











TRUST PERFORMANCE & QUALITY REPORT

April 2025

NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >78%)	76.67%	81.82%	82.66%	82.66%	71.75%	78.13%	81.04%	81.04%	74.11%	79.91%	81.82%	81.82%	81.82%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	61.59%	60.19%	59.33%	59.33%	59.87%	59.93%	58.73%	58.73%	60.72%	60.06%	59.02%	59.02%	59.02%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	98.75%	99.33%	93.89%	n/a	99.72%	99.38%	97.47%	n/a	99.31%	99.36%	96.03%	n/a	n/a	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	97.96%	94.62%	n/a	100%	97.96%	94.62%	n/a	n/a	
	31 day combined position (Target: >=96%)	100%	94.03%	100%	n/a	96.55%	98.81%	97.94%	n/a	98.01%	96.69%	98.64%	n/a	n/a	
	62 day combined position (Target: >=85%)	75.21%	82.52%	74.07%	n/a	79.43%	81.25%	68.30%	n/a	77.70%	81.82%	70.18%	n/a	n/a	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	86.77%	82.04%	81.77%	81.77%	83.08%	78.79%	80.21%	80.21%	84.46%	80.00%	80.79%	80.79%	80.79%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	2	1	3	3	3	1	2	2	5	2	5	5	5	

A&E 4-hr Waiting Times

Performance against the 4hr standard in April 2025 was compliant at 81.81%, West Middlesex achieved 81.04% with 13,364 attendances and the Chelsea site 82.66% with 12,368 attendances. There were 49 12-hour trolley waits declared in April, all attributed to mental health patients awaiting beds.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance decreased in April 2025, reported at 59.02% largely due to reduced activity. Elective admitted and outpatient activity levels are below operational plans. For April 2025, the total RTT Patient Treatment List (PTL) increased to 67,299 (+182), 52ww increased to 474 (+171), 65ww increased to 9 (+6) and there are no patient waiting above 78ww. For the 65ww position, the 9 breaches were due to patient choice and capacity. The focus remains on the 18ww ask, ensuring less patients are awaiting first appointments and continually addressing chronological booking for the 52ww backlog cohort as enhanced oversight and targeted interventions continue for at-risk specialities. These include Vascular Surgery, Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined metric was compliant for the month of March 2025, with a validated position of 96.69%, against the target of 96%. The Trust is continuing to see a strong performance of 31-day into April with an unvalidated position of 98.64% against the 96% target.

62-Day: The 62-Day combined target of 85% standard has remains challenged in March 2025, as the service anticipated, with the validated performance at 81.82%, due to a variety of reasons from annual leave, diagnostic capacity challenges including histology delays and patient choice. We are seeing the knock-on effect of this in April with an unvalidated performance at present of 70.18% against the target of 85%, with the expectation of this increasing slightly. The backlog does continue to remain to be reported within a trajectory of 100 in April 2025.

28-Day FDS: The Trust continues to maintain a strong compliance against the 77% national target, with an internal target of 80% compliance from April 2025. The Trust continued achieving strong compliance of a validated position of 80% in March 2025, with the current unvalidated position in April is 80.79%.

Clostridium Difficile

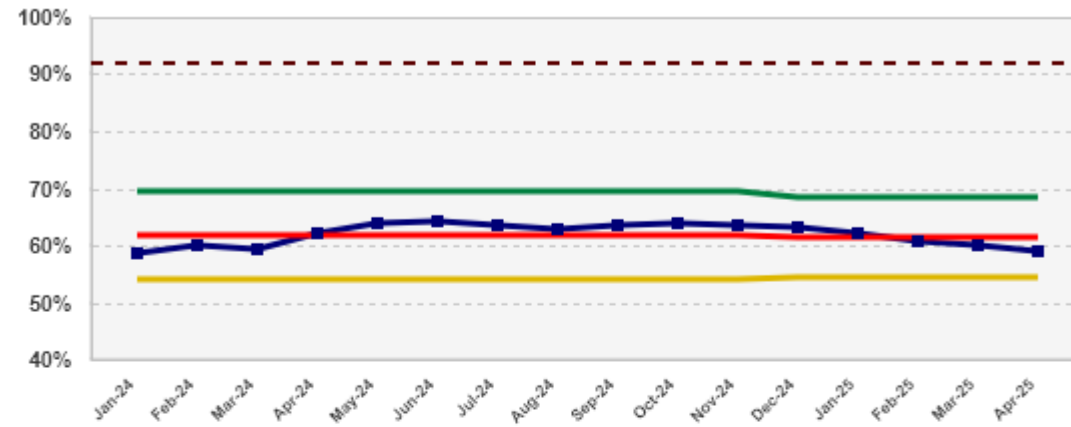
There were 5 healthcare associated CDI cases in April 2025, 3 occurred at CWH and 2 at WMH across Emergency and Integrated Care (4 cases) and Planned Care (1 case) divisions. PSIRF review meetings are currently being scheduled to review each case and identify learning to optimise care. The 2025/26 Trust wide CDI reduction plan is in development.

SELECTED BOARD REPORT NHSI INDICATORS

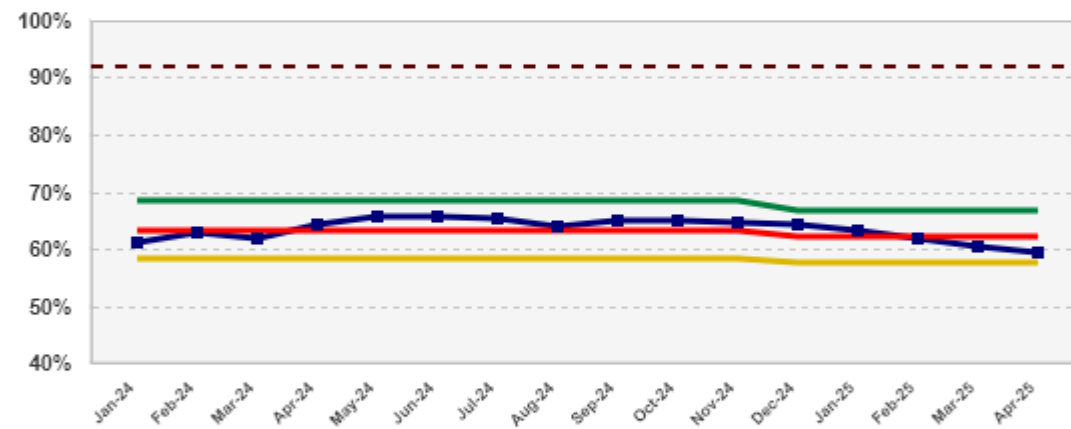
Statistical Process Control Charts for the last 16 months Mar 2024 to Apr 2025

