

Chelsea and Westminster NHS Foundation Trust

Patient Experience and Engagement Annual Report

2025/26

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1. Introduction

The Chelsea and Westminster NHS Foundation Trust (CWHFT) Patient Experience and Engagement Annual Report sets out the systems, processes and governance arrangements in place to ensure that patient voices are heard, acted upon and used to drive improvement across the organisation. The report describes how patient feedback, engagement activity and experience data are captured, triangulated and used to inform decision-making, under the oversight of the Trust's patient experience and engagement governance structures.

CWHFT delivers specialist and general hospital services across Chelsea and Westminster Hospital and West Middlesex University Hospital. Both sites operate major Emergency Departments, provide a wide range of inpatient and outpatient services, and the Trust delivers one of the largest maternity services in England.

The Trust's commitment to delivering high-quality, patient-centred care is underpinned by its strategic objectives to deliver excellent quality care, be the employer of choice and deliver better care at lower cost. An established quality improvement approach supports the delivery of the Patient Experience and Engagement Strategy, ensuring that learning from patients, families and carers informs service improvement and organisational development.

Covering the period April 2025 to March 2026, this report provides assurance that effective arrangements are in place to capture and respond to patient feedback, address concerns, involve patients and communities in service improvement, and embed learning from experience across the Trust.

The purpose of this report is to:

- provide an overview of patient experience and engagement activity at CWHFT during 2025/26
- demonstrate how patient feedback and insight are used to drive improvement
- provide assurance on the effectiveness of patient experience and engagement governance arrangements

2. Governance

The Chief Nursing Officer is the Executive Lead with accountability for Patient Experience and Engagement across the Trust. Operational leadership and delivery are delegated through the corporate Patient Experience and Engagement function, working in partnership with Divisions, clinical services and corporate teams.

This Annual Report provides assurance to the Board that appropriate governance arrangements, systems and processes are in place to capture, respond to and learn from patient experience and engagement activity, and that these are used to drive improvement in the quality, safety and experience of care.

Oversight of Patient Experience and Engagement is provided through the Patient and Public Engagement and Experience Group (PPEEG), a multidisciplinary forum comprising internal leaders, patient representatives and external partners where appropriate.

The PPEEG meets monthly and is responsible for:

- Providing oversight of patient experience and engagement activity across the Trust
- Reviewing triangulated intelligence from complaints, PALS, Friends and Family Test (FFT), surveys, patient stories and engagement activity
- Ensuring learning from patient feedback is identified, shared and acted upon
- Monitoring risks, themes and trends relating to patient experience and engagement
- Supporting alignment with national requirements, regulatory expectations and best practice

The PPEEG reports formally into the Executive Management, providing assurance on patient experience, engagement and responsiveness, with the ability to escalate risks or concerns through agreed governance routes as required.

Integration with Wider Quality and Safety Governance

Patient experience and engagement is embedded within the Trust's wider quality and safety governance framework. Learning and themes arising from patient feedback are shared and aligned with:

- Divisional governance and quality structures
- Patient safety processes, including PSIRF where relevant
- Quality improvement programmes and campaigns
- Workforce education and development initiatives

This integrated approach ensures that patient experience is not considered in isolation, but as a core component of quality, safety and culture.

Assurance Against National Requirements

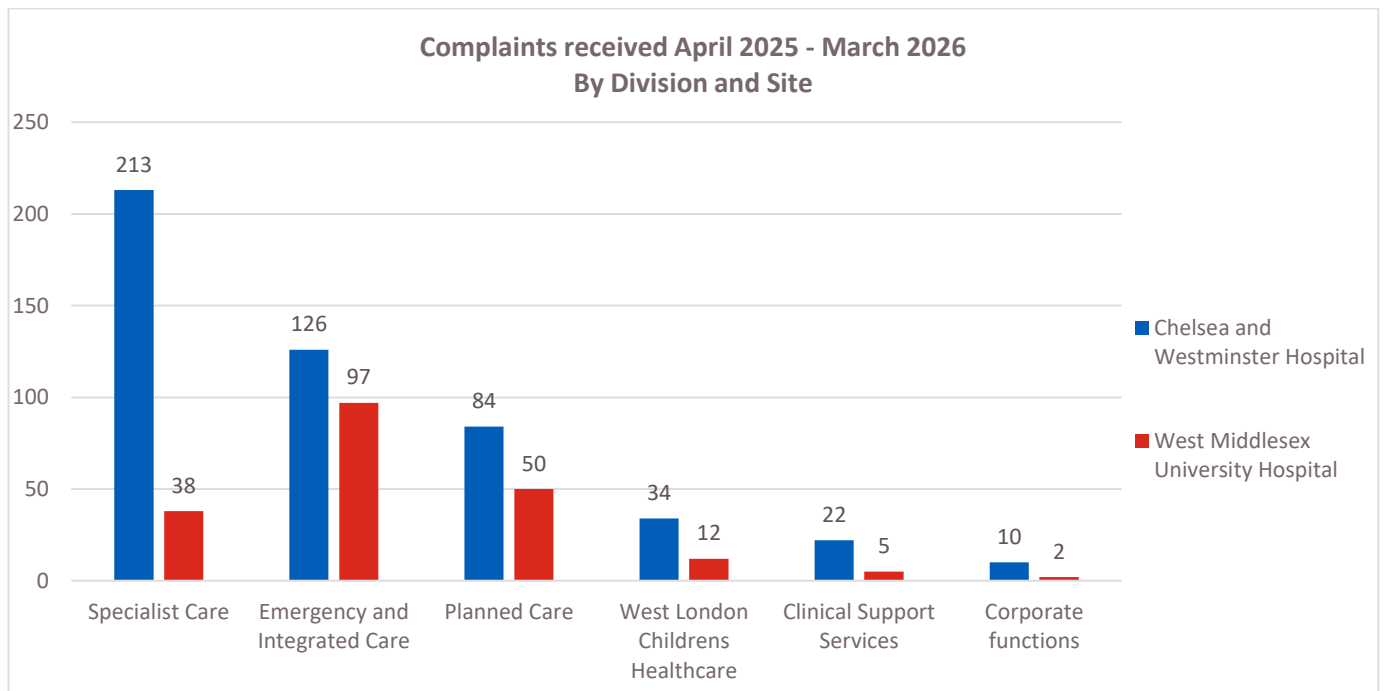
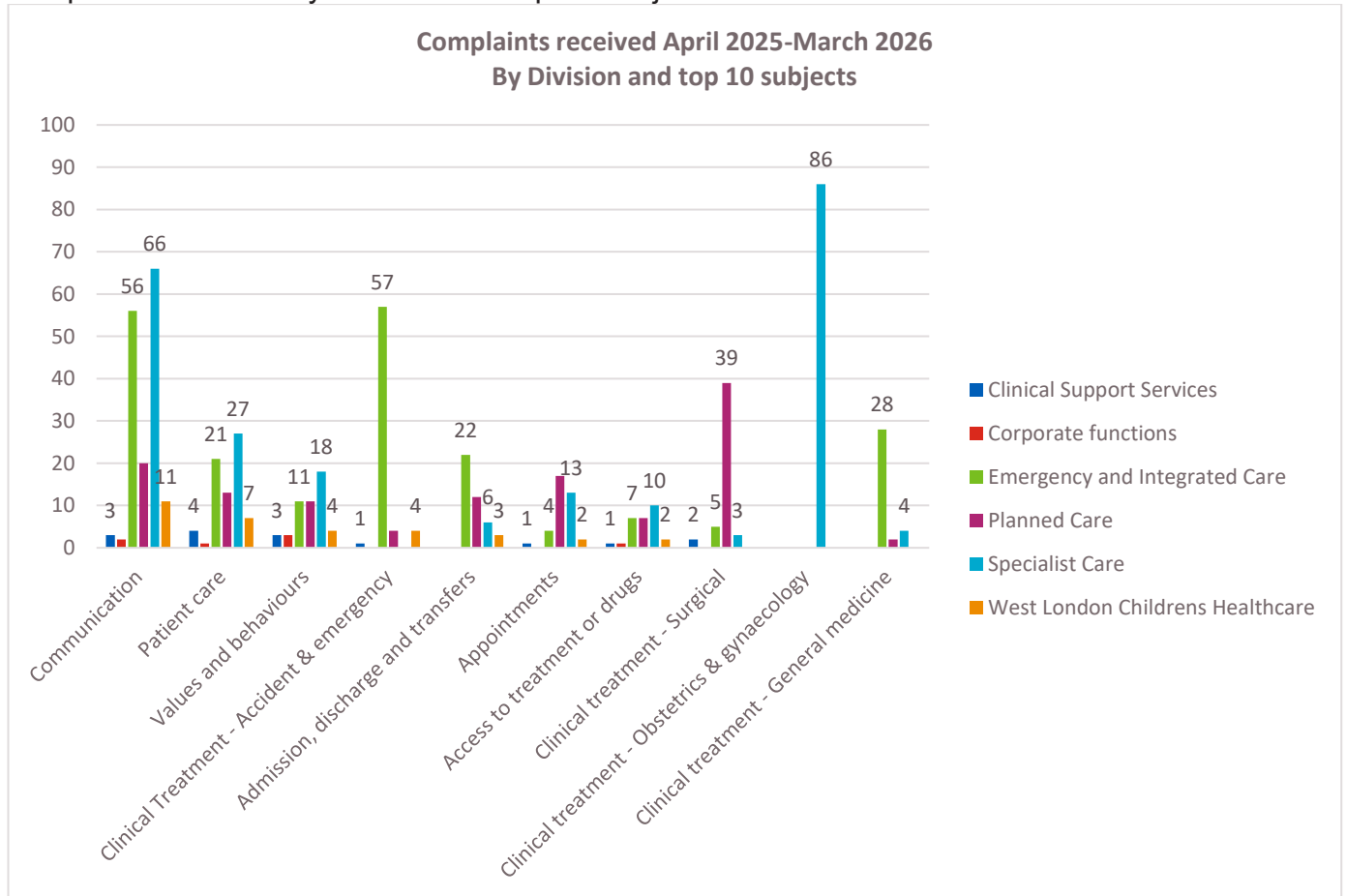
The Trust uses patient experience and engagement data to meet and respond to national requirements, including but not limited to:

- NHS Complaints Regulations and associated guidance
- National Patient Survey Programme outputs
- Friends and Family Test requirements
- Regulatory expectations relating to responsiveness, involvement and equality

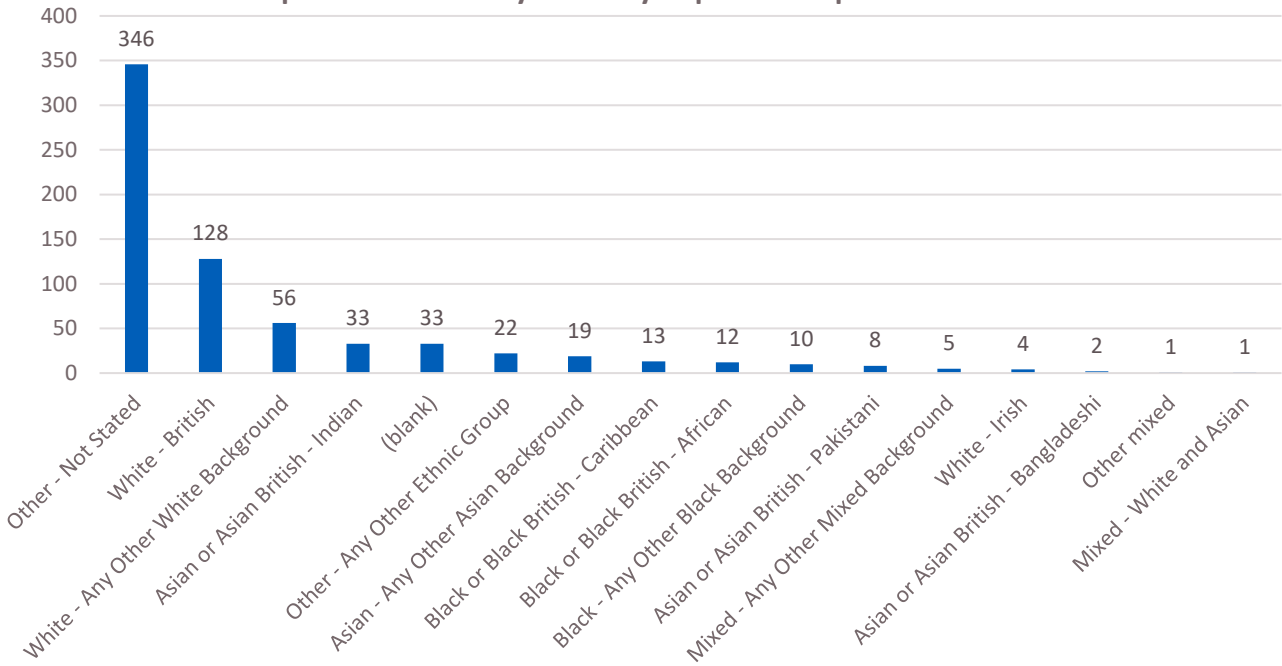
The governance arrangements described above provide assurance that national requirements are monitored, complied with and used to inform local improvement activity.

