious approach to achieving regulatory compliance, with an emphasis on safe delivery and compliance.
- **A MODERATE appetite** for risk taking in relation to staff management. The organisation will pursue innovative workforce management approaches and accept the inherent risks associated with pursuit of long-term benefits. However, risks to staff mental and physical wellbeing will not be tolerated.
- **A HIGH appetite** for risk taking in relation to organisational sustainability. The organisation will consider all delivery options required to enable growth, while making best use of resources, delivering value for money and minimising the possibility of financial loss.
- **A SIGNIFICANT appetite** for risk taking in relation to digital transformation. The organisation will pursue an innovative digital strategy that has potential for high reward but greater inherent risk than the status quo.
- **A SIGNIFICANT appetite** for risk taking in relation to infrastructure. The organisation will pursue an innovative infrastructure development strategy that has potential for high reward but greater inherent risk than the status quo.

Organisational mid-term plan risk modelling

The mid-term plan operationalises national planning requirements while aligning with the Trust's strategic objectives and associated strategic documents.

The Trust uses a 4T model (Tolerate, Treat, Transfer, Terminate) in the management of risk, with regular reviews and risk appetite-led target setting. This ensures Board Assurance Framework risks remain the Board's focus while Risk Assurance Framework risks are driven down locally.

Trust strategic objective	Identified risk	Mitigation (where known)	Primary committee / sub-group	Accountable lead
Deliver high-quality, patient-centred care	Impact on quality of care and quality standards	The Trust's Quality, Equity and Health Inequalities Assessment processes will be applied to all cost improvement schemes (CIPs), service developments and transformation plans.	Quality Committee and Executive Management Board	Chief Medical Officer and Chief Nurse

Trust strategic objective	Identified risk	Mitigation (where known)	Primary committee / sub-group	Accountable lead
Deliver high-quality, patient-centred care	Ability to achieve operational requirements/ targets	Trajectories have been developed to support delivery of the operational and performance commitments in the plan. Maximise core capacity through improved productivity and measures such as expanding PIFU, reducing DNAs and remote monitoring. Explore opportunities to reduce demand through community pathways and working with partners on neighbourhood hubs in partnership with system partners.	Executive Management Board	Managing Directors
Be the employer of choice	Impact on staff morale and staff experience	Clear and transparent approach to communications with staff. Recognition that there will be challenging and less palatable decisions that will need to be taken, through which staff will need to be supported.	People and Workforce Committee	Chief Executive and Chief People Officer
Deliver better care at lower cost	Failure to deliver financial plans	Engagement to ensure senior leaders are aware of the financial pressures and the necessary cost/workforce reductions to deliver the plan. A well-developed CIP plan with schemes identified that can deliver early in the year. Close monitoring of variance to budget to enable immediate mitigation.	Finance and Performance Committee	Chief Executive and Chief Financial Officer
Be the employer of choice	Failure to achieve reduction in WTE	Delivery of the workforce plan to be monitored at monthly divisional performance meetings, CIP efficiency programme boards and through budgetary management. Governance through the Trust's Workforce Committees.	People and Workforce Committee	Chief People Officer
Deliver high-quality, patient-centred care	Ongoing industrial action	Industrial action presents risks to delivery of performance, quality, workforce and financial plans. Mitigations managed through executive oversight and operational contingency planning.	Executive Management Board	Executive Team
Deliver better care at lower cost	Ability to achieve CIP target/required run-rate reduction	Non-recurrent savings will help to mitigate the unidentified gap. Grip and control measures, including pay and non-pay controls to mitigate the CIP gap (eg vacancy control, temporary staffing measures, non-pay controls). Further productivity opportunities will be identified on an ongoing basis, supported through service deep dives which are highlighting areas of opportunity. Monitored through CIP/efficiency programmes.	Finance and Performance Committee	Director of Transformation/ Chief Financial Officer

Trust strategic objective	Identified risk	Mitigation (where known)	Primary committee / sub-group	Accountable lead
Deliver better care at lower cost	No contingency has been built into the plan for unknown items	No explicit contingency has been included in the plan. However, each Trust has a small number of reserves to mitigate required run-rate reductions (eg escalation beds).	Finance and Performance Committee	Chief Financial Officer
Deliver better care at lower cost	Inflation	The plan includes national inflation assumptions only. Inflation above these levels would result in additional cost pressures requiring mitigation.	Finance and Performance Committee	Chief Financial Officer
Deliver better care at lower cost	Commissioner funding from out-of-area and lack of contract offers from both in-area and out-of-area commissioners	Ongoing engagement with out-of-area and specialised commissioners to confirm funding arrangements. Allocations provided are not contract offers and remain subject to change, which could materially impact the financial plan.	Finance and Performance Committee	Chief Financial Officer
Deliver better care at lower cost	Drugs switch from excluded drugs to in-tariff	Assumes any switches between tariff-excluded drugs and in-tariff drugs are cost neutral.	Finance and Performance Committee	Chief Financial Officer

Monitoring and reporting

The North West London Acute Provider Collaborative (the 'Collaborative') came into being in September 2022. It includes the trust boards of the four acute trusts: Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Hospitals NHS Trust. It also includes representation from the Councils of Governors of Chelsea and Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust, as well as NHS England London Region and NHS England national teams.