RTT Incomplete pathways

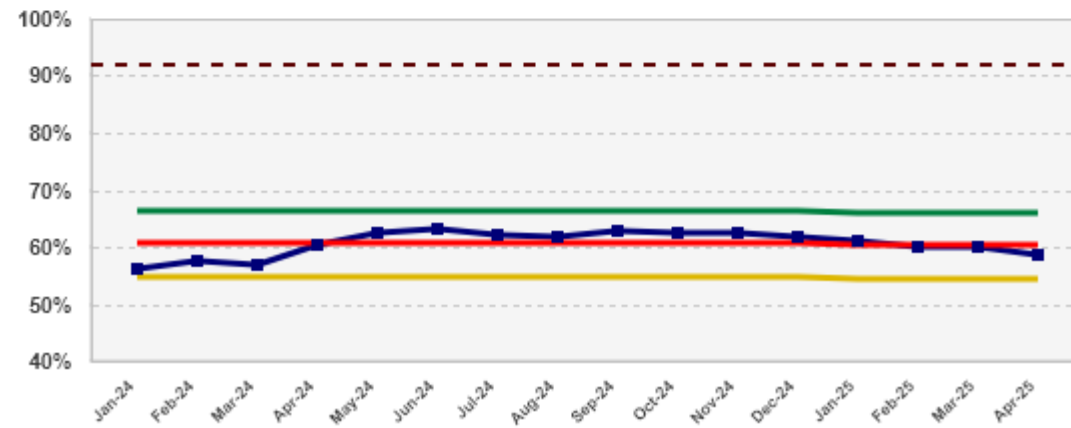
Trust Total



Chelsea and Westminster

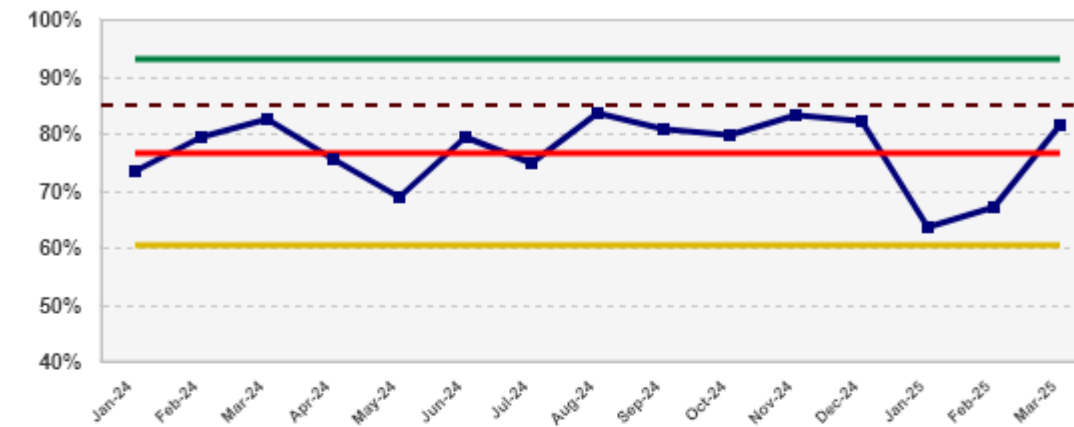


West Middlesex

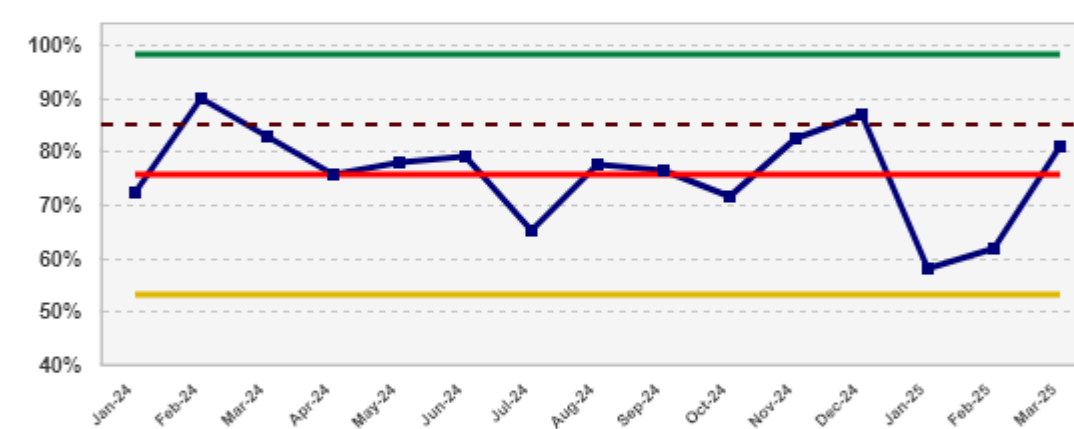


Cancer: 62 day standard

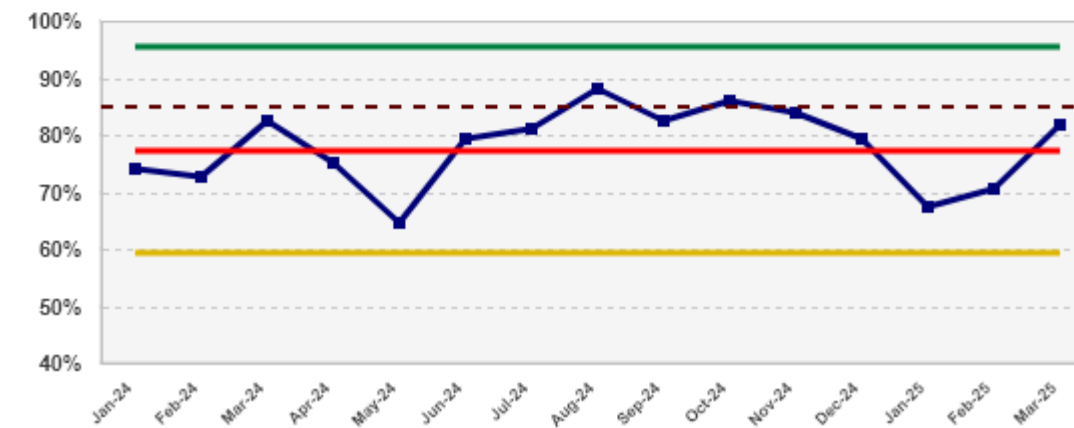
Trust Total



















Chelsea and Westminster



West Middlesex



Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	 -
	Hand hygiene compliance (Target: >90%)	96.3%	92.5%	96.1%	96.1%	97.9%	97.1%	95.8%	95.8%	97.0%	94.6%	95.9%	95.9%	95.9%	 -
Incidents	Number of serious incidents	3	0	0	0	2	1	2	2	5	1	2	2	2	 -
	Incident reporting rate per 100 admissions (Target: >8.5)	11.8	11.0	11.2	11.2	11.4	10.1	11.2	11.2	11.6	10.5	11.2	11.2	11.2	 -
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.02	0.06	0.04	0.03	0.03	0.02	0.02	0.02	0.02	0.04	0.04	0.04	 -
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.56	5.84	6.24	6.24	4.28	4.17	4.30	4.30	5.40	4.90	5.31	5.31	5.31	 -
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	1.6%	0.7%	0.0%	0.6%	0.6%	0.6%	 -
	Never Events (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	 -
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	0	1	0	0	0	2	0	0	0	0	 -
Harm	Safeguarding adults - number of referrals	42	42	42	42	59	30	29	29	101	72	71	71	71	 -
	Safeguarding children - number of referrals	117	118	94	94	124	156	136	136	241	274	230	230	230	 -
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	68	68	68	68	71	72	72	72	70	70	70	70	70	 -
Mortality	Number of hospital deaths - Adult	38	37	37	37	65	74	56	56	103	111	93	93	93	 -
	Number of hospital deaths - Paediatric	0	2	1	1	0	1	0	0	0	3	1	1	1	 -
	Number of hospital deaths - Neonatal	0	1	0	0	0	1	2	2	0	2	2	2	2	 -
	Number of deaths in A&E - Adult	2	1	0	0	8	5	0	0	10	6	0	0	0	 -
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	0	0	0	0	0	0	 -
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0	 -

MRSA

There were no healthcare associated MRSA bacteraemia in April 2025.

Incidents

There were two PSI Investigations declared in April 2025: an incident relating to unexpected death in ED and an unexpected Neonatal Death in maternity. Both cases have been discussed at the Initial Incident group and immediate safety actions and areas for improvement have been taken. During the target month (April 2025) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting is encouraged to highlight improvements, safe practices, and near-miss events that could have been harmful but were avoided. The implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) further supports staff in improving patient safety practices and learning from incidents.

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

Trust target met.

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

Trust target met.

Safeguarding

Activity remains consistent across both adult and children safeguarding. cases continue to be complex with a high proportion also including mental health services and the themes remain consistent.

Patient Experience

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	94.58%	92.91%	93.95%	93.95%	96.08%	96.63%	97.87%	97.87%	95.28%	95.05%	96.09%	96.1%	96.09%	
	FFT: Inpatient not satisfaction % (Target: <10%)	2.17%	2.75%	2.56%	2.56%	0.49%	1.18%	0.58%	0.58%	1.38%	1.84%	1.48%	1.5%	1.48%	
	FFT: Inpatient response rate (Target: >15%)	29.84%	25.32%	26.54%	26.54%	34.31%	41.82%	37.07%	37.07%	31.78%	32.76%	31.41%	31.4%	31.41%	
	FFT: A&E satisfaction % (Target: >90%)	83.80%	84.20%	83.37%	83.37%	71.52%	76.48%	81.35%	81.35%	78.33%	80.62%	82.49%	82.5%	82.49%	
	FFT: A&E not satisfaction % (Target: <10%)	10.65%	9.43%	9.39%	9.39%	21.19%	16.56%	12.94%	12.94%	15.35%	12.74%	10.94%	10.9%	10.94%	
	FFT: A&E response rate (Target: >15%)	10.21%	8.89%	10.24%	10.24%	7.98%	7.73%	8.00%	8.00%	9.08%	8.31%	9.13%	9.1%	9.13%	
	FFT: Maternity satisfaction % (Target: >90%)	93.41%	89.11%	93.48%	93.48%	88.89%	94.39%	90.68%	90.68%	91.56%	91.83%	91.90%	91.9%	91.90%	
	FFT: Maternity not satisfaction % (Target: <10%)	5.49%	5.94%	5.43%	5.43%	3.17%	4.67%	5.93%	5.93%	4.55%	5.29%	5.71%	5.7%	5.71%	
	FFT: Maternity response rate (Target: >15%)	19.78%	19.20%	16.79%	16.79%	14.13%	23.88%	28.16%	28.16%	17.00%	21.36%	21.72%	21.7%	21.72%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	19	29	23	23	19	29	23	23	23	
Complaints	Complaints (informal) through PALS	72	127	158	158	44	59	82	82	116	186	240	240	240	
	Complaints formal: No of complaints due for response	23	27	31	31	12	13	11	11	35	40	42	42	42	
	Complaints formal: Number responded to < 25 days	17	21	27	27	9	10	9	9	26	31	36	36	36	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	0	0	0	0	0	0	

MSA (Mixed Sex Mixed Accommodation)

Guidelines for the Provision of Intensive Care Services," stipulate a patient transfer from critical care to a general ward should occur within four hours of the transfer decision. At West Middlesex in April, the hospital recorded 23 breaches of this guideline, a decrease from the 29 breaches observed in March. However, persistent challenges with bed availability significantly impacted patient flow. Specifically, 13 patients experienced delays exceeding ten hours for ward bed allocation, with 2 of these patients waiting for over five days. This protracted transfer time was primarily attributed to elevated patient activity in non-critical care areas























Complaints

86% (36/42) of complaints were responded to within the 25 day KPI (target 95%) during April 2025 which is an improving picture. However, we have not received investigation outcomes/draft responses for all complaints within the agreed timeframe and we are still experiencing increased activity across both PALS and Complaints. 6 complaints were not responded to within the timeframe – 4 for EIC and 2 for Planned Care. The PALS and Complaints team are continuing to recover the position for April with regular tracker meetings and escalation to highlight delays and blockages in the process. Compliance with responding to informal PALS concerns within 5 working days during April was 68% (KPI 90%). This drop in compliance is partly due to an increase in activity and partly due to delays in escalating concerns to Divisions and receiving outcomes in a timely way.