3. Complaints

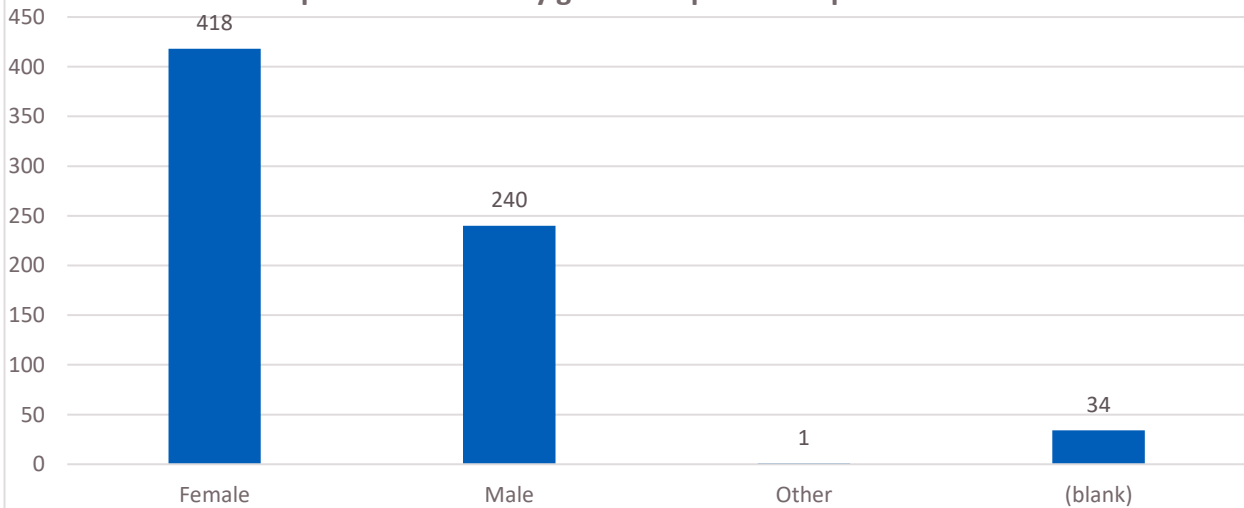
693 complaints were received during 1st April 2025-31st March 2026. The chart below shows complaints received by Division and top 10 subjects:

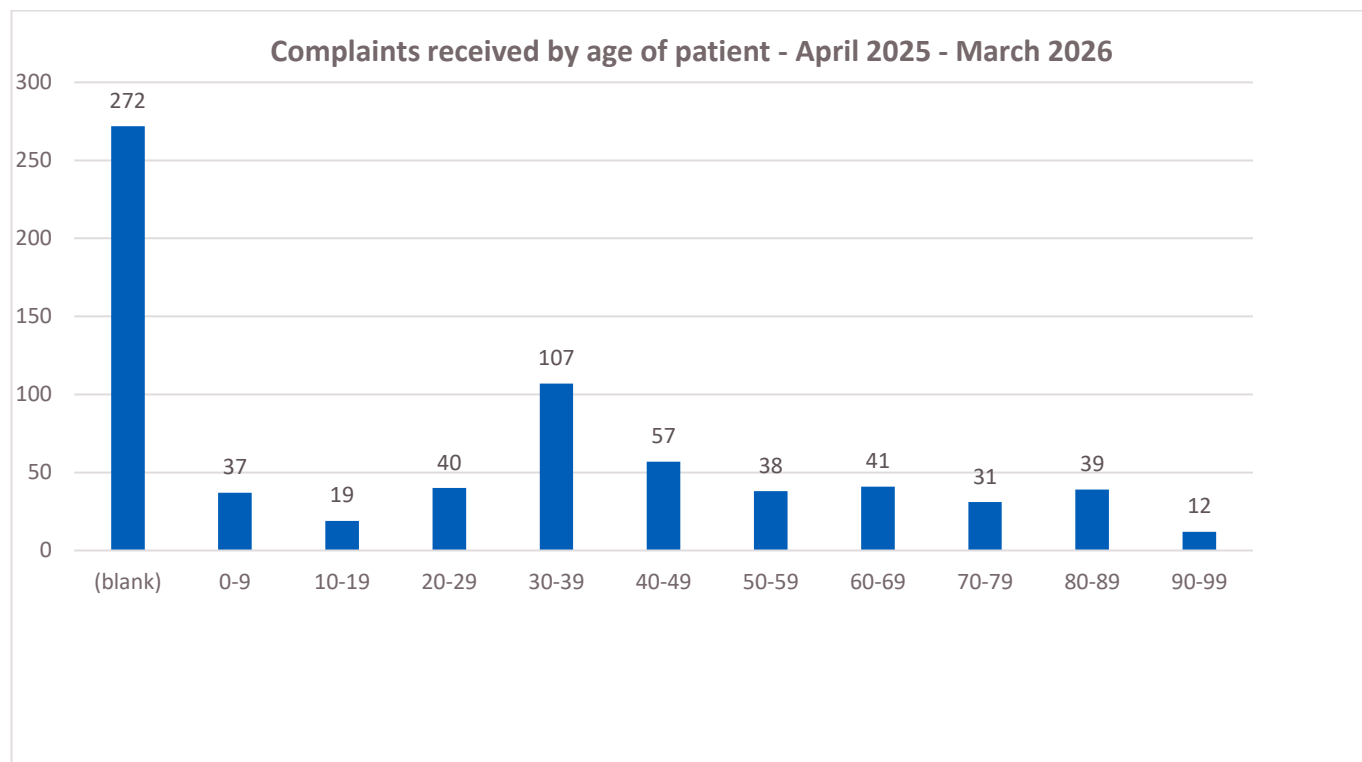


Complaints received by Ethnicity of patient - April 2025 - March 2026



Complaints received by gender of patient - April 2025 - March 2026





The below table shows complaints received by theme during the past three years:

Complaint theme	Number received 2023/24	Number received 2024/25	Number received 2025/26
Access to treatment or drugs	9	23	28
Admissions, discharges and transfers	25	16	43
Appointments	18	27	37
Clinical treatment (across all specialties)	135	177	256
Communication	106	129	158
Consent to treatment	1	1	4
End of life care	3	2	0
Patient care	81	56	73
Prescribing errors	4	4	8
Privacy, dignity and wellbeing	6	8	6
Trust administration	3	4	14
Values and behaviours	55	29	50
Waiting times	7	2	5
Other	1	3	6

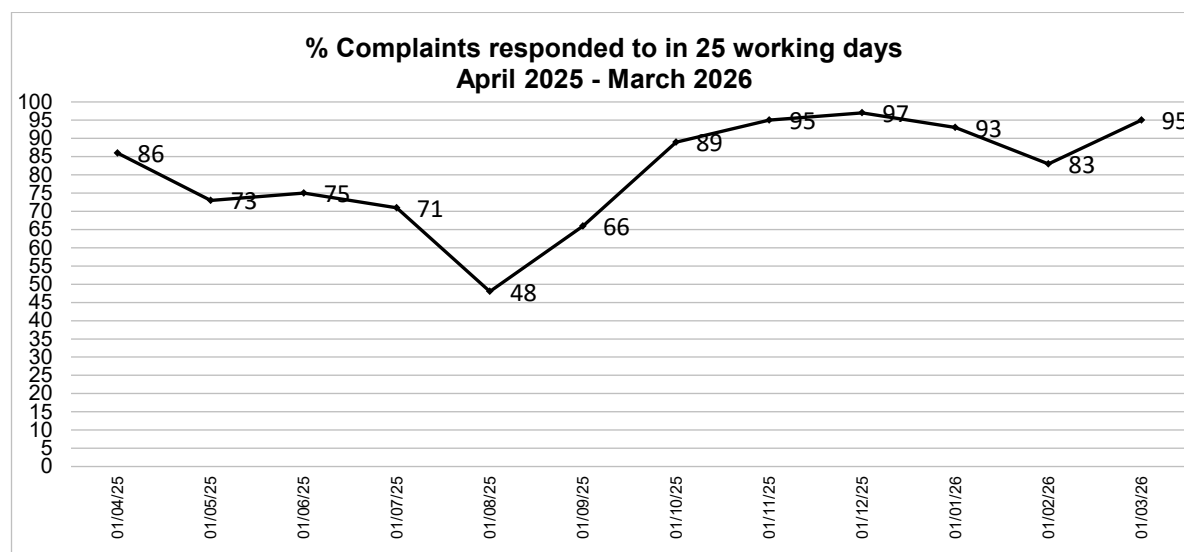
Acknowledgement within two working days was achieved for 92% (638/693) of complaints, just below the 95% KPI, with performance affected by peaks in incoming workload.

The number of complaints has increased by 43% compared with the previous year. This is reflected as an increase across all subjects, most notably for clinical treatment (all specialties) admissions, discharges and transfers, communication and trust administration.

The increase in complaints reflects both rising demand and increasing complexity across services, rather than isolated service failure. The consistency of themes across complaints,

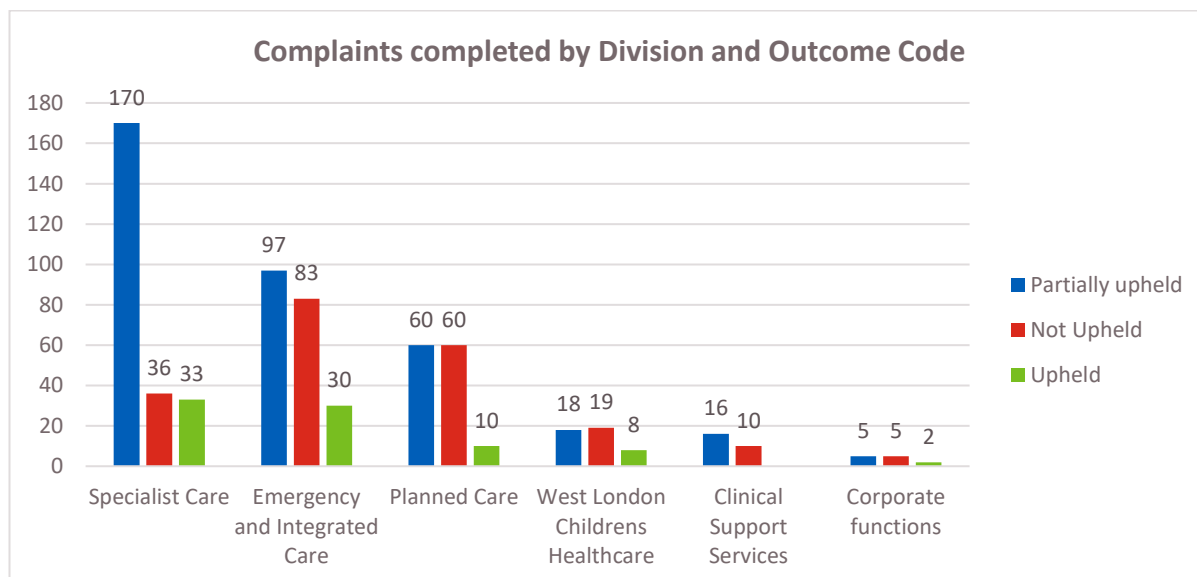
PALS and survey data provides assurance that the key issues are well understood; however, the scale of activity presents a risk to timely resolution and, more importantly, to ensuring that learning is consistently translated into measurable improvement across all services.

