



Trust Performance and Quality Report

August 2025



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Executive Summary



Chelsea and Westminster Hospital
NHS Foundation Trust

Patient Safety and Experience

There four severe harm and death incidents reported in month . This incident and harm level is being reviewed in line with PSIRF and internal governance systems.

The Trust is meeting the targets set for medication safety and management . There were 5 cases of C.Diff which have been reported in month, with a Trust total of 25 against a threshold of 33. There was 1 case of MRSA Bacteramia, which was Community Onset Hospital Acquired. All cases are being reviewed and monitored through Infection Control committee.

Friends and Family response rates and recommendation rates remain above target for inpatient areas and 97.3% adult inpatients report being treated with dignity and respect. ED experience score is below Trust target but is in line with the London position. Improvement work being discussed with the ED team, focussing on waiting times and communication. Children and Young People has been reported separately for the first time, with low response rates which are being reviewed with West London Children's Division.

VTE assessments are above target at both sites, however further analysis is required on the Hospital Acquired VTE cases between the sites. Improvement work continues with compleation rates of initial assessments for patients, focusing on digital tools to support this. West Middlesex had an improved position of medically optimised patients with a fractured NOF taken to theatre within 36 hours , 100% at Westt Middlesex and 84.2% at Chelsea. The planned care division have an improvement plan in place which is monitored through executive management board.

Dementia screening declined in month to 87.6% at Chelsea and 68.5% West Middlesex. This was in part due to absence in the CNS position, with improvement discussions taking place with Hospital Medical Directors to ensure this is incorporated in medical clerking.

Patient Access and Operating Plan

The Trust reported underachievement of 76.82% for A&E 4-hour performance, marginally below the 78% standard. The NHS England Cancer 28-Day Faster Diagnostics Standards and 31-Day standards were met, with the 62-Day reporting non-compliance for July 2025 (validated).

Operating plans for elective activity has been met year-to-date, with outpatient activity below plans. This has been broadly due to anticipated reduction in activity following the Elective Recovery Fund (ERF) cap with industrial action in July further impacting the positions.

Elective Referral to Treatment (RTT) 18-week wait performance achieved the planned trajectory and 60% national target in August 2025 at 60.01%. There was an increase in the RTT Patient Tracking List and backlog performance remained challenged by the overall activity reduction. Backlogs for 52ww is at 1337(+100) and 65ww at 39 (+26). There continues to be no patients waiting over 78ww in the Trust. Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 86.08% against the 95% standard.

Workforce

The Trust's Month 5 performance reflects an increased bank staffing (10%) and a 0.82% over-establishment, though vacancy and turnover rates remain stable. Additional focus at divisional level, supported by the HRBPs, has been taken to ensure PDR rates are on track to meet the 90% September target. Sickness rates rose to 3.90%, with CSD and SCD exceeding thresholds. Vacancy and turnover rates at Trust level are below thresholds, at 5.01% vacancy and 8.81% turnover.

Finance

The adjusted financial position at Month 5 is a £3.37m deficit which is £2.3m against plan.

Performance Summary

Trust level



Chelsea and Westminster Hospital
NHS Foundation Trust

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	52.37	
Patient safety incident investigations	n/a	1	
Never Events	0	0	
Dementia screening %	90%	76.64%	
ED sepsis screening %	90%	88.39%	!
Inpatient sepsis screening %	90%	85.56%	!
C. Difficile cases	n/a	5	
E. coli cases	n/a	6	
Formal complaints received	n/a	50	
Inpatient FFT % good experience	90%	95.80%	
A&E FFT % good experience	90%	80.07%	!
Outpatient FFT % good experience	90%	92.53%	
Maternity FFT % good experience	90%	79.56%	!
Mortality			
Summary Hospital-level Mortality Index	<100	74.62	
Hospital Standardised Mortality Ratio	<100	79.53	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	76.82%	
LAS handovers 30 mins	n/a	198	
18 week RTT incompletes	60%	60.01%	!
Diagnostic waiting times < 6 weeks	95%	86.08%	!
28 day Faster Diagnosis Standard	77%	80.74%	
31 day diagnosis to first or subsequent treatment	96%	99.51%	
62 day GP referral to first treatment combined	85%	76.15%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	87.27%	
PIFU rate	5%	8.66%	
Workforce			
Medical PDR compliance	90%	85.2%	
Non-medical PDR compliance	45%	80.0%	
Core skills compliance	90%	92.7%	

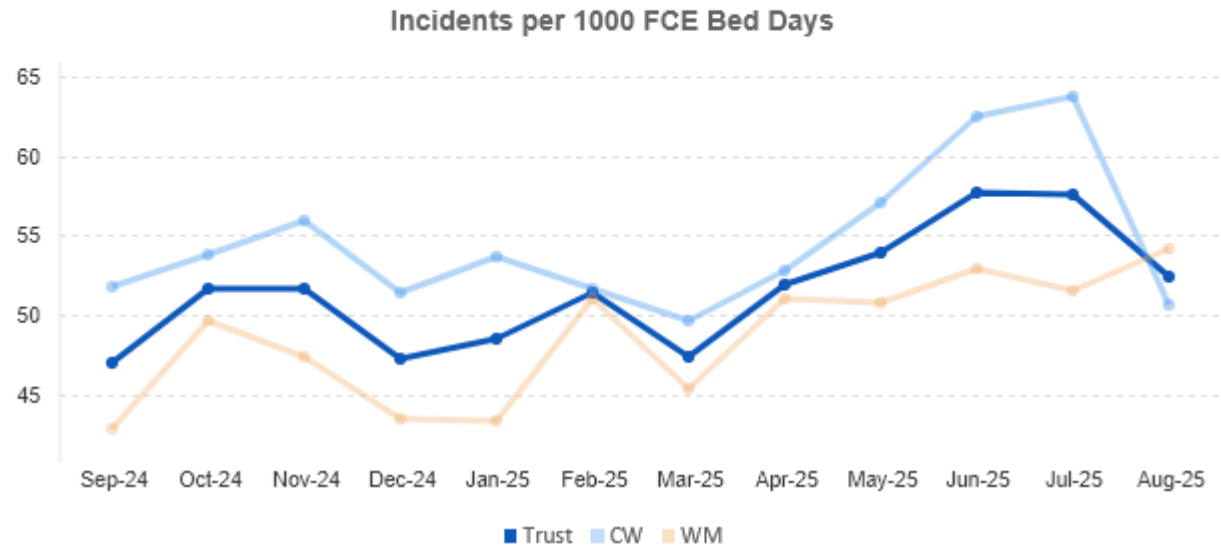


Either site or Trust overall performance red in each of the past three months



Patient Safety and Experience

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation’s safety culture. Higher reporting rates typically reflect a positive culture where staff feel empowered to speak up. While reporting rates have shown variability, there is a clear upward trend. However, we remain slightly below the national benchmark—both for the current month and on a 12-month rolling basis—where the national average is >54.9. In August, a total of 1,434 patient-related incidents were reported. The 12-month rolling total stands at 17,127. The trust continues to proactively identify areas for improvement in response to recurring themes and trends.

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 Quality & Safety Committees

Improvements: The implementation of a new incident management system, expected in 2026, will support the standardisation of processes 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	50.72	1	1	0.07
WM	54.12	3	1	0.07
Trust	52.37	4	2	0.07

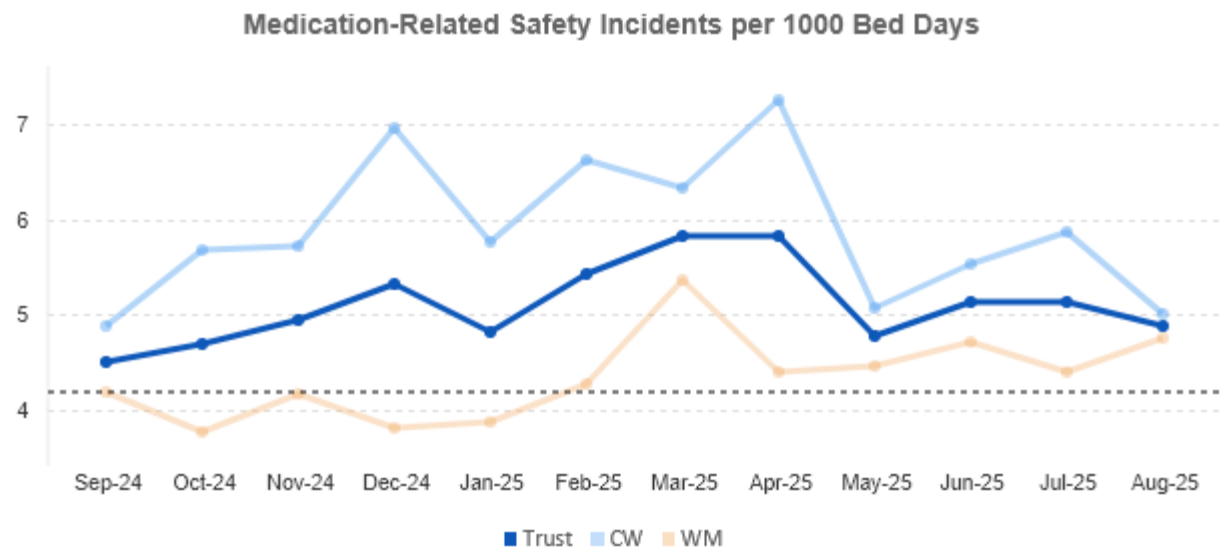
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	52.8	57.0	62.4	63.7	50.7	57.2
	WM	51.1	50.8	52.9	51.5	54.1	52.1
	Trust	51.9	53.9	57.7	57.6	52.4	54.7
Incidents Resulting in Severe Harm or Death (Target:)	CW	3	0	1	2	1	7
	WM	0	0	1	1	3	5
	Trust	3	0	2	3	4	12
Incidents Resulting in Death (Target:)	CW	1	0	0	0	1	2
	WM	0	0	0	1	1	2
	Trust	1	0	0	1	2	4
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.07	0.00	0.00	0.00	0.07	0.03
	WM	0.00	0.00	0.00	0.07	0.07	0.03
	Trust	0.03	0.00	0.00	0.04	0.07	0.03

Medication Safety Incidents

Safe

Trend



Narrative

- Trust targets achieved, with a good reporting culture demonstrated at both sites
- There were two incidents of moderate harm reported in August: one at the CW site relating to incorrect drug administration in antenatal patient (ibuprofen 800mg instead of labetalol 800mg), and one at the WM site involving incorrect prescribing and administration of insulin (Humulin M3 100 units instead of 20 –22 units). Incidents are pending investigation, and will be shared with the Medication Safety Group at the next meeting, for wider learning and shared awareness.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	5.00	1.4%
WM	4.76	1.5%
Trust	4.89	1.4%

Year-to-Date Performance

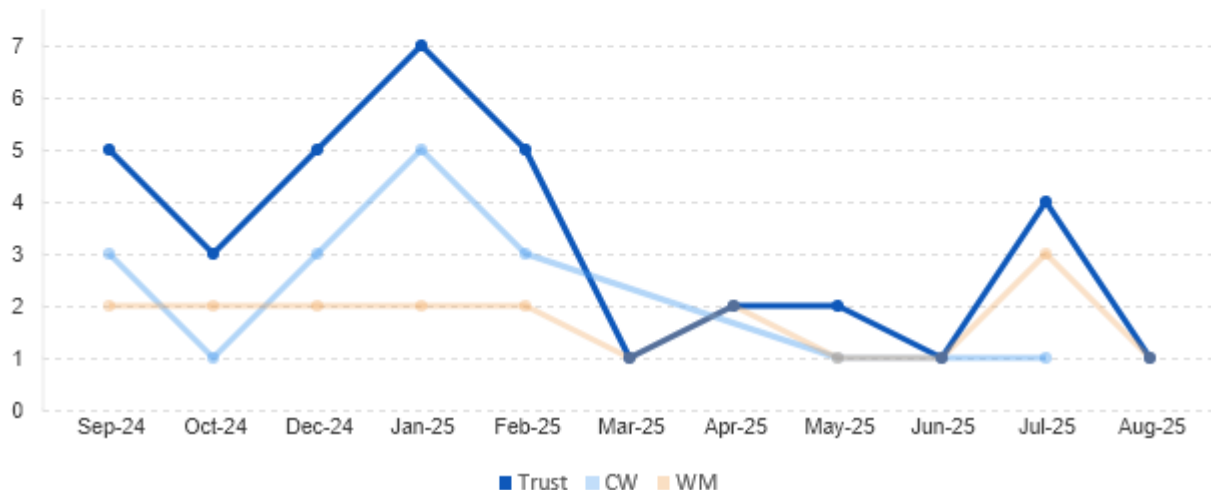
	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	7.26	5.08	5.53	5.87	5.00	5.74
	WM	4.41	4.46	4.71	4.40	4.76	4.54
	Trust	5.82	4.77	5.13	5.12	4.89	5.15
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	0.0%	0.0%	0.0%	0.0%	1.4%	0.2%
	WM	0.0%	0.0%	1.6%	0.0%	1.5%	0.6%
	Trust	0.0%	0.0%	0.7%	0.0%	1.4%	0.4%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: The trend shows a reduction in the number incidents reported externally on StEIS. This is expected with PSIRF encouraging proportionate responses focused on learning opportunities. Within the 12 month rolling period, the PSII indication was as follows: 54% (20) locally defined incidents requiring local PSII, 41% (15) Nationally defined priority – MNSI and 5% (2) Nationally defined incident – Never events.

In August, one PSII was reported. This is a MNSI case relating to an unexpected neonatal death.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plans (PSIRPs), which are currently being updated for 2025/26.

Work streams continue for priority areas including care of the deteriorating patient and implementation of the new national safety standards for invasive procedures (which supports never event improvement).

Forecast Risks: The trust is seeing delays in the completion of learning responses which is partly being caused by the learning curve and culture change that PSIRF requires. Local actions are underway with a focus on training and support for staff.

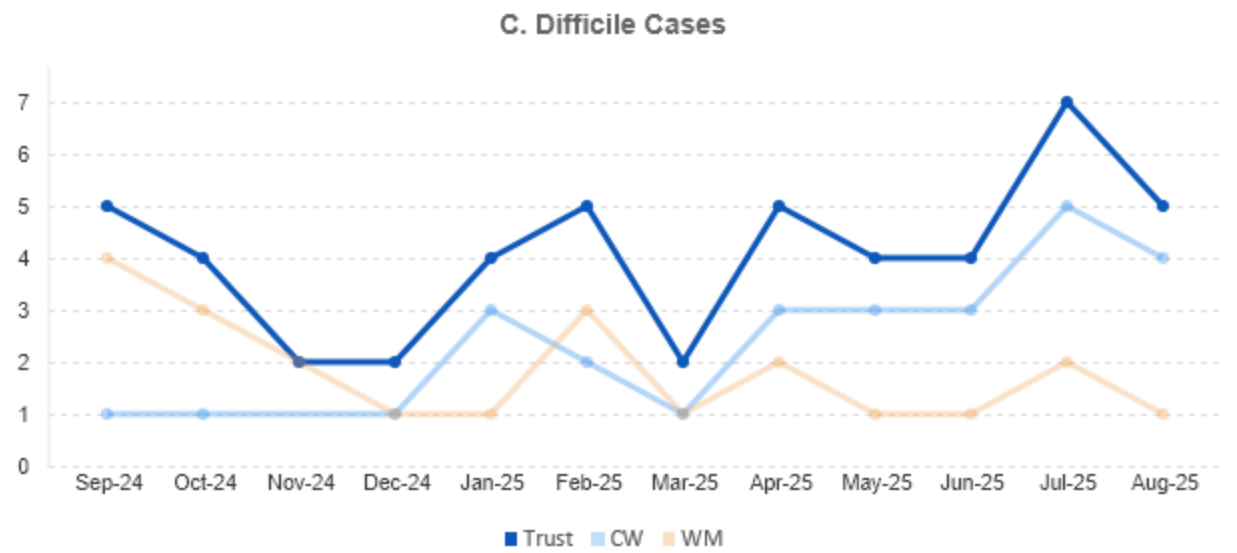
In-Month Performance

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

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Patient Safety Incident Investigations	CW	0	1	0	1		2
	WM	2	1	1	3	1	8
	Trust	2	2	1	4	1	10
Never Events (Target: 0)	CW	0	0	0	0		0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	4	2	2	1		9
	WM	0	2	1	2	0	5
	Trust	4	4	3	3	0	14
Learning Responses Declared (Thematic Review)	CW	0	0	0	0		0
	WM	0	0	0	1	0	1
	Trust	0	0	0	1	0	1
Learning Responses Declared (MDT)	CW	0	1	1	0		2
	WM	0	0	0	0	0	0
	Trust	0	1	1	0	0	2

Trend



Narrative

MRSA : There was a total of 3 Trust apportioned MRSA bacteraemia as from April – August 2025 against a target of 0, 2 cases occurring in July 2025 and 1 in August 2025. To date this financial year there has been 4 Community associated cases.