Friends and Family Test

Inpatient satisfaction and response rate targets continue to remain consistent across the trust, all targets have been met. Data shows that patients are happy with the overall care provided when admitted onto a ward. A&E satisfaction and response rate targets continue to fluctuate below the trust target. Common themes include, waiting times, the implementation of patient care and the attitude of staff members. Although Maternity have experienced a few dips in their satisfaction and response rates data, all targets have been met as a combined trust. Lack of responses can also effect site specific satisfaction rates. Positive themes relate to the implementation of patient care and staff attitude.

Efficiency and Productivity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.70	3.49	2.77	2.77	2.52	2.09	2.16	2.16	2.64	3.00	2.59	2.59	2.59		
	Average length of stay - non-elective (Target: <3.95)	5.40	5.17	4.50	4.50	4.37	4.17	3.84	3.84	4.82	4.60	4.12	4.12	4.12		
	Emergency care pathway - average LoS (Target: <4.5)	6.77	6.13	5.54	5.54	5.27	4.79	4.24	4.24	5.87	5.28	4.70	4.70	4.70		
	Emergency care pathway - discharges	189	199	199	199	284	349	362	362	473	548	562	562	562		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	5.87%	5.18%	5.90%	5.90%	6.99%	7.43%	8.62%	8.62%	6.43%	6.32%	7.26%	7.26%	7.26%		-
	Non-elective long-stayers	416	518	271	271	514	506	190	190	930	1024	461	461	461		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	88.8%	85.8%	87.6%	87.6%	83.9%	86.0%	87.6%	87.6%	87.1%	85.9%	87.6%	87.6%	87.6%		-
	Operations canc on the day for non-clinical reasons: actuals	19	11	23	23	43	22	18	18	62	33	41	41	41		-
	Operations cancel on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.55%	0.29%	0.67%	0.67%	1.45%	0.71%	0.71%	0.71%	0.97%	0.48%	0.69%	0.69%	0.69%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	4	1	3	3	3	1	4	4	7	2	7	7	7		
	Theatre Utilisation Model Hospital (Target > 85%)	80%	79.8%	77.8%	77.8%	96.5%	91.8%	98.2%	98.2%	85.4%	83.9%	84.2%	84.2%	84.2%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.34	2.29	2.45	2.45	1.76	1.80	1.86	1.86	2.07	2.06	2.18	2.18	2.18		
	Average wait to first outpatient attendance (Target: <6 wks)	9.0	8.9	8.4	8.4	9.9	9.8	9.4	9.4	9.4	9.3	8.8	8.8	8.8		
	DNA rate: first appointment	9.8%	9.7%	9.9%	9.9%	9.5%	9.1%	9.2%	9.2%	9.7%	9.4%	9.6%	9.6%	9.6%		-
	DNA rate: follow-up appointment	7.7%	7.6%	7.7%	7.7%	6.5%	6.4%	6.3%	6.3%	7.3%	7.1%	7.1%	7.1%	7.1%		-
	PIFU - % of Total Outpatient attendances	11.3%	11.6%	12.2%	12.2%	2.7%	2.6%	2.7%	2.7%	7.8%	7.8%	8.4%	8.4%	8.4%		-

Day-Case Rate

The day-case rate increased in April 2025 going from 85.9% to 89.2% with both sites remaining above the target of 85%. There was an improvement seen on both sites.

Cancelled Operations

The number of cancelled operations on the day (for non-clinical reasons) slightly increased in April going from 33 to 41 patients. Work is on-going to now reduce this down further, with the work stream on preoperative optimisation supporting with improving this.

Theatre Utilisation










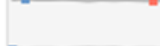


Trust-Wide utilisation increased slightly in April 2025, up to 83.9% to 84.1%, but still just outside of a compliant position. Theatre utilisation remains significantly above the 85% target at 98% on the West Middlesex site. The Chelsea site remains below the 85% target, this is driven by utilisation significantly below the 85% target in Paediatric Theatres, in part driven by the high volume day case workload and high cancellations on the day due to patient sickness.

Outpatients

Overall DNA rate remained the same in April as previous month. The overall trend remains positive. Percentage of discharged to PIFU patients has slightly improved on both sites.

However, as a trust we continue to work on improving the uptake. Our average wait to first appointment has slightly improved for both urgent and routine appointments. Focus continues on booking unbooked new appointments for long waiters. The overall first-to-follow-up ratio has slightly increased in April.

Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	89.8%	92.1%	93.9%	93.9%	96.6%	91.4%	97.8%	97.8%	93.8%	91.7%	96.3%	96.3%	96.3%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	68.4%	87.0%	60.0%	60.0%	83.3%	94.4%	87.5%	87.5%	75.7%	90.2%	76.9%	76.9%	76.9%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	71.4%	81.3%	75.0%	75.0%	82.4%	77.3%	94.7%	94.7%	77.4%	78.9%	87.1%	87.1%	87.1%	
VTE	VTE: Hospital acquired	0	0	0	0	3	10	0	0	3	10	0	0	0	
	VTE risk assessment (Target: >95%)	94.9%	94.6%	94.8%	94.8%	95.2%	95.1%	96.3%	96.3%	95.0%	94.9%	95.6%	95.6%	95.6%	
TB Care	TB: Number of active cases identified and notified	5	1	0	0	18	9	4	4	23	10	4	4	4	
Sepsis	ED % Periods Screened (Target >90%)	89.3%	92.7%	90.7%	90.7%	87.3%	87.2%	88.0%	88.0%	88.4%	89.9%	89.4%	89.4%	89.4%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	80.3%	79.4%	84.7%	84.7%	92.1%	92.4%	90.6%	90.6%	84.9%	85.0%	87.1%	87.1%	87.1%	
	Ward % Periods Screened (Target >90%)	85.3%	83.7%	84.1%	84.1%	91.8%	89.8%	91.8%	91.8%	88.5%	86.8%	88.2%	88.2%	88.2%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	94.8%	96.4%	95.0%	95.0%	97.9%	96.8%	93.8%	93.8%	96.5%	96.6%	94.4%	94.4%	94.4%	
Discharge	Date of Discharge is same as Discharge Ready Date	86.4%	89.4%	89.0%	89.0%	81.4%	85.6%	85.3%	85.3%	83.8%	87.4%	87.0%	87.0%	87.0%	
	Date of Discharge is 1+ days after Discharge Ready Date	13.6%	10.6%	11.0%	11.0%	18.6%	14.4%	14.7%	14.7%	16.2%	12.6%	13.0%	13.0%	13.0%	

Dementia Screening

For CW the Trust exceeded our target of 90%, completing 93.9% of screening and at WM completed 97.8%.

#NoF (Time to Theatre -Neck of Femur)

In April 2025 there was a deterioration in performance compared to the previous month In the Chelsea site 6 of 11 patients having surgery within 36 hours and in the West Middlesex site 13 of 15 patients were medically fit for surgery and had surgery within 36 hours.

VTE Risk

At Trust level the VTE performance has improved and is compliant at Trust level with Chelsea marginally below the target. Areas of focus remain with elective services across the site.





Discharge Ready

There has been a decrease in patients discharged a day after their discharge ready date since February 25, which corresponds with the increase in patients discharged on their discharge ready date. The command centre continues to meet throughout the day bringing the discharge, site and nursing teams together to focus on reducing internal delays and the daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way.

Sepsis

Compliance in screening at Chelsea ED with continued improvement in performance at WMUH. All other metrics at WMUH achieved with continued improvement in performance at Chelsea

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
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RTT waits	RTT Incompletes 52 week Patients at month end	297	142	249	249	240	161	225	225	537	303	474	474	474	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	96.38%	97.01%	91.85%	91.85%	96.53%	96.44%	87.94%	87.94%	96.45%	96.74%	90.00%	90.00%	90.00%	
	Diagnostic waiting times >6 weeks: breach actuals	209	173	473	473	187	183	629	629	396	356	1102	1102	1102	-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.7%	7.0%	6.6%	6.6%	7.7%	7.3%	7.1%	7.1%	7.2%	7.2%	6.8%	6.8%	6.8%	
	A&E time to treatment - Median (Target: <60')	00:23	00:23	00:25	00:25	00:36	00:34	00:33	00:33	00:31	00:30	00:29	00:29	00:29	-
	London Ambulance Service - patient handover 30' breaches	41	45	19	19	254	142	133	133	295	187	152	152	152	-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	10	0	3	3	10	0	3	3	3	-
Please note the following		blank cell	An empty cell denotes those indicators currently under development								Either Site or Trust overall performance red in each of the past three months				

Diagnostic 6-Week Waits

April performance has been greatly challenged by the overall reduction in activity throughout the month. Activity adjustments due to the financial constraints have translated in a 6.7% reduction in performance when compared to March 2025. Reduction in performance has been across all DM01 reportable modalities, however US and endoscopy have been the biggest contributors. This is explained by a high reliance these two modalities on bank, agency and outsourcing given the high volumes of referrals on a weekly basis. Nevertheless, is worth noting the overall DM01 PTL size remains stable.