Compliance with the KPI of completing 90% of complaints within 25 working days is as follows:



Performance against the 25-working day response target showed a marked deterioration in August (48%), following a period of variable but relatively stable delivery between April and July (71–86%). In response, a focused improvement plan was implemented with daily executive oversight from the Chief Nursing Officer and Deputy Chief Nursing Officer. This included a full review of complaints handling processes and the standardisation of approaches across all divisions to improve consistency, timeliness and accountability. This intervention has led to a sustained and significant recovery in performance from October onwards, with compliance consistently exceeding 90% through November to January, and returning to 95% by March. This demonstrates the positive impact of strengthened governance, oversight and process alignment on complaints performance.

The chart below shows the completed complaints and their outcomes (there are still 13 open from last year as at 8.5.26):



9% of complaints received were reopened, here is a divisional breakdown:

Division	CSS	EIC	PC	Specialist Care	WLC/Corp/Ent
Number completed	27	223	134	251	46
Number reopened	1	26	8	24	5
% reopened	4	12	6	10	11

Parliamentary and Health Service Ombudsman/ISCAS

18 requests for files and records were made by the PHSO/ISCAS during April 2025 – March 2026. 3 complaints were subsequently taken on for investigation. There are three complaints currently open for investigation:

ID	Site	Division	Specialty	Final Response to complainant	PHSO commenced process	Status
18362	West Middlesex Hospital	Planned Care	Anaesthetics	14.03.22	12.3.24	Being investigated by PHSO
25598	West Middlesex Hospital	Emergency and Integrated Care	Gastroenterology	17.1.25	2.9.25	Being investigated by PHSO
28904	Chelsea and Westminster Hospital	Specialist Care	Private Patients	18.3.2026	14.4.26	Being investigated by ISCAS.

The following complaints were completed:

ID	Site	Division	Specialty	Status
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17674	Chelsea and Westminster Hospital	Specialist Care	Maternity	Apology letter £300 compensation.
22685	West Middlesex Hospital	Planned Care	Vascular	Partly upheld £1k compensation, apology letter, recommendations
22544	Chelsea and Westminster Hospital	Emergency and Integrated Care	Neurology	Partially upheld - £800 compensation, apology letter, action plan
19691	Chelsea and Westminster Hospital	Emergency and Integrated Care	Care of the Elderly	Partly upheld - £600 to be paid to family and creation of action plan.
25387	Chelsea and Westminster Hospital	Specialist Care	Private Patients	Investigated by ISCAS. £900 paid to family
23554	West Middlesex Hospital	Planned Care	Urology	Outcome - not upheld
25951	Chelsea and Westminster Hospital	Specialist Care	Private Patients	Being investigated by ISCAS. Payment of £800 made

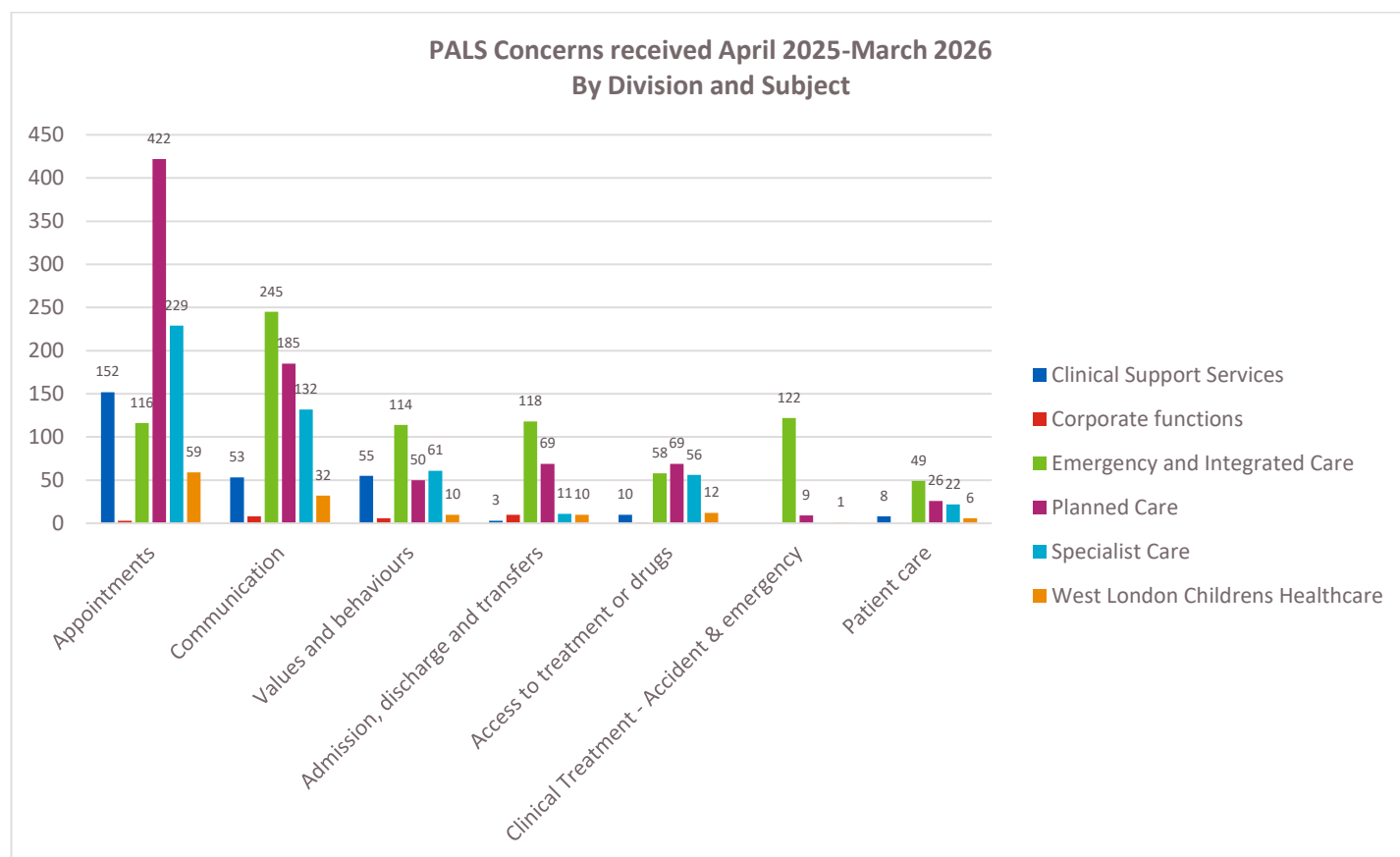
Theme	'You said' Sub-themes	'We did' Immediate actions taken to address complaints
Communication	- Multiple failures in care and discharge planning for patient who was fully independent before admission. - Family complained regarding poor communication during an inpatient stay - Care and communication with patient during inpatient admission. - The Trust recognises that the wording "advance decision not agreed" caused confusion.	- Patients and families to be informed promptly when new clinical advice changes discharge plans. Therapy teams will explain limitations of inpatient and community therapy availability. Reinforcement of obtaining timely handover from rehabilitation units, especially after overnight transfers. - Feedback shared with all ward team and reinforcement that handover and family communication is mandatory. - Refresher training requested from the Pain Team on assessing pain in non-verbal patients. Aim to improve recognition of pain indicators and avoid delays in analgesia. - Documentation must be clear and unambiguous to avoid misinterpretation review taking place to reinforce documentation standards for DNAR discussions.

Patient care	• Patient not provided timely assistance for continence care • Concerns raised regarding administration of medication in the care of a patient at the end of their life • Patient complained about a lack of understanding re ward routines, delays in medication and a lack of rest. • Parents complained regarding child's care on ward, including diagnosis, treatment and cannula care.	• Nursing leadership to reinforce proactive continence support, privacy, and regular reassurance with ward staff. • Additional syringe pump training has been delivered on the ward, and this continues to be incorporated into regular End of Life care training days to ensure nurses remain confident and competent in their use. • "Welcome to the Ward Pack" which states the allocated times of medication rounds, and encourages patients to let their midwife or caring member of staff to know if they do not wish to be disturbed for any non-urgent medication. • Further staff training on compassionate communication and partnership with parents. Re-educate nursing staff on cannula management protocols, including mandatory site checks before each infusion. Strengthen escalation procedures when discomfort or infiltration is suspected. Monitor compliance with cannula protocols through regular audits and feedback.
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This has led to clearer communication with patients and families, improved staff awareness and training, and strengthened clinical practices in key areas such as pain management, documentation and cannula care. Early assurance from local monitoring and feedback suggests improved consistency in care delivery and a reduction in avoidable delays and misunderstandings.

4. Patient Advice and Liaison Service (PALS)

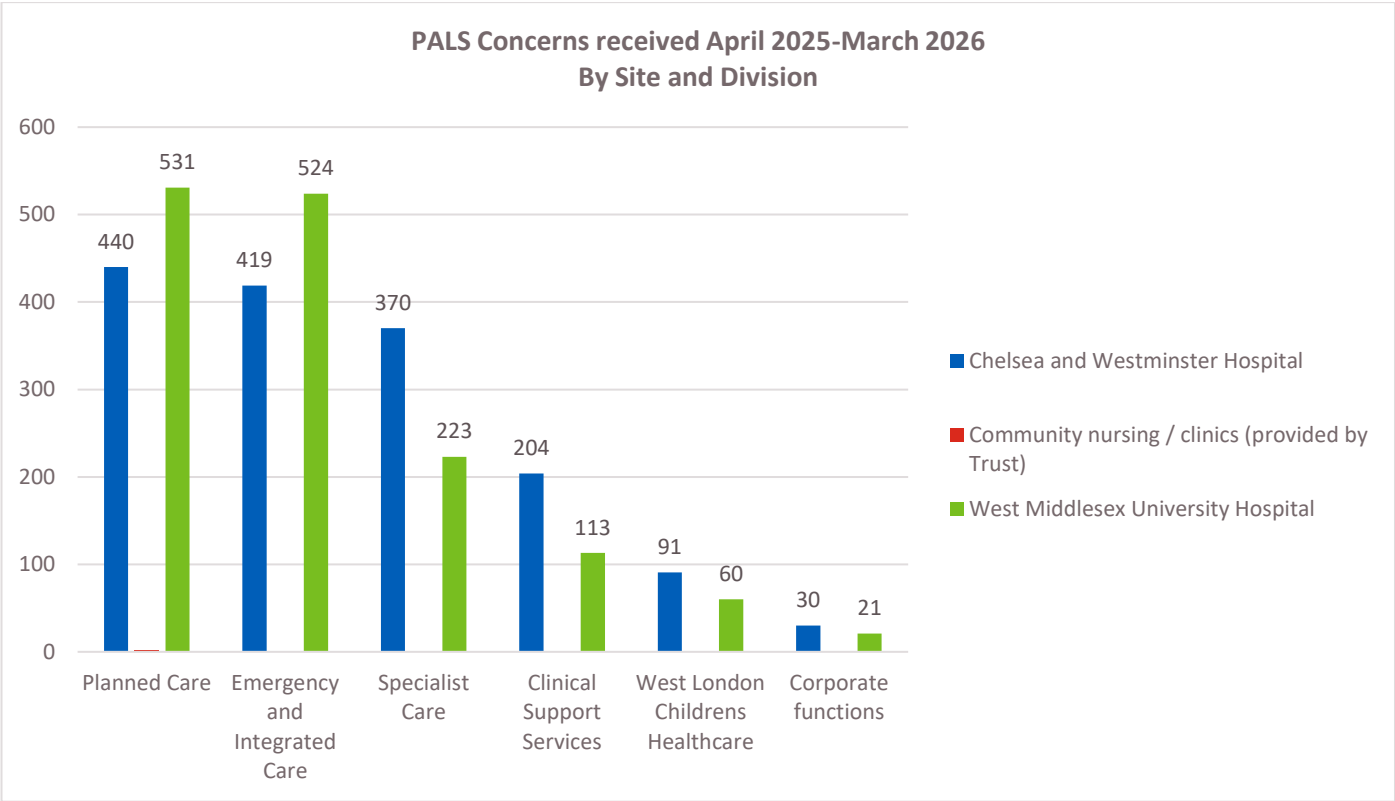
We received 3028 PALS contacts in the past year, which is an increase of 103% on the previous year, mirroring the increasing trend of complaints received. Here is a breakdown of concerns received by Division and top seven subjects:



The majority of PALS concerns received are about appointments – delays and cancellation and communication with our patients and families. The themes remain the same as previous years. We have noticed an increase in the number of patients making contact to raise concern about inaccurate information contained in their discharge summaries, this could be for several reasons, including an increase in patients being seen and people accessing their medical records through the NHS app.