Of these three cases:

- One case was Healthcare onset- healthcare associated (HOHA), two cases were classified as community onset-healthcare associated (COHA) cases.
- Two cases (x2 COHA) were admitted with a positive blood culture.
- Patients were screened for MRSA appropriately.
- Patients were decolonised (where appropriate).

CDI : From April – August 2025, there were 25 Healthcare associated CDI cases against a yearly Target of 33 with 5 healthcare associated cases occurring in August 2025. This is a decrease of 32% in comparison to 37 Trust apportioned cases for the April - August 2024/25 period.

A patient safety incident response meeting (PSIRF) of each Trust apportioned case is initiated by the IPCT and senior medical and nursing staff caring for each patient. Action plans are subsequently developed to address lessons learnt which are monitored at Trust quality and risk meetings and learning highlighted at IPCG and the Patient Safety Committee.

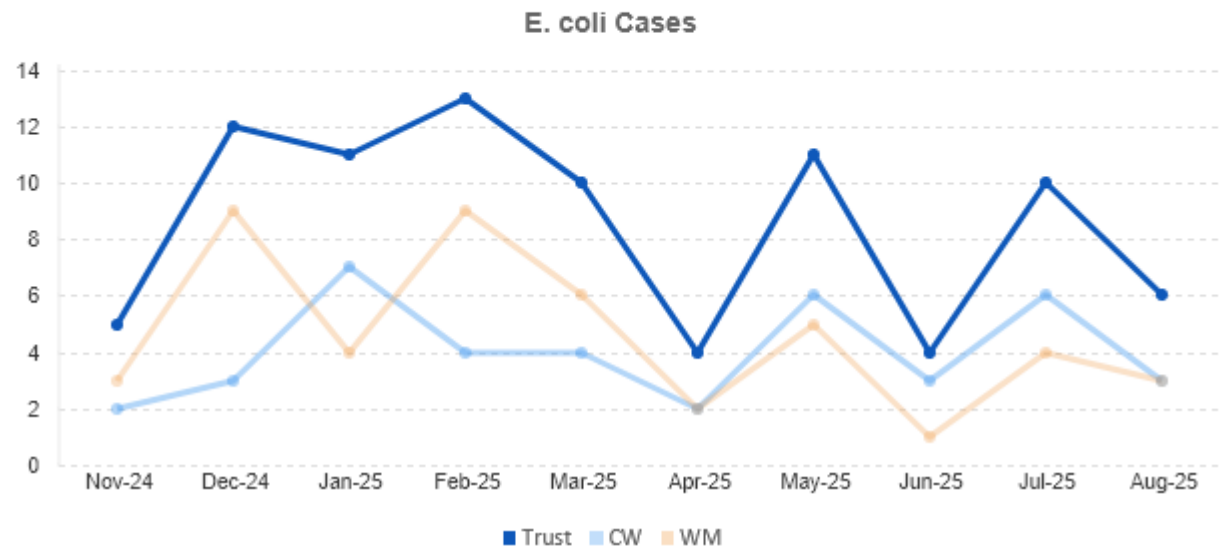
In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	4	1
WM	1	0
Trust	5	1

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
C. Difficile Cases (Target: <33)	CW	3	3	3	5	4	18
	WM	2	1	1	2	1	7
	Trust	5	4	4	7	5	25
MRSA Bacteraemia (Target: 0)	CW	0	0	0	1	1	2
	WM	0	0	0	1	0	1
	Trust	0	0	0	2	1	3

Trend



Narrative

E.coli

From April – August 2025, there were 35 cases of Trust apportioned *E.coli* bacteraemia as against a target of 99, and 130 community apportioned cases. This is a decrease of 22% on the previous year's April – July 2024 period of 45 Healthcare associated cases.

The leading sources of healthcare associated *E.coli* bacteraemia as at CWFT are:

- Lower urinary tract (26%)
- Hepatobiliary (23%)
- Gastrointestinal/ Intra-abdominal collection (14%)
- Genital System (11%)

All healthcare associated bacteraemia as are reviewed by the IPC, microbiology and antimicrobial pharmacy teams on a monthly basis to categorise and review/ identify care improvement opportunities.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	3	98.9%
WM	3	99.0%
Trust	6	99.0%

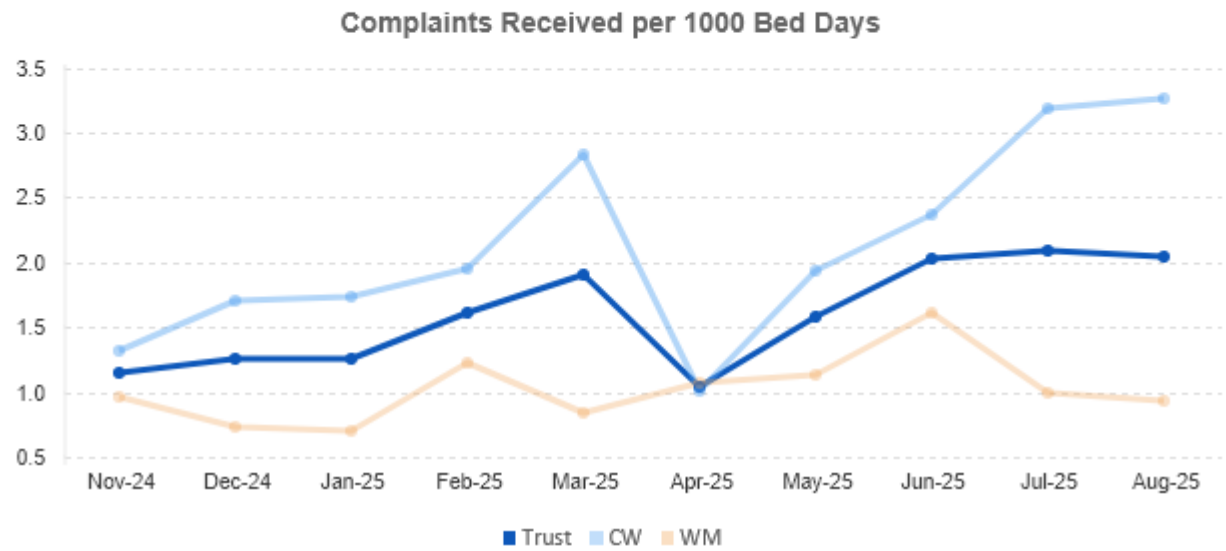
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
E. coli Cases	CW	2	6	3	6	3	20
	WM	2	5	1	4	3	15
	Trust	4	11	4	10	6	35
Hand Hygiene Compliance (Target: >95%)	CW	96.1%	94.6%	95.8%	98.3%	98.9%	96.7%
	WM	95.8%	98.7%	97.5%	98.7%	99.0%	97.9%
	Trust	95.9%	96.6%	96.5%	98.5%	99.0%	97.3%

Formal Complaints

Responsive

Trend



Narrative

Formal complaints decreased by 31.5% in August (n=37) compared to July (n=54). EIC recorded the highest number (n=14), followed by SCD(n=10) and PC (n=9). Informal complaints declined by 17.6%, from 272 in July to 224 in August.

Recurring themes were noted, particularly within EIC, which saw an increase in formal complaints.

- Concerns included misdiagnosis or delayed diagnosis, dissatisfaction with treatment decisions, especially regarding medication contraindications, and failure to recognise deteriorating health.
- Although positive feedback has increased over the past two years, particularly around basic care, two complaints in August highlighted issues in mobility support, deconditioning management, and continence care on the wards.

Complaint response compliance fell from 71% in July to 48% in August, alongside a reduction in the number of complaints closed (309 in July vs 243 in August). Of the 243 closed, formal complaint response compliance stood at 47% whilst informal complaint compliance stood at 46%

The Patient Experience Team experienced significant and expected leave in August, which adversely affected key performance indicators. There remains a lack of consistent prioritisation across some divisions regarding timely complaint responses and investigations. This issue is being actively addressed.

Of the formal complaints closed, 5 were fully upheld, 7 partially upheld, and the remainder not upheld. Actions taken include:

- Review of ward discharge protocols to ensure medication and other instructions are clearly documented.
- Reintroduction of the pharmacy pager system to protect patient confidentiality following an incident where sensitive information was disclosed publicly.
- Additional training for the Gynaecology team to prevent future data breaches, following an incident involving mass emails sent without blind copying recipients.

In-Month Performance

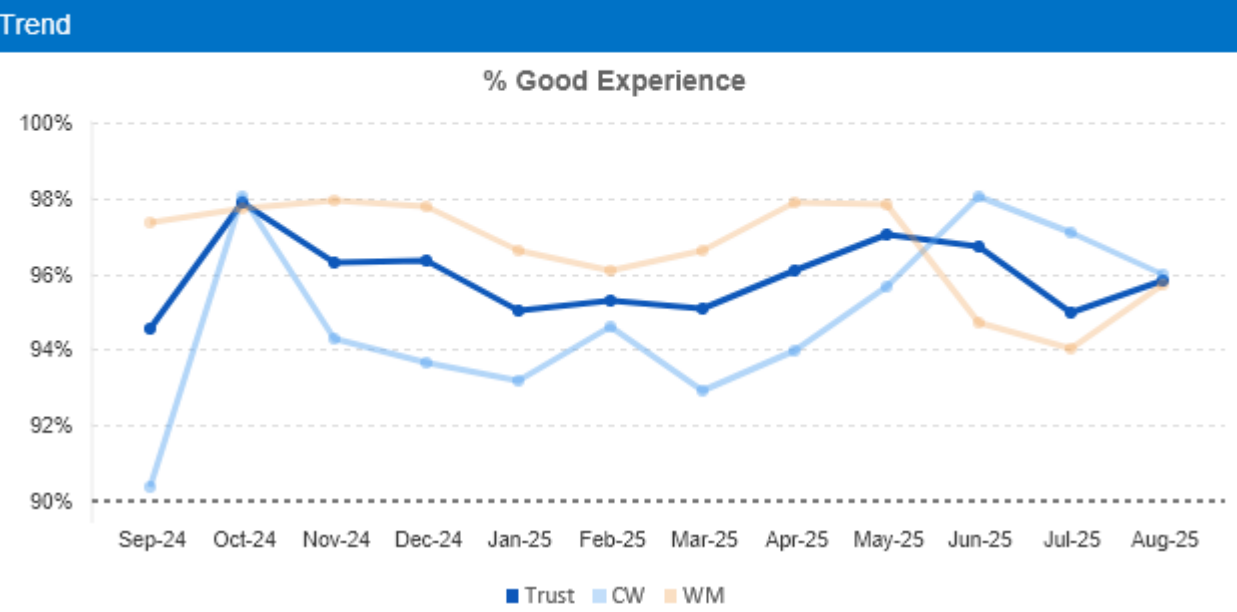
	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	3.3	48.0%	0	0
WM	0.9	46.7%	0	0
Trust	2.0	47.5%	0	0

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Complaints Received per 1000 Bed Days	CW	1.0	1.9	2.4	3.2	3.3	2.3
	WM	1.1	1.1	1.6	1.0	0.9	1.1
	Trust	1.0	1.6	2.0	2.1	2.0	1.7
Complaints Responded to <25 Working Days (Target: >90%)	CW	87.1%	77.8%	68.2%	80.0%	48.0%	73.8%
	WM	81.8%	60.0%	85.7%	52.6%	46.7%	63.8%
	Trust	85.7%	73.0%	75.0%	71.2%	47.5%	70.6%
Complaints Responded to <45 Working Days (Target: >90%)	CW		85.2%	100.0%	95.0%	Reports a month in arrears	93.3%
	WM		90.0%	100.0%	89.5%		93.0%
	Trust		86.5%	100.0%	93.2%		93.2%
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	0	0	0	0	0
	WM	0	0	1	1	0	2
	Trust	0	0	1	1	0	2

Inpatient Friends & Family Test

Caring



Narrative

- There was a reduction of nearly 400 survey responses across inpatient areas in August, with the most significant drop observed at West Middlesex. Despite this, the overall response rate remains strong, and satisfaction levels continue to exceed 90%.
- Persistent issues include noise at night and a lack of communication around ward moves. In response to the publication of the national CQC inpatient survey results, collaborative work has commenced with other organisations to identify and adopt best practices that promote positive patient experiences for those two themes.
- Patient involvement in decisions about their care and treatment was highlighted as a concern across several EIC wards. This aligns with themes raised in complaints, indicating a need to strengthen efforts to ensure patients are well-informed, actively involved in their care, and given clear opportunities to ask questions.
- Positive feedback was received across several other FFT survey themes, including support with basic care needs, being treated with respect and dignity, receiving clear and consistent information from staff, and feeling supported when expressing worries or concerns. These areas of good practice should be acknowledged.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	273	36.1%	96.0%	96.0%
WM	513	36.8%	95.7%	98.0%
Trust	786	36.6%	95.8%	97.3%

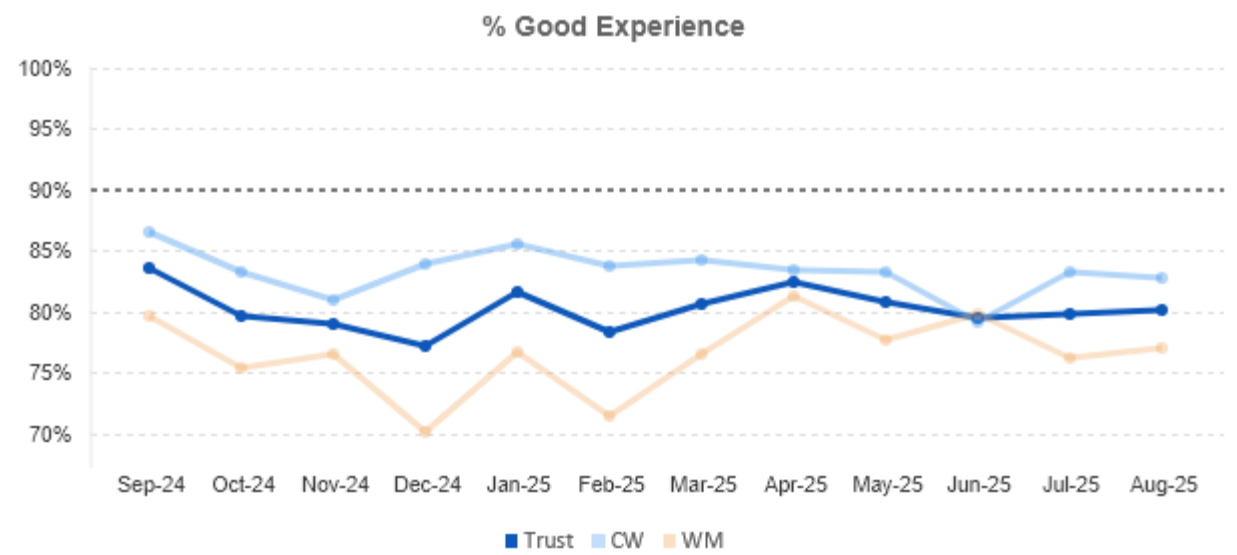
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Responses	CW	430	346	203	311	273	1,563
	WM	516	594	132	703	513	2,458
	Trust	946	940	335	1,014	786	4,021
Response Rate (Target: >10%)	CW	26.5%	20.4%	24.4%	42.7%	36.1%	27.7%
	WM	37.1%	36.8%	75.0%	49.4%	36.8%	41.0%
	Trust	31.4%	28.4%	33.2%	47.1%	36.6%	34.6%
% Good Experience (Target: >90%)	CW	94.0%	95.7%	98.0%	97.1%	96.0%	95.8%
	WM	97.9%	97.8%	94.7%	94.0%	95.7%	96.1%
	Trust	96.1%	97.0%	96.7%	95.0%	95.8%	96.0%
Treated With % Dignity and Respect (Target: >90%)	CW	93.0%	95.8%	92.0%	98.0%	96.0%	95.1%
	WM	95.9%	95.2%	96.0%	96.0%	98.0%	96.2%
	Trust	94.7%	95.4%	94.6%	96.7%	97.3%	95.8%