Ambulance Handover

The Trust's performance for ambulance handovers remains strong however, there have been increased challenges with ambulance diverts across the sector.

RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Feb-25	Mar-25	Apr-25	Feb-25	Mar-25	Apr-25	Feb-25	Mar-25	Apr-25
RTT waiting list positions	Total RTT waiting list	32043	33050	32776	32901	34067	34523	64944	67117	67299
	Total Non-Admitted waiting list	27371	28162	27700	29504	30731	30997	56875	58893	58697
	Non-Admitted with a date	8484	11899	15560	8000	10948	13744	16484	22847	29304
	Non-Admitted without a date	18887	16263	12140	21504	19783	17253	40391	36046	29393
	Total Admitted waiting list	4672	4888	5076	3397	3336	3526	8069	8224	8602
	Admitted with a date	554	741	1018	557	690	934	1111	1431	1952
	Admitted without a date	4118	4147	4058	2840	2646	2592	6958	6793	6650
	Patients waiting >65 weeks	10	2	5	9	1	4	19	3	9
	Patients waiting >78 weeks	1	0	0	0	0	0	1	0	0
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Feb-25	Mar-25	Apr-25	Feb-25	Mar-25	Apr-25	Feb-25	Mar-25	Apr-25
Total	297	142	249	240	161	225	537	303	474
Clinical Haematology	1						1		
Colorectal Surgery	16	12	14	9	9	19	25	21	33
Dermatology	2		8	3	1	4	5	1	12
ENT		1		47	28	37	47	29	37
Gender Affirmation Surgery	1						1		
General Surgery	44	19	38	25	30	41	69	49	79
Gynaecology	6	2	2		1		6	3	2
Haemophilia	1						1		
Hepatology	1						1		
Maxillo-Facial Surgery	2						2		
Ophthalmology	17	5	8				17	5	8
Oral Surgery				8	1	9	8	1	9
Orthodontics	2	1	1				2	1	1
Paediatric Clinical Immunology	1						1		
Paediatric Dermatology			1						1
Paediatric Ear Nose and Throat	2			43	30	22	45	30	22
Paediatric ENT						1			1
Paediatric Gastroenterology	1		1				1		1
Paediatric Maxillo-Facial Surg	4	1	3				4	1	3
Paediatric Neurology	1						1		
Paediatric Plastic Surgery	3	1	6				3	1	6
Paediatric Surgery			1						1
Paediatric Trauma and Orthopae			1						1
Pain Management	23	10	16				23	10	16
Plastic Surgery	49	22	19	7	2	3	56	24	22
Podiatric Surgery				1	2	4	1	2	4
Podiatry				1		1	1		1
Trauma & Orthopaedics	53	30	43	21	5	15	74	35	58
Trauma and Orthopaedics			2						2
Urology	33	15	42	4	7	17	37	22	59
Vascular Surgery	34	23	43	71	45	52	105	68	95

Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:23	1:23	1:23	1:25	1:25	1:25	1:25	1:24	1:24	1:24	1:24	1:24	-
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	-
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	358	398	434	434	345	377	363	363	703	775	797	797	797	-
	Total number of bookings (Target:> CW 580 WM 478)	558	575	578	578	430	454	439	439	988	1029	1017	1017	1017	-
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	98.0%	99.0%	99.0%	99.0%	96.0%	97.0%	97.0%	98.0%	97.0%	98.0%	98.0%	98.0%	-
Safety	Admissions >37/40 to NICU/SCBU	0	28	29	29	13	12	18	47	13	40	47	29	29	-
	Number of reported Serious Incidents	6	5	7	7	3	2	6	6	9	7	13	13	13	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	1	0	1	1	1	0	1	1	1	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	9.0%	6.7%	6.0%	6.0%	10.0%	5.2%	6.0%	6.0%	9.5%	6.0%	6.0%	6.0%	6.0%	-
	Number of stillbirths	1	2	2	2	1	2	1	1	2	4	3	3	3	-
	Number of Infant deaths	1	0	1	1	0	2	5	5	1	2	6	6	6	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
	Spontaneous unassisted vaginal births	22.0%	21.0%	25.0%	25.0%	29.0%	29.0%	29.0%	29.0%	25.5%	25.0%	27.0%	27.0%	27.0%	-
	Vaginal Births - spontaneous & induced	37.0%	35.0%	37.0%	37.0%	41.0%	42.0%	43.0%	43.0%	39.0%	38.5%	40.0%	40.0%	40.0%	!
	Instrumental deliveries	52	59	51	51	38	48	47	47	90	107	98	98	98	-
	Pre-labour elective caesarean sections	66	77	91	91	44	51	50	50	110	128	141	141	141	-
	Emergency caesarean sections in labour	108	121	128	128	119	113	106	106	227	234	234	234	234	-

Please note that some of the metrics require full validation and will be updated in the following months report.

The above dashboard metrics covers workforce, birth indicators, safety and clinical outcomes.

Workforce For the month of April, the current midwifery staffing ratios were 1:25 at Chelsea and 1:23 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise that the midwife-to-birth ratio should be adjusted to 1:23 at the Chelsea site (previously 1:26) and to 1:21 at the West Middlesex site (previously 1:22), based on current levels of acuity and activity. Although the national birth rate continues to decline, local service data indicates a rising acuity particularly among women in categories 4 and 5 (high-risk) whilst the proportion of category 1 (low-risk) women is decreasing. This shift in case mix has significant implications for workforce planning and safe service delivery. The release of 10.57 WTE midwifery posts, previously recommended in the *Birthrate Plus* (2021) Phase 4 review and provisionally agreed for March, has been delayed. The Trust Executive is currently reviewing the funding for these posts as part of the business planning process. The updated *Birthrate Plus* (2024) review now recommends a further increase of 30 WTE midwives across both sites to meet safe staffing requirements.

Given the current funding constraints and absence of confirmed investment to support this level of workforce expansion, the service is exploring demand management strategies. This includes considering a reduction in maternity bookings and births to align with the updated *Birthrate Plus* staffing ratios. A paper will be submitted to the Executive Management Board (EMB) proposing that bookings be limited to women residing within North West London, to help maintain safety and quality within the current financial envelope. The senior maternity leadership team is actively collaborating across the sector to map maternity flows and understand where women in North West London are choosing to give birth. This will help ensure that women within the region including those with high-risk pregnancies or who book late—are not disadvantaged and can continue to access safe and timely care at their local NWL hospitals.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. West Mid reported 82.22% for April, with no red flags reported. Following the rollout of the BR+ Acuity App on the AN and PN wards WMUH reported a decline in compliance to 53.33% from 67.74% compliance for their antenatal ward and 3 red flags: delayed or cancelled time critical activity (n=1), delay between admission for induction and beginning of process (n=1) and missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1). Postnatal ward compliance was 87.50% with 0 red flags reported. Overall WMUH site saw a decline in red flags reported in April. On the CW Simpson Unit (Recovery & HDU) saw a small improvement in compliance to 63.33% from 58.60% in March. The compliance rate for labour ward in April on the CW site was 79.44%. There were two red flags reported for intrapartum care: Delay or cancelled time critical activity (n=1), and delay in providing pain relief (n=1). 5 red flags were reported due to delayed or cancelled time critical activity (n=2) and any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (n=3). CW site went live and launched the acuity app on the inpatient wards in March and the AN ward achieved 67.50% compliance in April with 2 red flags reported, any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (n=1) and delay between admission for induction and beginning of process (n=1). The postnatal ward compliance in April was 21.34% and with no red flags reported, this will be added to the wards safety production boards to track the compliance weekly.

The neonatal leadership team continue to enhance the local QIS programme to optimise skill mix, as there has been a slight decline this month (now at 54%) on the CW site of the number of nurses who have QIS. At WM it remains at 89%. There are a number of nurses on a QIS course which is due for completion in spring next year. Phase 1 and 2 of the recruitment business case have been successfully recruited into. This will increase the current staffing establishment by over 23 WTE.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 7, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. In addition (effective February 2023) all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility data regarding compliance. A detailed summary was included in the Q3 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit. The Trust are still awaiting confirmation from the ICB as to when and if the LNU level 2 re-designation will be financed to enable the green light in moving this forward.

