



Trust Performance and Quality Report

April 2026



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Executive Summary



Chelsea and Westminster Hospital
NHS Foundation Trust



Patient Safety and Experience

There were 3 cases of C.Difficile reported in-month, occurring in separate areas. Whilst no threshold has been set currently for 2026/27 the Trust previous years threshold of 33 remains. The Trust has an established Quality Priority for Infection Prevention and Control, which is mirrored across the APG given the year end position for 2025/26 (58 cases against a threshold of 33). Cases are undergoing learning response review with no concerns on cross-contamination highlighted. The Quality Priority will focus on fundamentals of care, embedding best practice and antimicrobial stewardship.

The complaint response time within 25 working days achieved compliance for the second month, with 45 working days performance reported a month in arrears but remains strong with compliance at 100% for the previous months. Inpatient FFT remains in a strong position exceeding response rates and experience of care. Additional engagement work is required to improve response rates for outpatients, ED and Children and Young People.

VTE assessment rates remain above target. Falls risk assessment rates are compliant across both sites with the West Middlesex site also being compliant for Purpose T assessment. Further targeted work at the Chelsea site with respect to purpose T is ongoing through the use of Timely Care Hub. There was 3 hospital acquired pressure ulcers at category 3 or above during April and 1 fall with severe harm. Improvement plans remain in place for both pressure ulcers and falls which have been produced based on learning responses and are monitored through the patient safety group. Pressure Ulcer prevention is also a Trust Quality Priority for 2026/27.

Sepsis improvement work has continued within the ED, with an improving position for the last 3 months at Chelsea. This work will be shared with West Middlesex, and the improvement plan will be monitored through Divisional Meetings and the Clinical Effectiveness Group.

The time spent on the stroke unit remains above the target of 80% at both sites. The time to theatre for fractured NOF patients was not met at both sites (75% Chelsea and 94.7% West Middlesex). This was a result of capacity and staffing constraints, in addition to clinical issues in theatre. The divisions will continue to monitor its improvement plan through Divisional Performance meetings. Dementia screening remains complaint at both sites. The Trust reported same sex breaches at West Middlesex due to delays in stepping down patients from ITU. This was a result of managing capacity across urgent and elective care.

Patient Access and Operating Plan

Attendances to the Emergency Departments and Urgent Treatment Centers were 5% higher in April 2026 than April 2025. Despite this high level of attendance, the Trust performance of 78.19% for A&E 4-hour is slightly under the 26/27 improvement trajectory. The Emergency Care improvement plan remains in place and progress has been seen in month in reducing time to initial assessment.

Cancer standards were met in March 2026 for 28-Day Faster Diagnostics at 78.08% and the against the 31-Day standard at 98.9%. The 62-day standard was just below the Operating Plan trajectory of 85% at 82.15%.

Elective Referral to Treatment (RTT) 18-week wait performance was 66.4% for April 2026, meeting the Operating Plan trajectory and a continued improvement in performance. Overall PTL size has stabilised. The number of long waiting patients continues to be above trajectory and an area of focus for improvement with additional capacity being put in place to support this. There were 955 patients waiting over 52 weeks (-3) and 3 patients waiting over 65 weeks (+3). There were no patients waiting over 78 weeks.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 73.56% against the 95% standard and the Operating Plan trajectory of 86.4%. Recovery plans and trajectories are in place to improve this position over the coming months.

Workforce

The Trust's Month 1 position shows the vacancy (5.9%) and voluntary turnover rates (7.7%) are within the target level. The introduction of a PDR window has been a success with the PDR rate for Month 1 being 93.03%.

Finance

The adjusted YTD financial position in Month 1 is a £1.3m deficit

Performance Summary

Trust level



Chelsea and Westminster Hospital
NHS Foundation Trust

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	46.51	
Patient safety incident investigations	n/a	2	
Never Events	0	0	
Dementia screening %	90%	95.32%	
ED sepsis screening %	90%	89.14%	!
Inpatient sepsis screening %	90%	85.65%	!
C. Difficile cases	n/a	3	
E. coli cases	n/a	4	
Formal complaints received	n/a	74	
Inpatient FFT % good experience	90%	95.93%	
A&E FFT % good experience	90%	80.62%	!
Outpatient FFT % good experience	90%	92.12%	
Maternity FFT % good experience	90%	91.37%	
Mortality			
Summary Hospital-level Mortality Index	<100	77.51	
Hospital Standardised Mortality Ratio	<100	76.51	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	80%	78.19%	!
LAS handovers 30 mins	n/a	0	
18 week RTT incompletes	65%	66.44%	
Diagnostic waiting times < 6 weeks	95%	73.56%	!
28 day Faster Diagnosis Standard	77%	78.08%	
31 day diagnosis to first or subsequent treatment	96%	98.90%	
62 day GP referral to first treatment combined	85%	82.15%	
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	89.34%	
PIFU rate	5%	8.83%	
Workforce			
Medical PDR compliance	90%	82.9%	
Non-medical PDR compliance	45%	93.0%	
Core skills compliance	90%	91.9%	



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



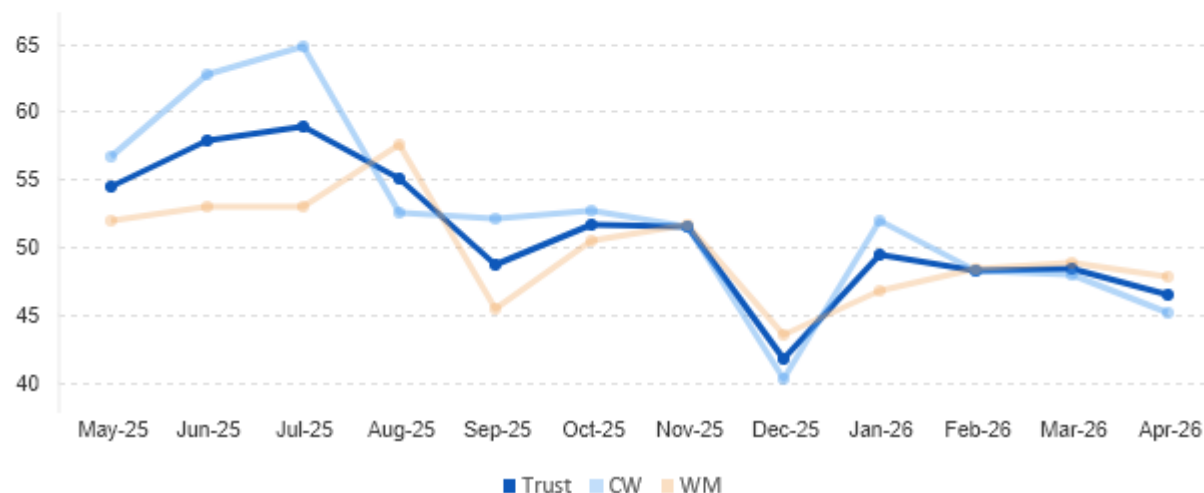
Patient Safety and Experience

Patient Safety Incidents

Safe

Trend

Incidents per 1000 FCE Bed Days



Narrative

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

Recovery Plan: The Trust is committed to increasing incident reporting by fostering a culture of openness and psychological safety. Key initiatives include:

- Delivery of national and local training programmes aligned with PSIRF
- Enhanced identification and dissemination of learning from incidents
- Promotion of incident reporting through local team meetings, safety huddles, and divisional Quality & Safety Boards

Improvements: The implementation of a new incident management system, expected in July 2026, will support the standardisation of processes across the APG and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

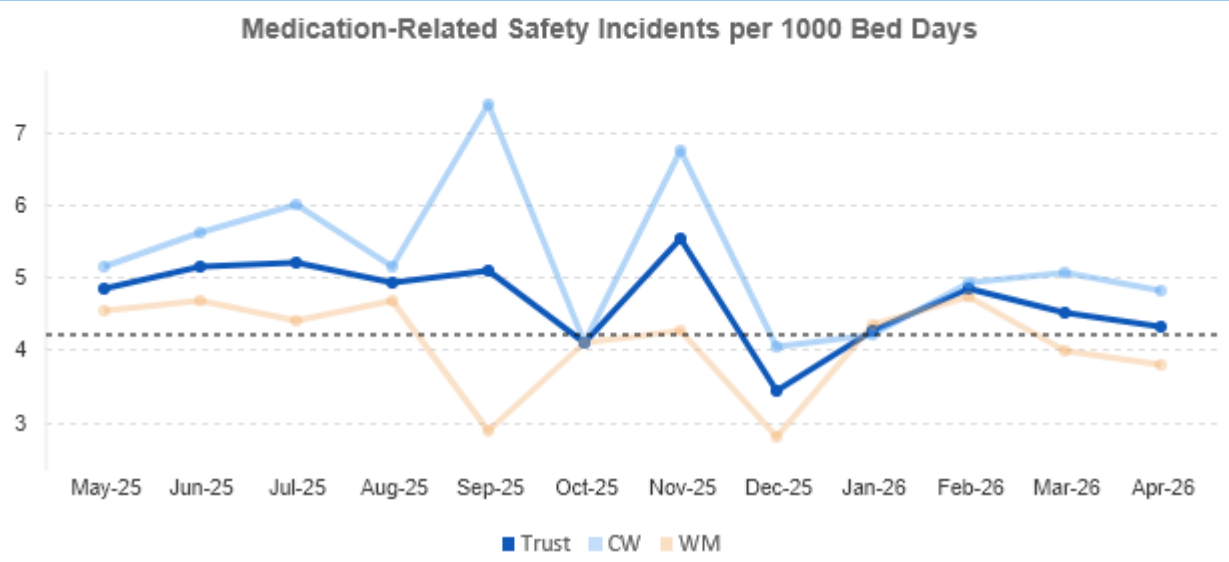
In-Month Performance

	Incidents per 1000 FCE Bed Days	Incidents Resulting in Severe Harm or Death	Incidents Resulting in Death	Incidents Resulting in Death per 1000 FCE Bed Days
CW	45.25	2	0	0.00
WM	47.84	3	1	0.07
Trust	46.51	5	1	0.03

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Incidents per 1000 FCE Bed Days (Target:)	CW	40.3	52.0	48.2	48.0	45.2	45.2
	WM	43.6	46.8	48.4	48.9	47.8	47.8
	Trust	41.9	49.4	48.3	48.4	46.5	46.5
Incidents Resulting in Severe Harm or Death (Target:)	CW	0	2	2	1	2	2
	WM	2	3	2	0	3	3
	Trust	2	5	4	1	5	5
Incidents Resulting in Death (Target:)	CW	0	1	0	0	0	0
	WM	0	1	0	0	1	1
	Trust	0	2	0	0	1	1
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.06	0.00	0.00	0.00	0.00
	WM	0.00	0.07	0.00	0.00	0.07	0.07
	Trust	0.00	0.07	0.00	0.00	0.03	0.03

Trend



Narrative

- The medication incident reporting target was achieved at CW site; however, the rate declined at WM site in April 2026, bringing the site and Trust performance below the target ≥ 4.2 . An improvement plan to improve incident reporting will be discussed at the next Medication Safety Group meeting.
- The Trust target to reduce medication incidents with moderate harm or above to $< 1\%$ was achieved in April 2026.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	4.82	0.0%
WM	3.80	0.0%
Trust	4.32	0.0%

Year-to-Date Performance

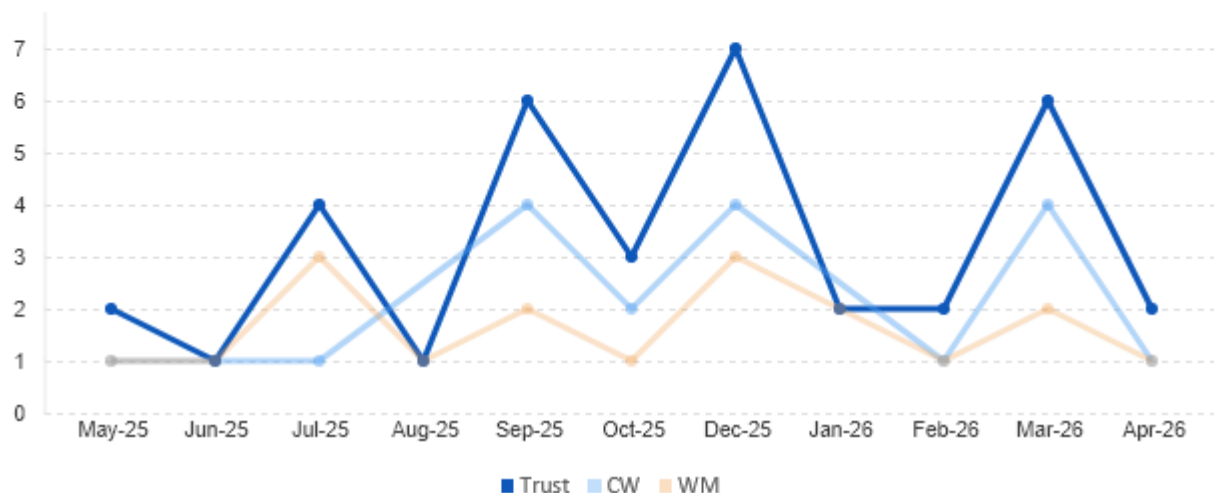
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Medication Related Safety Incidents per 1000 Bed Days (Target: ≥ 4.2)	CW	4.03	4.20	4.93	5.05	4.82	4.82
	WM	2.79	4.34	4.72	3.98	3.80	3.80
	Trust	3.44	4.27	4.83	4.52	4.32	4.32
Medication Related Safety Incidents % Moderate or Above Harm (Target: $< 1\%$)	CW	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	WM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Trust	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: Since the implementation of PSIRF, the number of incidents reported externally via StEIS has decreased. This is an expected outcome, reflecting PSIRF's emphasis on proportionate responses and a greater focus on identifying and addressing local learning opportunities. Over the rolling 12-month period, PSII indications comprised 68% (24) locally defined incidents requiring local PSII and 32% (11) nationally defined priority incidents subject to MNSI. 2 PSIIs were declared in April, comprising one maternity case and one delayed cancer diagnosis.

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

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

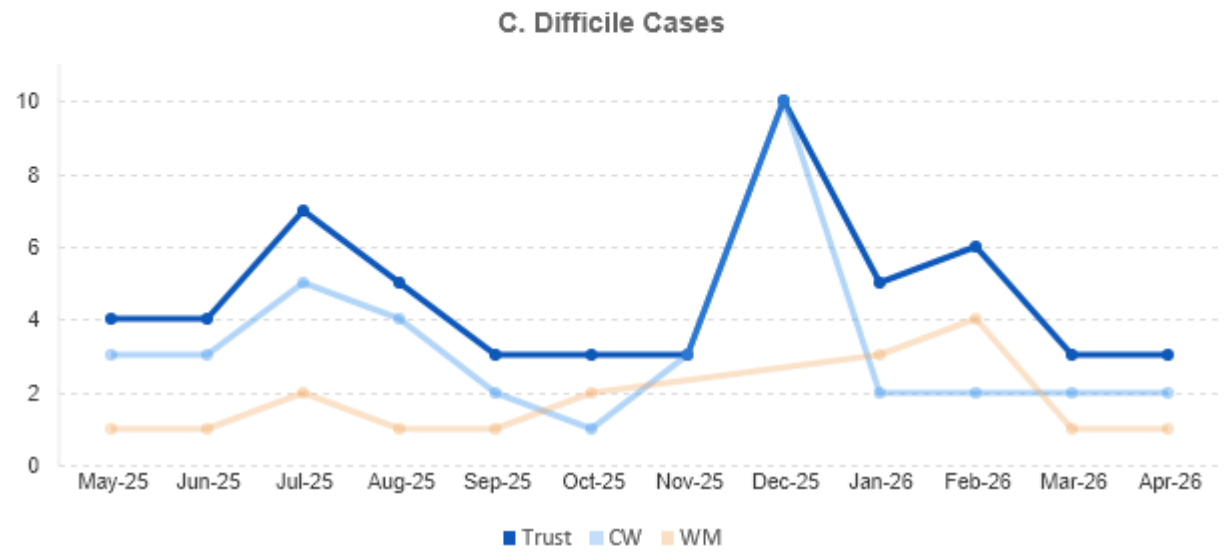
In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	1	0	2	0	1
WM	1	0	4	0	0
Trust	2	0	6	0	1

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Patient Safety Incident Investigations	CW	4	0	1	4	1	1
	WM	3	2	1	2	1	1
	Trust	7	2	2	6	2	2
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	2	1	2	1	2	2
	WM	3	0	0	0	4	4
	Trust	5	1	2	1	6	6
Learning Responses Declared (Thematic Review)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (MDT)	CW	1	0	1	3	1	1
	WM	1	0	2	1	0	0
	Trust	2	0	3	4	1	1

Trend



In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	2	0
WM	1	0
Trust	3	0

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
C. Difficile Cases (Target: <33)	CW	10	2	2	2	2	2
	WM	-	3	4	1	1	1
	Trust	10	5	6	3	3	3
MRSA Bacteraemia (Target: 0)	CW	0	0	0	0	0	0
	WM	-	1	0	1	0	0
	Trust	0	1	0	1	0	0

Narrative

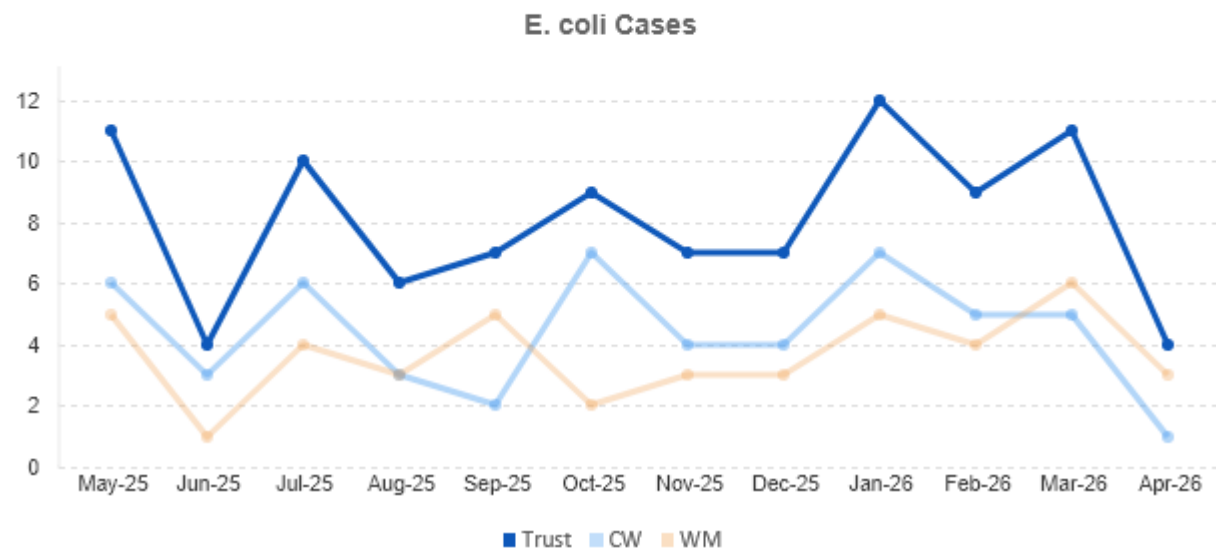
MRSA
There were 0 cases of healthcare associated MRSA in April 2026.

CDI
There were 3 healthcare associated CDI cases in April 2026, 2 cases occurred at CWH in the EIC division and 1 case occurred at WMH in the PC division. All cases occurred on separate wards with no evidence of cross transmission. No targets have been set for this financial year currently.

PSIRF meetings have been scheduled for all cases.

IPC is a Trust Quality Priority and APG workstream for 2026/27

Trend



Narrative

E.coli
There were 4 cases of healthcare associated E.coli in April 2026, 3 cases occurred at WMH across EIC and PC divisions. There was 1 healthcare associated case at CWH which occurred in the PC division. All cases will be reviewed in the monthly bacteraemia MDT meeting.