Emergency Department Friends & Family Test

Caring

Trend



Narrative

- Response total and patient reported satisfaction rates in August were consistent with those seen in July, both at Trust level and across individual hospital sites.
- Negative themes continue to include wait times, lack of support during waiting periods, and inconsistent information provision, particularly at West Middlesex. Despite these concerns, patients consistently report high levels of satisfaction with the overall care received in A&E departments, and feel they are treated with respect and dignity.
- There is a clear need to review and improve the way information is provided to patients at West Middlesex, to ensure clarity and consistency throughout their care journey.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	914	9.7%	82.7%	87.0%
WM	797	8.5%	77.0%	82.0%
Trust	1,711	9.1%	80.1%	84.7%

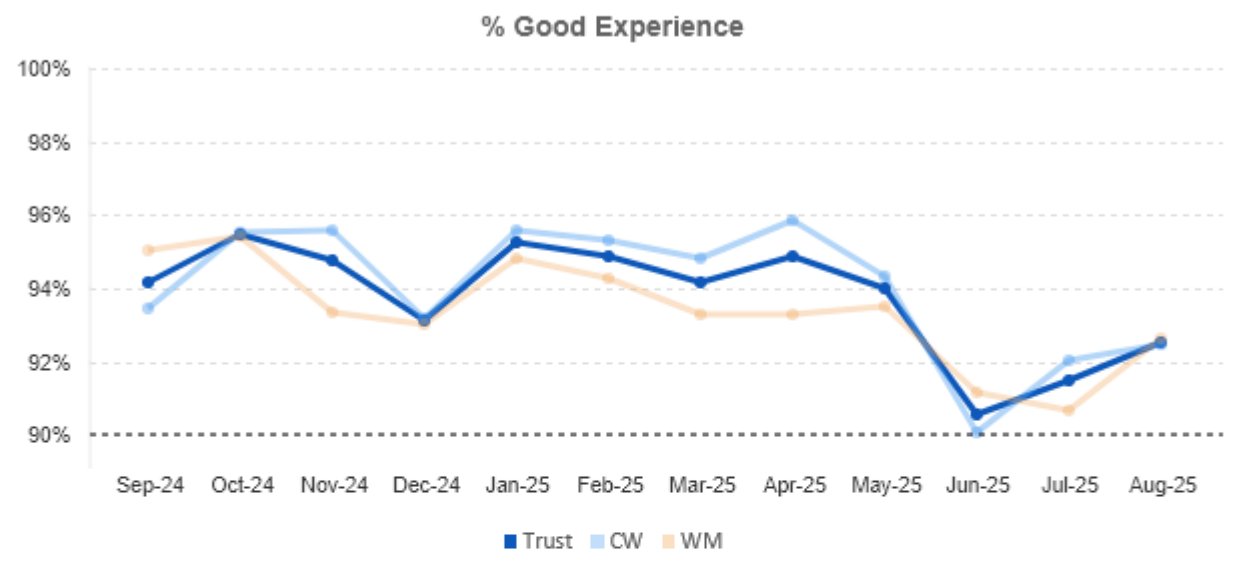
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Responses	CW	1,022	995	950	881	914	4,762
	WM	788	823	768	838	797	4,014
	Trust	1,810	1,818	1,718	1,719	1,711	8,776
Response Rate (Target: >10%)	CW	10.2%	9.6%	15.8%	8.9%	9.7%	10.4%
	WM	8.0%	7.8%	13.2%	7.9%	8.5%	8.7%
	Trust	9.1%	8.7%	14.5%	8.4%	9.1%	9.6%
% Good Experience (Target: >90%)	CW	83.4%	83.3%	79.2%	83.2%	82.7%	82.4%
	WM	81.3%	77.8%	79.8%	76.1%	77.0%	78.4%
	Trust	82.5%	80.8%	79.5%	79.8%	80.1%	80.5%
% Treated With Dignity and Respect (Target: >90%)	CW	84.9%	82.9%	86.0%	88.0%	87.0%	85.7%
	WM	79.6%	76.7%	84.0%	82.0%	82.0%	80.7%
	Trust	82.5%	80.1%	85.1%	85.1%	84.7%	83.4%

Outpatient Friends & Family Test

Caring

Trend



Narrative

- There was a notable decline in survey response volumes across outpatient areas at both sites in August. The Patient Experience Team is currently investigating the cause, particularly as no concerns have been reported by provider of the data warehouse team.
- Despite the drop in responses, key indicators such as overall satisfaction and being treated with respect and dignity remain high. All other survey metrics have remained consistent with the previous month at Trust level.
- However, subtle differences in patient experience persist between the two sites. Chelsea patients continue to report more positive experiences, particularly around waiting times and the provision and clarity of information. This mirrors feedback from A&E and highlights the need to review the accessibility and quality of information provided to patients at West Middlesex.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,060	7.6%	92.5%	96.0%
WM	640	7.1%	92.7%	96.0%
Trust	1,700	7.4%	92.5%	96.0%

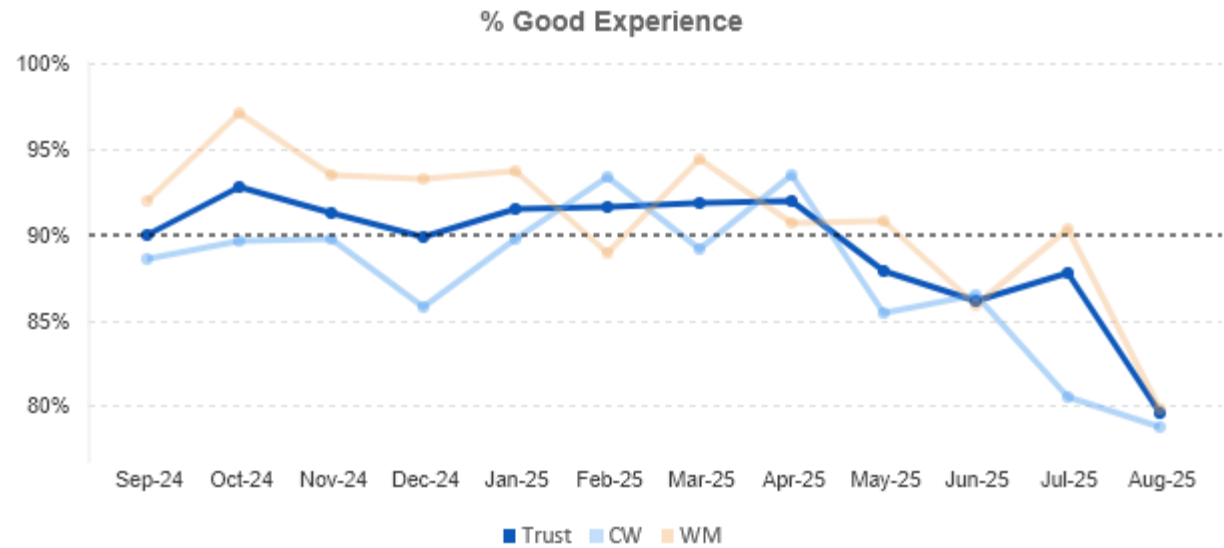
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Responses	CW	914	913	1,602	1,647	1,060	6,136
	WM	583	649	1,399	1,128	640	4,399
	Trust	1,497	1,562	3,001	2,775	1,700	10,535
Response Rate (Target: >10%)	CW	6.1%	5.4%	19.8%	10.1%	7.6%	8.8%
	WM	5.0%	4.9%	25.8%	11.1%	7.1%	8.9%
	Trust	5.6%	5.2%	22.2%	10.5%	7.4%	8.8%
% Good Experience (Target: >90%)	CW	95.8%	94.3%	90.1%	92.0%	92.5%	92.5%
	WM	93.3%	93.5%	91.1%	90.7%	92.7%	91.9%
	Trust	94.9%	94.0%	90.6%	91.5%	92.5%	92.2%
% Treated With Dignity and Respect (Target: >90%)	CW	95.4%	94.4%	95.0%	97.0%	96.0%	95.9%
	WM	95.5%	97.1%	96.0%	95.0%	96.0%	95.7%
	Trust	95.4%	96.2%	95.5%	96.2%	96.0%	95.8%

Maternity Friends & Family Test

Caring

Trend



Narrative

- August saw a marked decline in reported experience among women accessing maternity care across both hospital sites. West Middlesex received more than twice the number of survey responses compared to Chelsea (n=67 vs n=32), and reported a more positive overall experience.
- The most significant declines were seen in themes relating to women not feeling treated with kindness and compassion, limited involvement in care decisions, and concerns not being taken seriously—issues reported predominantly at Chelsea, specifically the younger bracket of women 25-34 giving birth and also those from Asian backgrounds (albeit sample size is relatively small).
- The Trust has received the internal results of the 2025 national maternity survey, which reflect similar themes to those raised through complaints and PALS. A meeting is scheduled for October to triangulate these data sources and identify targeted learning actions.
- There is a particular need to improve response volumes at Chelsea. This has been raised with the ward manager, matron, and administrative lead to support data input and engagement.
- Despite the decline in August, early findings from the national survey highlight several positive aspects of the maternity journey across the Trust, which should be acknowledged and built upon.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	33	7.2%	78.8%	80.0%
WM	104	5.4%	79.8%	87.0%
Trust	137	5.7%	79.6%	85.2%

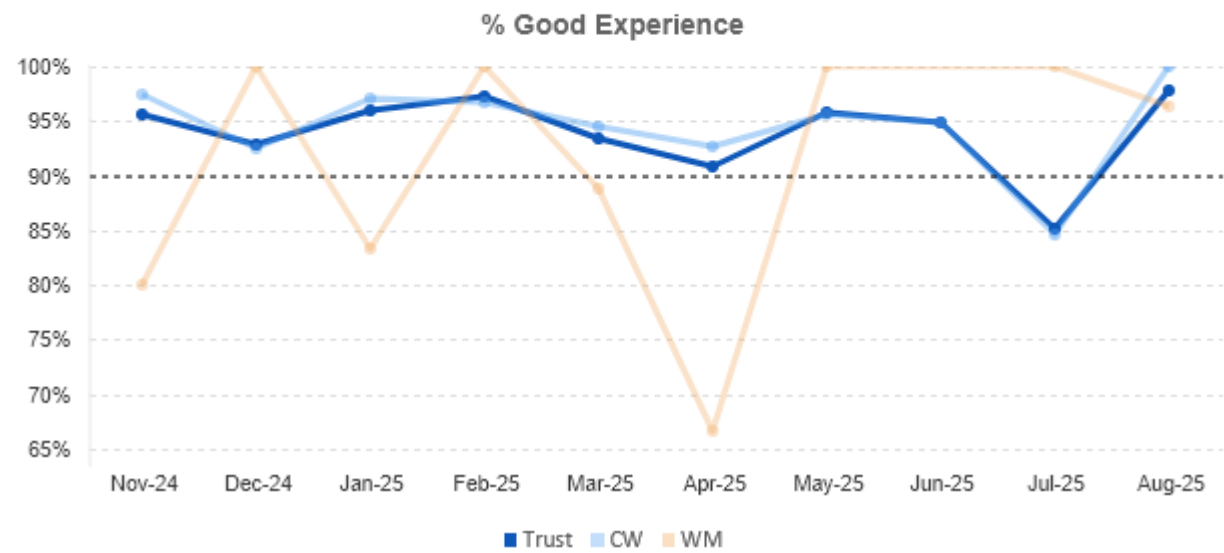
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Responses	CW	92	110	59	36	33	330
	WM	118	87	106	103	104	518
	Trust	210	197	165	139	137	848
Response Rate (Target: >10%)	CW	16.8%	20.2%	18.2%	7.5%	7.2%	14.0%
	WM	28.2%	19.7%	10.0%	4.7%	5.4%	8.6%
	Trust	21.7%	20.0%	11.9%	5.2%	5.7%	10.1%
% Good Experience (Target: >90%)	CW	93.5%	85.5%	86.4%	80.6%	78.8%	86.7%
	WM	90.7%	90.8%	85.8%	90.3%	79.8%	87.5%
	Trust	91.9%	87.8%	86.1%	87.8%	79.6%	87.1%
% Treated With Dignity and Respect (Target: >90%)	CW	89.8%	99.0%	91.0%	86.0%	80.0%	91.3%
	WM	86.9%	84.2%	88.0%	94.0%	87.0%	88.0%
	Trust	88.4%	91.9%	89.1%	91.9%	85.2%	89.4%

Children and Young People Friends & Family Test

Caring

Trend



Narrative

- Overall patient-reported satisfaction within children and young people's services remains positive. However, the small sample size continues to be a limiting factor in drawing robust conclusions and actions; most improvement actions are linked with national survey data.
- Several contributing factors have been identified, including limited promotion of the survey within relevant areas, and gaps in data inputting. In addition, the current survey format has been found to be insufficiently child-friendly.
- Work is underway within WLCH to refresh the survey, making it more age-appropriate and engaging for children and young people. This initiative, led in collaboration with WLCH leadership, Imperial, and Chelsea and Westminster, is now in its final stages and has included direct involvement from children and parents in the design process. It is hoped the refreshed survey will be available for October.
- There is also a need to review budget allocation to ensure more consistent support for children's services throughout the month, with the aim of increasing response volumes and improving data quality.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	20	9.9%	100.0%	94.0%
WM	27	100.0%	96.3%	94.0%
Trust	47	20.4%	97.9%	94.0%

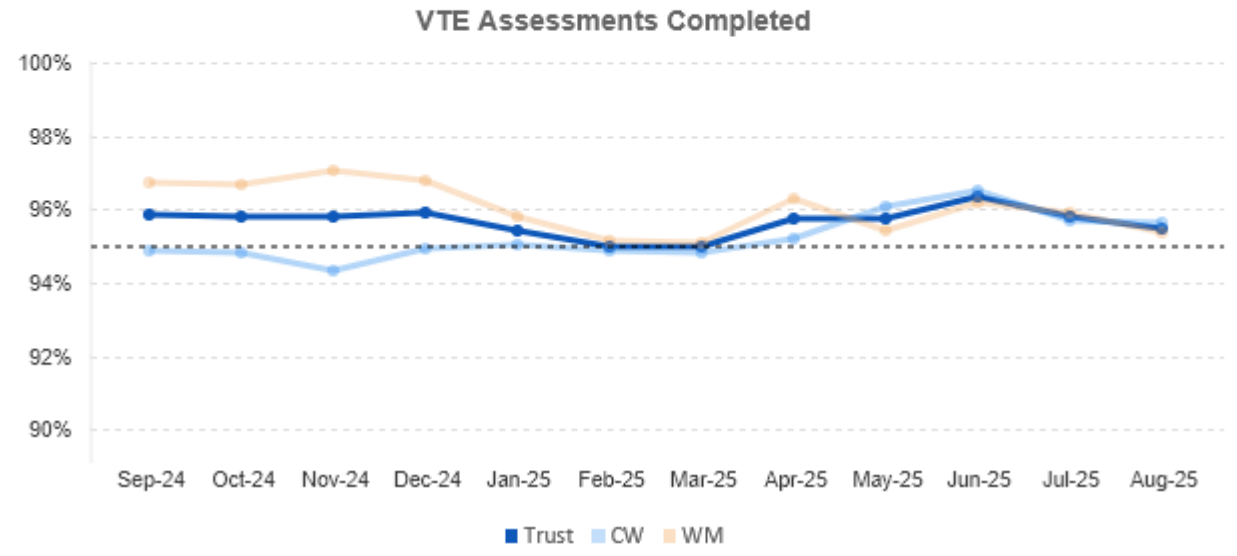
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Responses	CW	41	46	39	26	20	172
	WM	3	2	-	1	27	33
	Trust	44	48	39	27	47	205
Response Rate (Target: >10%)	CW	16.6%	16.2%	30.5%	12.5%	9.9%	16.1%
	WM	1.3%	0.6%	-	100.0%	100.0%	5.1%
	Trust	9.1%	7.5%	24.5%	12.9%	20.4%	11.9%
% Good Experience (Target: >90%)	CW	92.7%	95.7%	94.9%	84.6%	100.0%	93.6%
	WM	66.7%	100.0%	-	100.0%	96.3%	93.9%
	Trust	90.9%	95.8%	94.9%	85.2%	97.9%	93.7%
% Treated With Dignity and Respect (Target: >90%)	CW	91.9%	87.5%	92.0%	90.0%	94.0%	90.9%
	WM	80.4%	85.9%	-	0.0%	94.0%	65.5%
	Trust	88.5%	87.0%	80.7%	81.7%	94.0%	85.5%

VTE Risk Assessments Completed

Safe

Trend



Narrative

VTE Risk Assessment: Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate.