Safety:

WM site: There were 2 patient safety incident:

1. **Unconfirmed:** MNSI unexpected admission to NICU
2. **Unconfirmed:** Maternal ICU admission secondary to MOH
3. **Unconfirmed:** Maternal ICU admission secondary to MOH
4. **Unconfirmed:** Unexpected admission to NICU
5. **Unconfirmed:** Maternal ICU admission secondary to MOH
6. **Unconfirmed:** 2 day old baby readmitted due to seizures

Datix reporting system: There were 84 reported incidents in April (82 reported in March)

- Main themes arising:
- Maternal, fetal, neonatal (29)
- Delay/failure in access to hospital/care (7)
- Transfusion policy error (as per new MOH policy - the BT department was not informed when the event was stood down) (10)

CWH site: There were 7 patient safety incidents:

1. Unconfirmed: NICU admission.
2. Unconfirmed: Birth injury - assisted vaginal birth with forceps
3. Unconfirmed: 4th degree tear
4. Unconfirmed: MTOP 22/40 and baby born with signs of life
5. Unconfirmed: x3 cases abnormalities not detected at ultrasound scan

Datix reporting system: In April 139 datix incidents an increase from March (128)

Main themes arising:

- Transfusion policy error (as per new MOH policy - the BT department was not informed when the event was stood down) (18)
- Delay/failure in access to hospital/care (12)
- Communication issues/inadequate handover (12)

97 Datix closed in April, 103 closed in March.

1. **PMRT (Cross site):** CW site reported 5 cases: NND x3, 1 x MTOP and one SB of twin 1 at 25+5/40. (T2 transferred to NICU). WMUH reported 2 cases: 1 Antepartum stillbirths; one at 31+6/40 weeks and 1 NND at 22+6/40
2. **ATAIN (Cross site):** On the CW site there were 29 babies admitted to NICU of which 16 were unexpected. Respiratory symptoms was the most common reason for term unexpected admission, 1 admission was felt to be potentially avoidable. On the WM site there were 18 term admissions in April, of which 16 were unexpected. This gives a term admission rate of 4.75% an increase from last month's 3.45%.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
4. **SBLCBv3** (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. The service are declaring 86% compliance for Q4 this is pending LMNS validation.

Element 1: Reducing smoking: The service are currently compliant with 6/10 interventions.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be compliant with all interventions by June 2025. **Compliant with 16/20 interventions.**

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

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

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

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

Perinatal Quality Surveillance Model Board Reporting

Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	88.0%	89.0%	87.0%	87.0%	87.0%	87.0%	84.0%	84.0%	87.5%	88.0%	85.5%	85.5%	85.5%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	91.0%	92.0%	92.0%	88.0%	89.0%	92.0%	92.0%	91.0%	90.0%	92.0%	92.0%	92.0%
	Service User Feedback FFT	93.4%	89.1%	93.5%	93.5%	88.9%	94.4%	90.7%	90.7%	91.6%	91.8%	91.9%	91.9%	91.9%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	9	9	0	0	9	9	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									0	0	5	5	5
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	0	0.5	0.5	0.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	10	10	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

Annual Reports	
Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually)	A) (Trust average 71.3%) Midwives WMUH 80.85%, CW 79.29%. B) (Trust average 72%) Midwives 83% WMUH 80.85%, CW 84.17%.
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported Annually)	A) (Trust average 71.3%) Obstetricians WMUH 71.43%, CW 66.67%. B) (Trust average 77.6%) Obstetricians WMUH 85.71%. CW 81.48%.
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (Reported Annually)	2023 Cross-site 93.55% (WMUH 93.01%, CW 94.20%) of trainees reported excellent or good (increased from 90.54% in 2022)

Perinatal Quality Surveillance Model

Chelsea and West Middlesex are not on the national maternity safety support programme as there are no concerns regarding the quality and safety of the maternity service.

Multi-professional mandatory training and fetal monitoring training: In April, overall multi-disciplinary training compliance remains at 86% and fetal monitoring is at 92% across both sites. All new staff have been booked onto mandatory training in the next 3 months. Whilst training compliance fluctuates depending on where staff are in their training cycle, the practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period into MIS year 7 2025. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this years teaching programme, to support the departments commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, the CW site saw a decline in response rates to 21% in April. However, positive feedback has increased to 91.89% in April from 85.95% On the WMUH site the response rate saw an increase to 32% and positive feedback has also increased 90%. Negative feedback across both sites continues to be raised about staff attitude, communication and delays in care.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. The maternity and neonatal team welcomes their new Non-executive Director Pat Gallan to the team. Pat has undertaken a walk-about and has been introduced to both maternity and neonatal sites. Site safety visits enable opportunity for the safety champions to meet the wider team and talk to our women and birthing people as they use our maternity and neonatal services. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. All maternity updates and reports are shared specifically reviewing quality, outcomes and patient experience. On-going scrutiny continues in relation to addressing health inequalities that we know are specific to patient demographic and those living in the lowest indices of deprivation.

Maternity (Perinatal) incentive Scheme year 7: MIS year 7 version 1.0 was published on 2nd April 2025 and is now in a new reporting period. Revisions have been made to some of the technical guidance and is with the senior midwifery team for review. The Trust reported full compliance with 10 out of 10 safety actions for year 6 and has on-going action plans in relation to safety action 3 (transitional care on the WMUH site) and safety action 4 (neonatal nursing on the CW site).

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

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and progress on the 14 should do's continue and are being tracked via a cross-site assurance group. (7 for WM and 7 for CW). 4 of the should do actions are on track and 10 have been completed, 1 should do action awaits the outcome of the WM consultant consultation. The CQC have recently published 16 maternity recommendations, of which 7 are specifically relevant to all NHS maternity Trusts. A bench marking piece has been undertaken to review our compliance and to demonstrate we are able to meet these standards, and as such we do not have any concerns in our ability to do so.

Cancer Update

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
Domain	Tumour site	Feb-25	Mar-25	Apr-25	2025-2026	YTD breaches	Feb-25	Mar-25	Apr-25	2025-2026	YTD breaches	Feb-25	Mar-25	Apr-25	2025-2026 Q1	2025-2026	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	96.7%	86.7%	n/a	8	100%	96.7%	86.7%	n/a	n/a	8	
	Colorectal / Lower GI	92.9%	85.7%	83.3%	n/a	2	64.7%	88.2%	53.8%	n/a	12	82.2%	86.7%	63.2%	n/a	n/a	14	
	Gynaecological	27.3%	81.8%	100%	n/a	0	100%	100%	100%	n/a	0	42.9%	88.2%	100%	n/a	n/a	0	
	Haematological	100%	83.3%	100%	n/a	0	90.9%	100%	81.8%	n/a	2	92.3%	93.1%	90.9%	n/a	n/a	2	
	Head and neck	n/a	n/a	100%	n/a	0	n/a	25.0%	n/a	n/a		n/a	25.0%	100%	n/a	n/a	0	
	Lung	100%	77.8%	73.3%	n/a	4	65.2%	56.3%	58.6%	n/a	12	75.8%	67.6%	63.6%	n/a	n/a	16	
	Sarcoma	n/a	n/a	25.0%	n/a	3	77.8%	50.0%	0.0%	n/a	1	77.8%	50.0%	20.0%	n/a	n/a	4	
	Skin	80.6%	87.5%	60.0%	n/a	4	72.2%	91.7%	80.0%	n/a	2	77.6%	88.5%	70.0%	n/a	n/a	6	
	Upper gastrointestinal	100%	100%	100%	n/a	0	100%	90.9%	93.3%	n/a	1	100%	95.2%	96.0%	n/a	n/a	1	
	Urological	56.3%	66.7%	54.5%	n/a	15	64.1%	70.8%	49.0%	n/a	26	60.6%	69.4%	51.2%	n/a	n/a	41	
	Urological (Testicular)	n/a	n/a	n/a	n/a		100%	100%	n/a	n/a		100%	100%	n/a	n/a	n/a		
	Site not stated	n/a	n/a	n/a	n/a		100%	100%	n/a	n/a		100%	100%	n/a	n/a	n/a		

Improving personalised cancer care at diagnosis

% patients receiving an (HNA) & care plan																		
Patients with an end of treatment summary																		

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

Trust Commentary

The 62-Day combined target of 85% standard has remains challenged in March 2025, as the service anticipated, with the validated performance at 81.82%, due to a variety of reasons from annual leave, diagnostic capacity challenges including histology delays and patient choice. We are seeing the knock-on effect of this in April with an unvalidated performance at present of 70.18% against the target of 85%, with the expectation of this increasing slightly. The backlog does continue to remain to be reported within a trajectory of 100 in April 2025.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			0.5	15
Gynaecology	1	5.5		3
Haematology	1	6		8.5
Head and Neck			1.5	2
Colorectal	2	14	1	8.5
Lung	1.5	9	4	8
Other				1.5
Sarcoma			2	4
Skin	2.5	20	0.5	6
Testicular				2
Upper GI		5	0.5	5.5
Urology	4	12	7	24
Total:	12	71.5	17	88