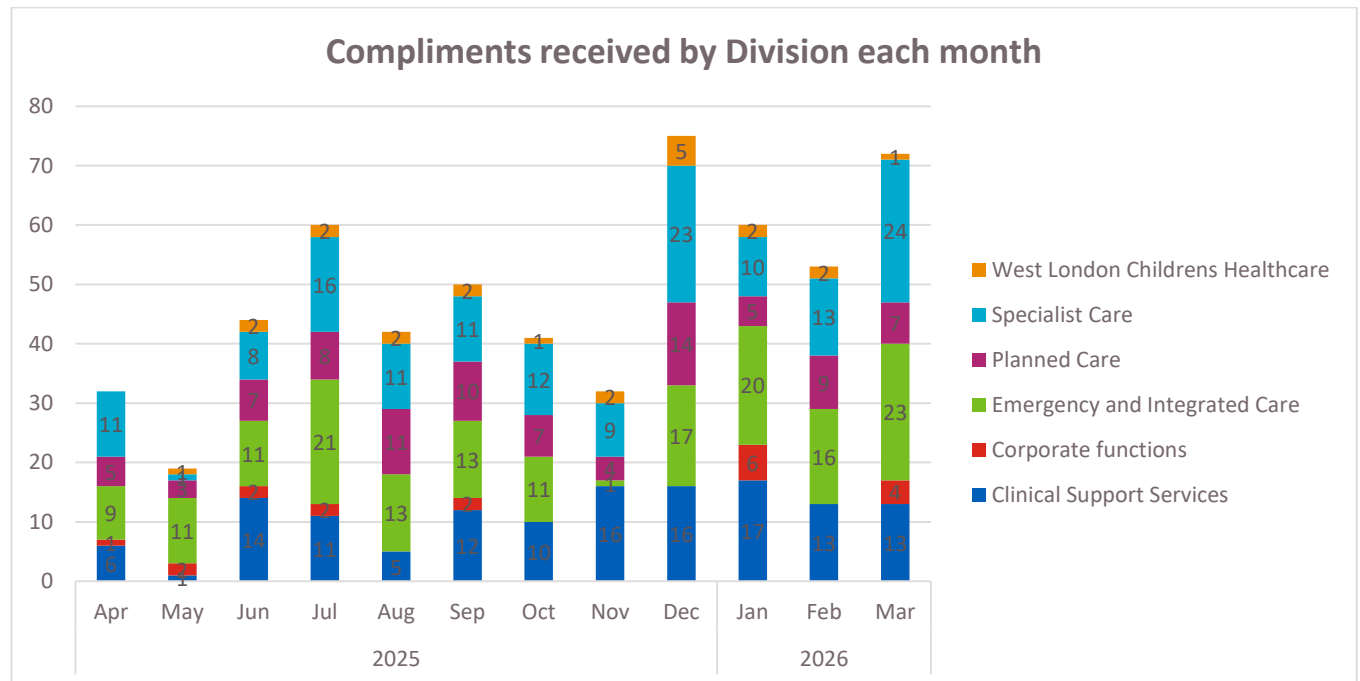
The significant increase in PALS contacts demonstrates improved accessibility and early escalation of concerns, providing valuable real time operational insight. However, the volume and nature of contacts indicate ongoing pressure within access, communication and patient flow, and reinforce the need to strengthen early resolution, improve information provision, and reduce avoidable escalation into formal complaints.

Here is a further breakdown by Site and Division:



5. Compliments

We logged 580 compliments throughout the year, with themes of positive staff attitude, effective care and treatment and good communication across many of the compliments received. Compliments are shared with teams to celebrate and share good practice.



6. Friends and Family Test (FFT)

The Friends and Family Test (FFT) is a national measure that asks patients whether they would recommend our services to friends and family if they needed similar care. Prior to June 2024, FFT activity was largely centred on the standard national question, providing a high-level view of overall patient sentiment. From June 2024, we strengthened our approach by introducing additional, targeted questions within our key area surveys (A&E, Inpatient, Maternity and Outpatient services), later extending this to children and young people. This enhanced model has enabled deeper, more meaningful insights, alongside regular assurance and improved monitoring of priority workstreams across each service area.

Response volumes reduced from approximately 72,000 in 2024/25 to around 50,000 in 2025/26, with overall satisfaction decreasing slightly from 89% to 86%. This reduction in responses was anticipated and reflects the introduction of multiple targeted surveys, ongoing scrutiny of survey spend, and the cumulative impact of patients being surveyed across a number of touchpoints. The slight decline in satisfaction also reflects broader challenges, with patients reporting increased dissatisfaction with care and experience compared to previous years. Importantly, the Trust does not compare negatively overall across the key surveys, suggesting this trend is not unique to our organisation and reflects wider system-level pressures affecting patient experience nationally.

There is typically no significant variation between sites for inpatient, maternity or outpatient care when looking at the year as a whole. However, within A&E, patients consistently report a more positive experience at Chelsea site compared to West Middlesex, with satisfaction scores of 82% and 76% respectively.

2025-2026 (FFT High-Level Insights)

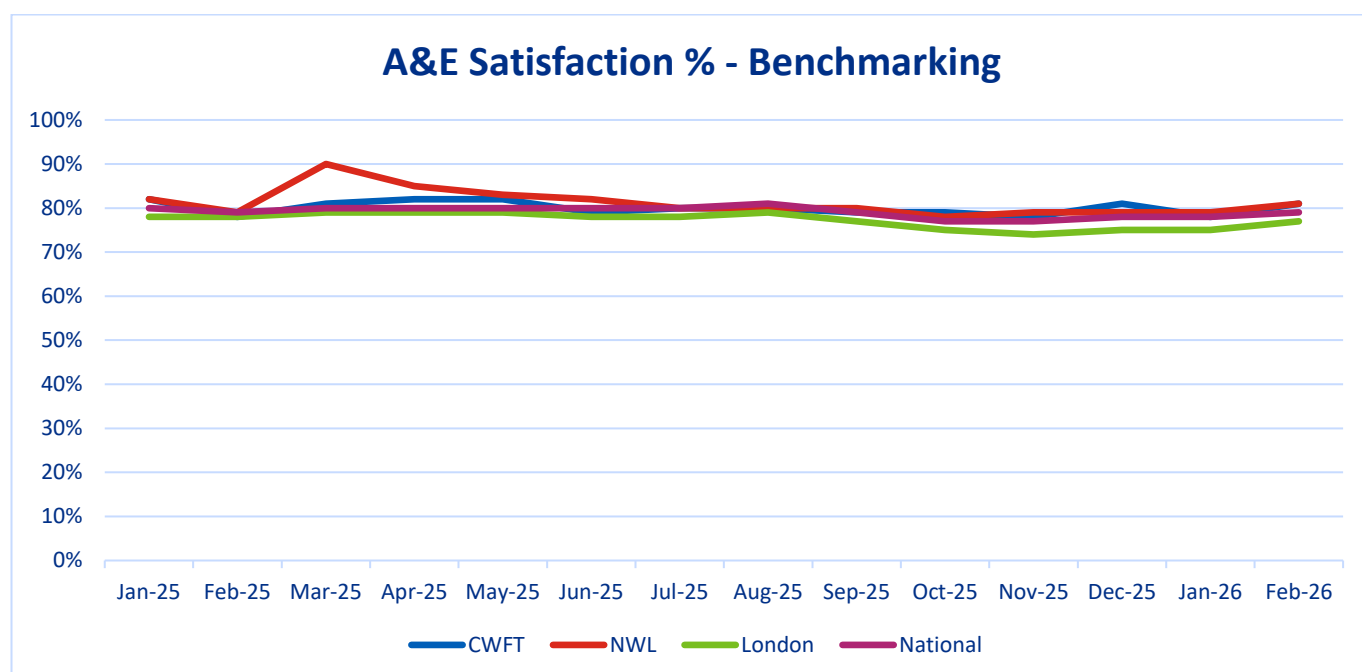
Where patient experience is best	Where patient experience could improve
✓ A&E: Patients consistently highlight being treated with respect and dignity, and feeling involved in conversations about their care. ✓ Inpatient: Positive feedback focuses on respectful care, attentiveness from staff, good pain management, clear information about treatment, and support at mealtimes. ✓ Maternity: Patients value being treated with respect and dignity, feeling able to ask questions, and being spoken to in a clear, understandable way. ✓ Outpatients: Respectful treatment and receiving answers that patients can understand are consistently reported as strengths.	○ A&E: Long waiting times remain a key concern, alongside clearer explanations of tests and better information when leaving the department. ○ Inpatient: Patients would like to be more involved in decisions about their care, receive answers they can more easily understand, and experience less disruption during the night. ○ Maternity: Feedback highlights the need for clearer information and explanations, increased confidence in staff, greater involvement in care decisions, and reassurance that concerns raised are taken seriously. ○ Outpatients: Key themes include waiting times, clearer information and explanations, greater involvement in care, and knowing who to contact following an appointment.

A&E FFT 2025-2026

2025-2026 (CWHFT A&E Satisfaction and Response totals by site)

Site	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Chelsea & Westminster Hospital	82.393%	11.889%	10632	6849	1911	579	492	772	29
West Middlesex University Hospital	75.578%	16.185%	9299	5062	1966	729	581	924	37

2025-2026 (A&E Satisfaction Benchmarking – NWL, London, National)



CWHFT A&E FFT satisfaction remained stable throughout the period, consistently sitting in line with or above the London average and broadly aligned with national performance, demonstrating resilience despite wider system pressures and month-to-month variation.