Hospital Associated VTE (HAT) Events:

- *Cross-Site:* 'VTE alert' included in positive VTE imaging reports for identification of VTE diagnosis.
- *CW Site:* HATs under-reported due to identification. Awaiting Business Analyst team resource to develop and implement digital identification with auto-reporting of HATs from Cerner patient admission records.
- *Cross-Site:* All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and actions to prevent recurrence.
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.

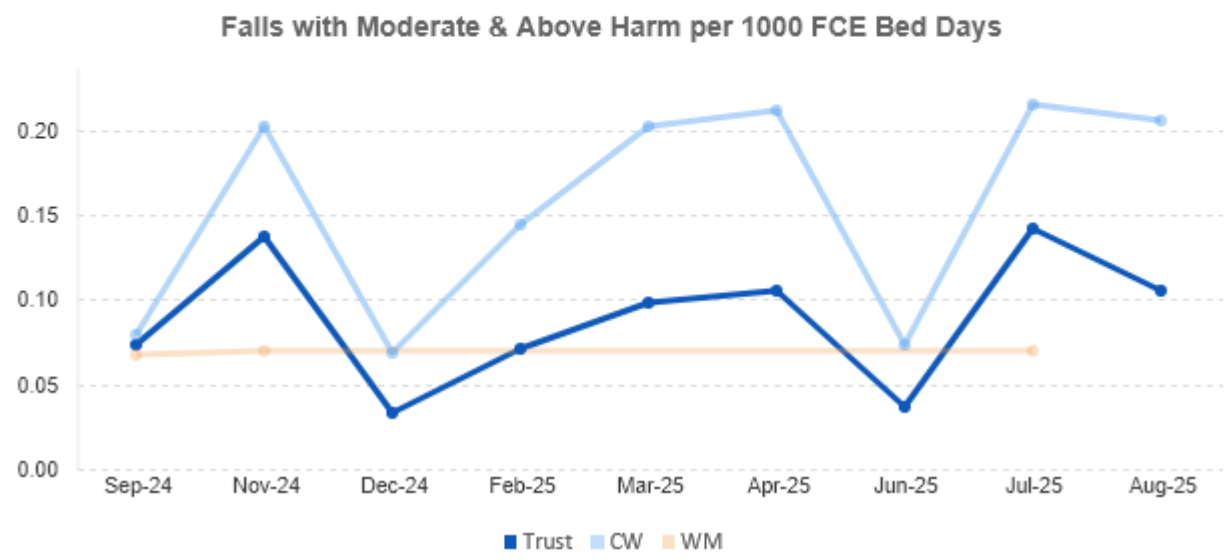
In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.6%	1	0.1
WM	95.4%	2	0.1
Trust	95.5%	3	0.1

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	95.2%	96.1%	96.5%	95.7%	95.6%	95.8%
	WM	96.3%	95.4%	96.2%	95.9%	95.4%	95.8%
	Trust	95.8%	95.7%	96.3%	95.8%	95.5%	95.8%
Hospital Aquired VTE Cases	CW	0	1	0	1	1	3
	WM	6	6	5	4	2	23
	Trust	6	7	5	5	3	26
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.1	0.0	0.1	0.1	0.0
	WM	0.4	0.4	0.4	0.3	0.1	0.3
	Trust	0.2	0.2	0.2	0.2	0.1	0.2

Trend



Narrative

Falls with moderate or severe harm have decreased in 2025 compared to 2024. The 4 in month saw 2 patients who were normally independent and the other 2 had appropriate nonslip socks but sadly tripped in bathrooms. We will be/have been contacting ward managers and matrons to remind them of the 30-minute weekly education session and ward areas will also be offered face to face sessions if required.

Our weekly sessions are now more focused on proactive falls prevention interventions practices, as incident reports were showing a more reactive response in terms of interventions put in place. A 2 minute video reminding staff of how to bay tag and ETOC reminders to support patients is also being used.

The updated falls policy and bed rails policy, which was ratified at the Patient Safety Group on 27th August. Changes to our falls risk assessment and bed rails risk assessment have been agreed and signed off across the sector. The new bed rails assessment is live on Cerner and the new falls risk assessment will also be reflected on Cerner . These new assessments are more intuitive and have been developed to pull information that is already on the EPR, this is to reduce duplication and the time taken to complete.

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	3	1	0.21	4.18	48.0%
WM	0	0	0.00	3.61	43.2%
Trust	3	1	0.11	3.90	45.2%

Year-to-Date Performance

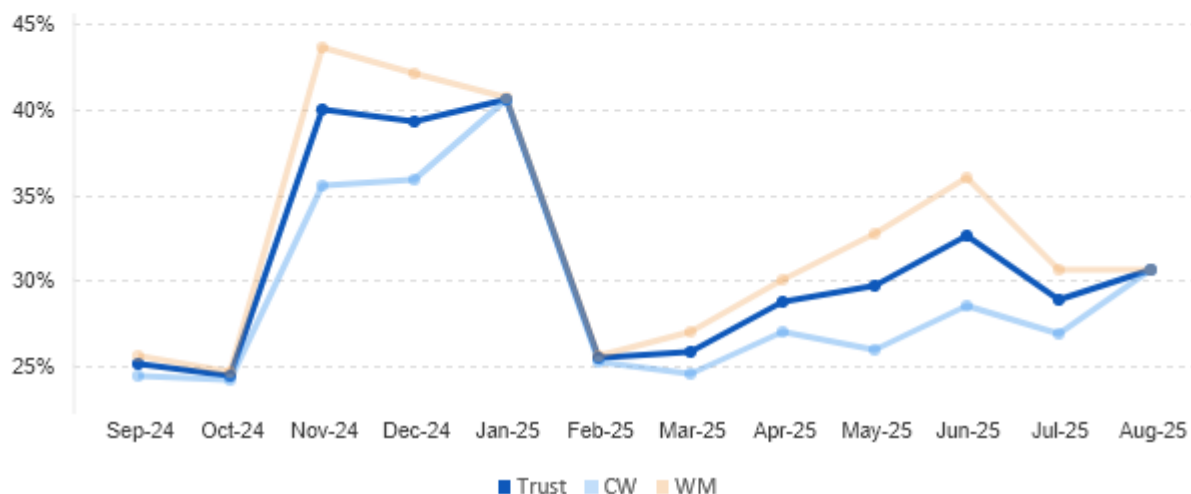
	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	3	0	1	3	3	10
	WM	0	0	0	1	0	1
	Trust	3	0	1	4	3	11
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	0	0	1	1	3
	WM	0	0	0	0	0	0
	Trust	1	0	0	1	1	3
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.21	0.00	0.07	0.21	0.21	0.14
	WM	0.00	0.00	0.00	0.07	0.00	0.01
	Trust	0.10	0.00	0.04	0.14	0.11	0.08
Falls per 1000 FCE Bed Days	CW	4.65	3.76	4.30	2.65	4.18	3.91
	WM	4.68	4.25	3.14	4.47	3.61	4.05
	Trust	4.67	4.00	3.73	3.57	3.90	3.98
Compliance with Falls Risk Assessment (Target: >=90%)	CW	44.4%	43.0%	45.0%	46.2%	48.0%	45.2%
	WM	41.6%	45.0%	47.5%	43.9%	43.2%	44.2%
	Trust	42.8%	44.1%	46.4%	44.9%	45.2%	44.6%

Pressure Ulcers

Safe/Effective

Trend

% Compliance with Purpose T Risk Assessment



Narrative

Risk assessment compliance: Recent changes within Cerner and TCH systems have led to inaccuracies in the Trust's compliance data, specifically impacting the reported compliance rates for the PURPOSE T risk assessment. A resolution has been developed and is currently progressing through the Trust's governance process for approval. Manual validation of the data suggests that actual compliance with PURPOSE T is significantly higher than the figures currently reported.

Category 3&4 pressure damage: There have been no cases of category 3 pressure damage reported in this month, which is a significant improvement since July. The 2 cases from July were reviewed as an initial incident review and the actions from these will link into the Trust wide action plan.

Category 2 pressure damage: Reported cases of category 2 pressure damage have risen on the WMH site. There were 3 compared to 0 in July. CW has remained the same at 1 reported case.

Themes

- Community acquired pressure damage being coded as hospital acquired due to poor admission documentation
- Incorrect grading meaning true validation of category is happening later than is ideal

Actions

There is a trust wide action plan in place with regards to reducing hospital acquired pressure damage in addition to local action plans for areas of high prevalence. Key actions to note

- Reduction in time to assessment
- Band 6 or above to review pressure damage to ensure grading correctness
- Added to big 4 as part of Trust wide safety huddle
- Training & education of staff including a refocus on how training is delivered.

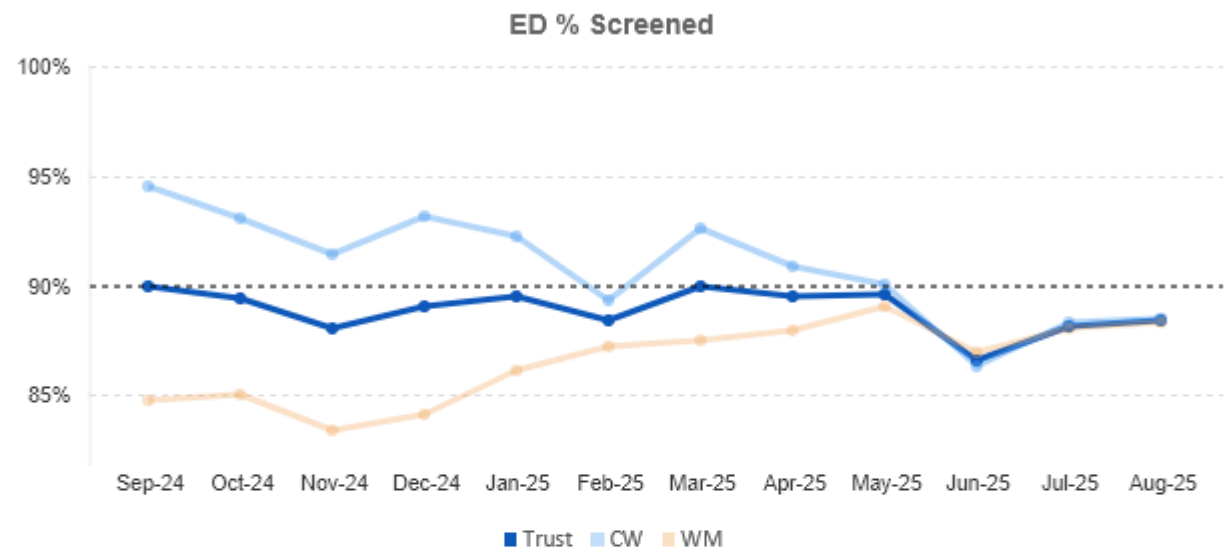
In-Month Performance

	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	30.6%	1	0	0	-
WM	30.6%	3	0	0	-
Trust	30.6%	4	0	0	-

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	27.0%	26.0%	28.6%	26.9%	30.6%	27.7%
	WM	30.1%	32.8%	36.0%	30.7%	30.6%	32.0%
	Trust	28.8%	29.7%	32.6%	28.9%	30.6%	30.1%
Category 2 Pressure Ulcers	CW	0	1	1	2	1	5
	WM	2	1	4	0	3	10
	Trust	2	2	5	2	4	15
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	2	0	2
	WM	2	2	0	0	0	4
	Trust	2	2	0	2	0	6
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	1	0	0	1
	WM	0	1	2	1	0	4
	Trust	0	1	3	1	0	5

Trend



Narrative

Screening
Improvement in ED screening at both WMUH and Chelsea sites. Screening on wards below target of 90%. Re-focus of education through quality priority.

Clinical review: Compliant with clinical review across all areas.

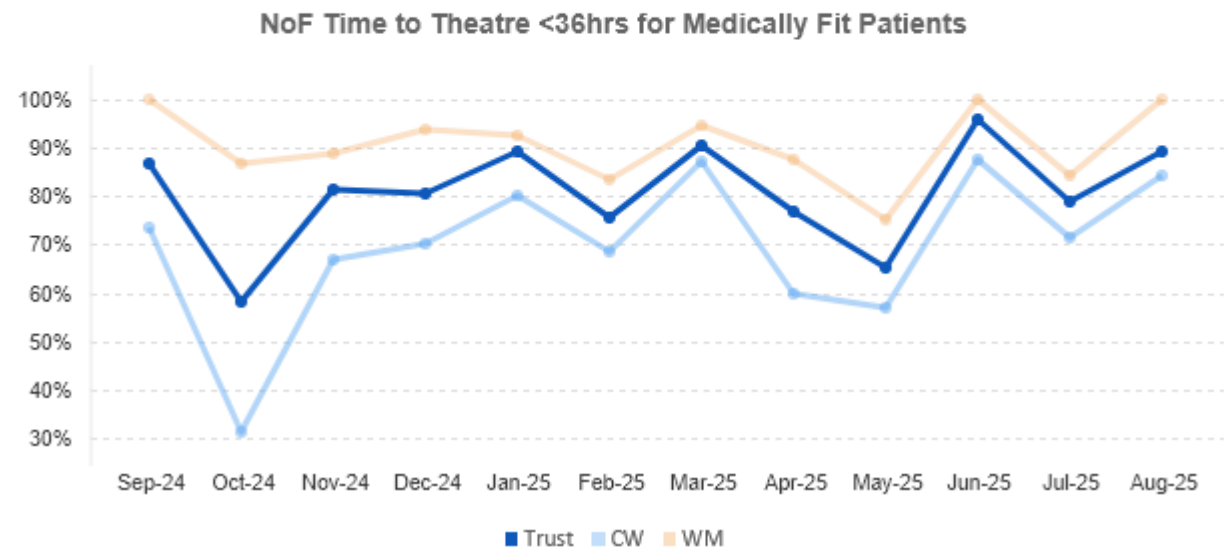
In-Month Performance

	ED % Screened	ED % Potential Red Flags Reviewed	Ward % Screened	Ward % Potential Red Flags Reviewed
CW	88.5%	90.3%	83.1%	97.7%
WM	88.3%	90.5%	88.7%	96.1%
Trust	88.4%	90.4%	85.7%	96.9%

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
ED % Screened (Target: >90%)	CW	90.9%	90.1%	86.4%	88.3%	88.5%	88.9%
	WM	87.9%	89.0%	87.0%	88.0%	88.3%	88.1%
	Trust	89.5%	89.6%	86.6%	88.2%	88.4%	88.5%
ED % Potential Red Flags Reviewed (Target: >90%)	CW	84.7%	86.3%	82.7%	88.6%	90.3%	86.1%
	WM	90.4%	92.2%	92.5%	94.7%	90.5%	92.1%
	Trust	87.1%	88.7%	86.7%	91.5%	90.4%	88.7%
Ward % Screened (Target: >90%)	CW	84.6%	87.6%	87.0%	82.9%	83.1%	85.0%
	WM	92.0%	92.6%	88.7%	88.6%	88.7%	90.2%
	Trust	88.4%	90.1%	87.9%	85.6%	85.7%	87.6%
Ward % Potential Red Flags Reviewed (Target: >90%)	CW	95.2%	94.7%	94.0%	95.5%	97.7%	95.4%
	WM	93.8%	97.2%	95.6%	96.0%	96.1%	95.8%
	Trust	94.5%	96.0%	94.9%	95.7%	96.9%	95.6%

Trend



Narrative

NoF time to theatre: WM compliance for August demonstrated strong performance, with 9patients medically cleared for theatre upon admission and all operated on within 36 hours. The CW site showed marked improvement this month, achieving surgery within 36 hours for 16 of 19 medically fit patients. A targeted action plan is in place to ensure sustainable progress at the CW site moving forward.