Safer Staffing – April 2025

Chelsea and Westminster

	Average fill rate				CHHPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired pressure 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								
	RN	HCA	RN	HCA										M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M	YTD			M
Maternity	96%	94%	99%	93%	7.4	2.3	0.0	0.0	9.68	12.8	-4.74%	7.13%	11.16%	0	0	0	0	0	0	0	0	6	6	0	0	6	6	87.22%		
Annie Zunz	99%	103%	100%	103%	6.3	2.5	0.0	0.0	8.86	8.73	-5.27%	35.62%	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	94.62%		
Apolb	101%	-	100%	-	21.9	0.0	0.0	0.2	22.17	N/A	-1.77%	8.37%	0.00%	0	0	0	0	0	0	0	0	4	4	0	0	0	0	100.00%		
Mercury	101%	-	105%	-	7.7	0.0	0.0	0.3	8.01	9.94	5.64%	14.12%	26.59%	0	0	0	0	0	0	0	0	8	8	0	0	0	0	95.00%		
Neptune	95%	-	99%	-	8.5	0.0	0.0	0.2	8.73	13.1	11.94%	15.43%	0.00%	1	1	0	0	0	0	0	0	5	5	0	0	1	1	90.48%		
NICU	111%	-	109%	-	15.5	0.0	0.0	0.3	15.80	26.9	-10.27%	15.28%	0.00%	0	0	0	0	0	0	0	0	13	13	0	0	0	0	88.89%		
AAU	108%	81%	102%	112%	7.3	1.7	0.1	0.1	9.11	8.4	-4.03%	7.34%	27.24%	6	6	0	0	0	0	0	0	7	7	0	0	0	1	1	86.21%	
Nell Gwynne	96%	78%	101%	82%	3.8	3.4	0.0	0.2	7.32	7.82	-1.35%	5.18%	5.43%	7	7	1	1	0	0	0	0	3	3	0	0	2	2	100.00%		
David Erskine	103%	70%	75%	119%	3.3	2.5	0.0	0.2	6.10	7.14	0.63%	4.38%	11.56%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00%	
Edgar Horne	114%	116%	100%	132%	3.4	3.7	0.0	0.0	7.13	6.78	-0.26%	5.00%	5.56%	2	2	1	1	0	0	0	0	1	1	0	0	1	1	91.18%		
Lord Wigram	82%	68%	99%	84%	4.3	2.1	0.1	0.2	6.71	7.81	7.94%	4.97%	16.08%	3	3	0	0	0	0	0	0	4	4	0	0	1	1	100.00%		
St Mary Abbots	100%	104%	98%	104%	4.0	2.8	0.2	0.0	7.06	7.55	11.40%	0.00%	11.19%	3	3	1	1	0	0	0	0	2	2	0	0	3	3	93.62%	1	
David Evans	86%	83%	92%	90%	5.8	3.4	0.0	0.0	9.26	7.55	-3.37%	3.72%	4.76%	3	3	0	0	0	0	0	0	0	0	0	0	3	3	97.47%		
Chelsea Wing	139%	129%	100%	116%	11.3	7.3	0.0	0.0	18.66	7.55	12.82%	19.85%	0.00%	0	0	0	0	0	0	0	0	1	1	0	0	0	0			
Burns Unit	126%	98%	215%	103%	26.4	3.2	0.0	0.0	29.69	N/A	8.30%	7.61%	0.00%	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Ron Johns on	98%	117%	100%	127%	4.5	3.0	0.0	0.0	7.47	5.51	11.36%	19.03%	25.00%	3	3	0	0	0	0	0	0	1	1	0	0	0	0	100.00%		
ICU	103%	-	105%	-	33.5	0.0	0.0	1.2	34.66	26.9	-0.78%	7.20%	0.00%	1	1	0	0	0	0	0	0	1	1	0	0	0	0			
Rainsford Mowlem	92%	90%	91%	103%	3.4	3.3	0.1	0.1	6.88	7.5	-4.15%	10.16%	12.21%	10	10	0	0	0	0	0	0	4	4	0	0	2	2	83.33%		
Nightingale	77%	50%	102%	43%	4.5	2.2	0.0	0.0	6.71	7.5	23.67%	0.00%	18.87%	3	3	0	0	0	0	0	0	1	1	0	0	1	1	100.00%		
Averages /Totals	101%	91%	105%	101%	9.6	2.3	0.0	0.2	12.11		3.46%	10.02%	9.24%	42	42	3	3	0	0	0	0	61	61	0	0	21	21	94.25%	1	

West Middlesex

	Average fill rate				CHHPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired pressure 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					
	RN	HCA	RN	HCA										1 & 2	3, 4 & nonstage		M	YTD	M	YTD	M	YTD	M	YTD	M	YTD	M		
Lampton FU	101%	92%	108%	92%	3.3	3.0	0.0	0.0	6.21	7.5	31.38%	0.00%	15.12%	8	8	0	0	0	0	0	0	7	7	0	0	3	3	93.75%	0
Richmond	105%	76%	99%	89%	4.2	3.0	0.3	0.0	7.46	7.55	8.07%	0.00%	10.62%	1	1	0	0	0	0	0	0	1	1	0	0	1	1	96.97%	0
Syon 1 cardiology	98%	92%	100%	96%	4.1	1.7	0.0	0.1	5.94	7.93	0.82%	0.00%	14.86%	6	6	0	0	0	0	0	0	3	3	0	0	1	1	100.00%	0
Syon 2	111%	82%	102%	97%	3.9	3.0	0.2	0.0	7.13	7.14	2.68%	4.73%	0.00%	4	4	0	0	0	0	0	0	2	2	0	0	2	2	95.24%	0
Starlight	122%	-	110%		10.6	0.0	0.0	0.0	10.61	13.1	18.07%	18.90%	100.00%	0	0	0	0	0	0	0	0	4	4	0	0	0	0		0
Kew (Lampton)	98%	134%	100%	163%	3.1	3.7	0.0	0.2	7.02	7.5	1.08%	0.00%	0.00%	2	2	0	0	1	1	1	1	2	2	0	0	2	2	88.89%	0
DRU (Crane)	101%	75%	101%	64%	3.2	2.8	0.2	0.2	6.26	7.5	-4.51%	5.07%	19.64%	0	0	0	0	0	0	0	0	0	0	0	0	3	3	100.00%	0
Osterley 1	99%	68%	101%	110%	4.0	2.1	0.2	0.0	6.28	7.81	2.46%	11.77%	20.04%	7	7	0	0	0	0	1	1	7	7	0	0	5	5	93.18%	0
Osterley 2	102%	75%	100%	111%	3.6	2.6	0.1	0.0	6.39	7.55	-1.52%	15.53%	0.00%	2	2	0	0	0	0	0	0	7	7	0	0	4	4	100.00%	0
MAU	104%	93%	109%	104%	6.2	2.5	0.0	0.0	8.66	8.4	4.87%	1.58%	0.00%	12	12	0	0	0	0	0	0	2	2	0	0	2	2	100.00%	0
Maternity	105%	95%	104%	95%	8.5	2.5	0.0	0.0	11.02	12.8	-2.57%	3.66%	12.05%	0	0	0	0	0	0	0	0	2	2	0	0	2	2	91.47%	0
Special Care Baby Unit	80%	-	88%	-	8.5	0.0	0.0	0.0	8.54	13.1	14.43%	8.86%	9.21%	0	0	0	0	0	0	0	0	1	1	0	0	0	0	100.00%	0
Marble Hill 1	144%	109%	104%	185%	3.8	3.1	0.1	0.0	6.95	6.8	-2.95%	8.39%	4.99%	11	11	0	0	0	0	0	0	5	5	0	0	0	0	95.74%	0
Marble Hill 2	136%	97%	176%	100%	4.7	2.7	0.2	0.0	7.59	6.78	-4.34%	9.12%	10.74%	4	4	0	0	0	0	0	0	3	3	0	0	1	1	100.00%	0
ITU	91%	-	92%	-	23.4	0.0	0.0	0.0	23.37	26.9	8.89%	16.42%	40.00%	0	0	0	0	0	0	0	0	2	2	0	0	0	0		0
Redlees (Kew)	99%	89%	100%	109%	3.6	3.3	0.2	0.6	7.77	7.82	-7.95%	4.92%	0.00%	3	3	0	0	0	0	0	0	4	4	0	0	0	0	100.00%	0
Averages /Totals	106%	91%	106%	109%	6.2	2.2	0.1	0.1	8.6		4.31%	6.81%	16.08%	60	60	0	0	1	1	2	2	52	52	0	0	26	26	96.80%	0

Safer Staffing & Patient Quality Indicator Report

April 2025

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

West Middlesex site:

Kew Ward had increased HCA fill rates during both day and night shifts due to a higher number of confused patients and those at high risk of harm. Marble Hill 1 had increased RN fill rates during the day and increased HCA fill rates at night to provide enhanced observations for patients requiring specialising. Marble Hill 2 had increased RN fill rates day and night following the opening of the escalation beds. DRU ward had reduced day and night HCA fill rates based on clinical need. Osterley 1, Osterley 2, and Richmond had low HCA fill rates during the day due to staff sickness and inability to cover with bank staff. Supernumerary staff supported along with ward managers in all areas to ensure safety. CHPPD was not compromised. SCBU RN fill rates remained low, attributed to both staff sickness and ongoing vacancies. However, CHPPD was maintained through a combination of reduced clinical acuity and direct support from the ward manager. Vacancies have now been filled.