Hand Hygiene Compliance
Hand hygiene compliance met the local compliance target of 95% at Trust level, however there was some discrepancy between the sites. CWH was above target at 96.07% and WMH fell just below target at 94.23%. Non- submission of hand hygiene audit occurred at both sites. A review of escalation principles and approach to cross auditing is underway as part of the Trust priority

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	1	96.1%
WM	3	94.2%
Trust	4	95.2%

Year-to-Date Performance

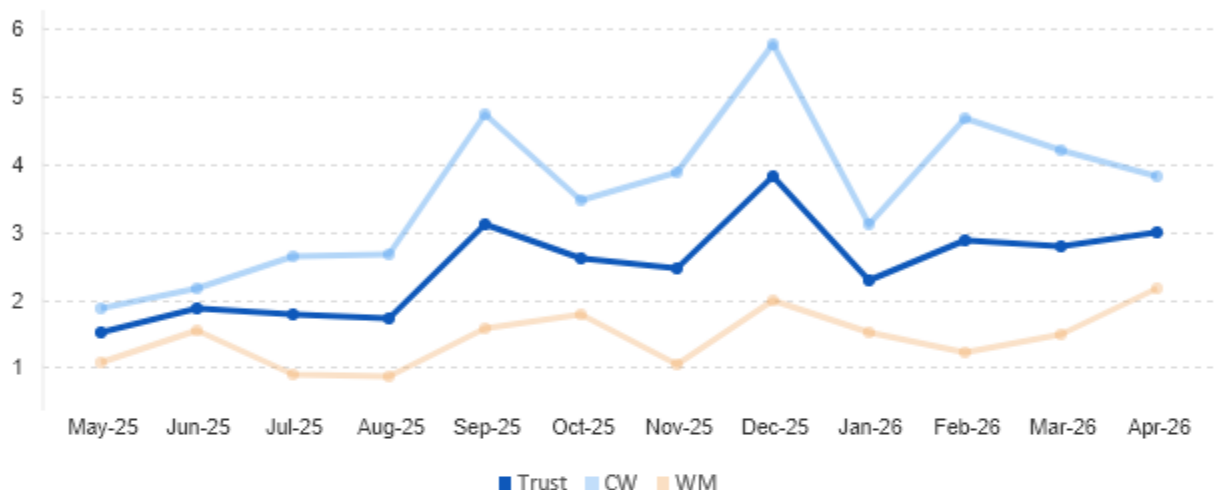
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
E. coli Cases	CW	4	7	5	5	1	1
	WM	3	5	4	6	3	3
	Trust	7	12	9	11	4	4
Hand Hygiene Compliance (Target: >95%)	CW	96.9%	94.2%	94.3%	97.3%	96.1%	96.1%
	WM	98.8%	98.8%	94.6%	94.3%	94.2%	94.2%
	Trust	97.9%	96.4%	94.4%	95.9%	95.2%	95.2%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

- Despite a slight drop in formal complaints performance in April, the Trust maintained a strong position, with over 90% of responses issued within the required timeframe, consistent with March's reported performance.
- The number of formal complaints received increased slightly from 59 in March to 63 in April. Emergency and Integrated Care (EIC) accounted for the largest proportion (27), followed by Planned Care (14) and Specialist Care (13), with smaller numbers across Corporate (4), CSS (3) and WLCH (2).
- Complaints relating to EIC continue to grow in both complexity and scope, often covering multiple aspects of care. While the overarching themes remain consistent with previous months—primarily relating to Emergency Department activity, diagnostics, and inpatient care—there is an increasing trend of more detailed concerns, particularly from family members, including those raised on behalf of relatives or following bereavement. These complaints frequently span the full patient journey and raise multiple issues regarding communication, clinical decision-making, and overall care experience.
- Demand for PALS remained high, with 348 cases opened in April compared to 350 in March, indicating sustained activity levels. The highest volumes were seen within Planned Care (112) and EIC (103), consistent with patterns observed in the previous month.
- A total of 322 PALS cases were closed in April, a slight reduction from 331 in March.
- Work continues with divisions to support the resolution of PALS concerns in real time. However, the sustained volume of PALS alongside formal complaints activity remains a challenge. It is essential that PALS cases are prioritised equally within divisions and services, and Patient Experience team continues to explore and implement approaches to improve responsiveness and overall performance in this area.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	3.8	91.1%	0	3
WM	2.2	95.5%	0	2
Trust	3.0	92.5%	0	5

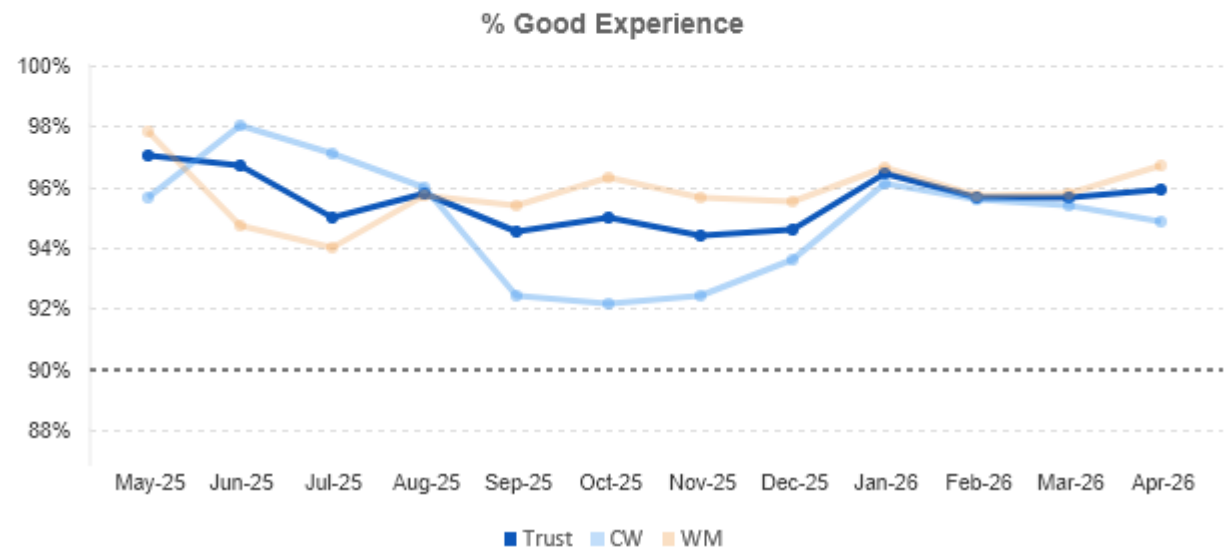
Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Complaints Received per 1000 Bed Days	CW	5.8	3.1	4.7	4.2	3.8	3.8
	WM	2.0	1.5	1.2	1.5	2.2	2.2
	Trust	3.8	2.3	2.9	2.8	3.0	3.0
Complaints Responded to <25 Working Days (Target: >90%)	CW	98.1%	92.6%	84.8%	96.8%	91.1%	91.1%
	WM	95.5%	92.6%	79.2%	87.5%	95.5%	95.5%
	Trust	97.3%	92.6%	82.9%	94.9%	92.5%	92.5%
Complaints Responded to <45 Working Days (Target: >90%)	CW	98.1%	100.0%	100.0%	100.0%	Reports a month in arrears	
	WM	100.0%	100.0%	100.0%	100.0%		
	Trust	98.7%	100.0%	100.0%	100.0%		
Complaints Upheld by PHSO	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Complaints Open > 90 Days	CW	0	3	4	4	3	3
	WM	1	1	0	1	2	2
	Trust	1	4	4	5	5	5

Inpatient Friends & Family Test

Caring

Trend



Narrative

- Patient satisfaction rates remain high in April, with a sustained and more consistent level of feedback across both sites. Unlike this time last year, where responses were more concentrated at WM, there is now clear improvement in engagement at CW, indicating that completion of inpatient surveys is becoming more embedded across both sites.
- Response rates are lower across surgical wards at both sites, as well as Ron Johnson ward at CW. This has been highlighted with ward teams and leadership to support improvement and ensure a more representative spread of feedback.
- Themes from inpatient feedback remain broadly consistent with previous months and align closely with complaints and PALS data. Patients continue to report positive experiences in relation to kindness, respect, dignity, and support with personal care/mealtimes.
- However, patient involvement in decisions about care continues to be an area for improvement, particularly at CW. FFT data indicates that patients on CW wards are less likely to feel involved in their care compared to WM. This mirrors themes seen within complaints data, suggesting a recurring issue around communication and shared decision-making.
- Work to improve patient experience overnight continues, with a particular focus on sleep. Following initial work in previous months raising awareness with ward teams of improvement initiatives, a meeting has been scheduled for June to co-develop patient information relating to night-time care and to co-design a practical toolkit for staff to support more personalised and less disruptive overnight care.
- Learning continues to centre on improving communication with patients and families, particularly regarding aspects of care and the timeliness of these interactions. Additional themes include the need for more consistent provision of basic items (such as barrier creams) and ongoing opportunities to improve the discharge process and overall experience for patients and their families.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	641	64.1%	94.9%	98.0%
WM	908	66.0%	96.7%	98.0%
Trust	1,549	65.2%	95.9%	98.0%

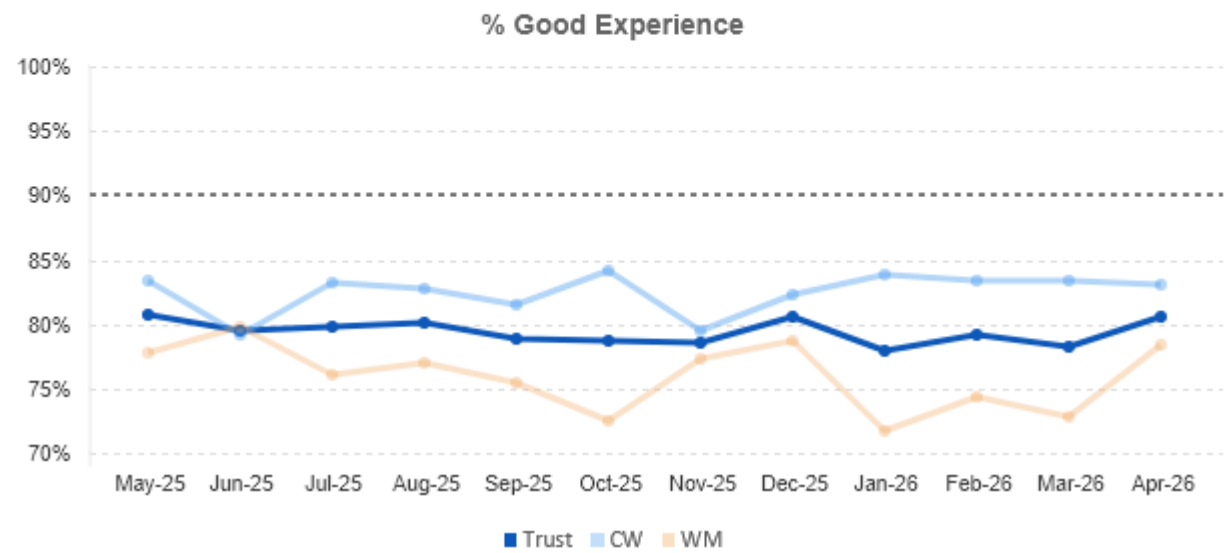
Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Responses	CW	707	592	631	736	641	641
	WM	710	949	891	1,023	908	908
	Trust	1,417	1,541	1,522	1,759	1,549	1,549
Response Rate (Target: >10%)	CW	75.5%	64.1%	68.1%	61.1%	64.1%	64.1%
	WM	55.2%	83.5%	74.2%	41.4%	66.0%	66.0%
	Trust	63.8%	74.8%	71.6%	47.8%	65.2%	65.2%
% Good Experience (Target: >90%)	CW	93.6%	96.1%	95.6%	95.4%	94.9%	94.9%
	WM	95.5%	96.6%	95.7%	95.8%	96.7%	96.7%
	Trust	94.6%	96.4%	95.7%	95.6%	95.9%	95.9%
Treated With % Dignity and Respect (Target: >90%)	CW	97.0%	97.0%	97.0%	96.0%	98.0%	98.0%
	WM	96.0%	97.0%	97.0%	98.0%	98.0%	98.0%
	Trust	96.5%	97.0%	97.0%	97.1%	98.0%	98.0%

Emergency Department Friends & Family Test

Caring

Trend



Narrative

- Themes observed in April remain broadly consistent with those reported in March across both sites, with patient feedback continuing to highlight waiting times, communication, and overall experience within the department.
- There has been a rise in both informal concerns and formal complaints relating to ED in April. Informal feedback continues to focus on waiting times and communication, while formal complaints more frequently relate to aspects of clinical care, including diagnostics, pain management, and decision-making. A mix of upheld and not upheld outcomes is seen, with upheld examples highlighting opportunities to improve pain management within the department and to escalate for diagnostic investigations, such as CT scans, in a timely way.
- Patient feedback continues to inform service improvements where possible. This includes ongoing developments to 'fit to sit' areas, changes to waiting environments, patient flow through the department, and the information provided to patients during their attendance.
- As in March, patients attending CW continue to report a more positive experience overall compared to WM, suggesting ongoing variation between sites that requires continued focus and targeted improvement.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	865	9.1%	83.0%	87.0%
WM	915	8.4%	78.4%	83.0%
Trust	1,780	8.7%	80.6%	85.0%

Year-to-Date Performance

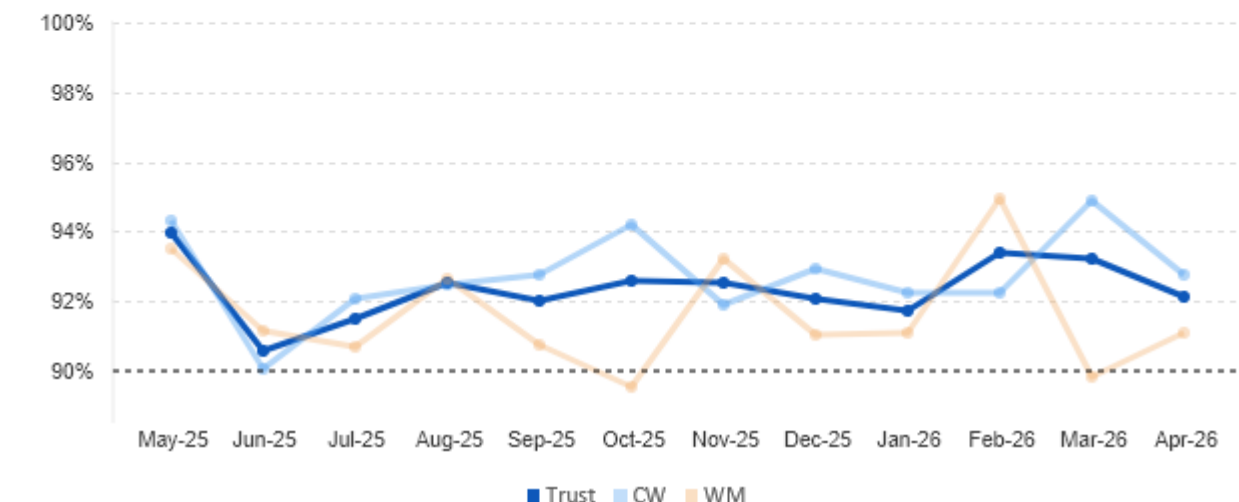
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Responses	CW	935	1,041	892	932	865	865
	WM	820	991	794	859	915	915
	Trust	1,755	2,032	1,686	1,791	1,780	1,780
Response Rate (Target: >10%)	CW	9.2%	9.9%	9.4%	8.7%	9.1%	9.1%
	WM	7.1%	8.5%	7.6%	7.2%	8.4%	8.4%
	Trust	8.1%	9.2%	8.5%	7.9%	8.7%	8.7%
% Good Experience (Target: >90%)	CW	82.2%	83.8%	83.4%	83.4%	83.0%	83.0%
	WM	78.8%	71.7%	74.3%	72.8%	78.4%	78.4%
	Trust	80.6%	77.9%	79.1%	78.3%	80.6%	80.6%
% Treated With Dignity and Respect (Target: >90%)	CW	88.0%	88.0%	88.0%	89.0%	87.0%	87.0%
	WM	84.0%	82.0%	80.0%	80.0%	83.0%	83.0%
	Trust	86.1%	85.1%	84.3%	84.7%	85.0%	85.0%

Outpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

- Response volumes remain variable, consistent with March, with highest activity in Ambulatory Emergency Care (190), Gynaecology Outpatients (101), Lower Ground Floor Gate 2 (168) and Gate 4 (134), and Outpatient Departments 2–4 at WM. Several specialist areas (e.g. Children's Therapies, Twickenham House) have very low response numbers and this is being reviewed by the management teams.
- Waiting times continue to show the greatest variability. Lower scores are seen across Dermatology (63), Gynaecology (73), Trauma & Orthopaedics (74) and multiple WM outpatient departments (Departments 2–6 ranging 68–75), as well as Lower Ground Floor clinics at CW (Gate 2–4: 78–79), mirroring issues identified in March.
- Communication and information remain strengths across most services, with high scores in areas such as Eye Clinic, Burns Outpatients, Cath Lab and EPU. However, follow-up information (who to contact after appointments) remains inconsistent in areas including Lower Ground Floor clinics and WM outpatient departments, consistent with March.
- Involvement in decision-making remains generally positive. Lower scores are noted in services such as AEC (80), Elizabeth Suite (81), and some WM departments, indicating continued opportunity to strengthen shared decision-making. Respect and dignity scores remain consistently high across almost all services.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,132	8.5%	92.8%	96.0%
WM	720	4.1%	91.1%	96.0%
Trust	1,852	6.0%	92.1%	96.0%

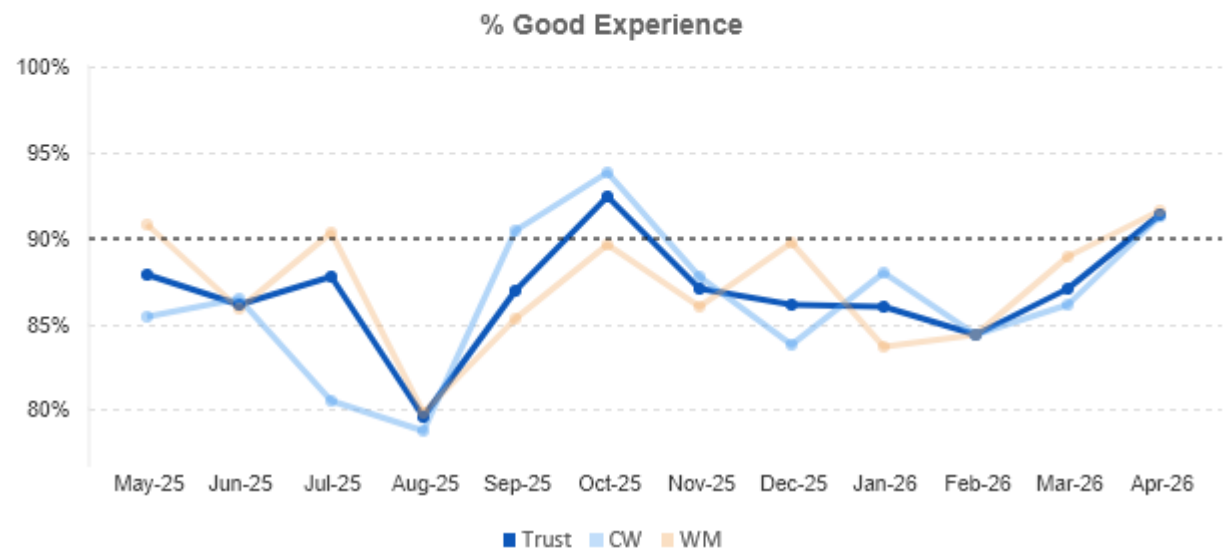
Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Responses	CW	1,149	980	1,107	1,627	1,132	1,132
	WM	935	853	807	786	720	720
	Trust	2,084	1,833	1,914	2,413	1,852	1,852
Response Rate (Target: >10%)	CW	11.9%	4.1%	4.9%	6.8%	8.5%	8.5%
	WM	10.3%	3.9%	6.7%	4.0%	4.1%	4.1%
	Trust	11.2%	4.0%	5.5%	5.5%	6.0%	6.0%
% Good Experience (Target: >90%)	CW	93.0%	92.2%	92.2%	94.9%	92.8%	92.8%
	WM	91.0%	91.1%	94.9%	89.8%	91.1%	91.1%
	Trust	92.1%	91.7%	93.4%	93.2%	92.1%	92.1%
% Treated With Dignity and Respect (Target: >90%)	CW	96.0%	96.0%	96.0%	98.0%	96.0%	96.0%
	WM	95.0%	96.0%	97.0%	94.0%	96.0%	96.0%
	Trust	95.6%	96.0%	96.4%	96.7%	96.0%	96.0%