Breach of Same Sex Accommodation: there were 32 breaches in month at the West Middlesex site all due to delayed discharges from ICU. The team continue to work with the site team to develop a plan for timely step downs.

Stroke: compliance with time spent on a stroke unit improved in month showing good progress with improvement plan at the CW site

Dementia Screening: Dementia screening has seen a reduction this month due to capacity. An ED/AAU action plan is in place to increase compliance. Weekly review of compliance data will be started to ensure timely action

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	84.2%	0	84.6%	87.6%
WM	100.0%	32	100.0%	68.5%
Trust	89.3%	32	92.3%	76.6%

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	60.0%	57.1%	87.5%	71.4%	84.2%	72.3%
	WM	87.5%	75.0%	100.0%	84.2%	100.0%	88.7%
	Trust	76.9%	65.4%	95.7%	78.8%	89.3%	80.9%
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	23	31	47	31	32	164
	Trust	23	31	47	31	32	164
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	75.0%	100.0%	95.2%	61.5%	84.6%	84.3%
	WM	94.7%	90.0%	94.7%	88.9%	100.0%	92.9%
	Trust	87.1%	92.7%	95.0%	77.4%	92.3%	89.3%
Dementia Screening Case Finding (Target: >90%)	CW	93.9%	96.6%	93.6%	93.6%	87.6%	93.0%
	WM	97.8%	94.5%	90.8%	90.8%	68.5%	87.9%
	Trust	96.3%	95.5%	92.1%	92.1%	76.6%	90.2%



		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jun-25	Jul-25	Aug-25	2025-2026	Jun-25	Jul-25	Aug-25	2025-2026	Jun-25	Jul-25	Aug-25	2025-2026 Q2	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:23	1:23	1:23	1:23	1:25	1:26	1:27	1:27	1:24	1:25	1:25	1:25	1:25	-
	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)	427	451	433	2157	366	370	390	1856	793	821	823	1644	4013	-
	Total number of bookings (Target:> CW 580 WM 478)	574	586	544	2880	462	441	412	2219	1036	1027	956	1983	5099	-
	Maternity 1:1 care in established labour (Target: >95%)	99.0%	98.0%	99.0%	98.8%	97.0%	97.0%	99.0%	97.6%	98.0%	97.5%	99.0%	98.3%	98.2%	-
Safety	Admissions >37/40 to NICU/SCBU	6	36	0	71	5	0	14	120	11	36	14	36	71	-
	Number of reported Serious Incidents	3	4	3	20	2	3	1	12	5	7	4	11	32	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	0	0	0	0	1	0	0	0	0	1	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	8.0%	8.0%	5.0%	6.1%	5.5%	5.0%	6.0%	5.6%	6.8%	6.5%	5.5%	6.0%	5.8%	-
	Number of stillbirths	2	0	2	6	2	1	0	5	4	1	2	3	11	-
	Number of Infant deaths	0	1	1	4	2	1	1	10	2	2	2	4	14	-
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	-
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-
	Spontaneous unassisted vaginal births	24.0%	21.0%	24.0%	24.4%	29.0%	26.0%	31.0%	28.4%	26.5%	23.5%	27.5%	25.5%	26.4%	-
	Vaginal Births - spontaneous & induced	38.0%	36.0%	39.0%	38.2%	43.0%	39.0%	43.0%	41.8%	40.5%	37.5%	41.0%	39.3%	40.0%	-
	Instrumental deliveries	53	59	53	292	35	60	47	228	88	119	100	219	520	-
	Pre-labour elective caesarean sections	96	99	78	425	59	51	55	278	155	150	133	283	703	-
	Emergency caesarean sections in labour	112	121	129	594	113	114	121	568	225	235	250	485	1162	-



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 July, the midwifery staffing ratios were reported as 1:28 at the Chelsea site and 1:23 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 32.77 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 anticipate implementing the demand management SOP from 29th September 2025, with an expected reduction in AN activity from mid-October 2025 and births in Spring 2026.

The maternity team is currently reviewing all incoming and outgoing referrals within North West London and will implement 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 Plus 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.

WMUH Site

Labour Ward: Compliance remained stable at **88% in August**, with a reduction in red flags (**1 in August vs 7 in July**), relating to a **delay or cancellation of a time-critical activity (n=1)**.

Birth Centre: Compliance decreased slightly to **64% in August** from **68% in July**, with **no red flags reported**.

Antenatal Ward: Following the rollout of the **Birthrate Plus Acuity App**, compliance fell to **67% in August** from **77% in July**. Red flags decreased from **16 in July to 12 in August**, including:

- Delay between admission for induction and start of process (n=8)
- Delay/cancellation of time-critical activity (n=1)
- One midwife unable to provide continuous one-to-one care in established labour (n=1)
- Delay in providing pain relief (n=1)
- Delay between presentation and triage (n=1)

Postnatal Ward: Compliance improved to **90% in August** from **July's 77%**, with only **1 red flag** reported (delay or cancellation of a time-critical activity).

Chelsea Site

Labour Ward: Compliance improved slightly to **74% in August** (from **72% in July**), with **2 red flags** (coordinator unable to maintain supernumerary/supervisory role).

Birth Centre: Compliance increased to **48% in August** (from **41% in July**), with **2 red flags**:

- Delay in providing pain relief (n=1)
- Delay between presentation and triage (n=1)

Simpson Unit (Recovery & HDU): Compliance rose to **65% in August** (from **62% in July**), with **4 red flags** reported:

- Delayed/cancelled time-critical activity (n=3)
- Delayed recognition of abnormal vital signs (n=1)

Antenatal Ward: Compliance remained low at **39% in August**, unchanged from July. Red flags increased from **1 in July to 8 in August**, including:

- Delay between admission for induction and start of process (n=6)
- Missed/delayed care (e.g., suturing or washing delayed by >60 minutes, n=2)

Postnatal Ward: Compliance improved to **77% in August** (from **64% in July**), with **no red flags reported**.

Summary

Overall, **red flag incidents decreased in August**, particularly at WMUH. The **senior leadership team** continues to review incidents to identify causes and ensure sustained compliance. While **WMUH reporting is improving in consistency**, the **Chelsea site continues to experience fluctuations in Birthrate Plus Acuity App reporting**, which impacts confidence.



Neonatal Staffing

The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance declined slightly this month to 38.1%, while at WMUH rates improved from 70% to 78.4%. Several nurses are currently undertaking QIS training, with completion expected by spring 2026. Based on current trajectories, WMUH is predicted to remain above 70% by November 2025, with Chelsea reaching this threshold by February 2026. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 23 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance.

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 Q 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 redesignating the SCBU to a Level 2 Local Neonatal Unit (LNU). Task-and-finish groups will be established to oversee project delivery, supported by guidance from a neighbouring Trust that has recently completed a successful SCBU-to-LNU transition.

Safety:

- **WM site:** There was 1 patient safety incident in August:
- **MNSI-** Term NND (cord Prolapse)

Datix reporting system: There were 136 reported incidents in August (141 reported in July)

- 33 maternal, fetal, neonatal
- 15 delay/failure in access to hospital/care
- 37 transfusion policy errors
- 116 Datix closed in July

CWH site: There were 3 patient safety incidents (all 3 are pending decision regarding investigation approach).

- **MNSI** - Intrapartum Stillbirth at term pregnancy
- **IIR** - assisted vaginal birth with forceps, clavicle fracture
- **IIR** - unexpected neonatal readmission; collapse at home

Datix reporting system: In August 157 Datix incidents reported - compared to July (161).

Transfusion policy – x22 Blood transfusion department was not informed when the MOH/PPH event was stood down; x3 Traceability (25 in total)

Delay/failure in access to hospital/care (14)

MOH (13)



Neonatal Service:

- Number of Patient Safety incidents and a short summary: None declared in August
- Number of Datix: 39 - 24 CW + 15 WM
- Top 3 themes: Medication (12), Communication (3), Access to care/Medical device (3)
- Number of Datix closed: 48

Currently CW site have the oldest incident from 06/06/25, and the team reviewed and closed 145 incidents in August 2025.

PMRT (Cross site): CW site reported 4 cases, x2 stillbirths, 1 NND and 1 MTOP. WMUH reported 0 cases.

ATAIN (Cross site): Awaiting ratification of data on both sites for August.

Audit program: All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.

There has been a slight decline in compliance with Saving Babies' Lives Care Bundle version 3 (SBLCBv3), falling from 83% in Q4 to 83% in Q1 (pending LMNS validation). This reduction is due to lower performance in Element 1, linked to staffing gaps within the Tobacco Dependency Services which has now been recruited to. SBLCBv3, launched in May 2023, requires agreement of a local trajectory with the LMNS and quarterly reviews to monitor and assure progress.

- **Element 1: Reducing smoking:** Compliance with several SBLCBv3 Element 1 interventions has been affected by data gaps, staff turnover in the tobacco dependency team, and recent recruitment, leading to shortfalls in CO testing documentation, smoking status recording at 36 weeks, and staff training completion. Actions underway include reinforcing documentation requirements, making key fields mandatory in K2, scheduling training for all new staff, and reviewing the need for certain audits, with improvements expected by the end of Q2. **Compliant with 4/10 interventions**
- **Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** Element 2 compliance has been affected by a slight drop in vitamin D supplementation provision and limited availability of serial scans beyond 36 weeks due to ultrasound capacity, with staffing increases expected by September to enable full compliance by Q3. **Compliant with 17/20 interventions.**
- **Element 3: Raising awareness of reduced fetal movements:** Element 3 compliance is at 100%, but inaccurate recording of induction of labour indications is affecting audit accessibility and data accuracy, prompting staff reminders to improve documentation. **Compliant with 2/2 interventions.**
- **Element 4: Effective fetal monitoring during labour:** A forthcoming K2 update will move the hourly risk assessment prior to the CTG review this adjustment is intended to enhance compliance with guidance. The fetal monitoring team is maintaining visibility through handovers, ward reminders, newsletters, and recognition initiatives, with training and on-site support planned ahead of the 29 July 2025 implementation of physiological changes. **Compliant with 5/5 interventions.**
- **Element 5: Reducing Pre-term Birth:** Element 5 compliance is being strengthened through updates to the preterm birth risk assessment, integration into the K2 system, and actions in response to declines in Actim Partus testing, neonatal counselling documentation, and delayed cord clamping and temperature monitoring. These measures, supported by updated guidance, parent information resources, and staff communications, are expected to achieve full compliance across interventions by the end of Q2 2025. **Compliant with 26/27 interventions.**
- **Element 6: Management of Pre-existing Diabetes in pregnancy:** Q1 saw a slight drop in third-trimester HbA1c measurement compliance, prompting staff reminders to prioritise this assessment, especially for enhanced monitoring of results over 48mmols. **Compliant with 6/6 interventions.**

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				
		Jun-25	Jul-25	Aug-25	2025-2026	Jun-25	Jul-25	Aug-25	2025-2026	Jun-25	Jul-25	Aug-25	2025-2026 Q2	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	89.0%	90.0%	96.0%	89.8%	92.0%	91.0%	94.0%	90.4%	90.5%	90.5%	95.0%	92.8%	90.1%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	95.0%	95.0%	94.0%	93.6%	94.0%	95.0%	96.0%	93.0%	94.5%	95.0%	95.0%	95.0%	93.3%
	Service User Feedback FFT	86.4%	80.6%	78.8%	86.7%	85.8%	90.3%	79.8%	87.5%	86.1%	87.8%	79.6%	83.7%	87.1%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	9	0	0	0	0	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									0	7	7	14	28
	Progress in achievements of NHSR MIS (10 safety actions) Amber									0	3	3	6	7.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

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 August, overall multi-disciplinary training compliance increased to 95%, up from 91% in July. Fetal monitoring training continues to exceed the 90% compliance target, at 95% across both sites. 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 fell from 80.6% in July to 76.5% in August. Respondents were predominantly White British (43%), White-Other (27%), and Black-Black British (7%), with most aged 25–34 years (60%) and 81% English-speaking. The lowest-scoring areas remained involvement in decision-making (60%) and whether concerns were taken seriously (70%), issues also reflected in complaints. In contrast, 90% felt able to ask questions.

At the West Middlesex site, positive feedback declined from 90.7% in July to 82% in August. Respondents included Asian/Asian British-Indian (37%), White British (21%), and White-Other (9%), with most aged 25–34 years (56%) and 35–44 years (37%). Lowest scores related to concerns being taken seriously (67%) and involvement in decision-making (74.6%), although 92.5% reported having the opportunity to ask questions.

Across both sites, recurring negative themes focus on staff attitude and behaviour, communication, and delays in care. At Chelsea, environmental issues such as temperature, space, and meals were also highlighted. These findings identify clear priorities for service improvement which are captured in the services patient experience action plan.

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, marks the start of a new reporting period with revisions to parts of the technical guidance. The service is currently reporting compliance with 7 of the 10 Safety Actions and partial compliance with 3, compared with full compliance in Year 6. Action plans remain in progress for Safety Action 3 (Transitional Care at WMUH) and Safety Action 4 (Neonatal Nursing at CW), and the service is on track to achieve full compliance within the reporting period.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020, and the service has been working to achieve full compliance with the report. The service is fully compliant and will continue the audits to ensure the IEAs are embedded. 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 is currently compliant with 28 actions and partially compliant with 15. The Trust's focus is on continuity of care, staff wellbeing, and patient experience to achieve consistently excellent outcomes for women, birthing people, babies, and families.

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

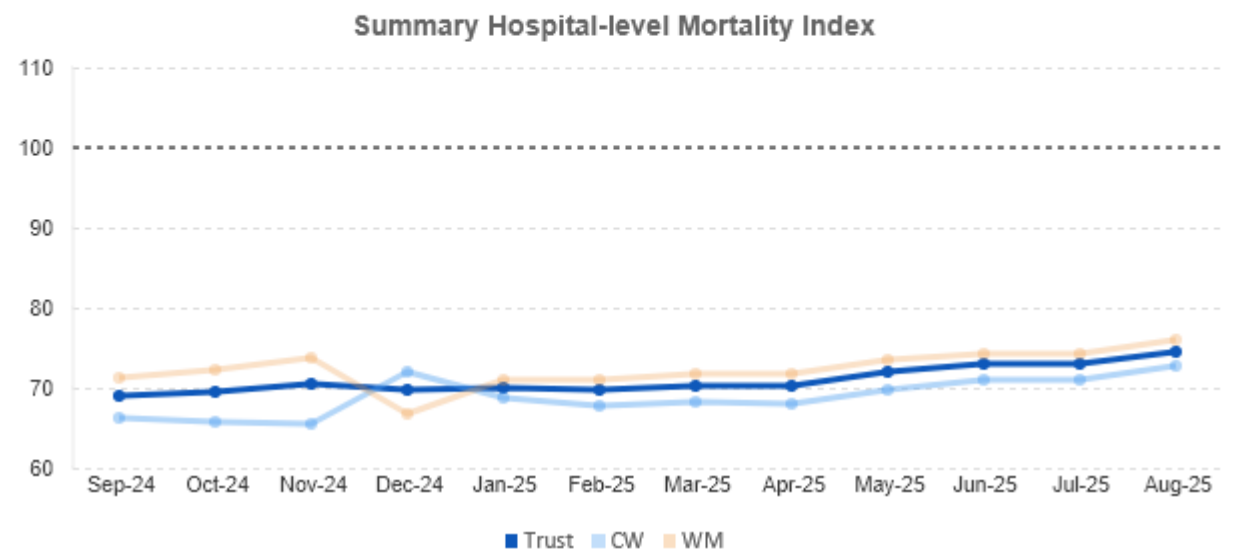


Mortality

Summary Hospital-level Mortality Index

Effective

Trend



Narrative

Slight increase in SHMI and HSMR at CW reflects the change in how SDEC patients are coded (move from non-elective admissions to Type 5 activity).