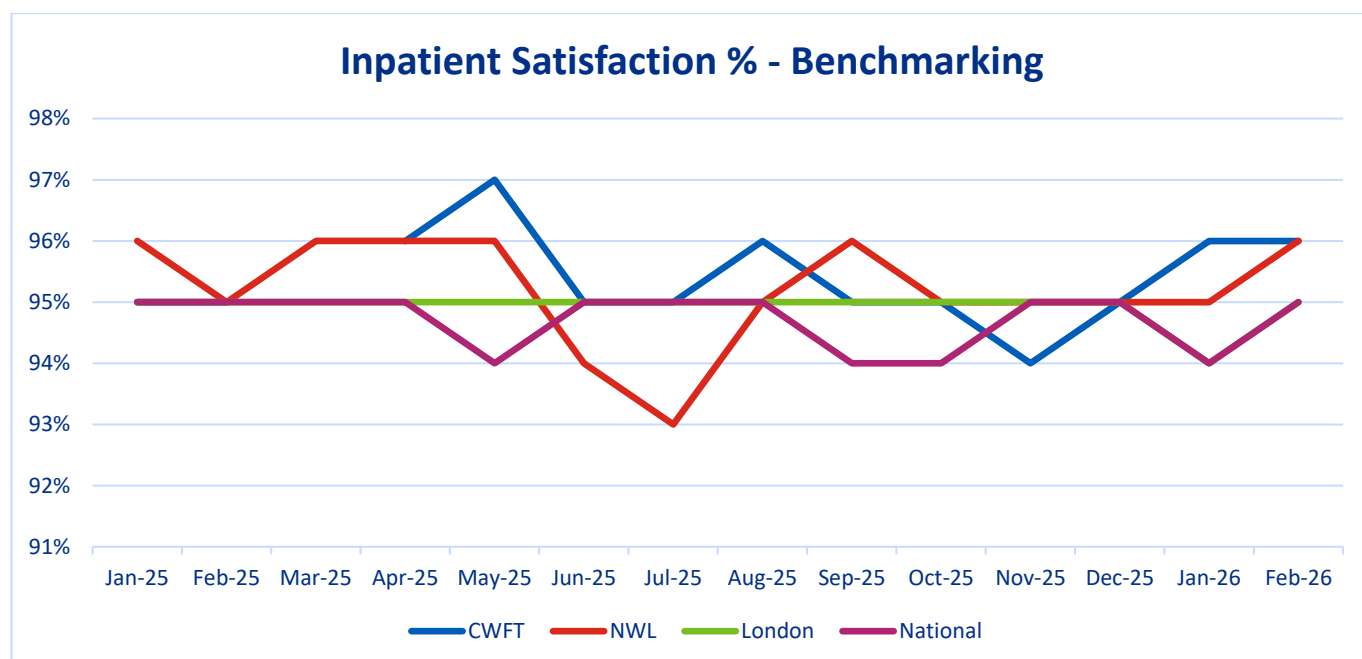
Patient feedback is shared and reviewed regularly with clinical and operational teams and is actively used to inform and support service improvement. This has resulted in a range of initiatives, including the refurbishment of the West Middlesex waiting area, the introduction of clear patient information boards within the UTC at West Middlesex, the development of new *Fit to Sit* areas, and ongoing investment in Same Day Emergency Care centres to improve patient flow and speed of access to care.

Inpatient FFT 2025-2026

2025-2026 (CWHFT Inpatient Satisfaction and Response totals by site)

Site	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Chelsea & Westminster Hospital	94.79%	1.388%	4395	2927	1239	162	31	30	6
West Middlesex University Hospital	96.367%	0.856%	6194	4221	1748	135	39	14	37

2025-2026 (Inpatient Satisfaction Benchmarking – NWL, London, National)



CWHFT inpatient FFT performance remains consistently strong, with patient experience scores between 94% and 97% throughout the period. CWFT is aligned with, and at times slightly above, London and national averages, and broadly in line with NWL performance, demonstrating a sustained and high-performing position with minimal variation month to month.

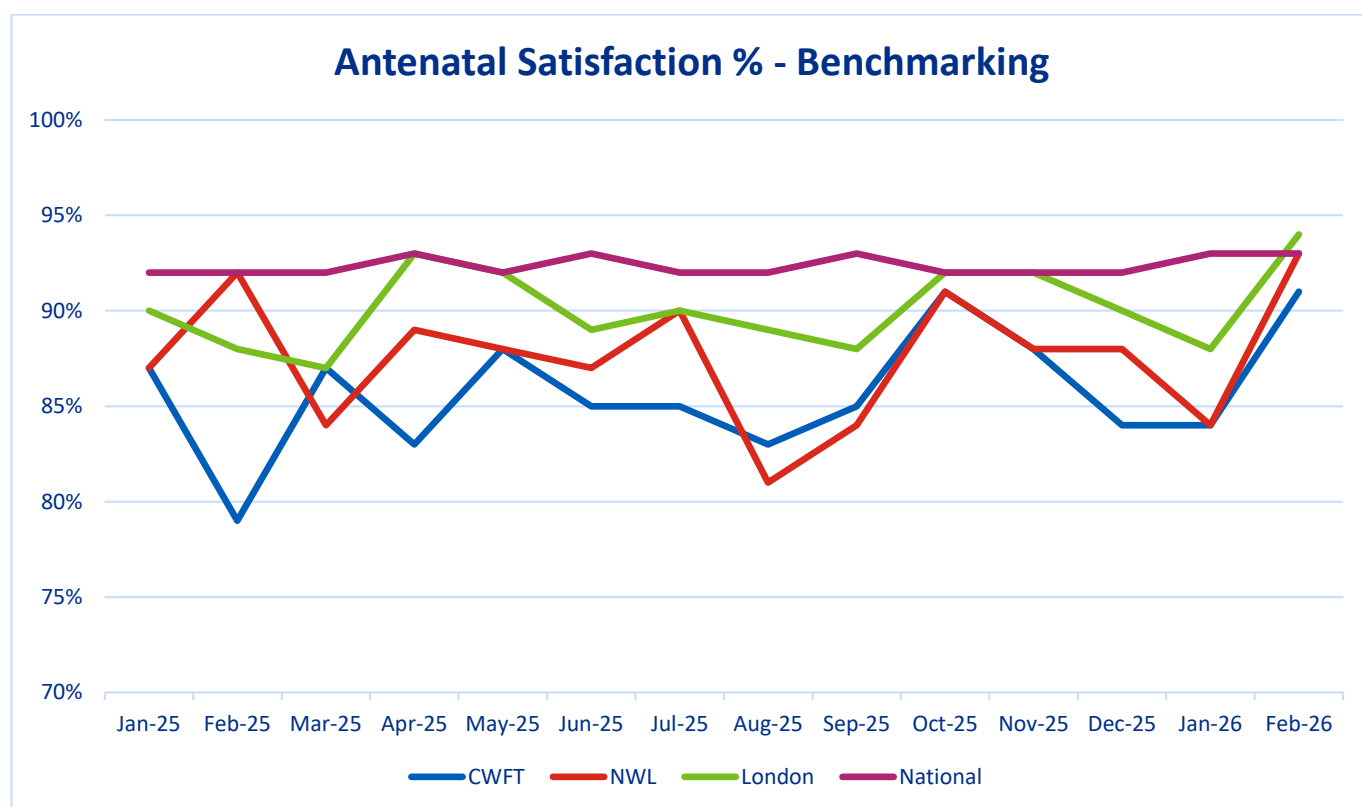
The introduction of additional survey questions has enabled more robust, ongoing monitoring of key improvement workstreams. This includes targeted oversight of nutrition and hydration, the newly introduced sleep improvement plan (where feedback has helped identify wards most affected by night-time disruption), and more focused action around patient involvement, communication and information-sharing. Collectively, this approach provides more timely assurance and supports sustained, evidence-based improvement across services.

Maternity FFT Data 2025/2026

2025-2026 (CWHFT Maternity Satisfaction and Response totals by site)

Site	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Chelsea & Westminster Hospital	86.929%	8.953%	1117	753	218	46	46	54	0
West Middlesex University Hospital	85.017%	10.269%	594	374	131	28	21	40	0

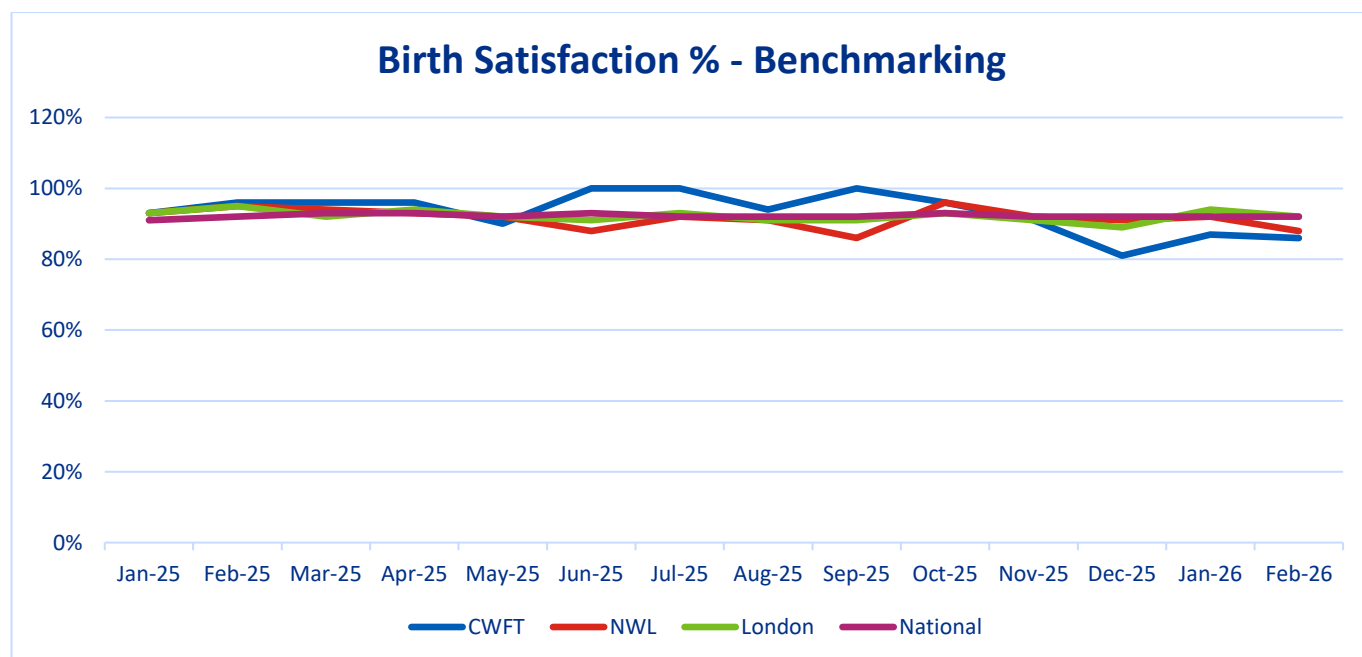
2025-2026 (Antenatal Satisfaction Benchmarking – NWL, London, National)



Antenatal satisfaction scores were more variable than other stages of the pathway and generally sat below London and national benchmarks, although performance was broadly in line with NWL comparators. Improvement was seen later in the year, with higher satisfaction reported in October 2025 and February 2026, suggesting early progress from targeted actions.

Antenatal improvement work remains ongoing, with a strong focus on strengthening information provision and emotional support. This includes clearer and more consistent information around infant feeding, mental health support, and consideration of individual past medical history. The aim is to improve reassurance, continuity and personalised care throughout pregnancy, recognising the increasingly complex needs within antenatal services.