Maternity Friends & Family Test

Caring

Trend



Narrative

- Feedback in April indicates that most women continue to feel they are treated with respect and dignity, with overall satisfaction remaining high across services (overall score 91%). Women generally report that information is explained in a way they can understand and that communication is clear.
- However, consistent with March, there remain areas for improvement in relation to involvement in decision-making. While overall involvement scores are positive (95% and 90% across relevant questions), there is still feedback suggesting that some women do not always feel fully involved in decisions about their care or that information is not always provided at the most appropriate time to support this.
- There continues to be a clear request from women for more personalised discussions about care options, including better explanations of the reasons behind clinical recommendations and greater consideration of individual preferences and circumstances.
- Feedback from CW continues to highlight that some women do not always feel their concerns are fully listened to when raised, mirroring themes identified in March and of complaints more broadly across the year. As previously noted, CW also has a higher response rate than WM, which should be considered when interpreting this feedback.
- Work is progressing to strengthen how feedback is captured and used to inform improvements. Data is now being actively reviewed through the re-established Postnatal Experience Group, with plans to introduce a similar Antenatal Care Group. This will support more structured triangulation of feedback and ensure that women's experiences across the pathway are better understood and responded to.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	114	23.4%	91.2%	93.0%
WM	83	21.4%	91.6%	95.0%
Trust	197	22.5%	91.4%	93.8%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Responses	CW	136	100	102	122	114	114
	WM	88	86	77	63	83	83
	Trust	224	186	179	185	197	197
Response Rate (Target: >10%)	CW	27.7%	18.0%	22.3%	22.9%	23.4%	23.4%
	WM	19.4%	18.9%	19.0%	15.3%	21.4%	21.4%
	Trust	23.7%	18.4%	20.7%	19.6%	22.5%	22.5%
% Good Experience (Target: >90%)	CW	83.8%	88.0%	84.3%	86.1%	91.2%	91.2%
	WM	89.8%	83.7%	84.4%	88.9%	91.6%	91.6%
	Trust	86.2%	86.0%	84.4%	87.0%	91.4%	91.4%
% Treated With Dignity and Respect (Target: >90%)	CW	89.0%	93.0%	88.0%	91.0%	93.0%	93.0%
	WM	90.0%	88.0%	83.0%	97.0%	95.0%	95.0%
	Trust	89.4%	90.9%	86.0%	92.9%	93.8%	93.8%

Caring

Trend



Narrative

- Response rates continue to improve, with a sustained increase in survey completions compared to previous months, reflecting ongoing work to strengthen engagement and capture the voice of children, young people and families.
- A new CYP survey is planned to go live towards the end of May, which will support improved data quality and more meaningful insight into patient experience across services.
- Work is underway to develop a joint dashboard across WLCH services, enabling more consistent reporting and improved visibility of CYP experience data across the organisation.
- In addition, Children's Outpatients are being integrated into general paediatrics reporting, supporting a more joined-up approach to understanding and responding to feedback across the CYP pathway.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	48	8.5%	100.0%	100.0%
WM	93	30.5%	95.7%	95.0%
Trust	141	16.2%	97.2%	97.9%

Year-to-Date Performance

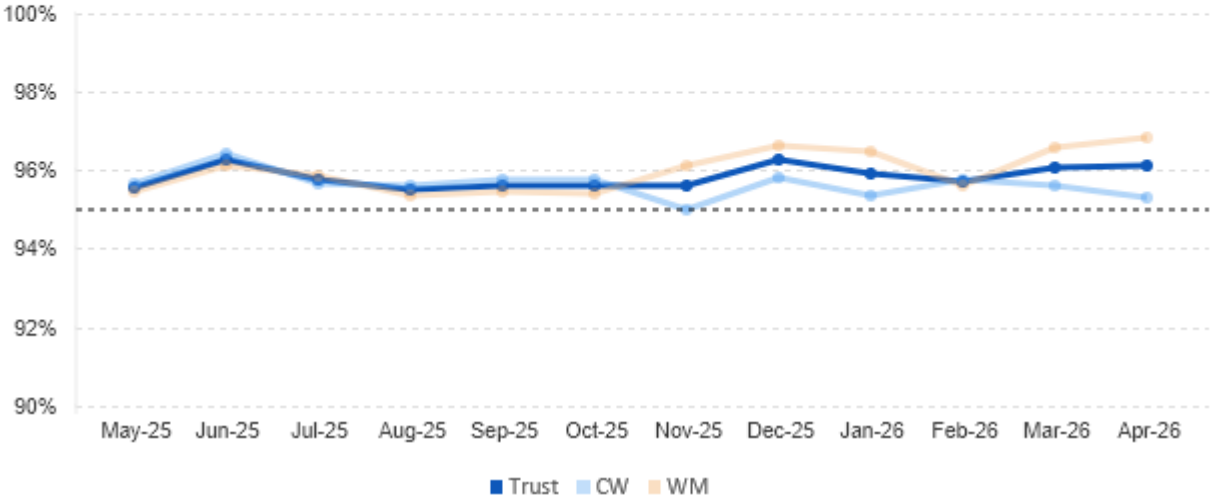
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Responses	CW	39	42	45	35	48	48
	WM	8	1	11	49	93	93
	Trust	47	43	56	84	141	141
Response Rate (Target: >10%)	CW	7.0%	6.9%	7.8%	5.5%	8.5%	8.5%
	WM	3.3%	1.0%	4.2%	14.9%	30.5%	30.5%
	Trust	5.8%	6.1%	6.7%	8.7%	16.2%	16.2%
% Good Experience (Target: >90%)	CW	92.3%	88.1%	97.8%	94.3%	100.0%	100.0%
	WM	87.5%	0.0%	100.0%	98.0%	95.7%	95.7%
	Trust	91.5%	86.0%	98.1%	96.4%	97.2%	97.2%
% Treated With Dignity and Respect (Target: >90%)	CW	99.0%	95.0%	99.0%	97.0%	100.0%	100.0%
	WM	86.0%	89.0%	100.0%	100.0%	95.0%	95.0%
	Trust	98.0%	94.5%	99.1%	97.8%	97.9%	97.9%

VTE Risk Assessments Completed

Safe

Trend

VTE Assessments Completed



Narrative

VTE Risk Assessment: Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate. Divisions requiring improvement: Planned Care (93%) and West London Children's Healthcare (86%). Specialities requiring improvement: Interventional radiology [56%] (*correct encounter type to be selected*), anaesthetics [65%], ophthalmology [88%], plastic surgery [89%], burns care [90%], respiratory medicine [91%], pain management [91%], trauma & orthopaedics [92%], and elderly medicine [94%].

Hospital Associated VTE (HAT) Events:

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

In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.3%	0	0.0
WM	96.8%	5	0.3
Trust	96.1%	5	0.2

Year-to-Date Performance

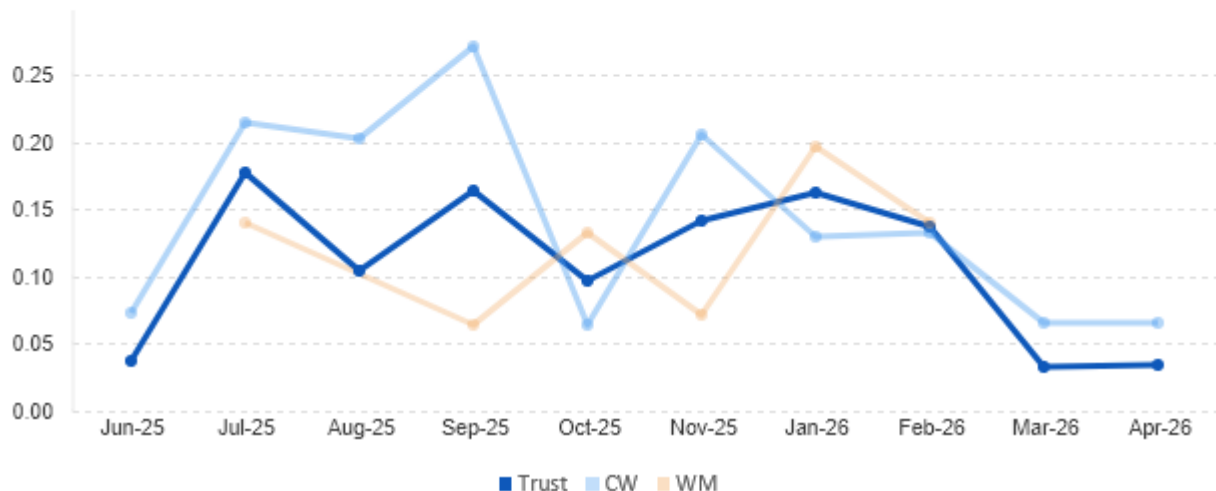
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
VTE Assessments Completed (Target: >=95%)	CW	95.8%	95.4%	95.7%	95.6%	95.3%	95.3%
	WM	96.6%	96.5%	95.6%	96.6%	96.8%	96.8%
	Trust	96.3%	95.9%	95.7%	96.1%	96.1%	96.1%
Hospital Aquired VTE Cases	CW	0	1	2	0	0	0
	WM	5	3	2	3	5	5
	Trust	5	4	4	3	5	5
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.1	0.1	0.0	0.0	0.0
	WM	0.3	0.2	0.1	0.2	0.3	0.3
	Trust	0.1	0.1	0.1	0.1	0.2	0.2

Patient Falls

Safe/Effective

Trend

Falls with Moderate & Above Harm per 1000 FCE Bed Days



Narrative

Falls with harm are reducing, with improvement seen in Q4 2025/26 and into 2026, EIC has sustained their improvement from Q4 2025/26, with improvement also noted in Q1 for planned care. Compliance with falls risk assessments is high and sustained (>90% for over six months) across adult inpatient areas. Bed rails has seen a slight improvement, sitting between 84% and 86%. Key risks remain around post-fall processes, including care plan completion, SBAR documentation, overnight medical response, and inconsistent bay tagging.

A Trust-wide thematic falls review has been completed and shared for comment with directors of nursing. Once comments received, this will be circulated widely and will inform a Trust-wide falls plan.

Improvement work is progressing, Enhanced Therapeutic Observations of Care (ETOC) policy has been updated. Education programmes will be reviewed in light of ETOC policy and falls plan and digital monitoring of care plans will be aligned with divisional data parameters. The Trust continues alignment with national guidance (NAIF), providing assurance that governance and improvement arrangements are in place.

In-Month Performance

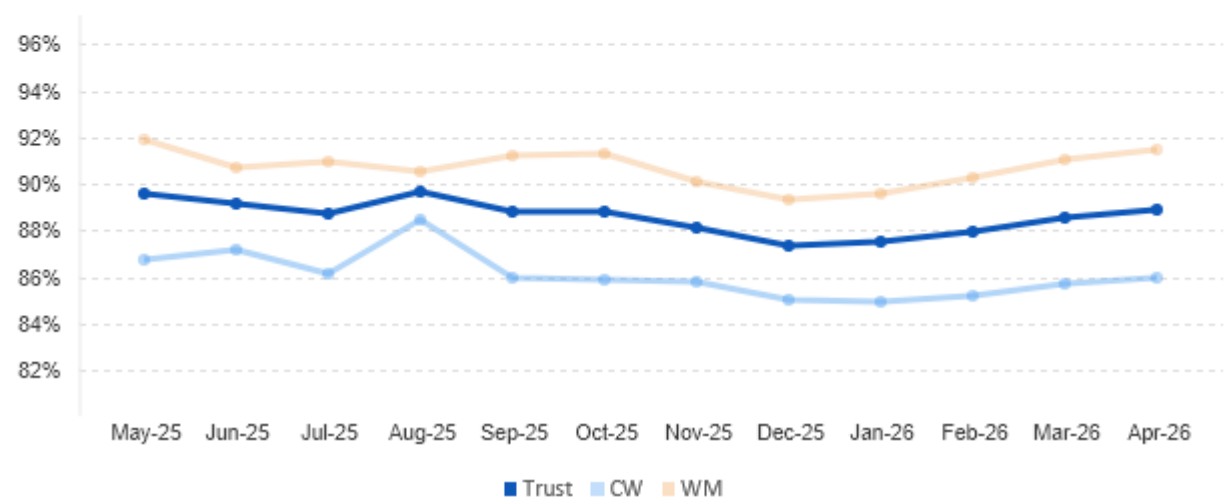
	Inpatient Falls with Moderate & Above Harm	Inpatient Falls Resulting in Severe Harm or Death	Falls with Moderate & Above Harm per 1000 FCE Bed Days	Falls per 1000 FCE Bed Days	Compliance with Falls Risk Assessment
CW	1	1	0.07	3.30	90.6%
WM	0	0	0.00	4.28	94.4%
Trust	1	1	0.03	3.78	92.6%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Inpatient Falls with Moderate & Above Harm	CW	0	2	2	1	1	1
	WM	0	3	2	0	0	0
	Trust	0	5	4	1	1	1
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	0	0	0	1	1	1
	WM	0	2	1	0	0	0
	Trust	0	2	1	1	1	1
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.00	0.13	0.13	0.07	0.07	0.07
	WM	0.00	0.20	0.14	0.00	0.00	0.00
	Trust	0.00	0.16	0.14	0.03	0.03	0.03
Falls per 1000 FCE Bed Days	CW	3.92	4.78	3.47	4.53	3.30	3.30
	WM	3.86	3.95	3.74	3.77	4.28	4.28
	Trust	3.89	4.37	3.60	4.16	3.78	3.78
Compliance with Falls Risk Assessment (Target: >=90%)	CW	90.7%	90.8%	90.6%	90.9%	90.6%	90.6%
	WM	93.2%	92.9%	93.3%	94.0%	94.4%	94.4%
	Trust	92.1%	91.9%	92.1%	92.6%	92.6%	92.6%

Trend

% Compliance with Purpose T Risk Assessment



Narrative

Risk assessment compliance: Trust compliance is 88.9%, remaining below the $\geq 90\%$ target. WM is meeting the target (91.5%), while CW continues to underperform (86.0%). Trend data shows relatively stable performance over the year with a modest recent improvement, but insufficient to close the Trust gap.

Pressure ulcer harm: In-month data shows 6 Category 2 and 3 Category 3 pressure ulcers Trust-wide, with no Category 4 ulcers. This is an increase in both category 2 and 3 HAPU's, each incident is being reviewed in line with Trust policy to understand contributory factors and identify learning. Immediate actions were implemented at ward and Trust level, including enhanced tissue viability oversight, strengthened risk assessment and care planning and targeted clinical support. This increase will be monitored through the pressure ulcer group.

Overall position: The Trust has maintained control of the most severe harm (Category 4), but moderate avoidable harm (Category 2 and 3) persists and has increased. Improvement is particularly required in CW risk assessment compliance to achieve the $\geq 90\%$ standard and reduce downstream pressure ulcer incidence. This will form part of the Quality Priority for 2026/27

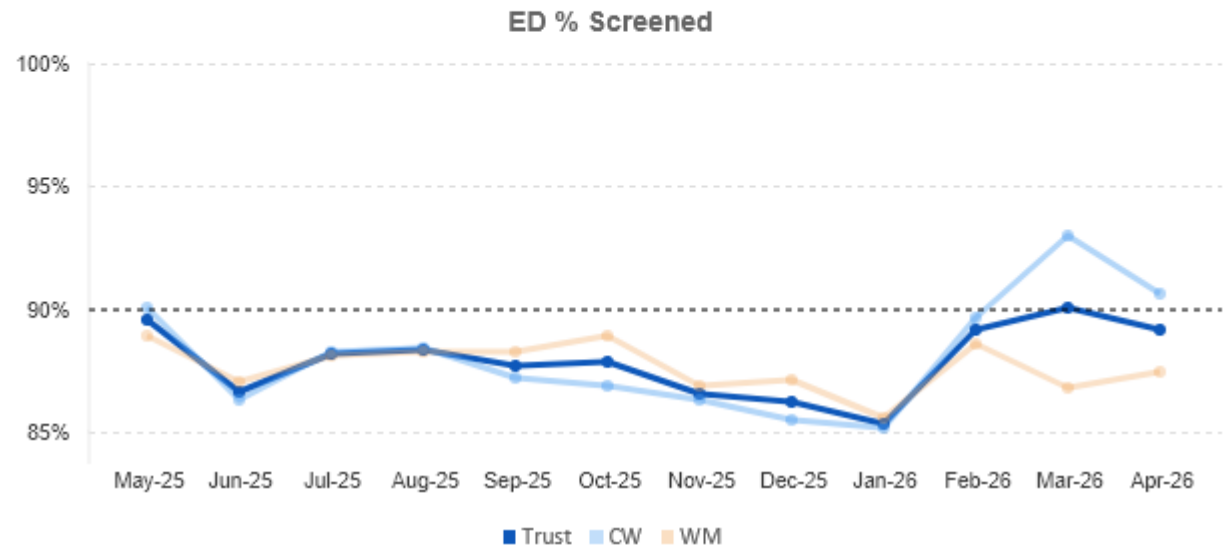
In-Month Performance

	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	86.0%	0	1	0	-
WM	91.5%	1	2	0	-
Trust	88.9%	1	3	0	-

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Compliance with Purpose T Risk Assessment (Target: $\geq 90\%$)	CW	85.0%	84.9%	85.2%	85.7%	86.0%	86.0%
	WM	89.4%	89.6%	90.3%	91.0%	91.5%	91.5%
	Trust	87.4%	87.5%	87.9%	88.6%	88.9%	88.9%
Category 2 Pressure Ulcers	CW	0	1	0	1	0	0
	WM	1	1	0	0	1	1
	Trust	1	2	0	1	1	1
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	0	1	1
	WM	1	1	1	0	2	2
	Trust	1	1	1	0	3	3
Category 4 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Medical Device Related Pressure Ulcers	CW	0	0	0	1	1	1
	WM	1	0	0	0	0	0
	Trust	1	0	0	1	1	1

Trend



Narrative

Sustained improvement across all areas. A change in screening metrics has been agreed at Clinical Effectiveness Group which will be reflected in the next board report

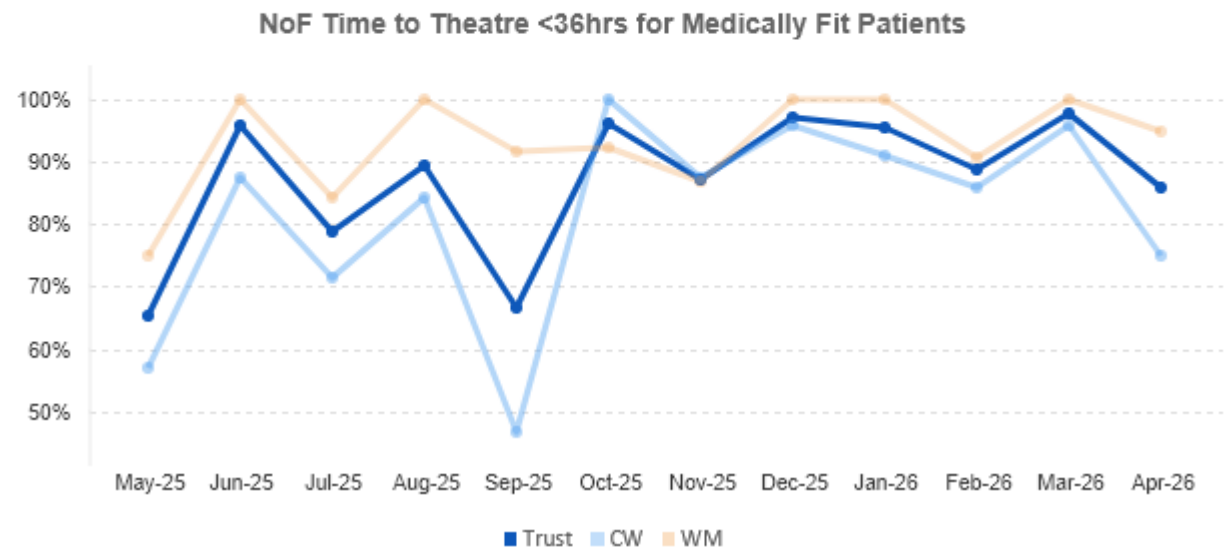
In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	90.6%	85.6%	84.9%	96.4%
WM	87.5%	95.4%	86.7%	94.7%
Trust	89.1%	89.4%	85.7%	95.7%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
ED % Screened (Target: >90%)	CW	85.5%	85.2%	89.7%	93.0%	90.6%	90.6%
	WM	87.1%	85.6%	88.6%	86.8%	87.5%	87.5%
	Trust	86.3%	85.4%	89.2%	90.1%	89.1%	89.1%
ED % Potential Red Flags Reviewed (Target: >90%)	CW	63.0%	68.3%	72.4%	85.3%	85.6%	85.6%
	WM	95.2%	94.4%	95.1%	92.7%	95.4%	95.4%
	Trust	76.7%	79.9%	81.5%	88.3%	89.4%	89.4%
Ward % Screened (Target: >90%)	CW	83.0%	80.5%	83.4%	81.8%	84.9%	84.9%
	WM	86.3%	86.5%	86.8%	82.9%	86.7%	86.7%
	Trust	84.4%	83.1%	84.9%	82.3%	85.7%	85.7%
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	96.9%	95.0%	96.0%	95.7%	96.4%	96.4%
	WM	97.3%	96.9%	95.0%	97.3%	94.7%	94.7%
	Trust	97.1%	95.9%	95.6%	96.5%	95.7%	95.7%

Trend



Narrative

NoF Time to Theatre: Compliance at WM remained strong, with 16 of the 17 medically fit patients receiving surgery within 36 hours. At CW, performance decreased to 75%, with 12 of the 16 medically fit patients meeting the 36-hour target. Delays were due to a combination of theatre capacity and staffing constraints, as well as delays in extubating patients in recovery, which in turn delayed list start times. Following sustained improvement over recent months, teams will review whether any further actions are required within the improvement plan to prevent any further decline in performance.