Chelsea and Westminster site:

Ron Johnson ward required increased HCA fill rate at night for 1:1 supervision. Chelsea Wing had high RN and HCA day fill rates due to staff sickness and increased activity. Nell Gwynne had low HCA fill rates day and night due to staff sickness and inability to fill with bank cover. David Erskine had low HCA day fill rates due to study leave, night RN fill rates were low due to low patient acuity and changes in template. CHPPD was not compromised. Nightingale ward had low RN and HCA day and night fill rates due to bed closures, staff were redeployed to other clinical areas to provide additional support. **Lord Wigram** reported **low daytime HCA fill rates** due to staff sickness and escalation beds. **CHPPD was maintained** with support from Band 6 staff and the ward manager. The **Burns Unit** saw **increased RN fill rates** on day and night shifts due to two new supernumerary staff and coverage for sickness absences.

Incidents:

In April, three patient falls and two pressure ulcers resulting in harm were reported. On Nell Gwynne, a patient sustained a fractured rib following a fall. The patient had a known history of stroke, and post fall the CT scan noted an intracranial bleed. The patient's condition subsequently deteriorated, and they later died. Duty of Candour was completed. Learning identified included the importance of timely initiation of Duty of Candour by medical staff. On Edgar Horne ward, a patient was reported to have an **unwitnessed fall resulting in harm**. An IRR was completed following a **fractured right neck of femur**. On Saint Mary Abbot's, a patient was reported to have an unwitnessed fall resulting in a head wound. A post-fall CT head was completed, and all post-fall observations were carried out. IRR is pending. The patient has since died.

Kew Ward reported a deep tissue pressure injury. The patient is under review by the dietitian and diabetes teams, with an air mattress in place to support skin protection and healing. Osterley 1 Ward reported a deep tissue injury to a patient's left heel. The patient was described as frail, with limited mobility and vulnerable skin. Management included the use of an air mattress, with a dietitian referral and input from the tissue viability team in place. The Friends and Family Test showed seven wards at WM and six wards at CW scored 100%. No unit scored less than 83% satisfaction rate. Please note all incident figures are correct at time of extraction from DATIX. There were six red flags raised in April, five at WMUH and one at CW. They are all related to staffing shortfalls. The vacancy rate and turnover are from March 2025.

Safe Staffing Analysis | Registered Nurse and Care Staff April 2025

RN Fill Rates (ward areas) decreased 105.44% in March 2025 to 103.13% in April 2025. The RN vacancy rate (whole trust) in March 2025 was 2.18%

Care Staff Fill Rates (ward areas) decreased from 96.93% in March 2025 to 94.70% in April 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in March 2025 was 9.58%.

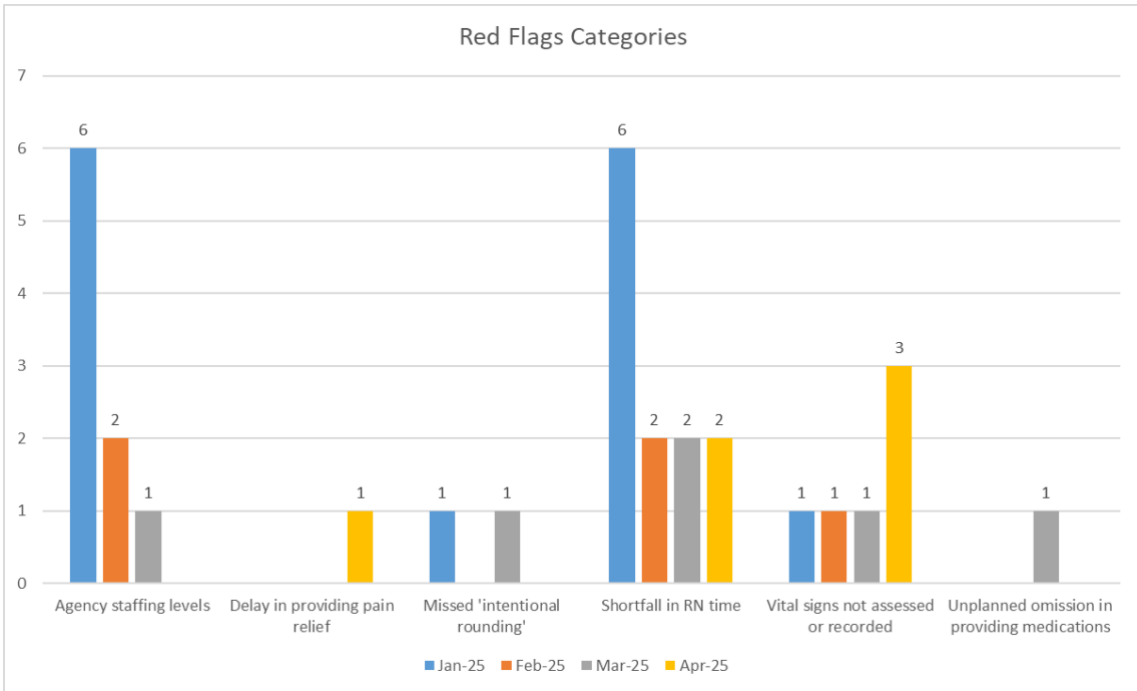
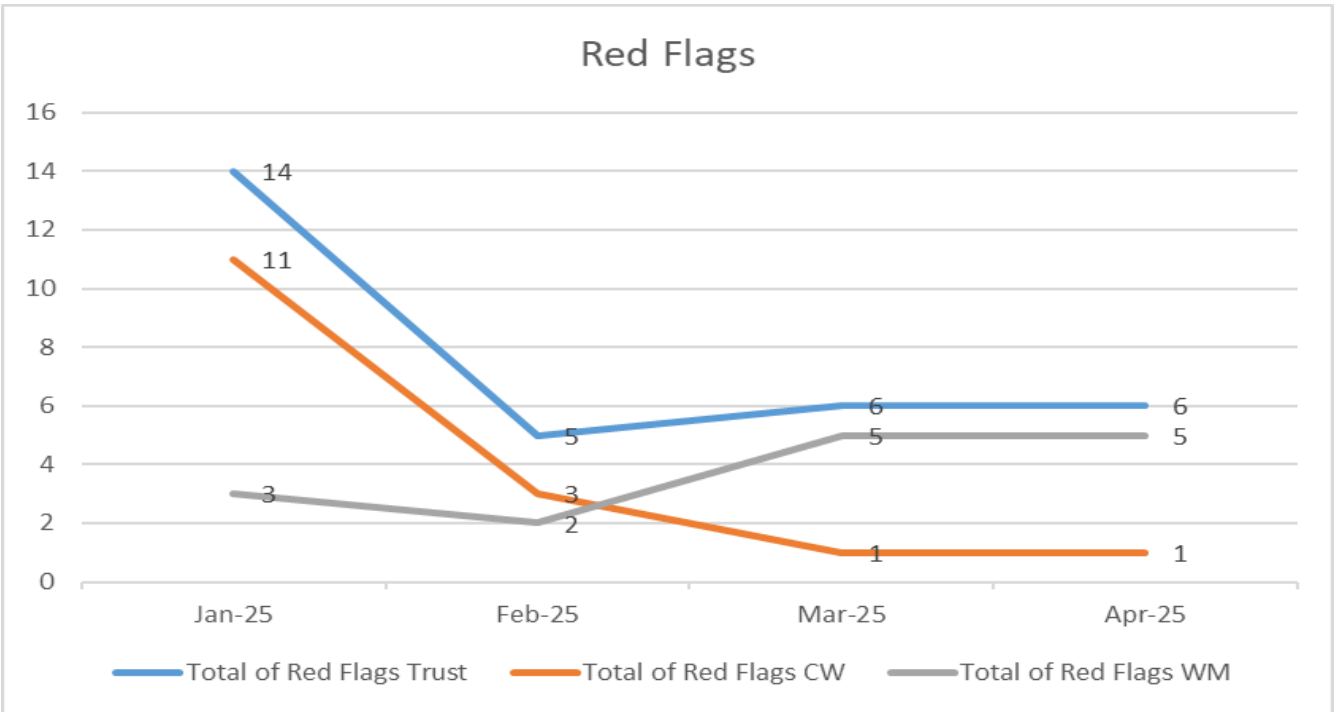
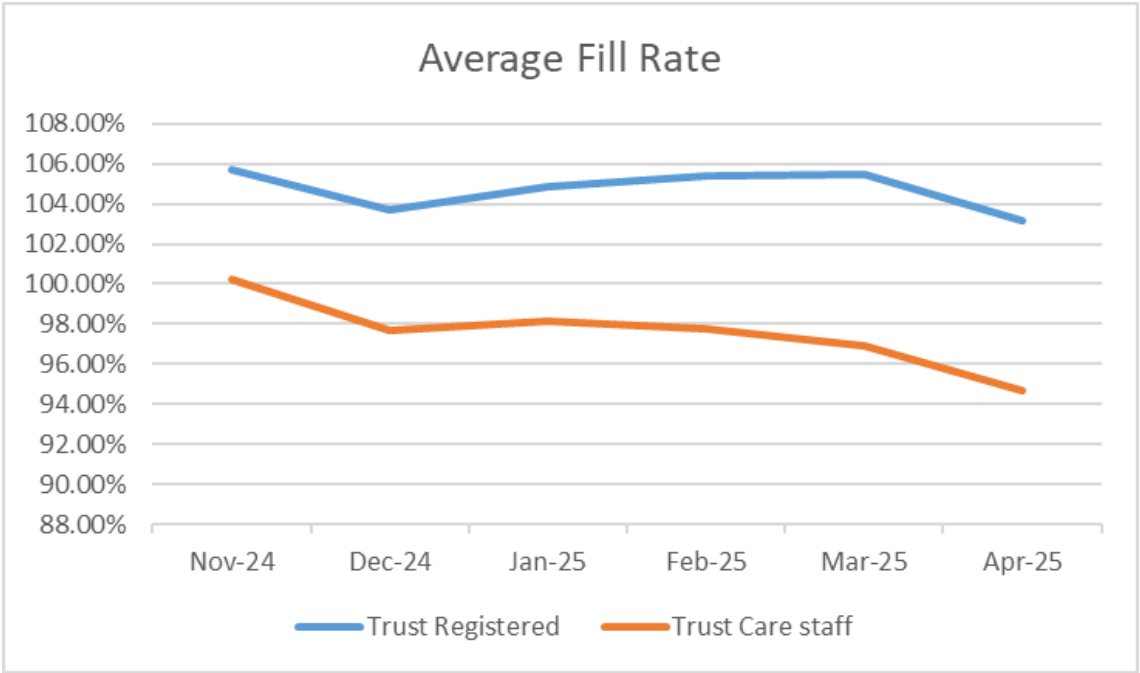
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 101.19% in March 2025 to 98.91% in April 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (December 2024) was 8.4. Trust workforce data confirms the CHPPD was 8.8 in April 2025, up from 8.5 in March 2025 .