Trust wide SHMI and HSMR show sustained strong performance compared regionally and nationally

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	72.6	78.6
WM	76.0	81.0
Trust	74.6	79.5

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
SHMI (Target: <100)	CW	68.0	69.7	71.0	71.0	72.6	70.5
	WM	71.7	73.5	74.3	74.3	76.0	73.9
	Trust	70.2	71.9	72.9	72.9	74.6	72.5
HSMR (Target: <100)	CW	67.8	70.1	69.7	78.3	78.6	74.9
	WM	87.3	87.4	82.0	84.2	81.0	84.3
	Trust	79.0	80.4	76.9	80.5	79.5	79.4

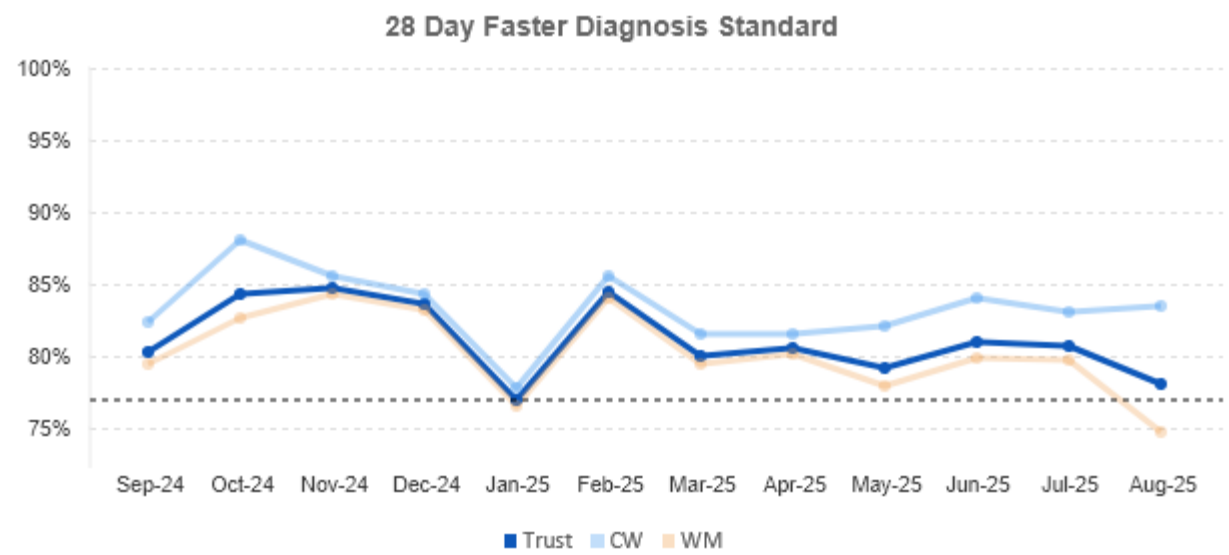


Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Trend



Narrative

The Trust continues to meet the National KPIs for 28-Day FDS performance in July 25 (validated). The August unvalidated position stands at 78.1% , slightly lower than the internal target of 80.0%.

Initiatives within services to support with pathways is underway, with FDS Letters being implemented within the Prostate Pathway which will be expanded out, and other services are being reviewed of the whether this method can also support their pathways or if alternative actions could support.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	83.4%	95.0%
WM	74.8%	97.7%
Trust	78.1%	96.6%

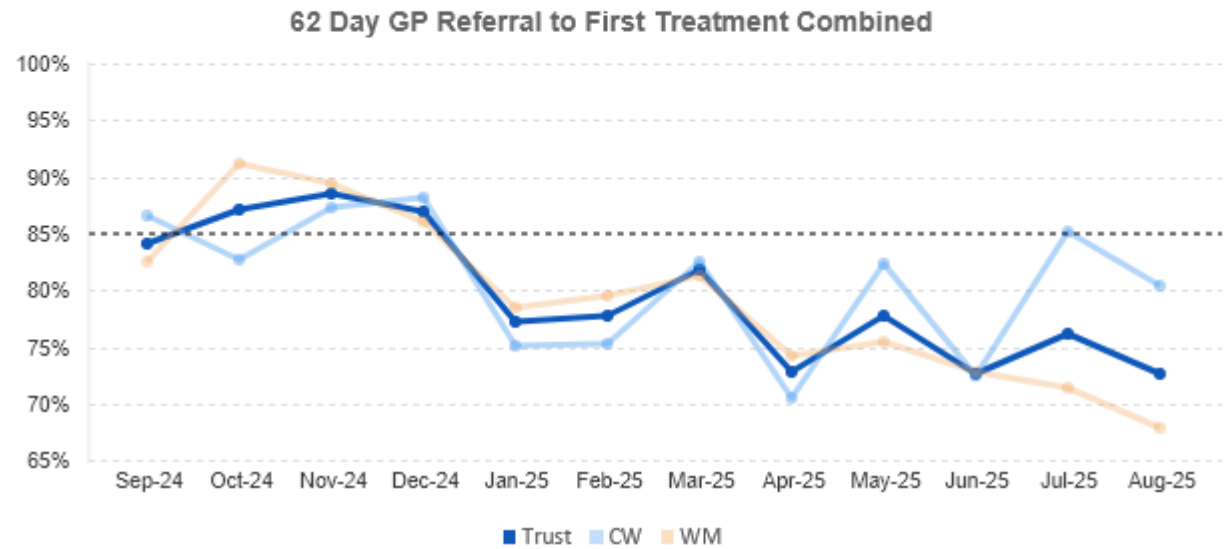
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	81.5%	82.1%	84.1%	83.1%	83.4%	82.9%
	WM	80.1%	77.9%	79.9%	79.8%	74.8%	78.7%
	Trust	80.5%	79.2%	81.0%	80.7%	78.1%	80.0%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	93.9%	96.1%	95.9%	88.0%	95.0%	93.7%
	WM	97.6%	98.2%	93.6%	95.8%	97.7%	96.5%
	Trust	96.1%	97.3%	94.5%	92.7%	96.6%	95.3%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend



Narrative

In July 2025, the 62-Day standard was non-compliant at 76.2%. In August (unvalidated), performance is at 72.6%. Within the month of August, the Trust has seen a lower level of confirmed pathways which has impacted the performance, with patients deferring treatments being one of the contributors, alongside Urology holding a significant high level of confirmed cancer breach pathways.

Six tumour sites are in assurance meetings with the cancer performance team and recovery plans are being worked through with support from RMP. In addition, transformation plans within Urology Service are underway.

The West Middlesex site continues to be the more challenged site in performance with the unvalidated August position being 13.7% lower than our Chelsea site. All services that are underperforming within our WM site have assurance meetings already in place.

The Trusts 31-Day position remains strong and above the national KPI of 96% with the un-validated August position currently standing at 98.6%.

In-Month Performance

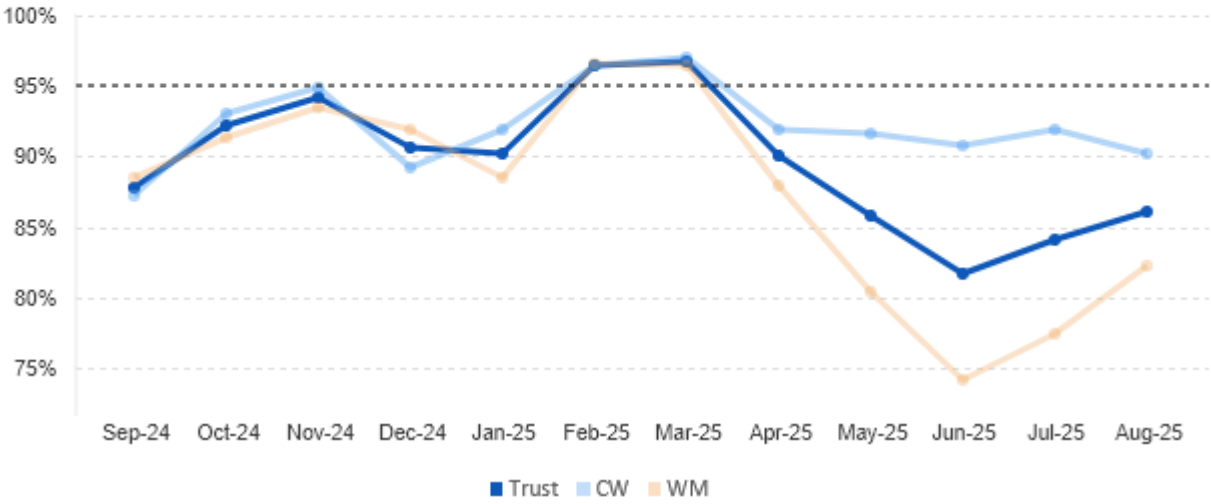
	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	80.3%	98.5%	
WM	67.9%	98.9%	
Trust	72.6%	98.7%	108

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	70.5%	82.3%	72.5%	85.2%	80.3%	77.8%
	WM	74.2%	75.5%	72.8%	71.4%	67.9%	72.5%
	Trust	72.8%	77.8%	72.7%	76.2%	72.6%	74.5%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	98.4%	95.6%	97.7%	98.6%	98.5%	97.7%
	WM	100.0%	97.6%	99.0%	100.0%	98.9%	99.1%
	Trust	99.4%	96.9%	98.4%	99.5%	98.7%	98.6%
62+ Day Backlog (Target: 100)	CW						
	WM						
	Trust	108	99	95	94	108	108

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

August performance of 86.09% is an improved position by 1.8% compared to July. This shows a sustained recovery trend with a breach reduction of 600 patients compared to last month. It is mainly driven by radiology performance and the recovery of non-obstetric ultrasound.

Diagnostic physiology remains the main pressure point with echocardiography accounting for 43% of the total breach number. Endoscopy that had a positive month of July with improved performance when compared to previous months, was challenged for capacity in August. This has led to the majority of the work being directed to patients on the cancer pathway, causing the modality to hold approximately 24% of the total trust breaches.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	90.2%	532	0
WM	82.3%	1,059	0
Trust	86.1%	1,591	0

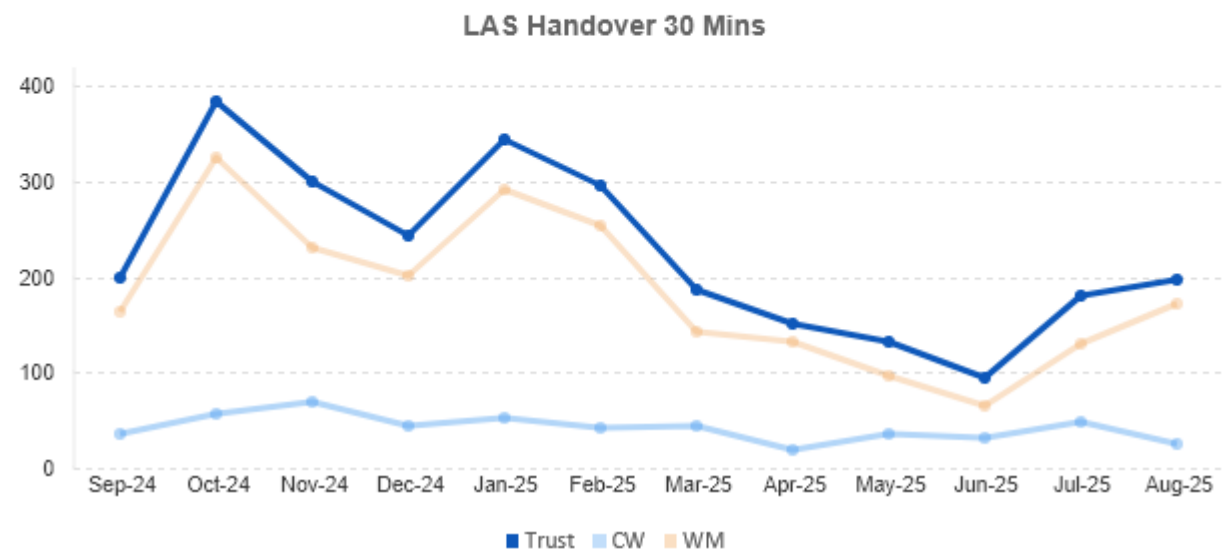
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	91.9%	91.6%	90.8%	91.8%	90.2%	91.3%
	WM	87.9%	80.4%	74.2%	77.4%	82.3%	80.1%
	Trust	90.0%	85.8%	81.6%	84.1%	86.1%	85.5%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	473	473	489	459	532	532
	WM	629	1,193	1,680	1,471	1,059	1,059
	Trust	1,102	1,666	2,169	1,930	1,591	1,591
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



Narrative

Performance
The Trust's overall performance for ambulance handovers remains strong. In the month of August 2025, the Trust reported no 60-minute LAS handover delays, with an improvement against the 30-minute handover delays on the Chelsea site and deterioration at the West Middlesex site. The 15-minute handover was non-compliant across both sites. 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	734	69.8	26	0
WM	924	143.1	172	0
Trust	1,658	212.9	198	0

Year-to-Date Performance

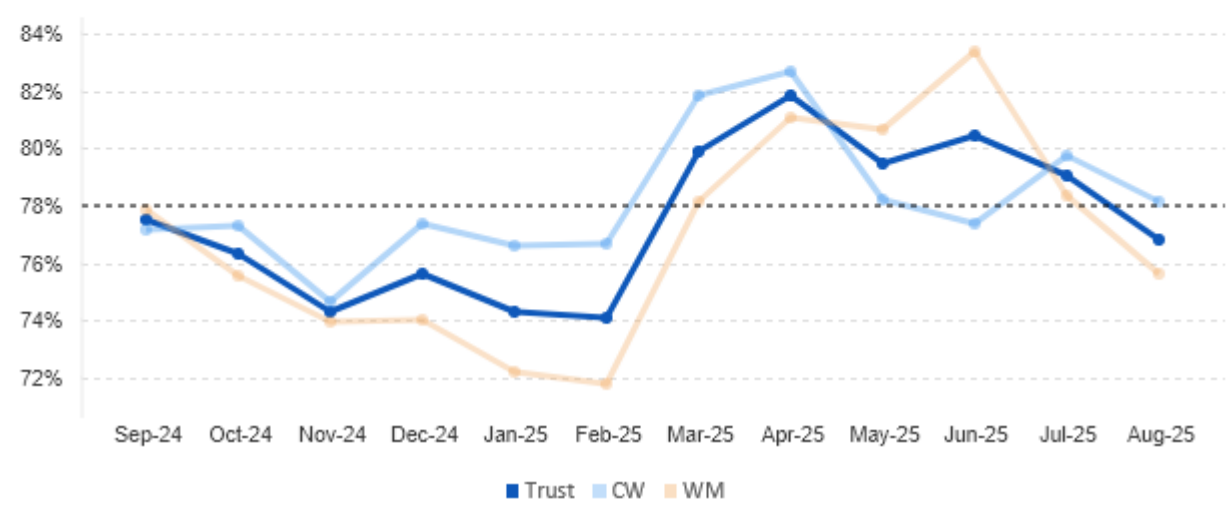
	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
LAS 15 Min Breach Performance	CW	656	799	707	805	734	3,701
	WM	970	844	772	924	924	4,434
	Trust	1,626	1,643	1,479	1,729	1,658	8,135
LAS Time Lost (Hrs)	CW	61.6	75.9	73.1	81.7	69.8	362.1
	WM	134.5	103.4	89.8	128.4	143.1	599.2
	Trust	196.1	179.3	162.9	210.1	212.9	961.3
LAS Handovers 30 Mins	CW	19	36	31	49	26	161
	WM	133	97	64	131	172	597
	Trust	152	133	95	180	198	758
LAS Handovers 60 Mins	CW	0	1	0	0	0	1
	WM	3	1	0	2	0	6
	Trust	3	2	0	2	0	7

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 August 2025 was 76.8%. West Middlesex achieved 75.6% with 12,803 attendances and the Chelsea site 78.1% with 11,874 attendances.