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

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

Dementia Screening: In April 2026 we achieved 97.2% on the West Middlesex site and 92.8% on the Chelsea site. Work continues to improve compliance using completion of the 4AT, this has been adopted well at the West Mid site and compliance is being reviewed on timely care hub, compliance is now improving at Chelsea, however this will continue to require education.

In-Month Performance

	NoF Time to Theatre <36hrs for Medically Fit Patients	Breach of Same Sex Accomodation	Time Spent on Dedicated Stroke Unit	Dementia Screening Case Finding
CW	75.0%	0	100.0%	92.8%
WM	94.7%	33	86.7%	97.2%
Trust	85.7%	33	94.3%	95.3%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	95.7%	90.9%	85.7%	95.7%	75.0%	75.0%
	WM	100.0%	100.0%	90.5%	100.0%	94.7%	94.7%
	Trust	97.1%	95.5%	88.6%	97.6%	85.7%	85.7%
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	29	38	33	44	33	33
	Trust	29	38	33	44	33	33
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	83.3%	88.9%	100.0%	94.1%	100.0%	100.0%
	WM	94.7%	88.0%	96.3%	100.0%	86.7%	86.7%
	Trust	89.2%	88.4%	97.4%	96.6%	94.3%	94.3%
Dementia Screening Case Finding (Target: >90%)	CW	96.8%	92.4%	90.9%	86.3%	92.8%	92.8%
	WM	98.4%	94.7%	93.7%	96.0%	97.2%	97.2%
	Trust	97.7%	93.7%	92.6%	91.7%	95.3%	95.3%



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Feb-26	Mar-26	Apr-26	2026-2027	Feb-26	Mar-26	Apr-26	2026-2027	Feb-26	Mar-26	Apr-26	2026-2027 Q1	2026-2027	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:20	1:24	1:21	1:21	1:22	1:25	1:24	1:24	1:21	1:25	1:23	1:22.5	1:22.5	-
	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)	350	442	397	397	307	366	337	337	657	808	734	734	734	-
	Total number of bookings (Target:> CW 580 WM 478)	439	524	537	537	366	407	407	407	805	931	944	944	944	-
	Maternity 1:1 care in established labour (Target: >95%)	98.0%	99.0%	98.0%	98.0%	99.0%	98.0%	99.0%	99.0%	98.5%	98.5%	98.5%	98.5%	98.5%	-
Safety	Admissions >37/40 to NICU/SCBU	10	0	22	22	12	0	14	36	22	0	36	22	22	-
	Number of reported Serious Incidents	6	9	10	10	1	1	2	2	7	10	12	12	12	-
	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	6.0%	7.0%	8.0%	8.0%	6.0%	9.0%	6.0%	6.0%	6.0%	8.0%	7.0%	7.0%	7.0%	-
	Number of stillbirths	1	1	0	0	0	0	0	0	1	1	0	0	0	-
	Number of Infant deaths	0	1	0	0	0	0	3	3	0	1	3	3	3	-
	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	3.0%	4.0%	3.0%	3.0%	12.0%	8.0%	10.0%	10.0%	7.5%	6.0%	6.5%	6.5%	6.5%	-
	Spontaneous unassisted vaginal births	25.0%	26.0%	26.0%	26.0%	29.0%	33.0%	27.0%	27.0%	27.0%	29.5%	26.5%	26.5%	26.5%	-
	Vaginal Births - spontaneous & induced	40.0%	36.0%	39.0%	39.0%	46.0%	48.0%	42.0%	42.0%	43.0%	42.0%	40.5%	40.5%	40.5%	-
	Instrumental deliveries	39	59	55	55	32	38	37	37	71	97	92	92	92	-
	Pre-labour elective caesarean sections	63	90	70	70	51	59	63	63	114	149	133	133	133	-
	Emergency caesarean sections in labour	106	130	115	115	81	93	92	92	187	223	207	207	207	-



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: In April, the midwifery staffing ratios were reported as 1:24 at the Chelsea site and 1:21 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise revised staffing ratios of 1:23 at Chelsea (previously 1:26) and 1:21 at West Middlesex (previously 1:22), reflecting current levels of acuity and activity. While the national birth rate continues to decline, local data indicates an increase in acuity particularly among women categorised as levels 4 and 5 (high risk) with a corresponding reduction in low-risk (category 1) cases. This evolving case mix has important implications for workforce planning and the delivery of safe maternity care. Despite significant investment a staffing shortfall of 33 WTE remains. In response, the Executive Management Board has approved demand management measures to maintain safety across both sites. These include reducing births at the Chelsea site by 509 (from 700 annual bookings) and at the West Middlesex site by 336 (from 400 annual bookings), enabling alignment with the revised staffing ratios. The service implemented the demand management initiative from 6th October 2025, with a reduction in AN activity starting from December 2025 and births in late Spring 2026. Bookings on both sites have seen a decrease as expected which will create capacity for upcoming work to bring all antenatal care back to maternity (as opposed to being shared with GP services).

The maternity team is currently reviewing all incoming and outgoing referrals within Northwest London and have implemented a tiered triage process to ensure equitable access. Collaborative planning has begun with neighbouring hospitals expected to see increased activity due to these changes. Importantly, women with high-risk pregnancies or those who book later in pregnancy will not be disadvantaged by the demand management strategy.

Red flags and Birthrate+ Compliance: All 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 Middlesex Site

- **Labour Ward:** Compliance increased to 89% from 82% in March, with 2 red flags reported (a decrease – 3 in March)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Coordinator not able to maintain supernumerary/supervisory status - NOT providing 1:1 care in labour (n=1)
- **Birth Centre:** Compliance increased to 91% from 85% in March with 0 red flags reported (a decrease – 7 in March)
- **Antenatal Ward:** Compliance increased to 89% from 79% in March with 39 red flags reported (a decrease – 44 in March)
 - Delayed or cancelled time critical activity (n=3)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=2)
 - Delay in providing pain relief (n=12)
 - Delay between presentation and triage (n=5)
 - Full clinical examination not carried out when presenting in labour (n=2)
 - Delay between admission for induction and beginning of process (n=13)
 - Delayed recognition of and action on abnormal vital signs (n=2)
- **Postnatal Ward:** Compliance increased to 97% from 94% in March with 1 red flag reported (stable- 1 in March)
 - Delayed or cancelled time critical activity (n=1)

Chelsea and Westminster Site

- **Labour Ward:** Compliance increased to 77% from 74% in March, with 9 red flags reported (an increase – 2 in March)
 - Delayed or cancelled time critical activity (n=3)
 - Delay in providing pain relief (n=2)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=3)
 - Coordinator not able to maintain supernumerary/supervisory status (n=1)
- **Birth Centre:** Compliance increased to 72% from 68% in March with 7 red flags reported (a decrease - 9 in March)
 - Delayed or cancelled time critical activity (n=1)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay in providing pain relief (n=1)
 - Delay between admission for induction and beginning of process (n=1)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=1)
 - No additional support MW available (No second MW for birth) (n=2)
- **Simpson Unit (Recovery & HDU):** Compliance decreased to 73% from 78% in March, with 2 red flags reported (a decrease - 3 in March)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay in providing pain relief (n=1)
- **Antenatal Ward:** Compliance increased to 72% from 67% in March, with 11 red flags reported (an increase - 7 in March)
 - Delayed or cancelled time critical activity (n=4)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay in providing pain relief (n=1)
 - Delay between presentation and triage (n=1)
 - Delay between admission for induction and beginning of process (n=4)
- **Postnatal Ward:** Compliance decreased to 87% from 89% in March, with 17 red flags reported (an increase – 7 in March)
 - Delayed or cancelled time critical activity (n=7)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=4)
 - Delay in providing pain relief (n=6)

Summary: Compliance remained relatively stable in all clinical areas on the WMUH site, meeting the minimum targets to provide data confidence. Red flag incidents decreased slightly across the majority of clinical areas in April, with the highest numbers consistently being reported from the Antenatal Ward. Datix incidents have not been found to match the red flags raised via Birthrate Plus.

Compliance on the CW site remained relatively stable across the clinical areas, with compliance improving gradually toward the minimum expectations for data confidence. Red flag incidents were noted to moderately increase for April, with no overarching concerning themes noted.



Neonatal Staffing: The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance was stable at 37% in April from 37% in March. Further improvements are expected in imminent, when 7 nurses complete their consolidation of practice in ITU. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 16 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance. WMUH rates decreased slightly to 66% in April from 70% in March, additionally a large cohort of staff have been sent on the QIS program in February 2026, which will boost QIS rate just in time for the expansion.

Both sites remain compliant with 98 hours of dedicated consultant labour ward presence and twice-daily ward rounds. As part of MIS Year 7, Safety Action 4, the service continues to demonstrate an effective clinical workforce in line with the RCOG 'Roles and Responsibilities of the Consultant' framework. Since February 2023, all short-term locums (<2 weeks) have been required to meet RCOG and GMC certification compliance, with details reported in the Quarterly Maternity and Neonatal Staffing Report.

At WMUH, additional paediatric locum cover is being utilised to maintain BAPM standards for a Level 2 unit. The Trust has now received ICB approval to progress with re-designating the SCBU to a Level 2 Local Neonatal Unit (LNU). Task-and-finish groups have been established to oversee project delivery, supported by guidance from a neighbouring Trust that has recently completed a successful SCBU-to-LNU transition. In October 2025, the BAPM guidance changed requiring more dedicated Tier 2 cover and Consultant cover than what is planned for in the Level 2 business case. We have a separate work stream to work towards the updated BAPM guidance.

Safety:

WM site: There were 2 patient safety incidents:

IIR – Shoulder dystocia and ?HIE - MNSI referral accepted

IIR - Fetal loss at 23/40 - PMRT only

Datix reporting system: There were 106 Datix incidents reported (an increase – 89 in March)

Access to care/admissions

Communication

MOH

Incidents not yet closed over 3 months old: 78 (a decrease from March) – the majority assigned to Obstetric Consultants. An action plan to address is in place.

CWH site: There were 10 patient safety incidents:

1. IIR – Neonatal readmission - local investigation only
2. IIR - NICU admission - under review
3. IIR - NND at 37/40 - under review
4. IIR - Return to theatre - under review
5. IIR - NICU admission - under review
6. IIR - Low apgars - under review
7. IIR - MOH 12L - under review
8. IIR - NICU admission/mec asp - under review
9. IIR - NICU admission from PN ward - under review
10. IIR - LAS/miscommunication - under review

Datix reporting system: There were 114 Datix incidents reported (an increase – 88 in March)

- Delay/failure in access to care/hospital
- MOH
- Staffing issues – workload/skill mix/shortage

Incidents not yet closed over 3 months old x11 (a decrease from March)



Neonatal Service:

Number of Datix: 101 (71 CW + 30 WM) – an increase from March.

Perinatal Quality Surveillance Dashboard

1. **PMRT (Cross site):** CW site reported 6 cases: IUD at 31+1, NND on day 0 post birth at 37/40, NND on day 3 post birth at 37/40, NND on day 69 post birth at 27/40 and x2 fetal losses at 22-23/40). WM site reported 2 cases, 1 NND on day 0 post birth and 1 fetal loss at 22/40.
2. **ATAIN (Cross site):** On the WM site, there were 14 term admission with a term admission rate of 3.74%. On the CW site, there were 22 term admissions, resulting in a term admission rate of 6%.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. An interactive audit database has been developed that provides all staff members with access to live audit data on all current programmes of work. Previous audit results/presentations will also be available in the archive.
4. **Saving Babies Lives Care Bundle v.3.2:** At the close of Q4, 100% of interventions across all six elements of the care bundle have been implemented, however not all have been re-audited in this quarter based upon the traffic light system implemented by the LMNS. It is noted that 2 metrics within element 1, related to smoking cessation, have not met minimum targets for compliance. Action plans are in place to address this. A full baseline re-audit of all metrics within the care bundle will be undertaken at the close of Q1 26-27.

Perinatal Quality Surveillance Model



Chelsea and Westminster Hospital
NHS Foundation Trust

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Feb-26	Mar-26	Apr-26	2026-2027	Feb-26	Mar-26	Apr-26	2026-2027	Feb-26	Mar-26	Apr-26	2026-2027 Q1	2026-2027
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	95.0%	93.0%	91.0%	91.0%	92.0%	90.0%	90.0%	90.0%	93.5%	91.5%	90.5%	90.5%	90.5%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	95.0%	93.0%	90.0%	90.0%	92.0%	93.0%	91.0%	91.0%	93.5%	93.0%	90.5%	90.5%	90.5%
	Service User Feedback FFT	84.3%	86.1%	91.2%	91.2%	84.4%	88.9%	91.6%	91.6%	84.4%	87.0%	91.4%	91.4%	91.4%
	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	1	0	0	0	0	0	0	0	1	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Green									10	10	10	10	10
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	0.0%	100.0%	100.0%	100.0%

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



NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

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 decreased slightly to 90% (WM) and 91% (CW). Fetal monitoring training continues to exceed the 90% compliance target, at 91% (WM) and 90% (CW). All newly appointed staff have been scheduled to attend mandatory training within the next three months. While training compliance naturally varies depending on individual staff training cycles, the Practice Development and Fetal Monitoring teams have a clear, structured plan to ensure all staff complete both training components within a rolling 12-month period.

The training needs analysis is aligned with the Core Competency Framework, and the new training year has commenced with revised content. This includes the introduction of 'Trauma-Informed Care' as a key component. Cultural safety training, which formed part of last year's curriculum, remains embedded within the current programme, reflecting the department's ongoing commitment to fostering diversity, inclusion, and culturally responsive care for both staff and service users.

Service user feedback: The maternity service collects monthly feedback via the Friends and Family Test (FFT). At the Chelsea site, positive feedback increased from 86% in March to 91% in April. Respondents were predominantly White British (41%), White Other (26%), and Asian/Asian British (10%), with most aged 25-34 years (50%) and 89% English-speaking. The lowest-scoring area remained whether concerns were taken seriously (72%) which is unchanged from March. In contrast 99% reported positively that they were treated with respect and dignity. Negative feedback themes included delays in discharge from the postnatal ward, delays in consultant reviews, perceived understaffing and cleanliness of bathrooms.

At the West Middlesex site, positive feedback decreased from 94% in March to 91% in April. Respondents were predominantly Asian/Asian British (54%), White British (10%), and White Other (10%), with most aged 25-34 years (54%). Lowest scores remained consistently related to concerns being taken seriously (73%). In contrast 100% reported positively that they were treated with kindness and compassion. Negative feedback themes included poor/unkind communication, perceived understaffing 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. 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, published on 2 April 2025 has now concluded its reporting period. The service has submitted a broad portfolio of evidence to the ICB for verification and reported 100% compliance with all 10 safety actions. Actions plans remain in place regarding neonatal staffing. The service is currently undertaking a gap analysis of MIS Yr 8, with senior team meetings in place to commence planning and action associated with the new requirements.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020, and the service is fully compliant with all of the recommendations within the report.

Single Delivery Plan: The Single Delivery Plan (SDP) for maternity and neonates guides safer, more personalised, and equitable care. It aligns national priorities such as *Ockenden*, *Better Births*, and *Saving Babies' Lives* with local improvements in safety, digital innovation, workforce resilience, and health inequalities. The service has submitted its final position to the ICB and has declared full compliance with the 43 associated actions and awaits verification on the matter.

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 2023. 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 all must-do and should-do actions. 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. Work is underway across both units in anticipation of a repeat inspection imminently.



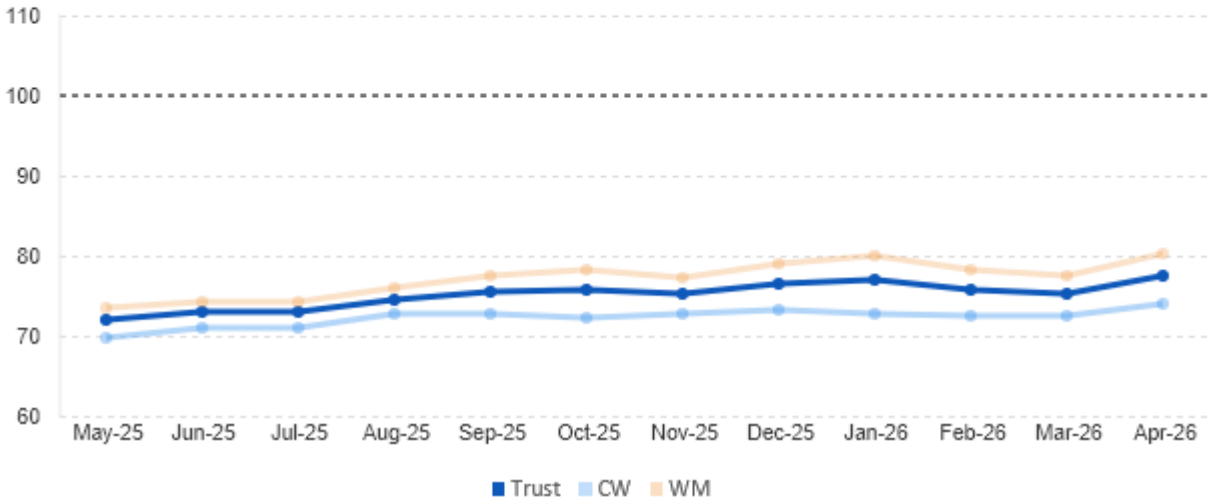
Mortality

Summary Hospital-level Mortality Index

Effective

Trend

Summary Hospital-level Mortality Index



Narrative

SHMI and HSMR data continues to reflect strong performance and rates below regional and national expectations

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	74.0	67.8
WM	80.2	82.7
Trust	77.5	76.5

Year-to-Date Performance - Reporting Period Dec 24 to Nov 25

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
SHMI (Target: <100)	CW	73.3	72.8	72.4	72.5	74.0	74.0
	WM	78.9	80.1	78.3	77.4	80.2	80.2
	Trust	76.5	77.0	75.8	75.3	77.5	77.5
HSMR (Target: <100)	CW	69.1	67.0	66.9	66.9	67.8	67.8
	WM	83.9	85.0	83.2	80.5	82.7	82.7
	Trust	77.6	77.4	76.4	74.8	76.5	76.5



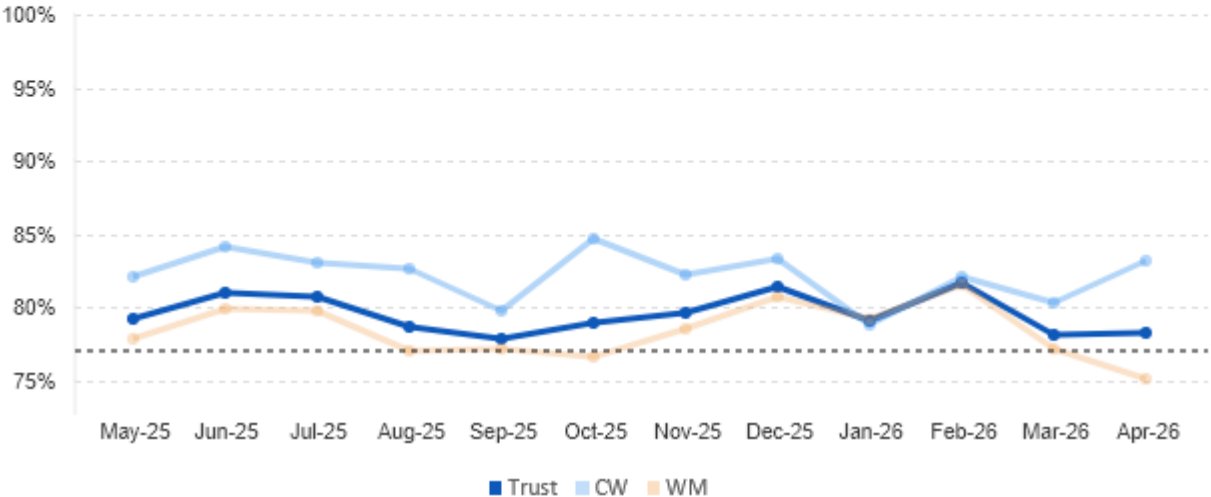
Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Trend

28 Day Faster Diagnosis Standard



Narrative

The Trust continues to meet the National KPI for 28 Day FDS (77%) in March 2026 at 78.2%, validated. Moving into April 2026 the National metric for 28 Day FDS compliance has increased to 80.0%. Challenges include CT capacity at our West Middlesex site alongside CTCs and stock challenges with Gastrografen impacting a large volume of the WM tumour sites.