The four acute trusts remain statutory bodies and continue to work with other partners in the North West London Integrated Care System to deliver health services for the population of North West London.

Governance arrangements supporting monitoring and delivery

To support the Collaborative model, governance arrangements were established, including the following key elements:

- **Trust-level Executive Management Boards**, providing executive decision-making and oversight of performance, and a **Collaborative-level Executive Management Board** to provide oversight and agree strategic priorities at collaborative level to address unwarranted variation.

- **Trust-level committees** providing local oversight across quality, workforce and finance and performance, as well as the statutory committees: Audit and Risk Committee and Nominations and Remuneration Committee.

- **Collaborative committees** covering the domains of quality, workforce, finance and performance, digital and data, and estates and sustainability.

- **Trust Standing Committees** at Trust level to ensure local oversight and scrutiny of Trust issues by each Trust Board.

Bringing the four Trust Boards together to form a Board in Common—four Trust Boards meeting at the same time and in the same place, with a common agenda.

Transition from Acute Provider Collaborative to Group

At its meeting in October 2025, the Board in Common agreed the first step in developing the governance arrangements for the four acute trusts in North West London and the evolution from the Acute Provider Collaborative to an Acute Provider Group ('the Group'), including the appointment of a single Accountable Officer. The governance model for the Group, including board-level governance arrangements, will take effect from April 2026. This includes the board-level committee structure and the executive and non-executive director composition of the boards.

Key elements of the existing Collaborative governance model will be retained, including:

- the four Trust Executive Management Boards
- the Trust Boards meeting together as the Board in Common
- Trust Standing Committees operating as sub-committees of each Trust Board

This ensures continued Trust-level oversight of performance delivery, risk management and compliance with statutory and regulatory requirements.

Trust Standing Committees will retain responsibility for oversight of financial and operational performance, quality and people. Their scope will be expanded to ensure appropriate oversight across all domains without the need for additional formal Board sub-committees.

At Group level, new Group committees will be established for finance, quality and people, with a focus on assurance regarding Trust-level performance, identification of variation at Trust level and oversight of group-level programmes to address any variation.

Statutory committees, including the Audit Committee and the Board Appointment and Remuneration Committee, will continue to operate at Trust level. The Audit

Committee will retain a key role in overseeing the effectiveness of systems of internal control, including high-level and strategic risks.

Performance monitoring and reporting

Performance data is routinely reviewed through a structured reporting framework that includes:

- Trust Boards and Board committees
- Executive Management Boards
- Executive sub-groups
- Divisional performance and accountability review meetings
- Directorate performance meetings

This framework enables detailed scrutiny of performance and provides assurance where potential issues are identified. Where required, quality improvement plans are instigated and issues escalated through appropriate governance routes.

Performance tools and assurance frameworks

A range of performance tools and assurance frameworks support the monitoring of delivery of the plan and the management of variation, including:

- **Board Assurance Framework (BAF):** The BAF, alongside Board committee risk and assurance deep dives, provides high-level assurance over the management of principal risks. This enables the Trust to focus on risks to delivery of strategic priorities and the effectiveness of mitigations in place.

- **Integrated performance scorecards:** Integrated scorecards have been designed to align more closely with strategic objectives and priority programmes, while maintaining oversight of statutory national standards. The scorecards are balanced and include metrics covering quality, safety, workforce, operational response and recovery and finance. The scorecards differentiate between:

    - **Driver metrics**, representing priority areas for improvement
    - **Watch metrics**, where performance is acceptable but requires continued visibility

Supporting business rules provide guidance on appropriate responses during performance meetings, including sharing good practice, structured verbal updates or presentation of countermeasure summaries supported by trend analysis and improvement actions.

Supplementary information

Service user engagement

The Trust has a Patient and Public Engagement Strategy which sets out our improvement initiatives to enhance patient experience, capture the patient voice and ensure robust patient and public engagement.

This work is supported by a dedicated Patient Experience and Engagement team, reporting through the Patient and Public Engagement Group.

The Trust employs patient champions within sexual health and gender services to advocate for patients and participate in service evaluation and design. Within maternity and neonatal services, we have a well-established Maternity and Neonatal Voices Partnership. Members support and hold community engagement events with service users, evaluate service provision and represent the patient voice through governance processes and learning from incidents.