The 12-hour performance remains strong at 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 August both sites achieved an average time to triage under the target of 15 minutes, 14 minutes at the Chelsea site and 6 minutes at the West Middlesex site.

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	78.1%	1.2%	00:14	11,874	691	15
WM	75.6%	3.2%	00:06	12,803	842	24
Trust	76.8%	2.2%	00:10	24,677	1,533	39

Year-to-Date Performance

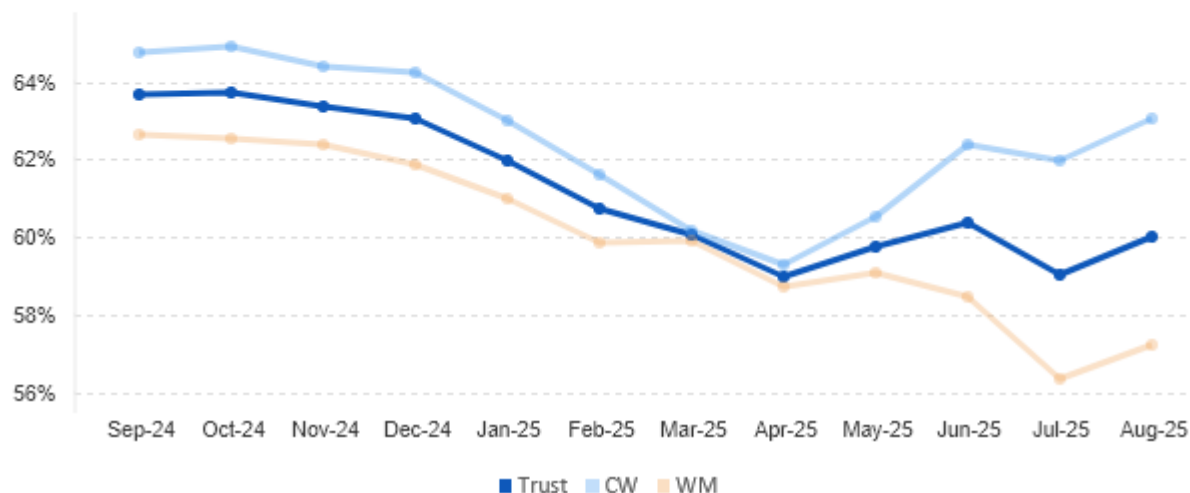
	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: 78%	CW	82.7%	78.2%	77.3%	79.8%	78.1%	79.2%
	WM	81.0%	80.7%	83.4%	78.4%	75.6%	79.9%
	Trust	81.8%	79.5%	80.4%	79.0%	76.8%	79.5%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.0%	2.0%	1.7%	1.8%	1.2%	1.5%
	WM	1.9%	1.9%	1.1%	2.3%	3.2%	2.1%
	Trust	1.5%	1.9%	1.4%	2.1%	2.2%	1.8%
A&E Time to Triage (Target: 15mins)	CW	00:14	00:16	00:16	00:15	00:14	00:15
	WM	00:11	00:11	00:06	00:07	00:06	00:08
	Trust	00:13	00:14	00:11	00:10	00:10	00:12
Total Attendances Type 1&3	CW	12,253	13,353	13,151	12,694	11,874	63,325
	WM	13,336	13,960	13,537	13,902	12,803	67,538
	Trust	25,589	27,313	26,688	26,596	24,677	130,863
Referrals to SDEC (Target as Per Op Plan)	CW	683	687	702	757	691	3,520
	WM	922	988	922	959	842	4,633
	Trust	1,605	1,675	1,624	1,716	1,533	8,153

Referral to Treatment Waits

Responsive – Operating Plan

Trend

18 Week RTT Incompletes



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait performance was reported at 60.01%, above the national 60% target and ahead of our external planning target for Month 5.

For the 52ww performance growth has slowed slightly, however the position remains challenged and enhanced assurance is in place for at-risk areas. The 65ww is at 39(+26) and there are no patients waiting above 78ww. One of the key factors influencing the position is the ERF cap within the current year's operating plans, which is leading to reduced activity levels and consequently fewer clock-stop.

Improvement : Recovery plans have been tailored for each specialty, with those not meeting compliance subject to weekly assurance reviews. Clinic templates have been revised and being implemented across the Trust and waiting list reviews are commencing to ensure prioritisation of patients.

Risk : Potential further Industrial action

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	63.1%	69.5%	1.6%	540	23
WM	57.2%	46.8%	2.1%	797	16
Trust	60.0%	57.0%	1.8%	1,337	39

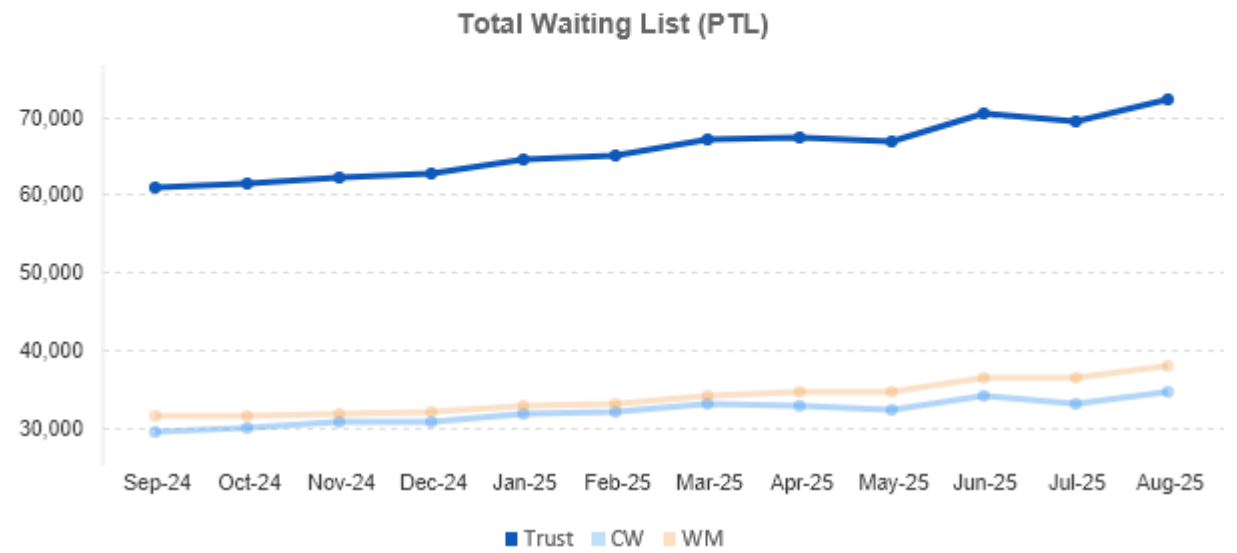
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	59.3%	60.5%	62.4%	62.0%	63.1%	63.1%
	WM	58.7%	59.1%	58.5%	56.4%	57.2%	57.2%
	Trust	59.0%	59.8%	60.4%	59.0%	60.0%	60.0%
18 Week RTT Incompletes Paeds	CW	70.4%	69.9%	72.0%	70.0%	69.5%	69.5%
	WM	56.2%	54.6%	52.7%	48.6%	46.8%	46.8%
	Trust	62.4%	61.2%	61.3%	57.9%	57.0%	57.0%
52 Week RTT Incompletes (Target: <1%)	CW	0.8%	1.1%	1.3%	1.4%	1.6%	1.6%
	WM	0.7%	1.1%	1.7%	2.1%	2.1%	2.1%
	Trust	0.7%	1.1%	1.5%	1.8%	1.8%	1.8%
52 Week Waiters	CW	249	353	432	466	540	540
	WM	225	385	606	771	797	797
	Trust	474	738	1,038	1,237	1,337	1,337
65 Week Waiters	CW	5	4	8	6	23	23
	WM	4	2	3	7	16	16
	Trust	9	6	11	13	39	39

Referral to Treatment Waits

Responsive – Operating Plan

Trend



Narrative

Performance: In Month 5 the total RTT Patient Treatment List (PTL) has increased to 72,327. The focus remains on ensuring less 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.

Improvement : The Trust has adopted routine administrative validation processes, leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment.

In addition, trajectories are in place at specialty level to address recovery with weekly meetings focusing on at-risk specialties. These include Vascular Surgery, Urology, ENT, Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Risk : Potential further Industrial action

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	34,454	4,764	65.3%	6.9
WM	37,873	5,853	58.5%	8.0
Trust	72,327	10,617	61.6%	7.4

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Total Waiting List (PTL)	CW	32,776	32,147	33,960	33,115	34,454	34,454
	WM	34,523	34,653	36,363	36,372	37,873	37,873
	Trust	67,299	66,800	70,323	69,487	72,327	72,327
Total Waiting List (PTL) Paeds	CW	4,066	4,129	4,611	4,472	4,764	4,764
	WM	5,209	5,412	5,727	5,832	5,853	5,853
	Trust	9,275	9,541	10,338	10,304	10,617	10,617
Patients Waiting < 18 Weeks for First Appointment	CW	67.4%	67.5%	67.6%	66.3%	65.3%	65.3%
	WM	64.7%	63.8%	61.9%	58.6%	58.5%	58.5%
	Trust	65.9%	65.5%	64.5%	62.1%	61.6%	61.6%
RTT Clearance Time: Size of Waiting List	CW	6.6	6.1	6.4	5.3	6.9	6.9
	WM	7.3	6.9	7.3	6.3	8.0	8.0
	Trust	7.0	6.4	6.8	5.8	7.4	7.4

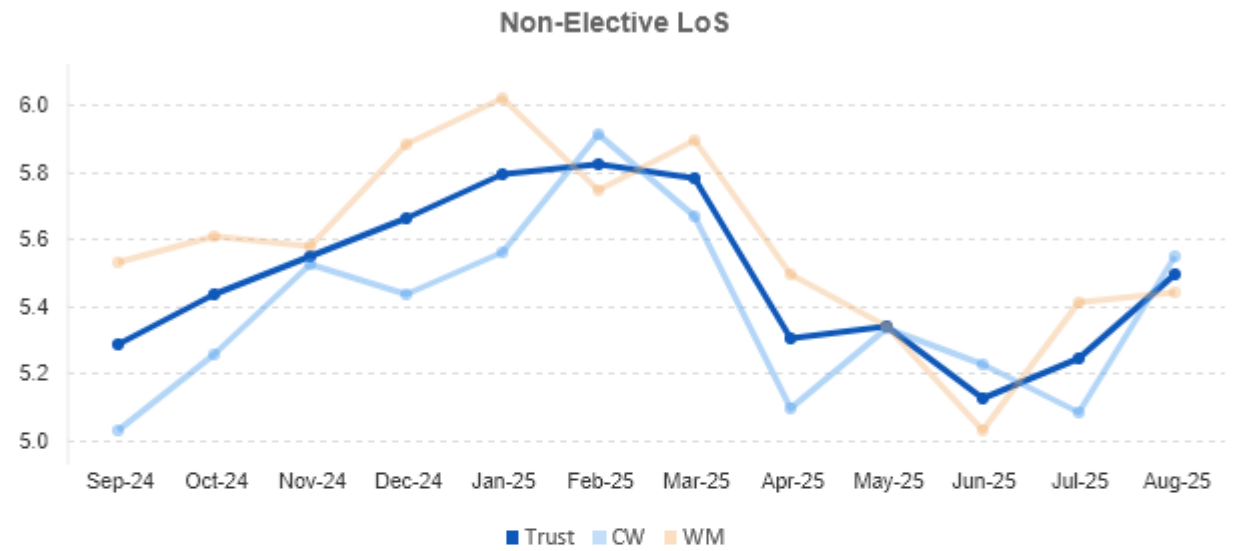


Operating Plan and Capacity

Flow & Discharge – Admitted Care

Responsive/Effective

Trend



Narrative

LOS
Elective LoS has increased in August 2025 with compliance reported at WM.
Non-Elective LOS is non-compliant across both sites. Overall Non-Elective long stayers for >7 have seen an increase in August and >21 days have also increased. Continued focus through long length of stay and the Trust Flow Board.

Critical Care Occupancy
Critical Care Occupancy moving into Q2 has shown increasing activity and reflects a similar position to other trusts in NWL, CRITCON 0 consistently reported. Nursing staffing continues to be flexed to reflect capacity demands.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy
CW	3.7	5.5	433	123	97.1%
WM	2.8	5.4	529	137	106.5%
Trust	3.4	5.5	962	260	101.5%

Year-to-Date Performance

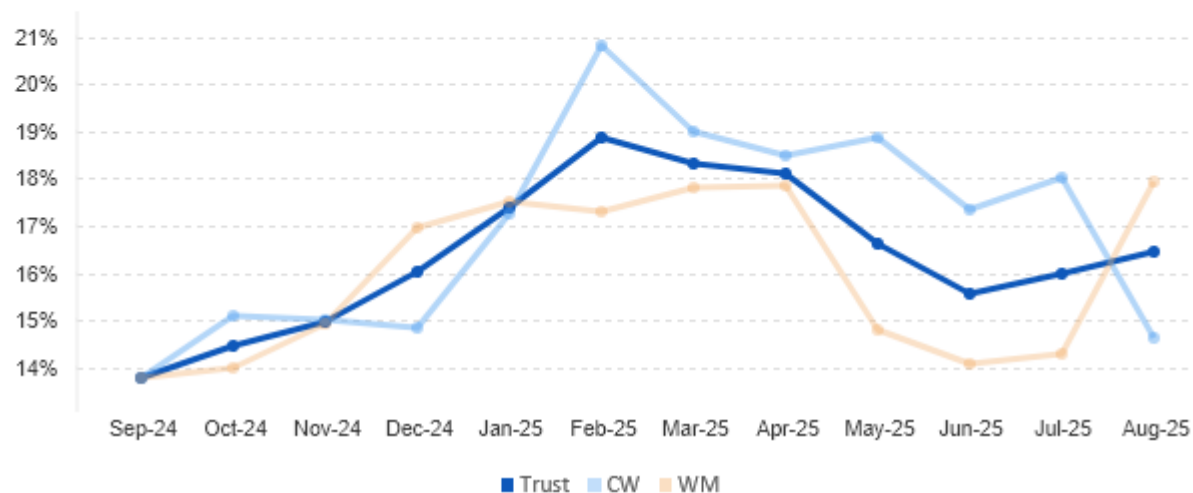
	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Elective LoS (Target: <2.9)	CW	4.2	2.6	2.7	2.5	3.7	3.1
	WM	2.1	2.8	2.9	2.9	2.8	2.7
	Trust	3.6	2.7	2.7	2.6	3.4	3.0
Non-Elective LoS (Target: <3.95)	CW	5.1	5.3	5.2	5.1	5.5	5.3
	WM	5.5	5.3	5.0	5.4	5.4	5.3
	Trust	5.3	5.3	5.1	5.2	5.5	5.3
Non-Elective Long Stays (>=7 days)	CW	408	464	417	432	433	2,154
	WM	548	523	483	508	529	2,591
	Trust	956	987	900	940	962	4,745
Non-Elective Long Stays (>=21 Days)	CW	101	125	121	101	123	571
	WM	135	143	110	132	137	657
	Trust	236	268	231	233	260	1,228
Critical Care Occupancy (Target: <85%)	CW	71.7%	71.0%	67.7%	90.0%	97.1%	79.6%
	WM	98.3%	89.2%	98.9%	90.3%	106.5%	96.7%
	Trust	85.0%	79.6%	82.5%	90.2%	101.5%	87.8%

Flow & Discharge – Discharges

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

Percentage of discharges on discharge ready date remains stable. The percentage of patients with nCTR is above the trust target of 14%. Readmission rates remain below the Trust target.