Our 2ww pathways continue to remain above the national compliance metrics with performance above the 93.0%.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	83.1%	90.8%
WM	75.2%	95.5%
Trust	78.2%	93.6%

Year-to-Date Performance

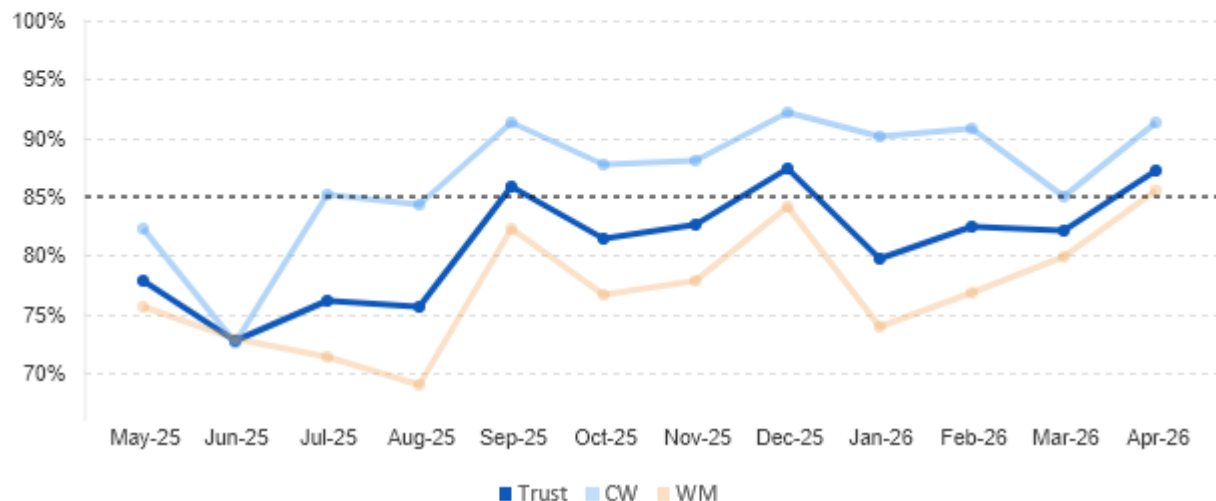
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	83.4%	78.9%	82.1%	80.4%	83.1%	83.1%
	WM	80.7%	79.2%	81.5%	77.2%	75.2%	75.2%
	Trust	81.4%	79.1%	81.7%	78.1%	78.2%	78.2%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	93.4%	96.3%	94.6%	93.9%	90.8%	90.8%
	WM	96.5%	95.1%	97.3%	96.4%	95.5%	95.5%
	Trust	95.1%	95.6%	96.2%	95.3%	93.6%	93.6%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trust has seen a stronger performance for 62D, with a validated 82.2% March 2026 position. The key variances between sites is an impact of the Haematology and Skin performance has dropped slightly in March but Lung has seen an impact on performance at both sites which is being closely monitored.

Moving into April the Trust is starting the financial year in a strong position of 87.2% (unvalidated) with both sites showing strong performance across tumour sites.

The Trusts 31D position remains above the National KPIs of 96% with a validated March 2026 position of 98.9% and anticipated compliance for April 2026.

In-Month Performance

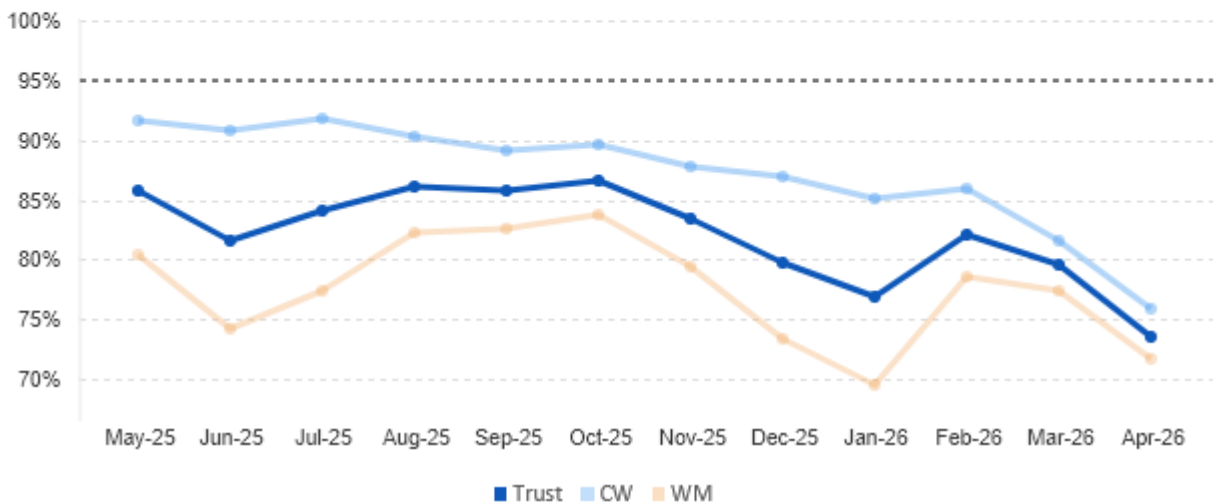
	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	91.3%	98.4%	
WM	85.4%	99.1%	
Trust	87.2%	98.8%	120

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	92.2%	90.1%	90.8%	85.0%	91.3%	91.3%
	WM	84.2%	74.0%	76.8%	79.8%	85.4%	85.4%
	Trust	87.4%	79.8%	82.4%	82.2%	87.2%	87.2%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	100.0%	100.0%	100.0%	98.9%	98.4%	98.4%
	WM	99.0%	100.0%	98.8%	98.9%	99.1%	99.1%
	Trust	99.4%	100.0%	99.3%	98.9%	98.8%	98.8%
62+ Day Backlog (Target: 100)	CW						
	Trust	107	98	96	99	120	120

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

April represents a further deterioration from March in the Trust's DM01 performance, reducing to 73.57% from 79.59%. This decline reflects continued pressures across key modalities, most notably non obstetric ultrasound, CT and echocardiography, where demand and workforce constraints continue to challenge available routine capacity. While targeted capacity deployment—including insourcing, CDC utilisation and additional lists—continues to mitigate further deterioration, the impact has been significantly offset by sustained prioritisation of RTT long waiting patients.

The Trust diagnostic PTL has continued to increase in month, with growth in over 6-week waiters across multiple modalities, indicating not only a demand and capacity mismatch but more importantly the reduction in chronological booking. Whilst recovery actions are in place, including insourcing and service optimisation, performance remains fragile and will require sustained additional capacity to cope with RTT short turnaround demands and the routine DM01 waiters that are being pushed out to fit in more urgent pathways.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	75.8%	1,925	0
WM	71.7%	2,730	0
Trust	73.6%	4,655	0

Year-to-Date Performance

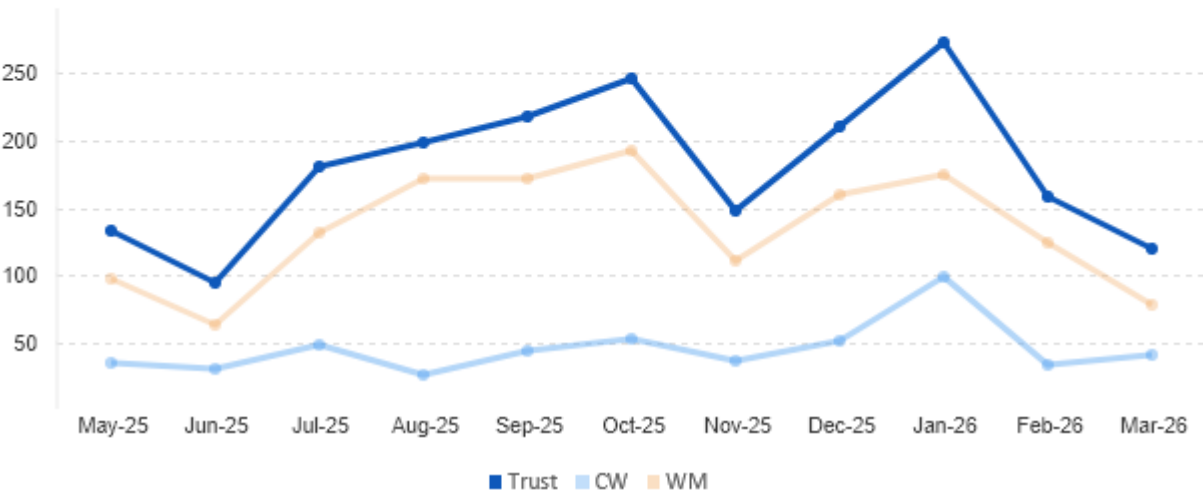
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	86.9%	85.1%	85.9%	81.6%	75.8%	75.8%
	WM	73.3%	69.5%	78.5%	77.3%	71.7%	71.7%
	Trust	79.8%	76.8%	82.1%	79.6%	73.6%	73.6%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	811	1,091	1,124	1,630	1,925	1,925
	WM	1,807	2,545	1,857	1,801	2,730	2,730
	Trust	2,618	3,636	2,981	3,431	4,655	4,655
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0

Ambulance Handover Waits

Safe

Trend

LAS Handover 30 Mins



Narrative

Performance

The Trust's overall performance for ambulance handovers remains strong. In the month of April 2026, the Trust reported one 60-minute LAS handover delays. This is the same as the previous month of one 60-minute breaches. The 15-minute handover was non-compliant across both sites but there has been an improvement from last month Chelsea site 16:05 and the West Middlesex site 15:51. The Trust is working towards reducing the number of breaches against this target.

Improvement

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

Risk

Cubicle capacity in the department.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	764	87.1	0	0
WM	953	111.9	0	2
Trust	1,717	199.0	0	2

Year-to-Date Performance

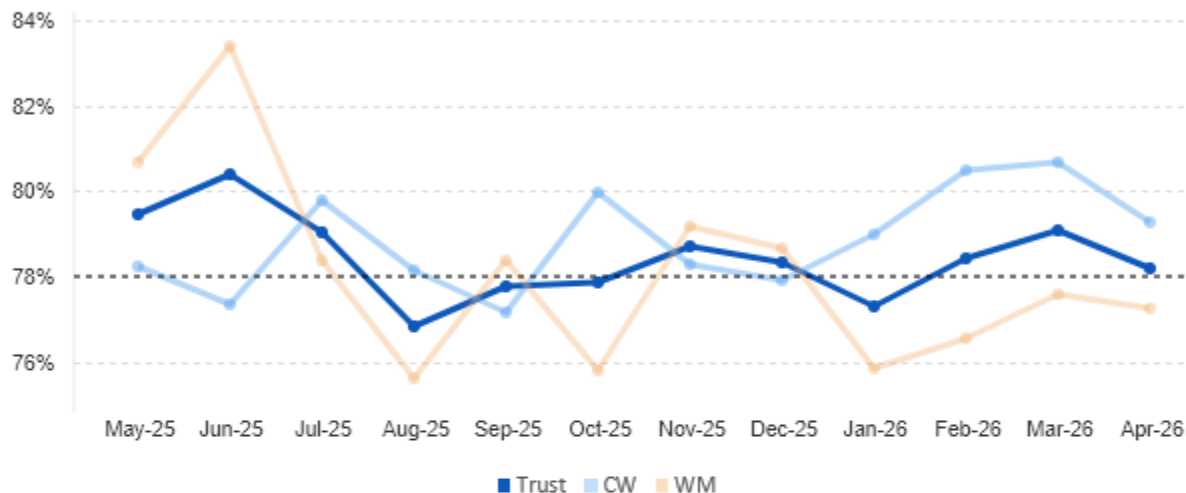
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
LAS 15 Min Breach Performance	CW	793	886	780	835	764	764
	WM	1,055	1,141	970	975	953	953
	Trust	1,848	2,027	1,750	1,810	1,717	1,717
LAS Time Lost (Hrs)	CW	96.9	116.6	86.0	86.9	87.1	87.1
	WM	152.9	166.1	125.7	107.7	111.9	111.9
	Trust	249.8	282.7	211.7	194.6	199.0	199.0
LAS Handovers 30 Mins	CW	51	99	34	41	0	0
	WM	160	174	124	79	0	0
	Trust	211	273	158	120	0	0
LAS Handovers 60 Mins	CW	6	1	0	0	0	0
	WM	1	2	2	1	2	2
	Trust	7	3	2	1	2	2

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend

A&E Waiting Times - Type 1&3 (4 Hours)



Narrative

Performance

Performance against the 4-hour standard in April 2026 was 78.2%. West Middlesex achieved 77.3% with 14,211 attendances and the Chelsea site 79.2% with 12,679 attendances.

The 12-hour performance is 2.2% against our operating plan trajectory target of 2.8%.

Improvement

There has been an ongoing focus on A&E time to triage in April, West Middlesex achieved an average time to triage of 7 minutes and at the Chelsea site 17 minutes.

Risk

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

In-Month Performance

	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	79.2%	2.2%	00:15	12,677	775	18
WM	77.3%	2.2%	00:07	14,213	930	16
Trust	78.2%	2.2%	00:10	26,890	1,705	34

Year-to-Date Performance

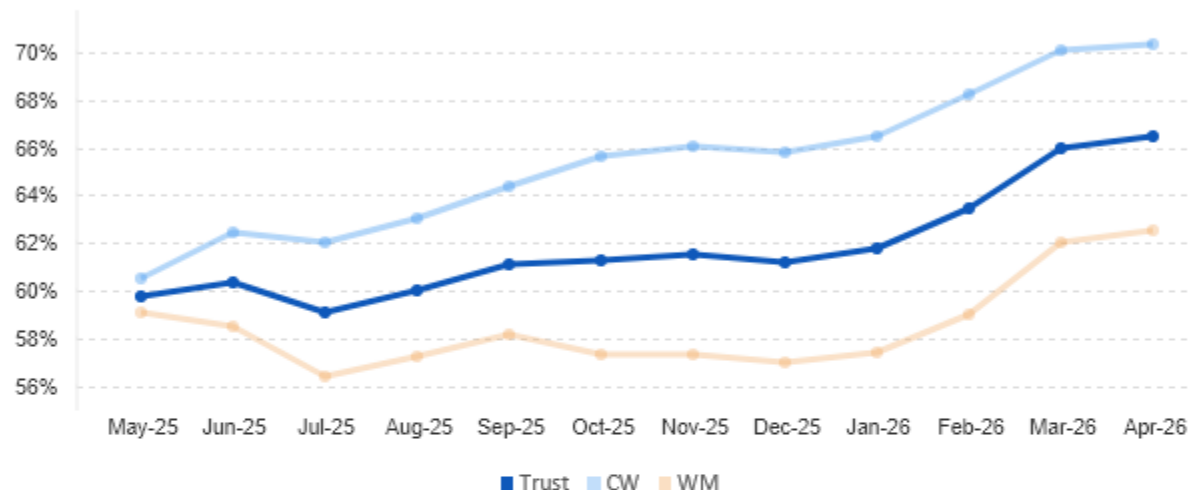
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
A&E Waiting Times Type 1&3 (4 Hrs) Target: >80%)	CW	77.9%	79.0%	80.5%	80.7%	79.2%	79.2%
	WM	78.7%	75.8%	76.6%	77.6%	77.3%	77.3%
	Trust	78.3%	77.3%	78.4%	79.1%	78.2%	78.2%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	2.0%	3.2%	2.0%	1.8%	2.2%	2.2%
	WM	2.7%	3.8%	2.9%	2.1%	2.2%	2.2%
	Trust	2.4%	3.5%	2.5%	1.9%	2.2%	2.2%
A&E Time to Triage (Target: 15mins)	CW	00:15	00:15	00:14	00:15	00:15	00:15
	WM	00:06	00:06	00:06	00:07	00:07	00:07
	Trust	00:10	00:10	00:10	00:11	00:10	00:10
Total Attendances Type 1&3	CW	12,674	13,092	11,760	13,442	12,677	12,677
	WM	14,645	14,525	12,830	14,569	14,213	14,213
	Trust	27,319	27,617	24,590	28,011	26,890	26,890
Referrals to SDEC (Target as Per Op Plan)	CW	770	817	684	842	775	775
	WM	839	897	708	948	930	930
	Trust	1,609	1,714	1,392	1,790	1,705	1,705

Referral to Treatment Waits

Responsive – Operating Plan

Trend

18 Week RTT Incompletes



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait position was reported at 66.4% showing a small improvement from the previous March's year end position. The Trust finishes M1 ahead of 2026/27 trajectory.

The month ended with 3 65-week breaches and 955 52-week breaches which. Whilst that shows a very small improvement this remains above the Operating Plan trajectory and is an area of focus for improvement.

Improvement : Funding arrangement have been across the Trust and recruitment plans are being finalised for 2026/27. In and outsourcing along with WLIs will continue throughout the recruitment periods to ensure performance is maintained.

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

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	70.4%	76.3%	1.0%	370	1
WM	62.5%	56.6%	1.5%	585	2
Trust	66.4%	67.4%	1.3%	955	3

Year-to-Date Performance

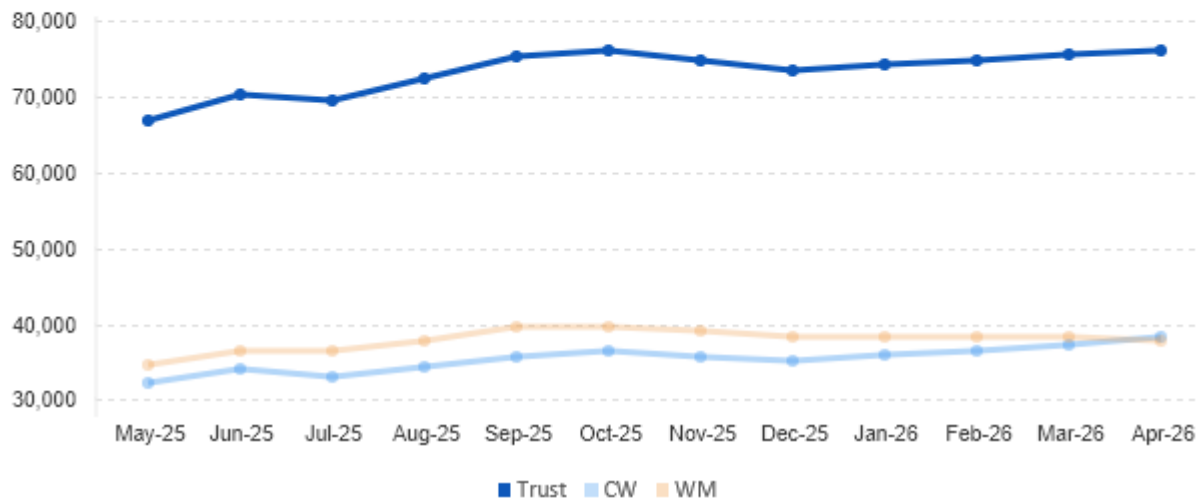
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
18 Week RTT Incompletes (Target: >65%)	CW	65.8%	66.5%	68.2%	70.1%	70.4%	70.4%
	WM	57.0%	57.4%	59.0%	62.0%	62.5%	62.5%
	Trust	61.2%	61.8%	63.5%	66.0%	66.4%	66.4%
18 Week RTT Incompletes Paeds	CW	71.6%	74.4%	74.5%	76.0%	76.3%	76.3%
	WM	48.4%	51.3%	53.8%	56.1%	56.6%	56.6%
	Trust	59.5%	62.8%	64.4%	66.7%	67.4%	67.4%
52 Week RTT Incompletes (Target: <1%)	CW	1.5%	1.4%	1.2%	1.0%	1.0%	1.0%
	WM	2.1%	2.0%	1.9%	1.5%	1.5%	1.5%
	Trust	1.8%	1.7%	1.6%	1.3%	1.3%	1.3%
52 Week Waiters	CW	524	495	441	383	370	370
	WM	797	769	720	575	585	585
	Trust	1,321	1,264	1,161	958	955	955
65 Week Waiters	CW	9	3	3	0	1	1
	WM	11	3	1	0	2	2
	Trust	20	6	4	0	3	3

Referral to Treatment Waits

Responsive – Operating Plan

Trend

Total Waiting List (PTL)



Narrative

Performance: In M1 the Trust total RTT Patient Treatment List (PTL) was reported as 76,176. The focus remains on ensuring fewer patients are awaiting first appointments and continually addressing chronological booking for the backlog cohorts as enhanced oversight and targeted interventions continue for at-risk specialities. Operating lists are booked on clinical urgency and in chronological order.