Safe Staffing Red Flags – 6 red flags from the 6 categories (tables below) were reported during April 2025: where majority were in Vital signs not assessed or recorded.

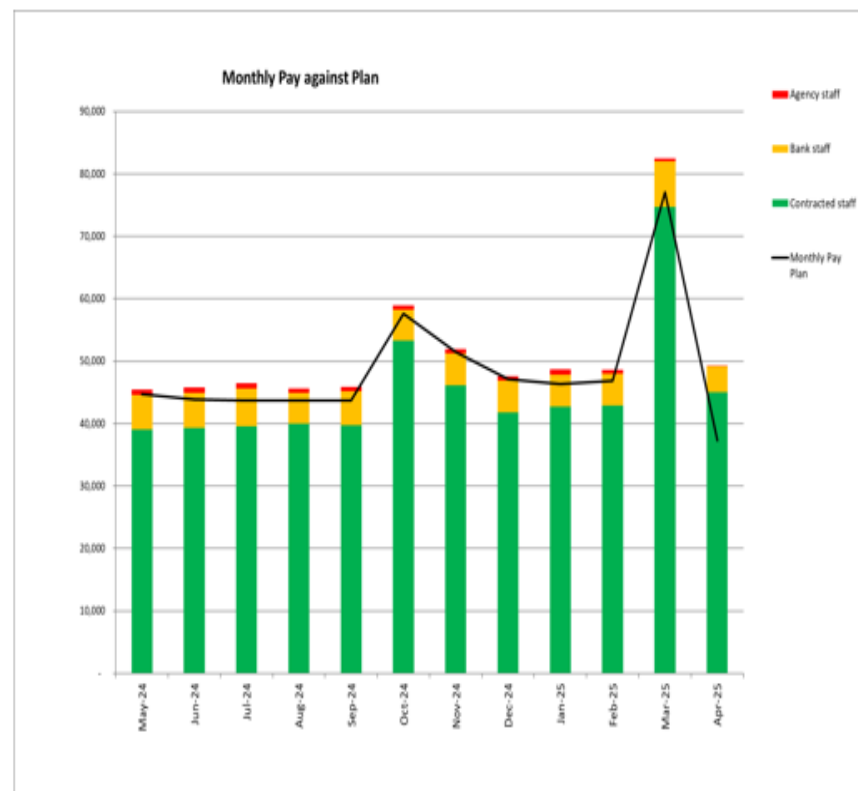
CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – December 2024
Trust	8.4
Hillingdon Hospital	9.4
London NW	9.2
Imperial	10.7
National Median	8.5

Nursing, Midwifery and care staff average fill rate April 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
103.13% ↓	94.70% ↓	6.3 ↑	2.5 ↑	8.8 ↑



Finance M1 2025/2026

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	83,885	82,702	(1,183)
Expenditure			
Pay	(46,819)	(49,306)	(2,487)
Non-Pay	(31,836)	(30,357)	1,479
EBITDA	5,230	3,039	(2,191)
EBITDA %	6%	3.67%	-2.6%
Depreciation	(2,873)	(2,881)	(8)
Non-Operational Exp-Inc	(1,259)	(1,123)	136
Surplus/Deficit	1,098	(965)	(2,063)
Control total Adj - Donated asset, Impairment & Other	(1,441)	(77)	1,364
PFI Model recalculation		77	77
Adjusted financial performance surplus/(deficit)	(343)	(965)	(622)



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

The adjusted financial position at month 1 is a £0.97m deficit which is £0.62m against plan.

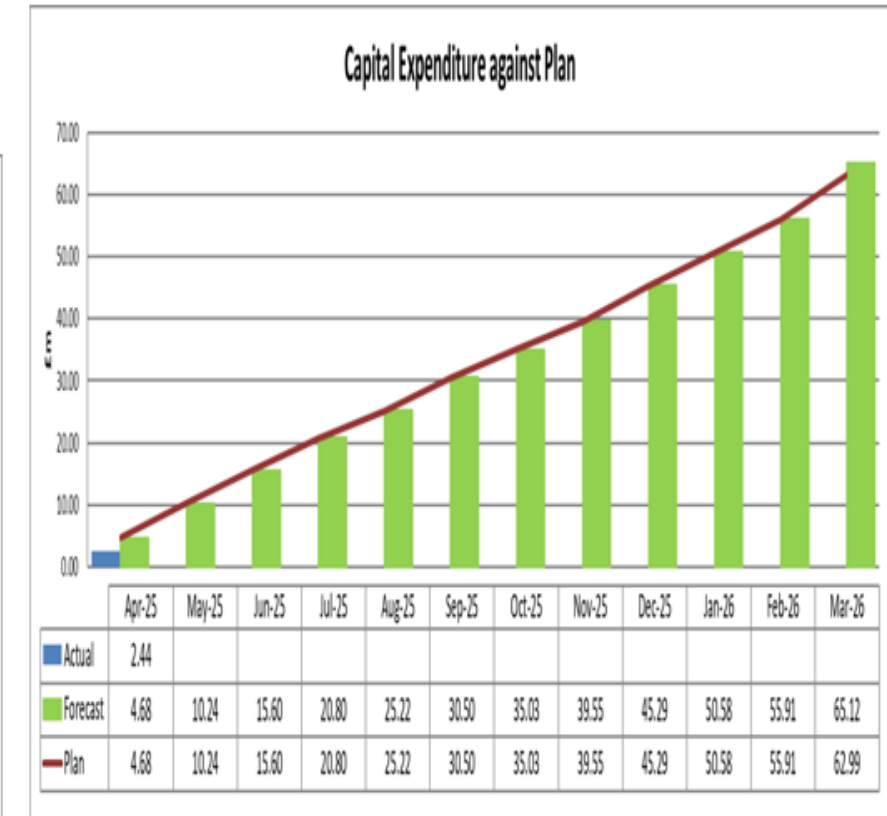
Pay: £2.49m adverse against plan. The adverse variance at Month 1 includes spend to cover additional clinics, WLI as well as over or vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £1.48m favourable variance which includes adjustment to budget to match NHSi return.

Income: M01 Income performance is based on agreed contract values, estimate values based on contractual guidance, which includes 65% of 2024/25 ERF performance (pro rata for periods 1). Activity was a slightly below plan for the period, mainly in outpatients news. Local authority income remains on 2024/25 basis as the contract has been extended for a few more months.



Comment: The negative cash variance to plan in M1 of £10.35m is Lower receipts to plan of £6.17m (ICB £2.8m Lower, Local Authority £1.13m Lower, NHS England £1.51m Lower, AR £0.71m Lower, PP Income £0.03m Higher, FT's £0.21m Lower, Interest Income £0.09m Higher, Other Income £0.17m Higher) plus Higher cash outflows to plan £4.68m (Higher Creditor payments & Higher Payroll)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £65.12m following the carry forward of the additional grant for the IECCP project from 2024/25. The capital budget has been allocated to the various departments, with £32.57m for the ADC Project, £1.28m for the Treatment Centre, £1.77m for Medical Equipment, £2.0m for IT equipment, £3.38m for Estates schemes, £6.3m for the Human Challenge Fund, £1.88m for IFRS16, £3.50m for IECCP, £0.13m for WM site development, £0.19m contingency fund and £10m for PDC funded projects which will be allocated to fund the ADC project.

Individual budgets are being allocated from the available capital budgets and business cases for these projects will be submitted to CPB for approval in due course. The P01 underspend of £2.23m relates to timing differences and will be spent in the upcoming months.