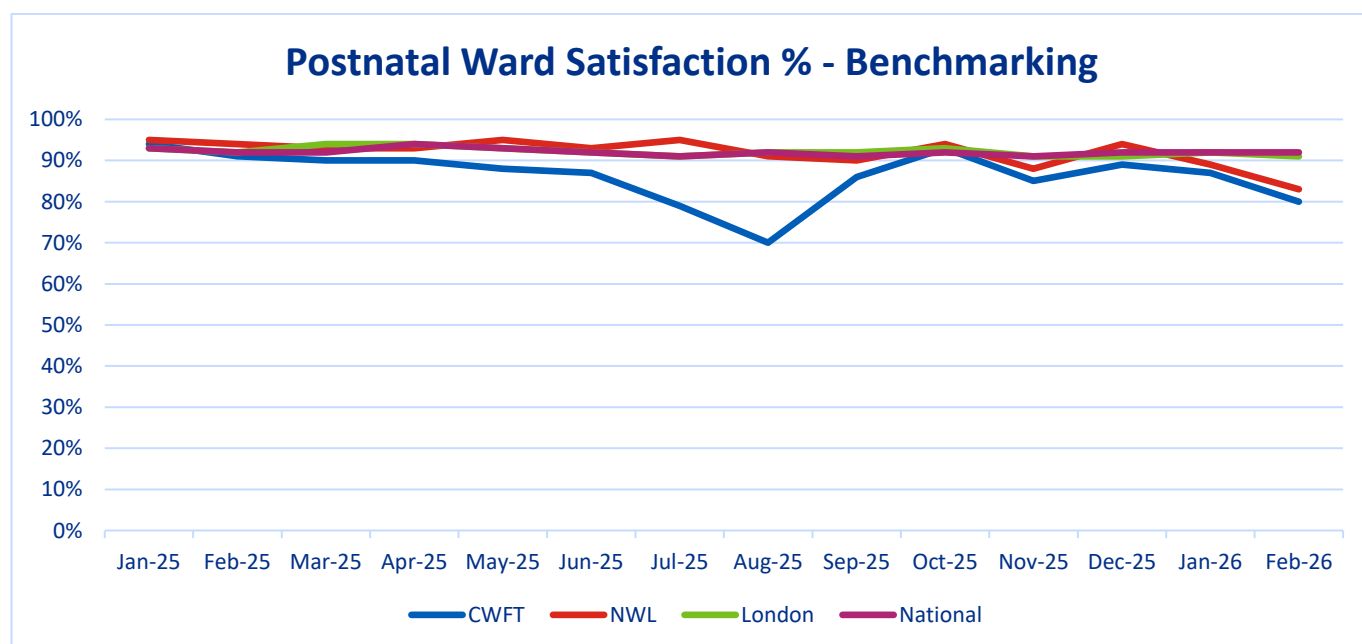
2025-2026 (Birth Satisfaction Benchmarking – NWL, London, National)



Birthing experience remains a clear strength, with CWFT satisfaction consistently high and often exceeding NWL, London and national benchmarks. Several months recorded very high satisfaction, despite some expected fluctuation linked to smaller response volumes.

A range of improvements have been implemented to enhance women's experience during labour and birth. These include moving computers into birthing rooms so women do not feel left alone while documentation is completed, and introducing structured debriefs where appropriate, particularly following complex births. This work has focused on presence, reassurance and helping women better understand their birth experience.

2025-2026 (Postnatal Ward Satisfaction Benchmarking – NWL, London, National)



Postnatal satisfaction showed greater variability and was generally lower than NWL, London and national benchmarks, reflecting wider pressures across postnatal services. While improvement was seen later in the year, feedback highlights this as an area requiring continued focus and monitoring.

Postnatal improvement work has centred on strengthening information provision and support following birth, including the introduction of clearer postnatal information and welcome booklets. Kindness-focused initiatives have also been introduced to reinforce compassionate care during what can be a physically and emotionally challenging period after discharge.

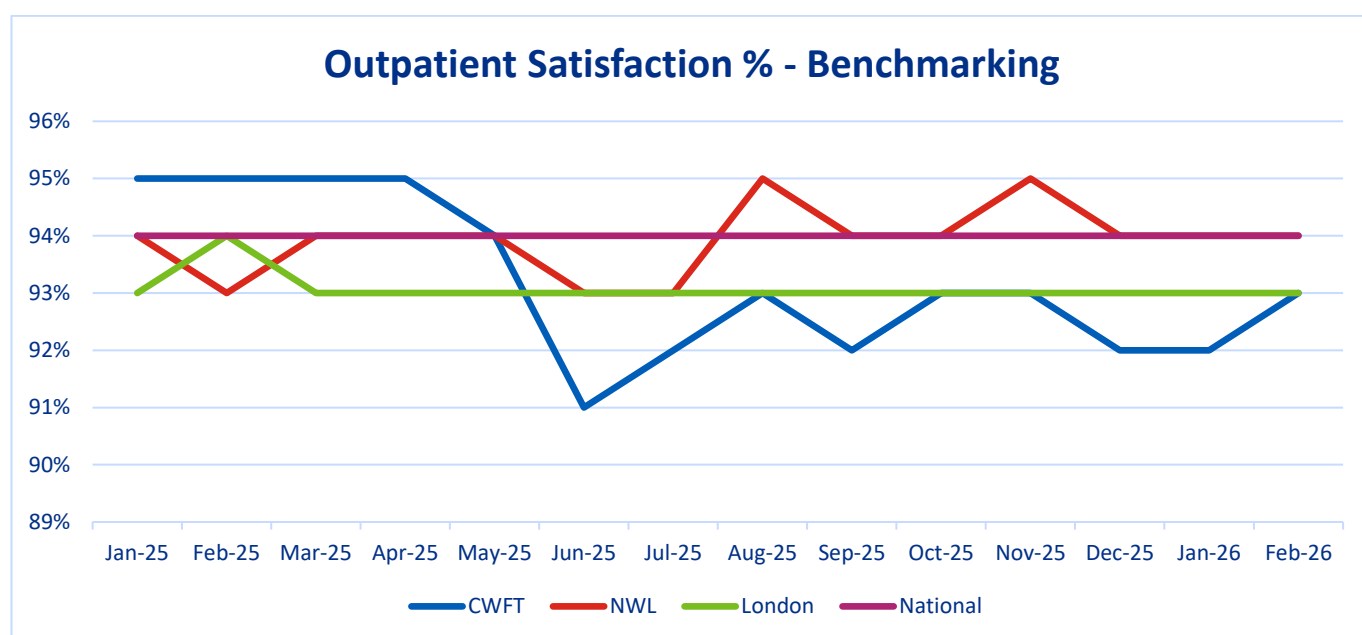
Across the maternity pathway, there has been a significant and sustained focus on recruitment to strengthen staffing levels. While recognising that recruitment alone does not resolve all challenges, this represents an important step in supporting safer and more compassionate care. Maternity experience continues to be closely reviewed in the context of changing patterns of care, including increasing numbers of caesarean births. Ongoing priorities include equipping staff with post-surgical knowledge and support structures, and ensuring women consistently feel listened to and that their concerns are taken seriously at every stage of their care.

Outpatient FFT Data 2025-2026

2025-2026 (CWHFT Outpatient Satisfaction and Response totals by site)

Site	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Chelsea & Westminster Hospital	92.409%	4.322%	13398	10585	1796	400	247	332	38
West Middlesex University Hospital	91.165%	4.911%	10956	8134	1854	382	235	303	48
Total	91.867%	4.579%	25180	19348	3784	805	499	654	90

2025-2026 (Outpatient Satisfaction Benchmarking – NWL, London, National)



Outpatient satisfaction remained consistently high, with CWFT scores largely in line with or slightly above NWL, London and national benchmarks throughout the period. Aside from a small dip in mid-2025, performance was stable and comparable with peer organisations. While strong response volumes suggest the findings reflect a broad range of patient feedback, further analysis is required to understand the impact of SMS survey distribution. CWHFT issues comparatively more text surveys to A&E patients than to outpatients, which differs from the approach taken across other NWL organisations.

Despite strong overall scores, feedback continues to highlight opportunities to improve waiting times, clarity of information and explanations, involvement in care decisions, and guidance on who to contact after appointments. These themes are reviewed regularly with services to support ongoing improvement and sustained monitoring of the outpatient experience.

FFT Data Limitations / Challenges / Actions

System Transition and Data Access

The transition to a new system (Civica) in June 2025 resulted in initial implementation challenges, including the need for extensive training for clinical leads to access and interpret data. While these issues have improved over time, early difficulties limited timely use of FFT insights.

Reporting Complexity and Data Volume

Civica provides a wide range of reporting options; however, limited automation and the volume of available reports have made it challenging for some teams to identify and prioritise the most meaningful data. In some instances, the breadth of data available can make effective triangulation more complex.

Demographic Data Gaps

Despite FFT questions being mandatory, respondents can select “prefer not to say” or “other”, resulting in limitations in demographic data. Representation gaps remain, with under 10% of FFT responses from children and young people, under 1% from imaging services, over 70% of responses recording language as unknown or not stated, and more than 50% of complaints recording ethnicity as “other/unknown”.

Language Accessibility

FFT surveys have not yet been accessible in multiple languages, despite initial assurances from the system provider. This may have impacted engagement from patients whose first language is not English. Work is ongoing with the provider, with a multilingual solution anticipated later this year.

Children and Young People Engagement

A new children and young people FFT survey has been developed following a year of engagement to better understand their needs. The updated survey includes age-appropriate features such as animations and emojis and is intended to improve response rates and ensure this cohort’s experiences are better captured.

Specialty-Level Insight

Specialty-level reporting has been implemented, allowing services to drill down into specific hotspots and pain points. This has highlighted areas of poorer experience, including within some surgical services, and findings are shared regularly through governance committees.

7. Surveys (National and Local)

The National Patient Survey Programme is delivered by the Care Quality Commission (CQC) and provides a consistent, independent assessment of patients' experiences of NHS services across England. The programme comprises a suite of national surveys covering key services and pathways, such as maternity, inpatient, urgent and emergency care, and children and young people's care. By using standardised methodology and nationally comparable questions, the surveys allow trusts to understand how their performance compares with previous years and with other organisations, and to identify areas of sustained improvement or emerging concern. Alongside the CQC-commissioned surveys, the Trust also participates in other nationally mandated patient experience surveys, such as the National Cancer Patient Experience Survey, which is commissioned by NHS England and delivered by Picker.

During 2025/26, the Trust received and considered results from several national surveys. This included the annual National Maternity Survey, reflecting the experiences of women who gave birth between January and March 2025, for which results were received during the year. The Trust also received the National Inpatient Survey 2024 results, alongside results from the National Children and Young People's Survey 2024, covering children admitted between March and May 2024. In addition, results from the National Cancer Patient Experience Survey 2024 were received.

While high-level year-on-year comparisons have been provided for maternity and inpatient surveys (below), this has not been possible for children and young people due to a four-year gap between survey cycles, with the previous survey conducted in 2020 and the most recent in 2024. The 2024 Children and Young People's Survey also underwent a significant redesign, meaning many questions are not directly comparable with earlier results. There was no Urgent and Emergency Care Survey during 2025/26, as the previous survey related to 2024 attendances and results were received within that year. The Trust was, however, notified that a National Neonatal Survey would take place for patients accessing neonatal care between June and September 2025, with results anticipated in 2026.

National Inpatient Survey 2024

Section	2021	2022	2023	2024
Admission to hospital	7	6.9	6.6	6.8
The hospital and ward	7.6	7	7.1	7.2
Doctors	8.8	8.6	8.7	8.9
Nurses	8.2	7.8	8	8.5
Your care and treatment	7.9	7.8	7.8	8.3
Leaving hospital	7.2	6.8	6.7	6.9
Respect and dignity	9	8.9	9	9.1
Overall experience	8.3	7.9	8	8.2

National Maternity Survey 2025

Section	2022	2023	2024	2025
Labour and birth	7.9	8.4	8.3	8.5
Staff caring for you	8.2	8.4	8.7	8.5
Care in hospital after birth	6.6	7.6	7.8	7.8

National survey results play a key role in the Trust's approach to patient experience and quality improvement. They provide robust trend data that helps indicate whether experiences are improving, remaining static or declining over time, and support benchmarking against national averages and peer organisations. This strategic insight complements more frequent local feedback mechanisms, such as the Friends and Family Test, which provide regular assurance and real-time intelligence. Together, these sources enable the Trust to triangulate evidence, understand the impact of improvement actions and identify priority areas for focused improvement. A high-level overview of what patients tell us we do well and where improvement is needed is set out below.