Improvement : The Trust continues to contact patients via routine administrative validation leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment. Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialities.

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

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	38,270	6,476	-	7.0
WM	37,906	5,364	-	6.3
Trust	76,176	11,840	-	6.7

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Total Waiting List (PTL)	CW	35,156	35,845	36,495	37,259	38,270	38,270
	WM	38,243	38,300	38,254	38,386	37,906	37,906
	Trust	73,399	74,145	74,749	75,645	76,176	76,176
Total Waiting List (PTL) Paeds	CW	5,191	5,465	5,745	6,011	6,476	6,476
	WM	5,688	5,494	5,480	5,316	5,364	5,364
	Trust	10,879	10,959	11,225	11,327	11,840	11,840
Patients Waiting < 18 Weeks for First Appointment	CW	63.6%	65.2%	66.5%	67.8%	-	-
	WM	56.0%	57.4%	58.0%	60.4%	-	-
	Trust	59.4%	60.9%	61.8%	63.8%	-	-
RTT Clearance Time: Size of Waiting List	CW	6.2	5.9	6.5	6.3	7.0	7.0
	WM	6.6	6.6	6.5	5.9	6.3	6.3
	Trust	6.4	6.2	6.5	6.1	6.7	6.7



Operating Plan and Capacity

Flow & Discharge – Admitted Care

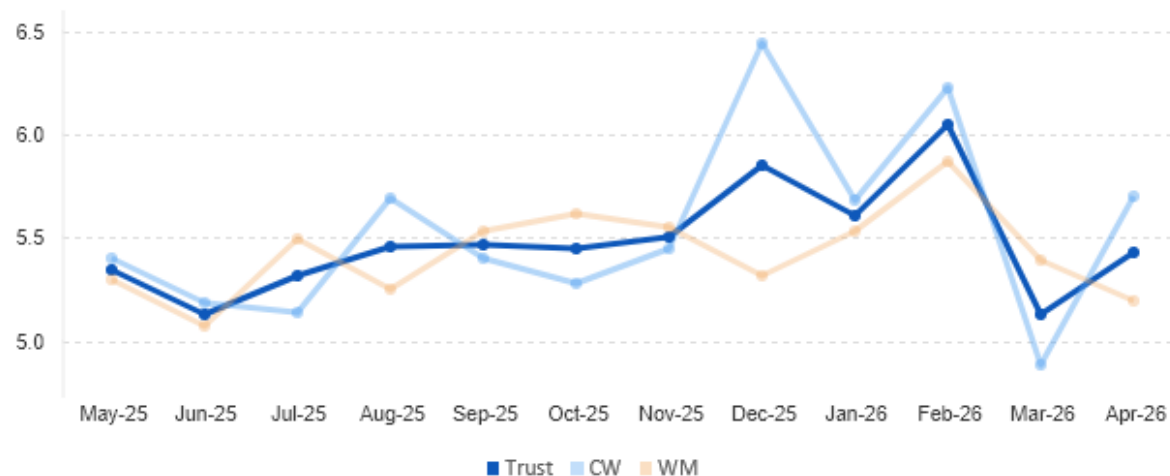
Responsive/Effective



Chelsea and Westminster Hospital
NHS Foundation Trust

Trend

Non-Elective LoS



Narrative

Elective LoS is compliant with the standard year to date.

Non-Elective LOS is non-compliant across both sites. In April there was a decrease in LoS at the WM site compared to March. The CW site saw a decrease in average discharge ready to discharge date, the areas of improvement were identified through the discharge performance meeting with daily oversight. There is continued weekly focus on long length of stay patients, no criteria to reside and escalation meetings with community partners all with Trust flow board oversight.

In April 2026, Critical Care occupancy remained above the target of <85% across all sites. Trust occupancy was 90.0%, demonstrating a reduction from preceding months but still exceeding the recommended threshold. Chelsea and Westminster (CW) recorded 93.3%; West Middlesex (WM) achieved 86.7%. While April shows a positive downward trend in occupancy, levels remain above the <85% standard, highlighting continued pressure on ICU capacity and the need to sustain focus on patient flow and step-down arrangements.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRD and DD
CW	2.5	5.7	484	127	92.7%	6.2
WM	2.9	5.2	520	135	86.7%	7.0
Trust	2.6	5.4	1,004	262	89.7%	6.6

Year-to-Date Performance

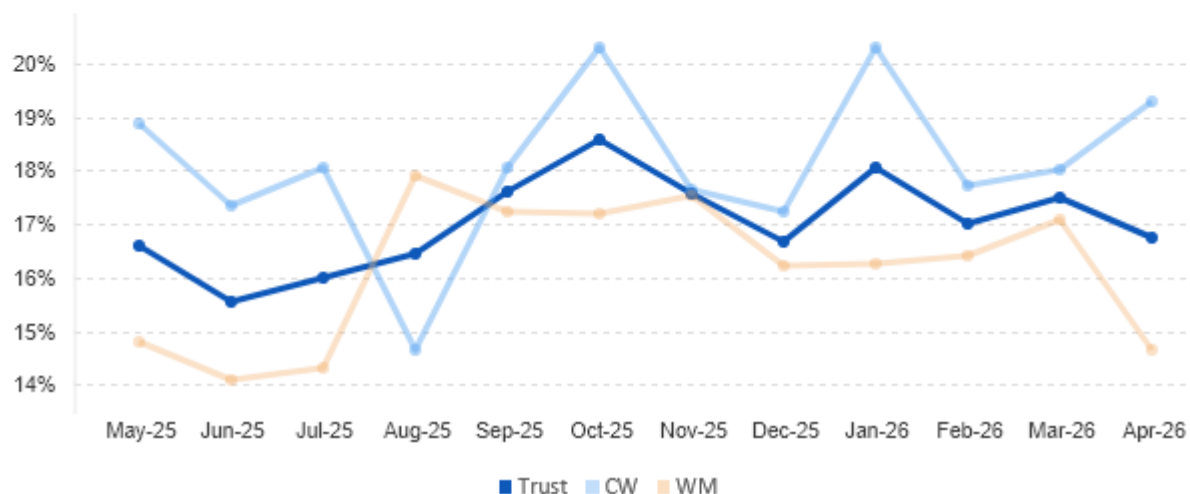
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Elective LoS (Target: <2.9)	CW	2.8	2.8	2.9	3.4	2.5	2.5
	WM	2.1	1.8	2.3	2.2	2.9	2.9
	Trust	2.6	2.5	2.7	3.1	2.6	2.6
Non-Elective LoS (Target: <3.95)	CW	6.4	5.7	6.2	4.9	5.7	5.7
	WM	5.3	5.5	5.9	5.4	5.2	5.2
	Trust	5.8	5.6	6.0	5.1	5.4	5.4
Non-Elective Long Stays (>=7 days)	CW	514	471	465	469	484	484
	WM	570	571	549	554	520	520
	Trust	1,084	1,042	1,014	1,023	1,004	1,004
Non-Elective Long Stays (>=21 Days)	CW	148	157	145	114	127	127
	WM	150	150	162	141	135	135
	Trust	298	307	307	255	262	262
Critical Care Occupancy (Target: <85%)	CW	84.2%	99.0%	112.1%	98.1%	92.7%	92.7%
	WM	89.7%	107.7%	104.3%	105.5%	86.7%	86.7%
	Trust	86.9%	103.4%	108.2%	101.8%	89.7%	89.7%
Average days between the DRD and DD	CW	6.3	5.9	8.2	6.5	6.2	6.2
	WM	7.5	7.0	5.6	5.7	7.0	7.0
	Trust	7.0	6.5	6.7	6.0	6.6	6.6

Flow & Discharge – Discharges

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

The Trust remains an outlier for the number of patients in hospital who do not meet the criteria to reside in an acute hospital bed. This is predominantly driven by patients requiring discharge with declutter and clean; housing or to a nursing home (P3 discharge) and increasing timescales. Metrics for discharge ready date and readmissions remain consistent. This continues to be monitored as part of the weekly discharge performance meetings.

Additional escalation meetings have continued with the aim of reducing the number of patients waiting for P1 discharges within RBKC; Westminster and LBHF. escalation meetings are in place with other system partners as well as a NWL weekly system GOLD call.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	19.3%	14.7%	87.3%	12.7%	4.6%
WM	14.6%	15.3%	88.3%	11.7%	6.2%
Trust	16.8%	15.0%	87.8%	12.2%	5.4%

Year-to-Date Performance

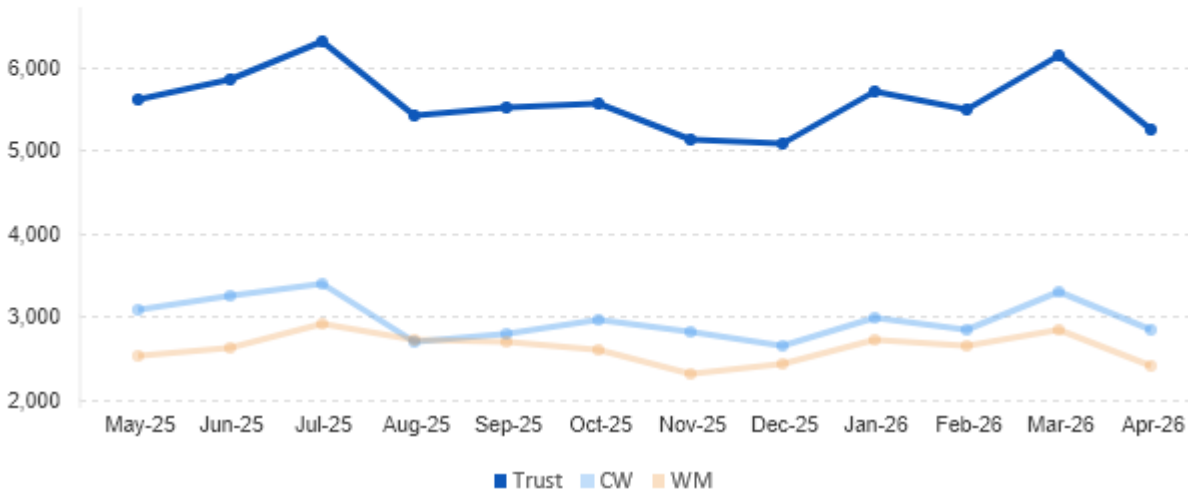
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Patient Not Meeting CTR Daily Average	CW	17.2%	20.3%	17.7%	18.0%	19.3%	19.3%
	WM	16.2%	16.2%	16.4%	17.1%	14.6%	14.6%
	Trust	16.7%	18.1%	17.0%	17.5%	16.8%	16.8%
Discharges Before 12	CW	14%	16%	16%	14%	15%	15%
	WM	14%	13%	16%	14%	15%	15%
	Trust	14%	14%	16%	14%	15%	15%
Discharge Date Same as Discharge Ready Date	CW	88.1%	87.2%	88.0%	89.8%	87.3%	87.3%
	WM	86.8%	86.5%	85.5%	85.7%	88.3%	88.3%
	Trust	87.4%	86.8%	86.7%	87.8%	87.8%	87.8%
Discharge Date After Discharge Ready Date	CW	11.9%	12.8%	12.0%	10.2%	12.7%	n/a
	WM	13.2%	13.5%	14.5%	14.3%	11.7%	n/a
	Trust	12.6%	13.2%	13.3%	12.2%	12.2%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	5.4%	4.6%	4.9%	4.8%	4.6%	4.6%
	WM	6.0%	5.0%	5.4%	5.4%	6.2%	6.2%
	Trust	5.7%	4.8%	5.1%	5.1%	5.4%	5.4%

Operating Plan Performance

Responsive – Operating Plan

Trend

Elective Day Case



Narrative

Operating plans for 2026/27 is being met or outpatients with Elective activity showing marginal levels below plan. Plans reflect the increase in activity across all elective PODs to support delivery of the RTT standards.

Transformation programmes are being worked up across key Outpatient, Theatres and Diagnostics areas to identify areas of opportunity to further improve pathway efficiency. Recruitment process has also begun to resource the forecasted activity increase with an expectation this would be reflected in further months.

Risk to achieving future plans include Industrial action.

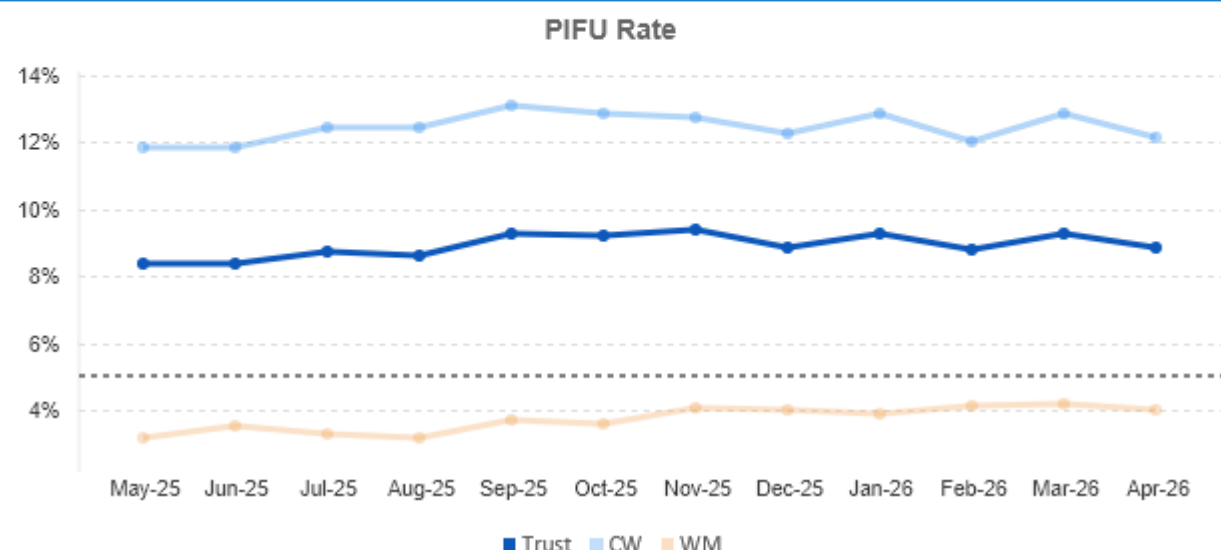
In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	2,844	471	5,586	10,268	18,612
WM	2,401	178	3,509	9,578	10,015
Trust	5,245	649	9,095	19,846	28,627

Year-to-Date Performance

	Site	Jan-26	Feb-26	Mar-26	Apr-26	Plan YTD	2026-2027
Elective Day Cases	CW	2,991	2,834	3,294	2,844	3,008	2,844
	WM	2,724	2,653	2,850	2,401	2,420	2,401
	Trust	5,715	5,487	6,144	5,245	5,428	5,245
Elective Ordinary Admissions	CW	441	462	534	471	442	471
	WM	204	191	217	178	175	178
	Trust	645	653	751	649	617	649
OP Procedures	CW	5,340	5,303	6,060	5,586	4,810	5,586
	WM	3,429	3,126	3,617	3,509	3,316	3,509
	Trust	8,769	8,429	9,677	9,095	8,126	9,095
OP First Attendance Without Procedure	CW	11,035	10,411	10,885	10,268	10,053	10,268
	WM	9,120	9,414	10,365	9,578	8,158	9,578
	Trust	20,155	19,825	21,250	19,846	18,211	19,846
OP FUp Attendance Without Procedure	CW	18,781	17,738	18,511	18,612	18,072	18,612
	WM	9,763	9,631	10,415	10,015	10,765	10,015
	Trust	28,544	27,369	28,926	28,627	28,837	28,627

Trend



Narrative

Our **DNA rate** in April was very similar to March. WMUH improved for new appointments, but dipped for follow ups, whereas the Chelsea site was static for follow up but slipped for news. Focus on DNA rates continues. We will be reviewing reminders in all services, as well as continuing to use Patient Led Validation, volunteer team phone calls, and we plan to roll out pilots in Choice Booking (8-6-4-2) shortly.

Percentage of **PIFU** dipped slightly in April for both sites. Overall, the Trust continues to perform well against the national target, but WMUH still has some work to do to get over the 5%.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.2%	11.1%	7.8%	4,727
WM	4.0%	9.6%	7.2%	4,084
Trust	8.8%	10.4%	7.6%	8,811

Year-to-Date Performance

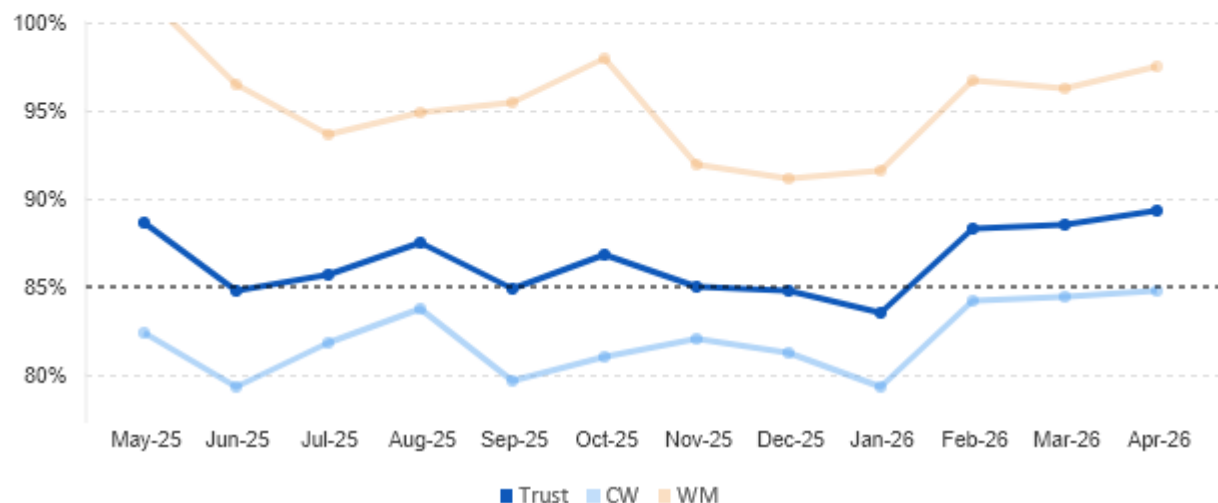
	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
PIFU Rate (Target: 5%)	CW	12.3%	12.9%	12.0%	12.8%	12.2%	12.2%
	WM	4.0%	3.9%	4.1%	4.2%	4.0%	4.0%
	Trust	8.8%	9.2%	8.8%	9.3%	8.8%	8.8%
DNA Rates - First Appointment	CW	11.8%	11.6%	10.5%	10.9%	11.1%	11.1%
	WM	11.3%	10.4%	9.8%	10.0%	9.6%	9.6%
	Trust	11.6%	11.0%	10.2%	10.4%	10.4%	10.4%
DNA Rates - Follow Up Appointment	CW	8.5%	8.3%	8.3%	7.8%	7.8%	7.8%
	WM	7.7%	7.5%	7.6%	7.0%	7.2%	7.2%
	Trust	8.2%	8.0%	8.0%	7.5%	7.6%	7.6%
Virtual Contacts	CW	4,329	4,201	4,803	4,528	4,727	4,727
	WM	3,650	3,718	3,945	4,293	4,084	4,084
	Trust	7,979	7,919	8,748	8,821	8,811	8,811

Theatre Utilisation

Responsive

Trend

Theatre Utilisation (Uncapped)



Narrative

Trust-Wide utilisation increased further in April at 89.3%. There was an increase in utilisation at the CW site, driven by a continued improvement in utilisation of the new Day Surgery Unit and an improvement in Paediatric theatres. Both Main Theatres maintained continued performance of >90% utilisation.

Day case rates remained consistent in April at 85.3%. There was a slight improvement at CW-up to 84.4%.

OTD cancellations were fairly static for April, with no patients breaching. There was an increase in non-clinical cancellations on the CW site, with 1.4% cancelled on the day for a non clinical reason. The on the day cancellation rate remains a focus on improvement work streams and working closely with operational teams to identify capacity to rebook.