As a Foundation Trust, the Council of Governors is recruited to represent the population we serve, with representation from public, staff and user groups, including Healthwatch.

Equality and Quality Impact Assessments

The Trust has an established Quality, Equity and Health Inequalities Assessment (QEHIA) framework which provides assurance to the Trust Board and aligns with the NHS England Quality Impact Assessment Framework.

Assessments are undertaken whenever any service change is proposed, not solely those focused on financial efficiencies. The process includes consideration of which changes require stakeholder engagement and involvement, whether through consultation or other means, with the public, people using services, staff, local authorities and wider stakeholders.

The Chief Medical Officer and Chief Nursing Officer formally review and either approve or reject all QEHIA documents. Assessments are completed to determine the impact of any proposed change, with an overall risk score assigned, alongside identified mitigations and monitoring arrangements across the following areas, in addition to the five CQC domains:

- Patient experience
- Patient safety
- Staff experience
- Clinical effectiveness

- Performance, regulatory standards, audit and QIPP
- Equality and diversity for staff and patients
- Financial sustainability

In addition, a separate Equality and Equity Impact Assessment is completed to ensure compliance with the Human Rights Act and Equality Act. This is monitored and reported to the Quality Committee.

Approach to service and pathway redesign

The North West London Acute Provider Collaborative (NWL APC) strategy was published in July 2024. The strategy sets out a guiding approach to set and raise standards across the APC, improving patient outcomes by aligning Trust approaches so that all services meet best practice.

Across the APC, 28 specialties have each selected one pathway to align to best practice. These are led by specialty leadership groups with representation from each Trust and overseen by one of the APC Chief Executives. To date, 27 of the 28 pathways have submitted implementation plans and are being measured against agreed milestones, with metrics identified to demonstrate benefits and impact. Progress is reported to the APC Executive Management Board.

The approach to ongoing collaboration across specialties and the APC is to provide targeted support for high-impact pathways while sustaining collaboration across all networks, embedding collaborative working into clinical leadership roles.

A methodology for phase two of the pathway work has been developed, drawing on learning from phase one to enable larger-scale change while retaining the breadth of collaboration already established.

A long list of potential pathways for phase two has been developed by clinical leads and executive teams, informed by existing work within specialties and Trusts, alongside service information, national metrics and best practice. This long list will be refined into a shortlist based on data gathered, to ensure that selected pathways best meet the agreed methodology, including whether they:

- Are within the Collaborative's gift to deliver
- Address a weakness or vulnerable specialty within the Collaborative
- Address high variation across the Collaborative
- Address a productivity challenge or opportunity
- Can adopt an innovative model of care, for example digital innovation such as AI

The shortlist will be presented to the Acute Provider Collaborative Executive Management Board, with supporting data and developed rationales.

4. OTHER BUSINESS - ITEMS FOR NOTING

4.1 ANY OTHER BUSINESS

4.1.1 - CoG Forward Plan and schedule of CoG Meetings and CoG Briefings 2026 -2027

Date of Next Meeting - 16th July 2026 (date and time tbc)

REFERENCES

Only PDFs are attached

4.1.1 - COG and Briefing Forward Plan and Schedule of meetings 2025-2026.pdf

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors (CoG's) Forward Plan 2026 - 2027

	15th April 2026 CoG Meeting (Time and Venue TBC)	**18th June 2026 CoG Briefing (via MS Teams) 16:00 – 17:00**	**16th July 2026 (TBC) CoG Meeting (Date/Time/Venue TBC)**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Annual Report from the Finance and Performance Committee (Chair – Mike O' Donnell) • NWL Collaborative Update	• Briefing topic/presentation to be confirmed	• To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • Annual Report from the Chair of the Audit & Risk Committee (Chair – TBC)
Papers for information	• Chair's Report • Chief Executive Officer's Report • Quality Update		• Chair's Report • Chief Executive Officer's Report • Quality Update
Other Business	• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)		

	24th September 2026 CoG Briefing (via MS Teams) 16:00 – 17:00	**15th October 2026 CoG Meeting 16:00 – 18:30**	**December 2026 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00**
Statutory/Mandatory Business	• Winter Planning	• Minutes of Previous Meeting, including Action Log • Annual Report from the Quality Committee (Chair – Patricia Gallan) • Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) • NWL Collaborative Update	• Briefing topic/presentation to be confirmed
Papers for information		• Chair's Report • Chief Executive Officer's Report • Quality Update • Governors Elections 2026 – update	
Other Business		• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)	

	January 2027 (TBC) CoG Meeting 16:00 – 18:30		
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Annual Report from the People and Workforce Committee (Chair – TBC) • NWL Collaborative Update		
Papers for information	• Chair's Report • Chief Executive Officer's Report • Quality Update		
Other Business	• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)		