Service area	What patients say works well	Where patient experience could improve	What the Trust is doing
Inpatient (2024)	Survey results show statistically significant improvements in nursing care, medical care and overall treatment, with positive feedback across several aspects of the inpatient experience.	Patients highlight noise at night affecting sleep, unclear explanations for ward moves and occasions where individual needs are not consistently met.	Reducing night-time noise has been set as a quality priority for 2026–27. Work is starting with ward teams to raise awareness, review current practice and analyse available data. This includes developing a sleep toolkit, introducing night-time champions and exploring how Cerner could better capture sleep disruption. Ongoing work continues with wards to improve conversations about ward moves, alongside triangulation of survey findings with other patient feedback to support learning and staff engagement.
Children and Young People (2024)	Positive feedback includes access to activities, welcoming waiting areas, support with sleep and clarity about next steps in care.	Areas for improvement include food and meal provision, access to facilities such as Wi-Fi, staff friendliness and greater involvement in decisions.	The children's menu has been refreshed and access to food improved. Survey findings are being shared with ward teams to reinforce family-centred care and to support greater involvement of children and young people in discussions about their care.
Maternity (2025)	Women value antenatal information, clear explanations about the risks of induction and opportunities to ask questions during labour.	Feedback highlights concerns about being sent home when worried about the birth, waiting times for maternity triage and aspects of postnatal community support.	The Trust continues to review patient flow through maternity services and the information provided to women to better manage expectations. Work is underway to strengthen communication, reassurance and decision-making when women raise concerns, particularly around triage and early labour.
Cancer (2024)	Patients report positive experiences of contacting their care team, being involved in decisions, staff availability and discussions about	Improvements are needed in clarity of information about treatment and surgery, understanding responses to treatment and access to additional support.	Information provided to patients throughout the cancer pathway is kept under review. The Trust has introduced workshops to support understanding of treatment and recovery, continues to review the role of Clinical Nurse Specialists in

	research opportunities.		information and support, and uses patient focus groups, including those with seldom-heard voices, to inform ongoing improvement.
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8. Engagement and Involvement

Engagement forums, patient groups and co-production activity

The Trust supports a wide range of engagement forums, patient groups and co-production activity across services. These provide opportunities for patients, families and communities to contribute to service development, improvement and learning in meaningful ways. The examples below illustrate the breadth of this work during the year and are not intended to represent a full account of all engagement activity taking place across the organisation.

Maternity and Neonatal Voices Partnership (MNVP)

- Service users worked alongside clinical teams to co-develop maternity handheld notes, NICU and SCBU personalised care support plans, and the first draft of Trust pain guidelines.
- The MNVP contributed to regional maternity and neonatal events, supporting reflection and strategic planning, with outputs including a 15 Steps review and complaints theme analysis.
- Trauma-informed care training has continued to shape approaches to partnership working, support and wellbeing.
- Through building relationships with groups such as SHEwise, the Poppy and River teams, Asian miscarriage hubs and Somali women, among many others, MNVP is ensuring that insights from seldom heard communities are actively informing workstreams and contributing to service development.

Gynaecology Patient Advisory Group (PAG)

- Established in March 2025 and meeting monthly, with membership including patients and representatives from community and voluntary organisations.
- Engagement has included community outreach to raise awareness of endometriosis and gynaecological cancers, and patient-led relaxation workshops.
- The group has contributed to patient leaflets, clinical guidance and improvements to gynaecology and women's health intranet pages.
- Focused engagement sessions following FFT feedback and complaints informed service changes, including patient support groups, work on an endometriosis app, changes to EPU phone lines and a revised child policy within the EPU.

Living with HIV

- The CORE group continues to provide a safe and supportive space, meeting monthly with consistent attendance and new participants joining regularly.
- Groups are supported by psychology and peer support teams.
- Additional wellbeing activity is being developed with CW+, including Tai Chi sessions, creative and arts-based activities and MediCinema screenings.

Colorectal and cancer patient engagement

- A colorectal patient focus group works with services to review pathways, access to care and the clarity of patient information.

- Cancer support groups provide opportunities for patients, including those from seldom-heard communities, to share experiences, learn from one another and access peer support.

Patient safety partners and lived-experience involvement

Mental health lived-experience engagement (Emergency Department) - Mental health engagement at West Middlesex University Hospital Emergency Department is led by an embedded Expert by Experience. Structured follow-up conversations with patients attending ED in crisis demonstrate strong reflective practice and highlight high levels of compassionate care alongside challenges relating to communication, stigma and environmental pressures. Learning from this work has informed a clear action plan, including trauma-informed care training, improved patient information, strengthened RMN supervision and targeted quality improvement activity.

Patient safety partners - Following the departure of a patient safety partner in 2024-2025, recruitment of a replacement has been challenging. Further options are being explored, including support through the Acute Provider Group across North West London, to ensure patient involvement in patient safety remains embedded and sustainable.

Community and Healthwatch engagement

Healthwatch Richmond undertook an Enter and View visit to West Middlesex University Hospital A&E in late 2024, with the report published in March 2025. Findings were used to focus improvement activity, including enhancements to signage, digital messaging, patient calling systems, cleaning rotas, seating and estates planning. Operational improvements included a standardised GP referral process and strengthened monitoring of clinical areas and equipment.

In January 2026, Healthwatch Richmond and Healthwatch Hounslow undertook Enter and View visits to inpatient areas. Findings were largely positive, with recommendations relating to environment, information and staff attentiveness to name but a few. Work is underway to address these areas.

Community engagement continues in specific services, including cardiology outreach to reduce digital exclusion, and partnership working with voluntary, community and social enterprise organisations such as respiratory support groups, parent carer forums, Somali women groups, BME Health Forum, Age UK and adult social care partners.

Examples of engagement influencing service design or improvement

Engagement during the year has supported service developments such as proactive frailty management through new multidisciplinary teams aligned to GP practices, increased use of digital tools to support home-based assessments, and collaborative discharge initiatives linking patients to community support. Virtual wards and outreach services, including the heart failure bus, have also supported greater choice and flexibility for patients while maintaining safety and clinical oversight.

This has led to more responsive and patient-centred service design, with improvements reflecting what matters most to patients and communities, including greater flexibility of care, improved access to community support, and more personalised care pathways.

Gaps or challenges in engagement

While there are strong examples of involvement across the Trust, challenges remain. There is currently no agreed minimum standard for patient involvement, making it difficult to consistently evidence impact or ensure involvement is embedded across all services. Engagement activity is also largely voluntary and unpaid, which may limit accessibility and representativeness.

How engagement is governed and monitored

Divisions are expected to report patient engagement through the Patient and Public Experience and Engagement Group (PPEEG). While this occurs in most areas, some activity is known to take place without being formally captured. Strengthening governance and improving how engagement is recorded will help support a more consistent and transparent approach going forward.

9. Volunteering

In 2025/26, volunteers contributed over 41,100 hours, in line with the previous year, supported by a stable cohort of 270 active volunteers. This consistency demonstrates that our volunteering programme has now stabilised.

As highlighted in last year's annual report, we streamlined volunteer roles and focused recruitment, induction and training around these priorities to maximise impact for our patients. Since implementing this approach, we have seen significantly positive outcomes on our wards. Volunteers supported over 11,000 patients at mealtimes, including approximately 1,000 who required direct feeding support, and provided companionship to around 17,000 patients. As a result, 86% of patients reported an improvement in their mood.

Evidence of improvement includes enhanced patient wellbeing and experience, with the majority of patients reporting an improvement in mood following volunteer interaction. In targeted outpatient cohorts, this has also contributed to improved access through a reduction in DNA rates, demonstrating the wider operational and patient benefit of volunteer support.

2025-2026 (Ward Helper Volunteer Impact Measures)



Volunteer roles continue to span the entire hospital, including support in A&E, infant feeding on the maternity ward, responder roles meeting departmental needs, Pets as Therapy, Butterfly Volunteers, meet-and-greet services accompanying patients to appointments to name but a few, and, more recently, outpatient volunteer roles. Below gives a visual representation of volunteer coverage across both our hospital sites.



Over a three-month period, outpatient volunteers helped improve DNA rates by 2% among some of our most socially deprived patients. This role is a focus for the upcoming year, specifically recruiting and embedding volunteers into outpatient call roles, given early success in patient access and attendance.

Our volunteer workforce continues to reflect our local community, something we value greatly and continue to build on. Volunteering also provides meaningful opportunities for individuals, with many going on to further training, careers (approximately 20 in the year), or using volunteering as a way to give back, build relationships and develop skills. Below are some visual representations of our volunteer population.

	CW	WM
Gender – Female	58%	74%
Gender – Male	41%	25%
BAME	39%	48%
White	51%	56%
Disability – Yes	12%	13%
Disability – No	86%	87%

Religion	CW	WM
Religion – Atheism / No religion	17%	9%
Religion – Christian	48%	46%
Religion – Judaism	0%	1%
Religion – Buddhism	1%	2%
Religion – Islam	7%	16%
Religion – Hinduism	4%	5%
Religion – Sikhism	1%	3%
Religion – Other	7%	8%
Religion – Not disclosed	15%	10%

And over 30 languages spoken within the volunteer cohort

Language	Language
Afrikaans	Malayalam
Amharic	Malaysian
Bahasa	Nepali
Bulgarian	Persian
Cantonese	Sinhalese
Mandarin	Shona

Chichewa	Swahili
Czech	Tagalog
Dutch	Telugu
Estonian	Tigrinya
French	Twi
German	Urdu
Gujarati	Zulu
Khacchi	Konkani
Italian	—

The Butterfly Volunteer Service continues to have a profound impact on patients and families during some of the most difficult moments of their lives. The service supported over 1,000 patient visits, with volunteers spending more than 500 hours at the bedside, delivered by a dedicated team of 26 volunteers.

Challenges / Risks / Mitigations

Area	Summary of challenge or risk	Potential impact	How this is being managed
Volunteer expenses and recognition	The Trust has a limited volunteer expenses budget and no single, formal process for claiming expenses.	This may create barriers for some volunteers and result in inconsistent practice.	Recognition activity has taken place throughout the year, including events and vouchers. Options are being explored to develop a clearer and more sustainable approach to volunteer expenses and recognition.
Capacity for development	Current staffing levels support day-to-day volunteering activity, with limited capacity for new initiatives.	This may slow the pace at which volunteering activity can expand or innovate.	Work is prioritised to maintain core services, with development activity progressed where capacity allows.
Volunteer retention	Alongside ongoing recruitment, some longer-standing volunteers have left during the year.	Loss of experience and continuity if retention is not balanced with recruitment.	Informal check-ins and recognition activity continue, with a focus on supporting both new and existing volunteers.
Volunteer pathways into employment	Some volunteers are seeking clearer pathways into NHS roles, but formal routes are limited.	Expectations may not always align with available opportunities.	Volunteers are supported through signposting to the NWL Skills Academy, sharing information on vacancies and previous skills-based workshops.
Role sustainability	The Butterfly Coordinator role is externally funded each year.	Reliance on short-term funding may affect long-term continuity.	Funding has been renewed for a further year 2026-2027, however there is a need to consider sustainable long term funding for the role.
Recruitment timescales	Occupational Health clearance times have contributed to delays in volunteer onboarding.	Some potential volunteers disengage before starting.	Delays are escalated where appropriate and monitored to minimise impact.

Inclusive volunteering	Reduced engagement from some groups, including people with SEND and refugees, reflects limited dedicated resource.	Risk of reduced diversity in the volunteer cohort.	Volunteer activity data is reviewed regularly, with efforts focused on providing inclusive opportunities where possible.
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10. Chaplaincy and Spiritual Care

Chaplaincy teams provide an essential service within the acute hospital environment, supporting patients, families and staff at times of illness, uncertainty, crisis and bereavement. Support includes emotional and pastoral care, prayer and religious rites where requested, end-of-life support, bereavement care and a calm presence during moments of crisis or difficult decision-making. The service is available to everyone, regardless of faith, belief or background, including those with no religious affiliation.

The Trust's chaplaincy service is delivered by a combination of substantive chaplaincy staff and trained volunteers drawn from a range of faith communities. Substantive chaplains are in post for the most commonly represented faiths across the patient population, including Church of England, Roman Catholic and Muslim chaplaincy. This is complemented by volunteers from Sikh, Hindu and Jewish faith communities, alongside smaller representation from other faith and belief groups, helping ensure care remains inclusive and responsive to the population served.

Referrals to the chaplaincy service are made in several ways. Clinical teams commonly refer patients and families via telephone or email. In addition, chaplaincy staff work proactively across clinical areas, maintaining a visible presence and regularly engaging with clinical teams to identify individuals who may benefit from pastoral or spiritual support. This proactive approach is a key part of how chaplaincy operates within a busy acute setting.