In-Month Performance

	Basket Procedures Carried Out as Daycases	OTD Non-Clinical Cancellations as % Elective Admissions	OTD Cancellations Not Re-booked < 28 Days	Theatre Utilisation (Uncapped)
CW	83.0%	1.4%	0	84.8%
WM	83.9%	0.6%	0	97.5%
Trust	83.2%	1.1%	0	89.3%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	79.8%	87.5%	84.5%	83.6%	83.0%	83.0%
	WM	91.2%	86.0%	92.5%	89.0%	83.9%	83.9%
	Trust	83.6%	87.0%	86.9%	85.5%	83.2%	83.2%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.7%	1.3%	0.9%	0.8%	1.4%	1.4%
	WM	0.4%	0.9%	0.6%	0.3%	0.6%	0.6%
	Trust	0.5%	1.1%	0.8%	0.6%	1.1%	1.1%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	5	6	1	0	0	0
	WM	0	0	0	0	0	0
	Trust	5	6	1	0	0	0
Theatre Utilisation (Uncapped) (Target: >85%)	CW	81.3%	79.4%	84.2%	84.5%	84.8%	84.8%
	WM	91.2%	91.6%	96.7%	96.3%	97.5%	97.5%
	Trust	84.8%	83.6%	88.3%	88.5%	89.3%	89.3%

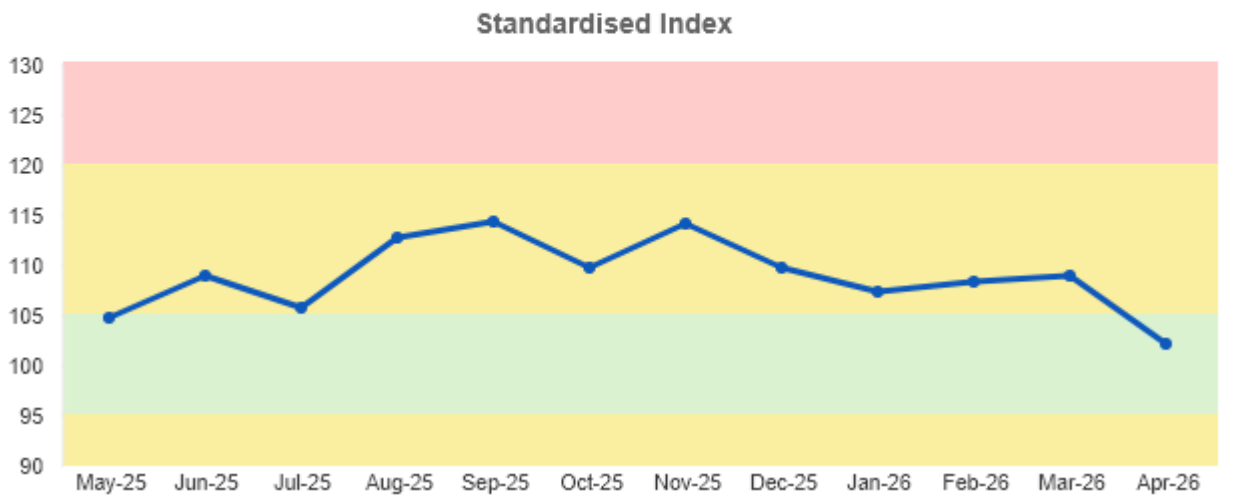


Equality, Diversity and Inclusion

Inequity-RTT Waiting Times

Equality, Diversity and Inclusion

Trend



Narrative

The number of patients waiting over 40 weeks for 1st OPA from IMDQ1 is at 6.7% of the quintile waiting longer than 40 weeks.

For 2026/27, out elective care specialties have all completed a tailored trajectory to address inequity in their waiting list and improvement targets around 40 week waits amongst the IMDQ1 population forms pars of those trajectories.

Appropriate monitoring dashboards will be developed and the performance against trajectory of each specialty will be reviewed through Elective Access.

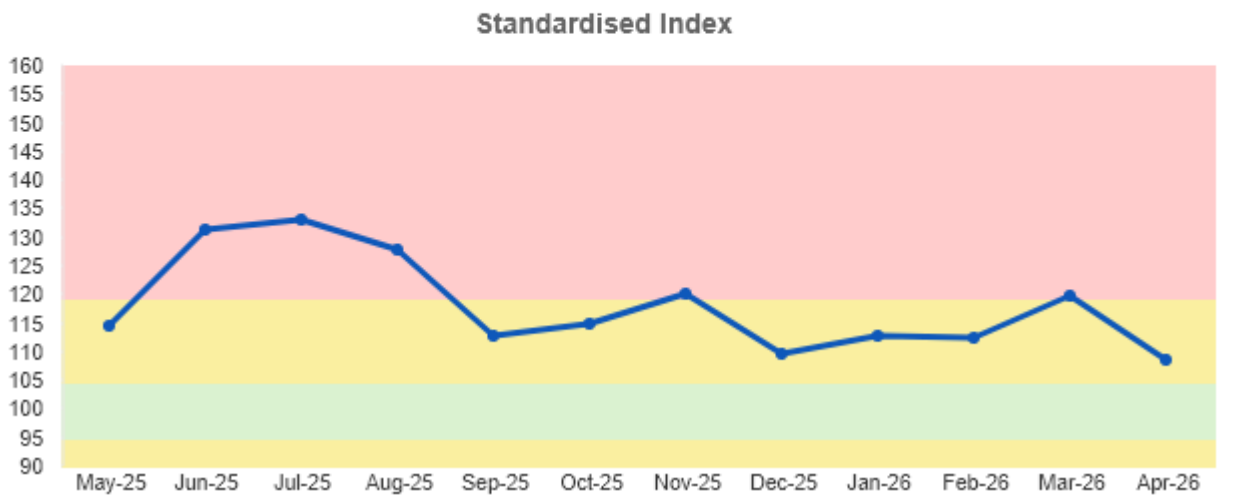
In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	102	6.7%	6.6%	576	4,367

Year-to-Date Performance

Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Standardised Index	110	107	108	109	102	102
Proportion IMDQ1	9.0%	8.1%	8.2%	7.1%	6.7%	6.7%
Proportion IMDQ2-5	8.2%	7.5%	7.6%	6.5%	6.6%	6.6%
IMDQ1 >40wk	747	675	682	592	576	576
IMDQ2 - 5 > 40wk	5,259	4,872	4,924	4,278	4,367	4,367

Trend



Narrative

- The Trust continues with admin resource and volunteers to call patients in advance of their appointments in order to reduce DNA rate in IMDQ1.
- The Trust is undertaking an audit to further understand reasons for DNAs and actions to be taken to mitigate these. Findings to be shared at Outpatient Productivity Board with learning used to improve service delivery.

In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	109	10.8%	10.0%	339	2,458

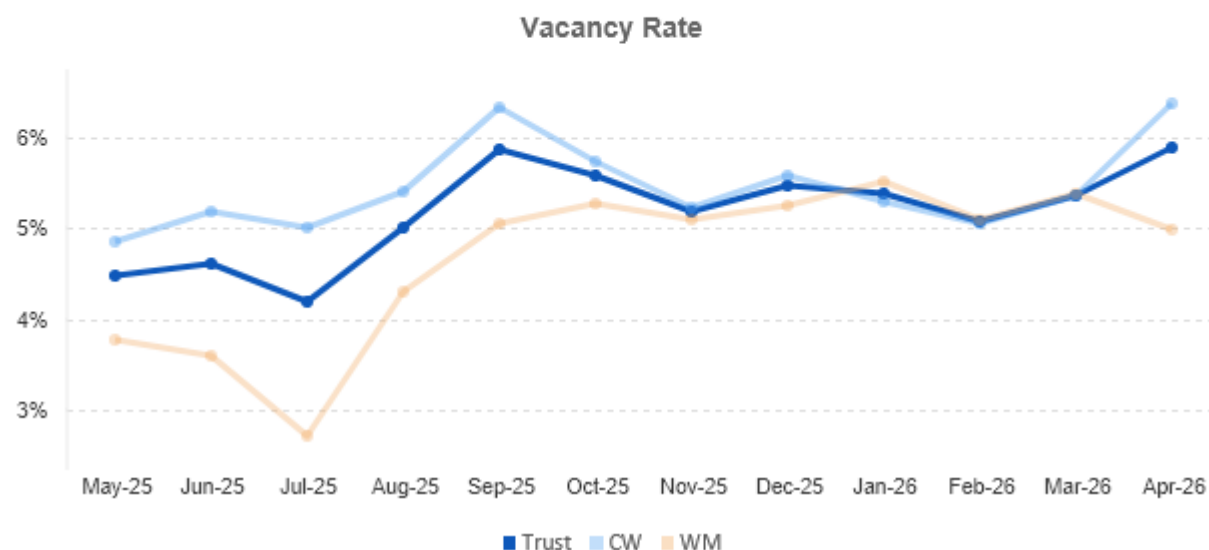
Year-to-Date Performance

Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Standardised Index	109	113	112	120	109	109
Proportion IMDQ1	12.0%	11.5%	10.6%	11.6%	10.8%	10.8%
Proportion IMDQ2-5	11.0%	10.2%	9.4%	9.7%	10.0%	10.0%
IMDQ1 >40wk	329	381	322	374	339	339
IMDQ2 - 5 >40wk	2,413	2,543	2,278	2,509	2,458	2,458



Workforce

Trend



Narrative

The Trust's Month 01 position shows the vacancy (5.9%), voluntary turnover rates (7.7%) and % Agency Usage are well within the target level.

The key marker for concern remains the sickness levels which increased marginally on last month with increases in CSD, PCD and SCD which are above 4% for in-month sickness. CSD, PCD and SCD are also exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledge that the team is stretched with current holds on A&C posts.

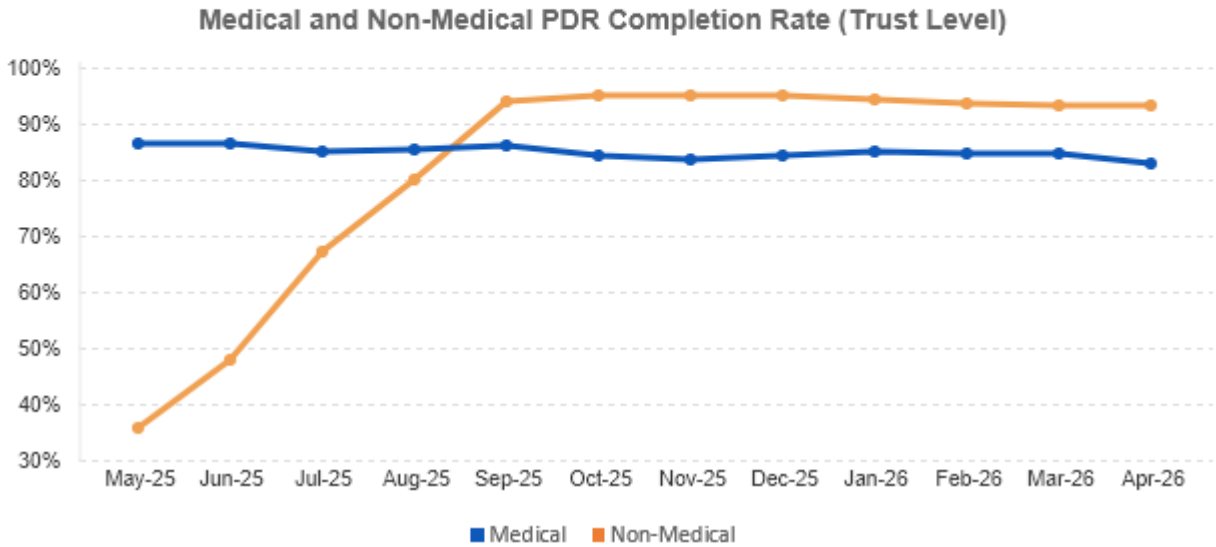
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	6.39%	8.3%	4.4%	0.2%	7.8%
WM	4.99%	6.4%	4.5%	0.2%	9.7%
Trust	5.90%	7.7%	4.4%	0.2%	8.5%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Vacancy Rate	CW	5.6%	5.3%	5.1%	5.4%	6.4%	6.4%
	WM	5.2%	5.5%	5.1%	5.4%	5.0%	5.0%
	Trust	5.5%	5.4%	5.1%	5.4%	5.9%	5.9%
Voluntary Turnover	CW	8.5%	8.8%	8.7%	8.5%	8.3%	8.3%
	WM	7.0%	7.3%	7.2%	6.7%	6.4%	6.4%
	Trust	8.0%	8.2%	8.2%	7.8%	7.7%	7.7%
Sickness Absence	CW	4.7%	4.3%	4.2%	4.1%	4.4%	4.4%
	WM	4.6%	5.0%	4.8%	4.6%	4.5%	4.5%
	Trust	4.6%	4.6%	4.4%	4.3%	4.4%	4.4%
% Agency Usage	CW	0.3%	0.3%	0.3%	0.4%	0.2%	0.2%
	WM	0.1%	0.1%	0.3%	0.5%	0.2%	0.2%
	Trust	0.2%	0.2%	0.3%	0.4%	0.2%	0.2%
% Bank Usage	CW	7.9%	8.2%	8.9%	9.2%	7.8%	7.8%
	WM	9.6%	10.6%	11.2%	11.1%	9.7%	9.7%
	Trust	8.5%	9.1%	9.7%	9.9%	8.5%	8.5%

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month1 being 93.03%.

EIC (93.87%) and CSD (93.70%) have the highest rates across the divisions. In addition, the staff groups with the highest PDR rates are Qualified Nursing (93.97%) and AHPs (93.10%).

At the end of week 5 for the current PDR window (April - June), the trust is currently at 18%.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	92.4%	91.3%
WM	-	94.1%	92.8%
Trust	82.9%	93.0%	91.9%

Year-to-Date Performance

	Site	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	2026-2027
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	84.3%	85.1%	84.6%	84.4%	82.9%	82.9%
Non-Medical PDR Completion Rate	CW	94.3%	93.7%	92.9%	92.4%	92.4%	92.4%
	WM	95.7%	95.2%	95.0%	94.1%	94.1%	94.1%
	Trust	94.8%	94.2%	93.7%	93.0%	93.0%	93.0%
Core Skills Completion Rate	CW	91.1%	91.3%	91.3%	91.3%	91.3%	91.3%
	WM	93.0%	92.8%	92.8%	92.8%	92.8%	92.8%
	Trust	91.8%	91.9%	91.9%	91.9%	91.9%	91.9%

Safe Staffing & Patient Quality Indicators – Chelsea & Westminster Site



Chelsea and Westminster Hospital
NHS Foundation Trust

	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints				FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe							
																		1 & 2		3, 4 & nonstage											
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Maternity	89%	101%	94%	101%	6.8	2.4	0.0	0.0	9.17	12.79	-3.93%	5.70%	5.62%	0	3	0	0	0	0	0	0	9	68	0	0	4	78	89.55%			
Annie Zunz	90%	90%	100%	100%	5.7	2.1	0.0	0.0	7.85	8.73	6.09%	7.52%	0.00%	0	12	0	0	0	0	0	0	1	6	0	0	0	4	97.30%			
Apollo	95%	-	97%	-	20.2	0.0	0.0	0.0	20.20	N/A	-4.43%	5.52%	32.97%	0	1	0	0	0	1	1	0	2	24	0	0	0	0				
Mercury	102%	-	102%	-	7.8	0.0	0.0	0.0	7.81	9.94	-0.79%	3.24%	0.00%	0	2	0	0	0	0	0	0	7	75	0	0	0	2	100.00%			
Neptune	126%	-	130%	-	10.5	0.0	0.0	0.3	10.77	13.06	9.26%	5.52%	0.00%	0	3	0	0	0	0	0	0	4	44	0	0	0	3	100.00%			
NICU	104%	-	103%	-	14.8	0.0	0.2	0.0	15.02	26.91	3.72%	4.02%	0.00%	0	0	0	0	0	0	0	0	11	107	0	0	1	6	100.00%			
AAU	104%	92%	100%	139%	6.5	1.8	0.0	0.1	8.37	8.4	7.90%	5.48%	5.59%	11	115	1	2	2	5	0	0	12	95	0	0	1	17	93.49%			
Nell Gwynne	125%	77%	123%	112%	4.4	3.3	0.0	0.1	7.70	7.82	2.48%	4.91%	16.93%	3	51	0	4	0	0	0	0	3	14	0	0	0	2	100.00%			
David Erskine	108%	86%	85%	122%	3.4	2.8	0.3	0.1	6.62	7.14	7.87%	4.33%	12.04%	1	76	0	1	0	0	0	0	1	32	0	0	0	6	90.48%			
Edgar Horne	113%	107%	100%	135%	3.3	3.5	0.3	0.0	7.07	6.78	4.88%	0.00%	5.71%	7	56	0	2	0	1	0	0	2	34	0	0	1	9	96.30%			
Lord Wigram	97%	94%	99%	98%	3.5	3.1	0.3	0.1	6.96	7.81	-2.80%	4.39%	14.93%	2	28	0	0	0	4	0	1	2	28	0	0	0	3	71.43%			
St Mary Abbots	97%	97%	98%	97%	3.6	3.3	0.0	0.0	6.86	7.55	8.89%	15.60%	30.16%	4	31	0	0	0	0	0	0	2	36	0	0	0	10	92.31%			
David Evans	91%	98%	94%	98%	4.9	3.5	0.0	0.1	8.46	7.55	-4.64%	0.00%	0.00%	0	20	0	2	0	0	0	0	1	27	0	1	0	8	92.98%			
Chelsea Wing	143%	106%	100%	93%	10.3	5.3	0.0	0.0	15.68	7.55	17.82%	19.21%	18.18%	0	1	0	1	0	0	0	0	1	21	0	0	0	8				
Burns Unit	130%	185%	212%	162%	21.2	3.8	0.0	0.3	25.33	N/A	6.19%	7.56%	0.00%	1	9	0	0	0	0	0	0	1	7	0	0	0	2				
Ron Johnson	97%	117%	100%	128%	4.0	2.7	0.0	0.0	6.67	5.51	7.66%	0.00%	0.00%	5	51	0	0	1	0	0	0	5	31	0	0	1	5	100.00%			
ICU	102%	-	102%	-	22.1	0.0	0.0	0.0	22.07	26.91	3.63%	8.99%	20.92%	0	9	0	0	0	2	0	1	4	43	0	0	0	1				
Rainsford Mowlem	108%	102%	98%	118%	3.3	3.5	0.2	0.0	7.04	7.5	10.12%	6.49%	4.25%	3	52	0	2	0	0	0	0	1	24	0	0	3	10	95.56%			
Nightingale	115%	98%	100%	133%	3.2	3.1	0.0	0.1	6.46	7.5	8.98%	0.00%	6.29%	4	78	0	1	0	1	0	0	4	39	0	0	0	5	98.08%			
Emergency Department	103%	91%	112%	103%	-	-	-	-	-	N/A	7.68%	7.59%	0.00%	3	54	0	2	0	0	0	0	5	89	0	0	9	88	87.94%			
DSU	74%	60%	111%	82%	-	-	-	-	-	N/A	11.20%	6.78%	3.18%	0	3	0	0	0	0	0	0	2	18	0	0	0	4	96.15%			
Theatres	94%	79%	102%	97%	-	-	-	-	-	N/A	4.95%	6.26%	16.40%	0	0	0	0	0	0	0	0	2	8	0	0	0	5				
OPD	62%	88%	-	-	-	-	-	-	-	N/A	-5.26%	9.26%	10.64%	0	4	0	1	0	0	0	0	5	11	0	0	7	84	93.46%			
Averages /Totals	103%	98%	107%	113%	8.4	2.3	0.1	0.1	10.8		4.67%	6.02%	8.86%	44	659	1	18	3	14	1	2	87	881	0	1	27	360	94.17%	0		

Safe Staffing & Patient Quality Indicators – West Middlesex



Chelsea and Westminster Hospital
NHS Foundation Trust



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Lampton FU	97%	96%	101%	96%	3.5	3.4	0.0	0.1	7.01	7.5	3.50%	0.00%	4.94%	5	59	0	0	3	9	0	0	3	53	0	0	0	2	97.67%	
Richmond	104%	92%	99%	100%	4.1	2.8	0.3	0.0	7.15	7.55	0.80%	0.00%	8.39%	1	18	0	0	0	0	0	0	1	11	0	0	1	4	95.83%	
Syon 1 cardiology	98%	103%	102%	109%	4.6	2.1	0.1	0.1	7.01	7.93	9.29%	5.93%	48.31%	4	39	0	1	0	0	0	0	1	18	0	0	0	0	96.83%	
Syon 2	98%	102%	100%	103%	3.5	3.4	0.1	0.0	6.99	7.14	5.65%	0.00%	0.00%	5	56	0	1	0	3	0	1	4	42	0	0	0	6	96.67%	
Starlight	119%	-	103%	-	8.4	0.0	0.0	0.0	8.42	13.06	10.07%	7.18%	100.00%	0	3	0	0	0	1	0	0	2	39	0	0	0	8	93.62%	
Kew	97%	126%	100%	146%	3.5	4.0	0.2	0.2	7.85	7.5	4.21%	5.15%	3.44%	3	40	0	1	0	2	0	2	0	29	0	0	1	2	100.00%	
DRU	100%	90%	100%	99%	3.1	3.1	0.2	0.0	6.38	7.5	3.11%	0.00%	11.70%	4	56	0	1	1	1	0	0	2	24	0	0	2	5	94.83%	
Osterley 1	100%	87%	103%	88%	4.2	2.6	0.1	0.1	7.04	7.81	12.68%	3.73%	10.79%	4	53	0	0	2	11	1	3	2	43	0	0	0	7	100.00%	
Osterley 2	109%	96%	113%	102%	4.4	3.6	0.0	0.0	7.99	7.55	5.13%	0.00%	4.88%	1	33	0	0	0	4	0	3	1	30	0	0	0	5	100.00%	
MAU	102%	97%	106%	105%	6.4	2.7	0.0	0.1	9.17	8.4	11.29%	1.52%	0.00%	9	102	0	1	0	3	0	0	3	88	0	1	1	13	98.61%	
Maternity	106%	91%	106%	98%	8.7	2.4	0.0	0.0	11.14	12.79	-2.91%	3.78%	2.32%	0	1	0	0	0	0	0	0	2	45	0	0	0	12	86.49%	
Special Care Baby Unit	105%	-	113%	-	9.6	0.0	0.0	0.0	9.57	13.06	16.77%	10.00%	0.00%	0	0	0	0	0	0	0	0	4	20	0	0	0	1		
Marble Hill 1	125%	110%	133%	112%	4.8	3.0	0.2	0.0	7.94	6.8	0.69%	3.62%	5.98%	12	108	0	2	1	4	0	0	5	61	0	0	0	5	81.82%	
Marble Hill 2	125%	119%	138%	136%	4.4	3.8	0.2	0.1	8.50	6.78	5.87%	9.54%	11.33%	4	62	0	1	0	0	0	0	6	70	0	0	0	8	97.56%	
ITU	89%	-	90%	-	26.6	0.0	0.0	0.0	26.56	26.91	1.50%	6.43%	0.00%	0	5	0	0	0	3	0	0	3	42	0	0	0	0		
Redlees	109%	97%	113%	107%	4.1	3.5	0.2	0.4	8.24	7.82	-1.15%	0.00%	0.00%	4	45	0	0	0	0	0	0	1	19	0	0	0	2	100.00%	
Emergency Department	99%	91%	106%	65%	-	-	-	-	-	N/A	12.34%	7.63%	0.00%	5	37	0	0	1	2	0	0	4	47	0	1	4	33	84.38%	
DSU	89%	120%	-	-	-	-	-	-	-	N/A	-3.31%	0.00%	0.00%	0	4	0	0	0	0	0	0	0	3	0	0	0	6	93.64%	
Theatres	94%	79%	116%	90%	-	-	-	-	-	N/A	2.95%	3.20%	11.38%	0	0	0	0	0	0	0	0	2	8	0	0	1	7		
OPD	84%	72%	-	-	-	-	-	-	-	N/A	-8.22%	4.83%	6.19%	1	4	0	0	0	0	0	0	0	13	0	0	7	37	90.37%	
Averages /Totals	102%	98%	108%	104%	6.5	2.5	0.1	0.1	9.2		4.51%	3.63%	11.48%	62	725	0	8	8	43	1	9	46	705	0	2	17	163	94.61%	0



The purpose of the safe staffing and patient quality indicator report is to provide a summary of overall Nursing & Midwifery staffing fill rates and Care Hours per Patient Day (CHPPD) and NICE red flag categories with a review of trends in the previous six months. Emergency Departments, Day Surgery Units, Theatres and Out-patient Departments have been added to the report this month in accordance with Developing Workforce Safeguards Guidance. In relation to CHPPD, information has been compared against the national benchmarks and data has been triangulated with associated quality indicators and patient experience for the same month. Overall, key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Twice daily nursing safety huddles continue to oversee the deployment of staff, as required, in order to maintain patient safety.

West Middlesex site:

Kew, and Marble Hill 2 reported increased HCA fill rates day and night to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls.

Marble Hill 1 and Marble Hill 2 had an increased RN fill rate to support patients requiring enhanced mental health supervision.

ED and theatres reported low HCA fill rates during the day and night due to sickness and lack of bank cover for the specialised area. Patient care was not compromised. The Day Surgery Unit (DSU) had increased HCA fill rates due to additional weekend lists. The Out-patient Department (OPD) experienced low HCA fill rates during the day due to vacancies and recruitment into these posts are ongoing. CHPPD was not compromised.

Chelsea and Westminster site:

Chelsea Wing saw increased RN fill rates on days due to additional private clinic demands. Ron Johnson and Nightingale had increased HCA fill rates to support the opening of escalation beds. Night-time HCA fill rates were increased on AAU, David Erskine and Edgar Horne to support enhanced observations for patients with mental health needs and those at risk of falls. Nell Gwynne had low HCA fill rate during the day due to sickness and inability to fill with bank cover. Ward manager supported. Patient CHPPD was not compromised.

Neptune ward had high RN fill rate to support enhanced observation for patients requiring mental health supervision. The Burns Unit had increased RN and HCA fill rates to support enhanced observation for patients requiring mental health supervision, increased acuity and to provide private patient support. In OPD RN fill rates were low due to staff sickness and limited availability of bank cover. Matron and managers provided support, patient safety was maintained throughout. The DSU experienced low RN and HCA fill rates during the day due to reduced acuity and an inability to fill specialist bank shifts. Patient care and safety was maintained throughout.

Incidents:

In April, three incidents involving patient harm were reported: two related to Trust-acquired pressure damage and one related to a fall. None of the incidents identified were attributed to short staffing. In the Acute Assessment Unit (AAU), a patient sustained a fractured neck of femur following a witnessed fall. An Immediate Incident Response (IIR) was undertaken, and Duty of Candour processes were completed.

In Apollo, an acquired nasal pressure injury was recorded related to non-invasive ventilation (NIV) facial mask use. An IIR was completed, an alternative mask provided, and a protective dressing applied. On Osterley 1 a patient developed sacral pressure damage. A pressure relieving mattress was already in place, input was sought from the Tissue Viability team, and regular repositioning was implemented.

The Friends and Family Test showed 100% scores in four wards at WM and five wards at CW. One area received FFT feedback scores below 80%. Feedback from Lord Wigram related to night-time noise and delays in discharge planning and communication; this has been shared with staff and actions are in progress. Please note all incident figures are correct at time of extraction from DATIX. There were 0 red flags raised in April. The vacancy rate and turnover are from March 2026.



Nursing, Midwifery and care staff average fill rate April 2026				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
104.08% ↑	103.61% ↑	6.2 ↑	2.6 ↔	8.9 ↑

RN Fill Rates (ward areas) increased from 103.35% in March 2026 to 104.08% in April 2026. The RN vacancy rate (whole trust) in March 2026 was 4.22%.

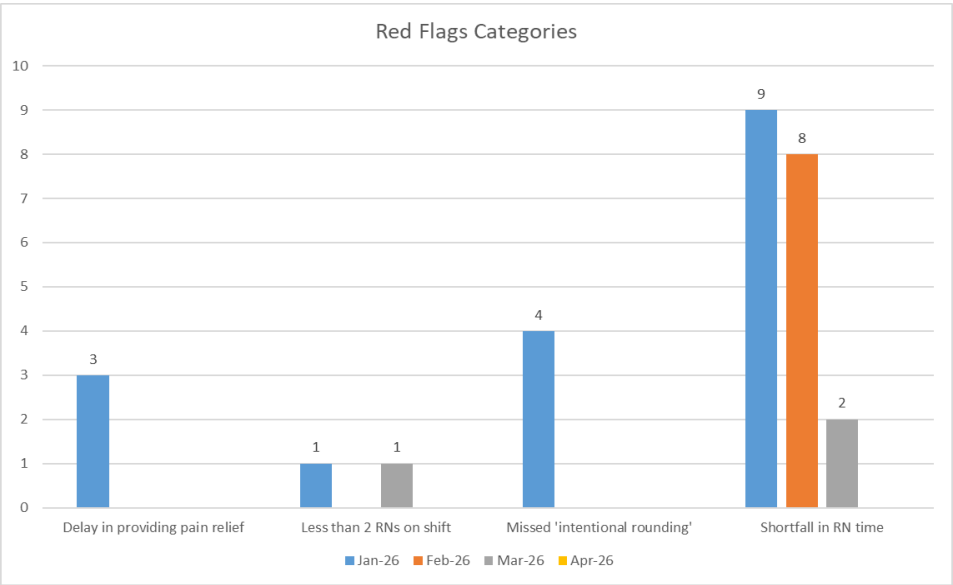
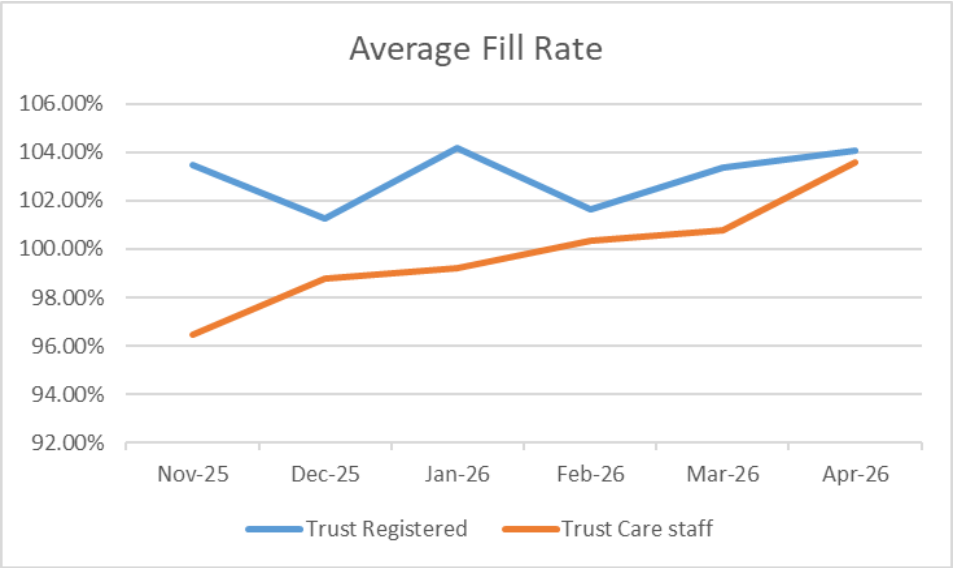
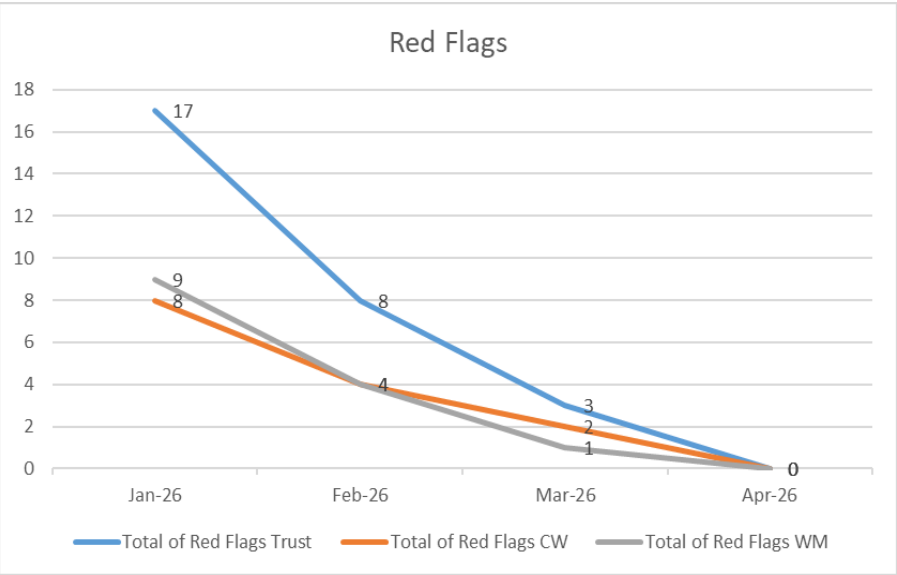
Care Staff Fill Rates (ward areas) increased from 100.78% in March 2026 to 103.61% in April 2026. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in March 2026 was 9.66%

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 102.07% in March 2026 to 103.84% in April 2026.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (December 2025) was 9.0. Trust workforce data confirms the CHPPD was 8.9 in April 2026, up from March 2026. – 8.7.

Safe Staffing Red Flags – 0 red flags from the 5 categories (tables below) were reported during April 2026 where majority were Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Dec 2025
Trust	8.7
Hillingdon Hospital	9.3
London NW	8.2
Imperial	10.7
National Median	9.0

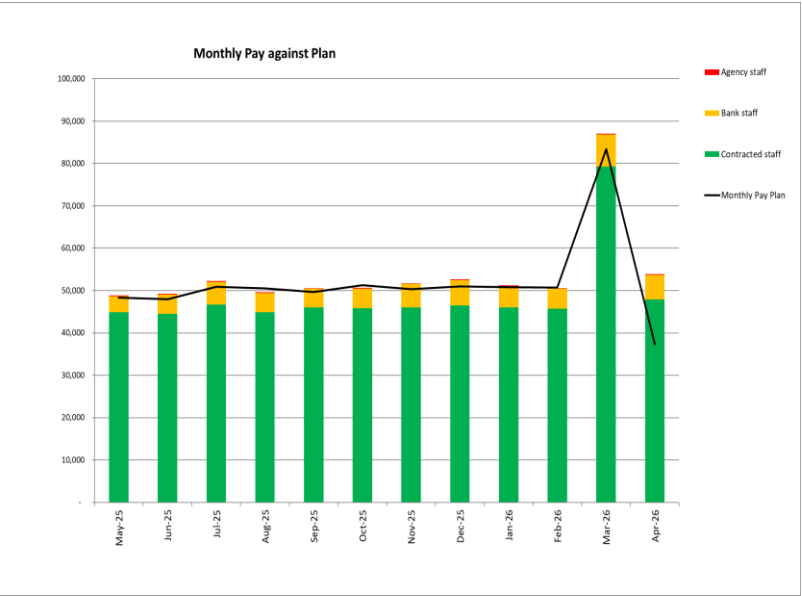




Finance



Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	88,603	87,170	(1,433)
Expenditure			
Pay	(50,660)	(53,840)	(3,181)
Non-Pay	(34,015)	(31,669)	2,346
EBITDA	3,929	1,661	(2,267)
EBITDA %	4%	1.91%	-2.5%
Depreciation	(3,009)	(2,805)	204
Non-Operational Exp-Inc	(1,212)	(1,090)	122
Surplus/Deficit	(292)	(2,233)	(1,942)
Control total Adj - Donated asset, Impairment & Other	(685)	62	747
PFI Model recalculation		(108)	(108)
Adjusted financial performance surplus/(deficit)	(977)	(2,280)	(1,303)



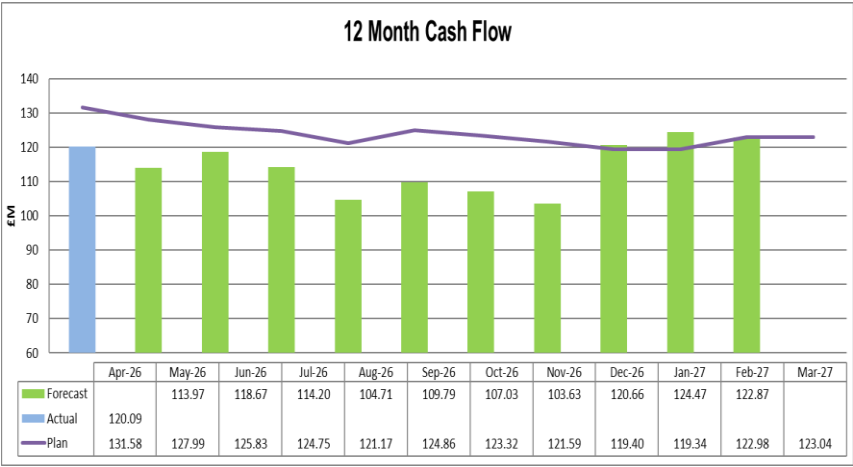
Comment: Mar 26 12 payroll figures include additional spend for 9.4% Pension contribution - £33.08 m a notional figure. Industrial Action spend in July, November, December 2025 and April 2026 have caused a hike in locum spend during these months.

The adjusted YTD financial position at month 1 is a £2.28m deficit which is £1.30m adverse against the M1 plan .

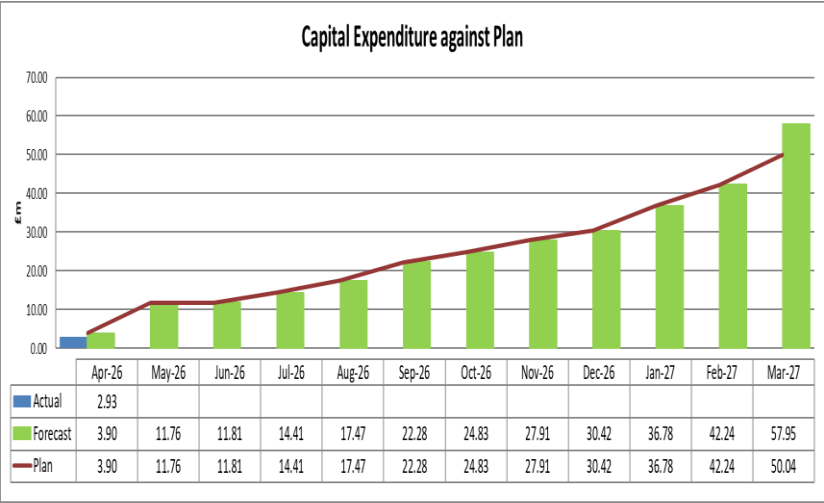
Pay: £3.18m adverse against plan. The adverse variance at M01 is predominantly due to premium cover for Industrial Action and slippage against CIPs. These have been partially offset by vacancies not covered in non-clinical areas.

Non-Pay: There is a £2.35m favourable variance which includes adjustment to budget to match NHSi return.

Income: Month 01 clinical income performance was reported in line with plan, with an additional accrual recognised for the pay award uplift (offset by corresponding expenditure), which has yet to be reflected in contracts. Most ICB and NHS England contracts have been agreed, and the remaining ICBs are being actively pursued.



Comment: The negative cash variance to plan in M1 of £11.49m is due to negative receipts to plan of £10.34m (ICB & NHS England & FTs £10.89m lower, Local Authority & AR £0.89m lower, Other Income £0.09m higher, PP Income £0.72m higher, Interest £0.02m higher) plus higher cash outflows to plan of £1.15m (higher creditor payments and payroll).



Comment: The original gross capital programme for 2026/27 was £50.05m, which has been adjusted to £57.95m at P01. The increase is due to additional donation funding being carried forward from 2025/26, £5.6m CW+ donations and £0.14m from Imperial for the DTEC ADC programme, £1.87m for the IECCP FDP Programme, £0.09m for the CIL funding for the WM Development plan. The budgets have been allocated to the various areas, with £22.69m for the DTEC build and equipment, £9.50m for general estate projects, £3.50m for IT projects, £2.70m for medical equipment purchases, £6.50m for the Human Challenge projects, £1.87m for the IECCP (FDP) programme, £1.98m for the PFI unitary charge, £7.25m for PDC funded Imaging schemes and £1.87m central contingency. The planned spend for P01 is £3.90m and the actual spend incurred is £2.93m, resulting in an under spend of £0.97m. This under spend will be incurred in later months.



AAR = After Action Review
CW = Chelsea and Westminster Hospital
CTR = Criteria to Reside
DNA = Did not Attend
CQC = Care Quality Commission
ED = Emergency Department
FFT = Friends and Family Test
FCE = Finished Consultant Episode
HSMR = Hospital Standardised Mortality Ratio
LOS = Length of Stay
KPI = Key Performance Indicator
MDT = Multiple Discipline Team
MRSA = Methicillin-Resistant Staphylococcus Aureus
OPFU = Outpatient Follow-up

OPFA = Outpatient First Attendance
OP = Outpatient
PHSO = Parliamentary and Health Service Ombudsman
PDR = Performance Development Review
PIFU = Patient Initiated Follow-up
PSII = Patient Safety Incident Investigations
PTL = Patient Tracking List
PU = Pressure Ulcer
RTT = Referral to Treatment Time
SDEC = Same Day Emergency Care
SHMI = Summary Hospital-level Mortality Index
STEIS = Strategic Executive Information System
VTE = Venous Thromboembolism
WM = West Middlesex Hospital