Contribution to patient experience, dignity and compassion

The chaplaincy service makes a significant contribution to patient experience by supporting dignity, compassion and kindness alongside clinical care. By offering time, presence and attentive listening, chaplains help patients and families feel heard, respected and supported, particularly during vulnerable or distressing moments.

For patients facing serious illness or end-of-life care, chaplaincy support provides reassurance and comfort, helping to ensure individual beliefs, values and wishes are recognised and respected. Support is offered whether or not a patient identifies with a particular faith.

A large proportion of chaplaincy activity supports families and friends. By helping relatives cope with uncertainty, distress and loss, chaplains play an important role in reducing anxiety, improving communication and supporting a more compassionate experience of care.

Chaplaincy also contributes to a compassionate organisational culture through support for staff. Chaplains provide confidential spaces for reflection following difficult events or patient deaths, helping staff process emotional experiences and continue to provide respectful and compassionate care.

This work is further supported through collaboration with palliative care and maternity services, delivery of inclusive baby funerals, and contribution to staff training, embedding compassion and dignity within everyday care.

Chaplaincy activity and demand – sample month

At present, chaplaincy referrals and activity are not captured as a standalone function within the Trust's electronic patient record system (Cerner/PowerChart). To better understand demand, the

chaplaincy team undertook manual data collection during selected months using an Excel-based tracker. The tables below reflect activity during a sample month and provide an indicative picture rather than a complete Trust-wide dataset.

Overall activity

Measure	Figure
Average number of people supported per month	400

Type of support provided

Percentages show the share of recorded chaplaincy encounters.

Support type	Encounters	Share (%)
Pastoral support	129	43%
Prayer or blessing	53	18%
Religious rites or ministry (where no detail recorded)	27	9%
Listening or conversation	22	7%
Last Rites or Anointing	18	6%
End-of-life support or commendation	16	5%
Holy Communion	13	4%
Introduction to chaplaincy	7	2%
Coordination with external clergy	5	2%

Faith or belief (where known)

Percentages show the share of cases where faith or belief was recorded.

Faith or belief	Count	Share of known (%)
Roman Catholic	98	42%
Christian (unspecified)	59	25%
Muslim (unspecified)	25	11%
Sikh	15	6%
Church of England	13	6%
Hindu	8	3%
Orthodox (Greek, Coptic or Syriac)	8	3%
Muslim (Shia)	5	2%
Jewish	3	1%
Spiritualist	1	<1%
No religion / atheist	1	<1%

Who was supported and follow-up activity

Person supported	Encounters	Follow-up recorded	Follow-up rate (%)
Family or friends	30	16	53%
Patient (self-referral)	27	9	33%
Patient (ward activity)	115	19	17%
Staff	74	14	19%
Bereavement cases	2	0	0%
Unspecified referral	2	2	100%
Other or unclear	122	32	26%

Over the coming year, the chaplaincy team aims to embed more consistent use of the activity tracker, strengthen analysis of the data collected and develop clearer measures of impact. This includes understanding repeat engagement as an indicator of trust, improving how feedback is gathered alongside activity data, and demonstrating how the service responds to the needs of the Trust's diverse patient population.

Alongside these aims, there are some identified risks. The absence of integrated electronic referral and recording within Cerner means activity relies on manual data capture, which is time-intensive and may limit understanding of longer-term trends. The service also depends on a small core team supported by volunteers; while this model is a strength, it can present challenges for resilience during periods of increased demand. Finally, the emotionally intensive nature of chaplaincy work presents an ongoing risk to staff wellbeing if demand continues to increase without corresponding support.

By strengthening data capture, evidencing impact and clarifying demand, the Trust will be better placed to support the sustainability of the chaplaincy service and ensure continued delivery of compassionate, dignified care within the acute hospital environment.

11. Summary of Activity, Learning and Key Themes

Cross-cutting themes across all feedback

When triangulating feedback from the Friends and Family Test (FFT), national surveys, complaints, PALS enquiries and engagement activity, a consistent set of themes emerges across services. The same issues are reflected regardless of feedback source, providing confidence that these themes represent genuine areas of focus rather than isolated concerns. Benchmarking through national survey indicators shows that these challenges are not unique to the Trust and are experienced across acute providers nationally, reflecting wider system pressures.

During the year, there has been a significant increase in complaints and PALS activity. This rise mirrors trends seen through FFT and national survey feedback and reflects the cumulative impact of rising demand, service pressure and heightened patient expectations within an acute hospital environment. In some areas, the volume and complexity of feedback now outweigh capacity to respond, such as maternity and emergency medicine, reinforcing the importance of prioritisation and consistent learning.

Areas of sustained strength

Across all services, patients continue to report positive experiences of respect, dignity and, for the most part, kindness from staff. When care pathways function as intended, feedback suggests that patients feel well cared for, reassured and supported. This is reflected consistently across FFT, inpatient and maternity survey results and reinforced through national survey findings, including improvements in nursing care, medical care and overall treatment.

Labour and birth experience within maternity services remains a particular strength, with sustained positive feedback around staff presence, reassurance, opportunities to ask questions. In outpatient and inpatient settings, staff attentiveness, pain management, mealtime support and clear information about treatment continue to feature positively when communication is timely and consistent.

These findings demonstrate that compassionate care is firmly embedded within services and that, when pressure allows, staff deliver high-quality, person-centred care.

Areas requiring focused improvement

A consistent theme across all sources of patient feedback is a lack of patient involvement. Patients and families report not always feeling involved in decisions, receiving explanations that are difficult to understand, or feeling uncertain that concerns raised have been listened to or taken seriously. This theme is evident across emergency, inpatient, maternity and outpatient services, and is particularly prominent within emergency medicine (both A&E and inpatient wards) and maternity services. During 2025/26, this was reinforced by a notable increase in complaints relating to clinical care within maternity and A&E, alongside concerns raised through PALS and FFT. These issues are closely linked to communication, reassurance and decision-making, particularly within pressured and fast-paced care environments.

Communication failures underpin much of this feedback. From an acute hospital perspective, concerns often arise when patients are not kept informed about waiting times, delays, changes to care, test results or next steps, particularly in fast-paced and pressured environments. When

communication breaks down, patients report feeling excluded from decisions, anxious and uncertain about their care.

Access to care and treatment is another consistent issue, including appointment availability, waiting times, delays on the day of care and clarity about who to contact after appointments or discharge. These themes are closely linked to patient flow and system capacity rather than individual service failure and are reflected consistently in FFT, complaints and national survey results.

How learning is embedded across the Trust

Patient experience learning is triangulated from FFT, complaints, PALS intelligence, national surveys and engagement activity. Feedback is reviewed regularly at service level and through Trust governance, specifically PPEEG, enabling early identification of recurring themes, emerging risks and areas of variation. The introduction of targeted FFT questions has strengthened local ownership and enabled more meaningful monitoring of priority improvement areas.

Learning has informed practical action across services, including environmental improvements, clearer patient information, pathway redesign, flow and access improvements, and targeted quality improvement work. This has resulted in more consistent alignment between patient feedback and service improvement activity, with increasing evidence that patient insight is directly shaping care delivery and experience.

While rising feedback volumes present ongoing challenges, the consistency of themes across all sources provides a clear and reliable basis for prioritising improvement, sustaining compassionate care and addressing the areas that matter most to patients and families.

12. Risks, Issues and Mitigations

Area	Issue	How this is being managed	Responsibility
Responsiveness to feedback	There has been a significant increase in patient feedback volumes, with a 43% rise in complaints and a 103% rise in PALS contacts compared with the previous year. While this provides valuable insight, the scale of feedback presents a risk to timely responsiveness and visible learning for patients.	Continue to review demands and needs of the service in response to volumes.	Divisions, with PPEEG oversight
Feedback without impact	Feedback, complaints and patient stories continue to increase, but learning is not always visible or consistently followed through at service level.	Strengthen tracking of actions to completion and improve how learning and progress are shared through clearer “You said, we did” communication.	Divisions, with PPEEG oversight
Unequal voice and involvement	Some groups remain less likely to provide feedback or be involved, risking gaps in insight and assurance.	Improve access through translation and interpreting, targeted outreach, and better use of demographic and language data to understand who is missing.	Patient experience team
Operational pressure	Demand, flow and workforce pressures can limit capacity to focus on patient experience activity.	Embed patient experience into routine clinical and operational leadership, focusing on practical actions that add value.	Divisions and senior leaders
Consistency across services	Patient experience activity can be challenging to progress consistently alongside competing clinical and operational priorities.	Use Trust-wide forums, including Quality Board and governance meetings, alongside a structured patient experience training and awareness programme, to support consistent practice while enabling services to tailor approaches to local needs.	Patient experience team and divisions
Using data effectively	Multiple systems can sometimes make it harder to join up learning and identify patterns.	Continue to review and improve alignment of data sources and focus on insight and learning rather than volume of data collected.	Patient experience team and divisions
Incident reporting system transition	Moving to a new incident reporting system presents risks around disruption, learning continuity and data transfer.	User acceptance testing is underway, with workflows being reviewed and data migration options assessed to ensure continuity during transition.	Patient safety and informatics teams
Governance and partnerships	Strong governance and external partnerships are essential to sustaining improvement.	Continue to use established governance and partnerships with Healthwatch, community and voluntary organisations to broaden reach and assurance.	PPEEG, EMB, Quality Committee

Workforce capacity and resilience	Sustained increases in activity across the patient experience portfolio, including complaints, PALS, engagement, volunteering and chaplaincy, place pressure on capacity and resilience. If not actively managed, this presents a risk to responsiveness, consistency and sustainability of delivery.	Monitor demand and capacity across patient experience services, prioritise activity where risk and impact are highest, strengthen governance oversight, and continue to review ways to support wellbeing, resilience and sustainability across teams and volunteers.	Patient Experience / Corporate Nursing team and leadership
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13. Priorities for 2026/27

Area	What we will focus on	What this means in practice
Involvement and engagement	Introducing a clear Trust-wide involvement standard and building a more representative pool of patient and lay partners	Ensuring involvement is meaningful, consistent and evidenced, with patients, families and carers involved early in service design and improvement, rather than on an ad-hoc or token basis
Feedback and complaints	Improving complaint response quality and consistency, tracking learning actions to completion, and introducing Ideagen to support improved complaints management	Moving beyond responding to individual cases to ensuring learning is followed through, visible and informs improvement, with clearer communication back to patients, families, staff and the public
Patient, staff and volunteer experience	Introducing structured patient experience training, targeting known pressure points, and continue to deploy volunteers where impact is greatest	Supporting staff to deliver better communication, reassurance and involvement, and ensuring volunteer activity is targeted, valued and clearly linked to patient benefit
Data, equity and inclusion	Improving recording and use of language and communication needs, strengthening translation and interpreting approaches	Making services more accessible by design, improving consistency in how needs are identified and met, and reducing avoidable barriers for patients from diverse backgrounds
Evidencing impact	Agreeing simple impact measures, strengthening chaplaincy reporting, and using patient stories effectively	Shifting from activity counts to assurance on impact, learning and improvement, providing clearer evidence of what has changed and why
Quality, consistency and assurance	Improving consistency across the portfolio and strengthening governance oversight	Focusing assurance on outcomes and learning, rather than volume of activity, and providing confidence to the Board, regulators and patients
Joined-up improvement	Better alignment of patient experience, safety, equity and quality improvement	Ensuring learning from feedback and complaints leads to coordinated, sustainable change rather than isolated actions
Volunteering	Sustaining and evolving volunteer roles in line with service pressure and patient need	Maintaining strong foundations while deploying volunteers in priority areas, with clear impact measures and effective recognition
Chaplaincy	Strengthening oversight, tracking and reporting, and developing clearer measures of impact	Improving understanding of chaplaincy demand and contribution for patients, families and staff, and using insight to inform strategic direction and partnership working