Work with boroughs is underway to reduce both percentage of nCTR and timescales for pathway discharges to align with the NWL target for 25/26. Work internally to improve and sustain time scales of EDN / ADD completion. Focus to continue on patients with nCTR and LOS. Monitoring to continue via the weekly discharge improvement meetings.

Identified risk remains equipment provision. New arrangements have commenced, these arrangements continue to be monitored via weekly meetings and the impact reported via a national weekly sitrep.

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	14.6%	13.5%	89.8%	10.2%	4.7%
WM	17.9%	12.6%	85.7%	14.3%	5.4%
Trust	16.4%	13.1%	87.6%	12.4%	5.1%

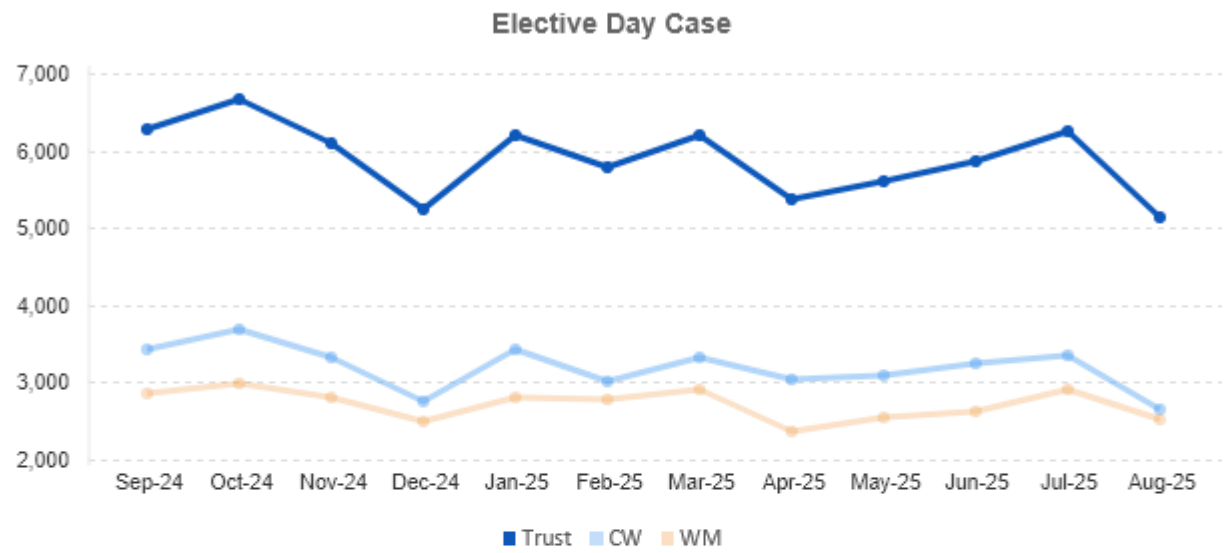
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Patient Not Meeting CTR Daily Average	CW	18.5%	18.9%	17.4%	18.0%	14.6%	17.5%
	WM	17.8%	14.8%	14.1%	14.3%	17.9%	15.8%
	Trust	18.1%	16.6%	15.5%	16.0%	16.4%	16.5%
Discharges Before 12	CW	13%	15%	13%	13%	14%	14%
	WM	12%	16%	13%	14%	13%	14%
	Trust	12%	16%	13%	13%	13%	14%
Discharge Date Same as Discharge Ready Date	CW	88.9%	88.6%	89.9%	89.8%	89.8%	89.4%
	WM	85.3%	85.3%	87.5%	87.3%	85.7%	86.2%
	Trust	86.9%	86.9%	88.7%	88.5%	87.6%	87.7%
Discharge Date After Discharge Ready Date	CW	11.1%	11.4%	10.1%	10.2%	10.2%	n/a
	WM	14.7%	14.7%	12.5%	12.7%	14.3%	n/a
	Trust	13.1%	13.1%	11.3%	11.5%	12.4%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	4.8%	4.9%	4.9%	5.1%	4.7%	4.9%
	WM	6.4%	6.3%	6.4%	5.1%	5.4%	5.9%
	Trust	5.6%	5.5%	5.6%	5.1%	5.1%	5.4%

Operating Plan Performance

Responsive – Operating Plan

Trend



Narrative

The Trust continues to meet its Operating plans for elective activity despite the planned reduction in activity in 2025/26 due to the ERF cap. Whilst at an aggregate level outpatient activity is on plan, further work is being undertaken to reduce the level of follow up activity in order to increase capacity for new patients. This includes a review of clinic templates to address this balance..

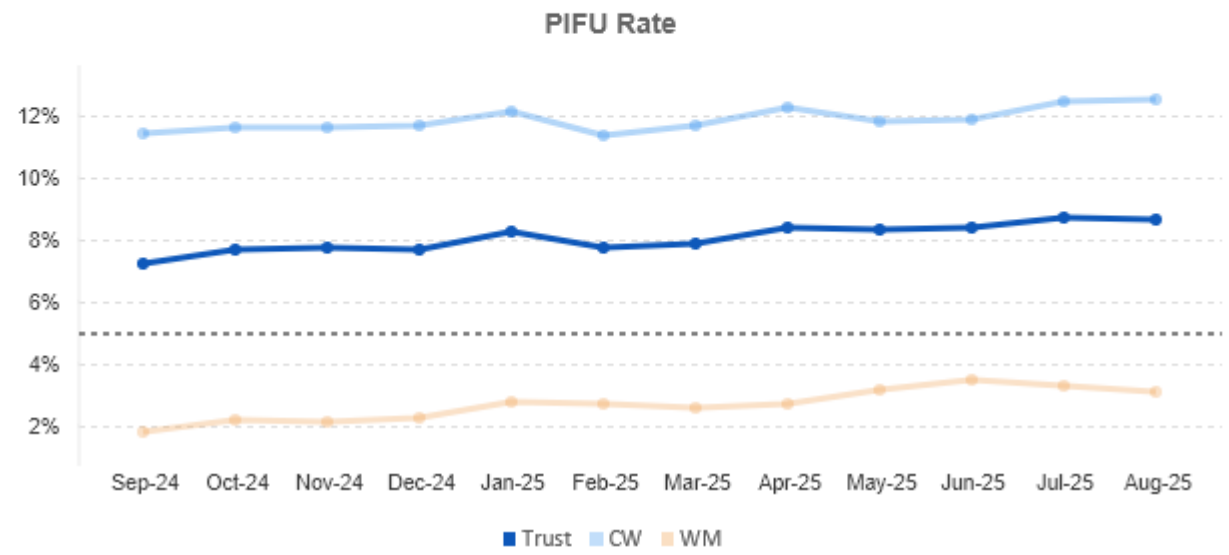
In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	2,628	402	4,691	8,553	15,626
WM	2,498	226	2,831	7,460	8,960
Trust	5,126	628	7,522	16,013	24,586

Year-to-Date Performance

	Site	May-25	Jun-25	Jul-25	Aug-25	Plan YTD	2025-2026
Elective Day Cases	CW	3,082	3,236	3,351	2,628	14,218	15,312
	WM	2,529	2,619	2,889	2,498	12,878	12,879
	Trust	5,611	5,855	6,240	5,126	27,096	28,191
Elective Ordinary Admissions	CW	400	392	406	402	1,805	1,988
	WM	177	176	190	226	710	937
	Trust	577	568	596	628	2,514	2,925
OP Procedures	CW	5,386	5,525	5,625	4,691	22,215	26,100
	WM	3,154	3,194	3,327	2,831	14,298	15,642
	Trust	8,540	8,719	8,952	7,522	36,514	41,742
OP First Attendance Without Procedure	CW	9,798	9,569	10,565	8,553	51,571	48,063
	WM	7,749	8,571	9,074	7,460	40,283	40,443
	Trust	17,547	18,140	19,639	16,013	91,854	88,506
OP FUp Attendance Without Procedure	CW	18,281	17,303	19,350	15,626	82,022	88,707
	WM	10,545	10,639	11,001	8,960	57,762	51,737
	Trust	28,826	27,942	30,351	24,586	139,784	140,444

Trend



Narrative

Our PIFU performance was static last month, with a small dip at WMUH balanced by a small improvement at CW site. Overall the Trust compares well but PIFU continues to be a key indicator to enable a shift in our new-to-follow up ratio, as we are undertaking work above income tolerances so there is still work to do.

DNA rates improved again in August with follow up performance in particular trending back down below 8% to where we were in the spring. There is room for improvement around our new DNA rate, which is always higher than follow up, and the teams are focussing on this.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.6%	10.4%	8.4%	3,570
WM	3.1%	10.5%	6.6%	3,388
Trust	8.7%	10.4%	7.7%	6,958

Year-to-Date Performance

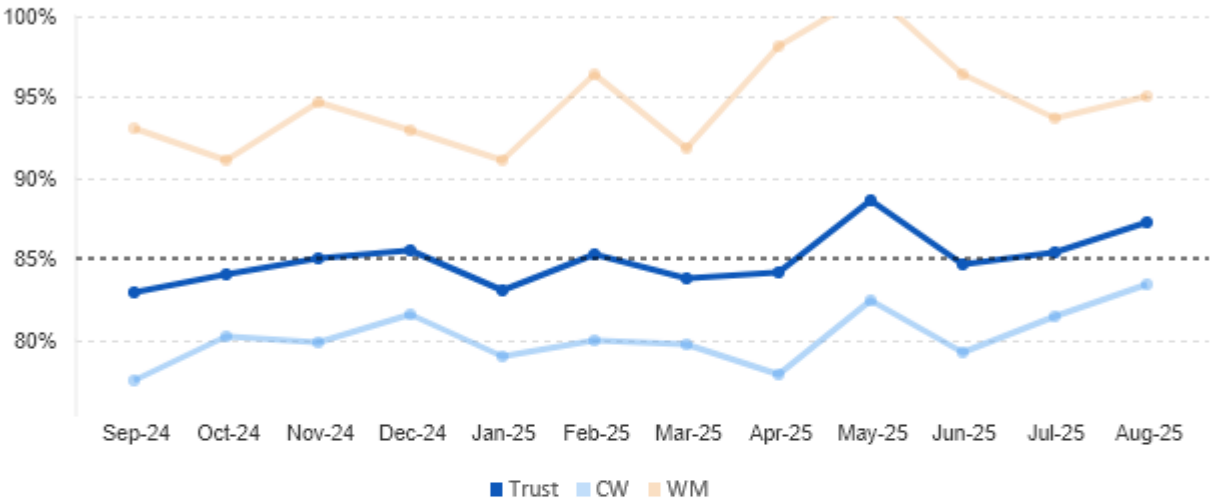
	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
PIFU Rate (Target: 5%)	CW	12.3%	11.8%	11.9%	12.5%	12.6%	12.2%
	WM	2.7%	3.2%	3.5%	3.3%	3.1%	3.2%
	Trust	8.4%	8.4%	8.4%	8.7%	8.7%	8.5%
DNA Rates - First Appointment	CW	10.2%	10.7%	11.3%	10.8%	10.4%	10.7%
	WM	9.7%	10.3%	9.8%	9.9%	10.5%	10.0%
	Trust	9.9%	10.5%	10.6%	10.4%	10.4%	10.4%
DNA Rates - Follow Up Appointment	CW	8.1%	8.4%	8.9%	8.7%	8.4%	8.5%
	WM	7.1%	7.2%	7.0%	7.4%	6.6%	7.1%
	Trust	7.7%	7.9%	8.2%	8.2%	7.7%	8.0%
Virtual Contacts	CW	4,238	4,174	4,162	4,480	3,570	20,624
	WM	3,446	3,658	3,855	4,154	3,388	18,501
	Trust	7,684	7,832	8,017	8,634	6,958	39,125

Theatre Utilisation

Responsive

Trend

Theatre Utilisation (Uncapped)



Narrative

Trust-Wide utilisation saw a further increase in August 2025, with the Trust remaining at a compliant position at 87.3%. This was from an increase at the CW site, driven in part by the opening of the new Day Surgery Unit, which saw a 5% increase in utilisation in its opening month. Theatre utilisation remains significantly above the 85% target at 95% on the West Middlesex site. While improving, there is still room for improvement, particularly in the utilisation in the Paediatric and DSU theatres- this work is being driven through the Theatres Improvement Programme.

Day case rates declined slightly in month, dropping down to 87.2%. Both sites remain well above the 85% target, at >90%.

OTD cancellations there were no patients cancelled on the day for non clinical reasons and rebooked outside of 28 days, meaning the total remains at 13 in 25/26. 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	85.3%	0.5%	0	83.4%
WM	84.1%	0.4%	0	95.0%
Trust	85.0%	0.5%	0	87.3%

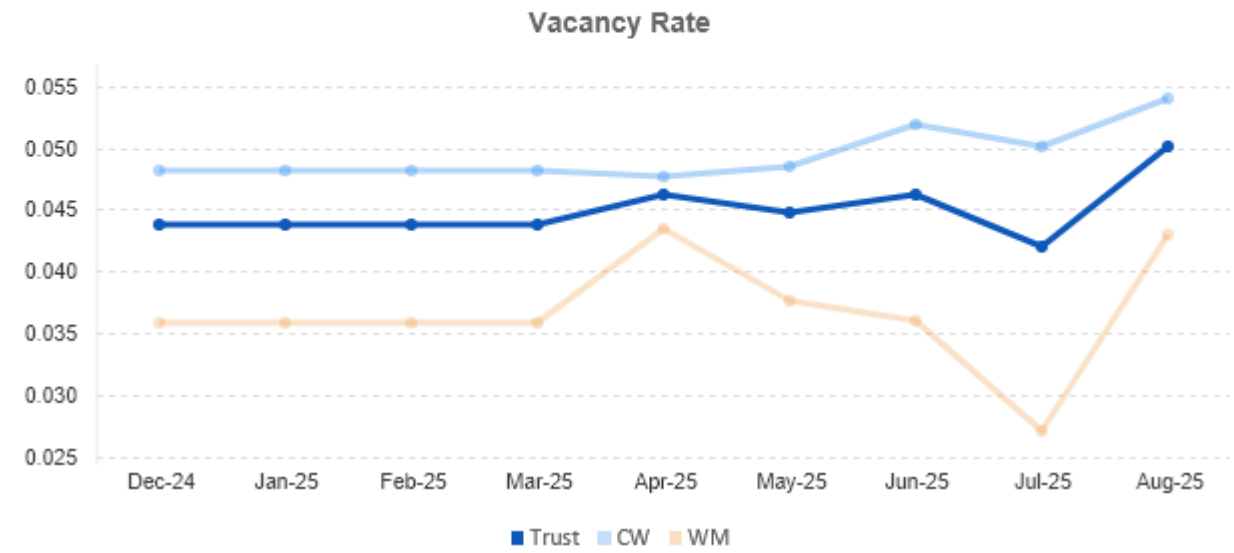
Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	87.2%	83.0%	85.5%	89.6%	85.3%	86.2%
	WM	87.5%	90.9%	83.6%	86.0%	84.1%	86.7%
	Trust	87.3%	85.5%	84.9%	88.5%	85.0%	86.4%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.7%	0.5%	0.6%	0.9%	0.5%	0.6%
	WM	0.7%	0.4%	0.5%	0.5%	0.4%	0.5%
	Trust	0.7%	0.5%	0.5%	0.7%	0.5%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	3	0	3	2	0	8
	WM	4	0	0	1	0	5
	Trust	7	0	3	3	0	13
Theatre Utilisation (Uncapped) (Target: >85%)	CW	77.8%	82.4%	79.3%	81.4%	83.4%	80.8%
	WM	98.1%	101.4%	96.5%	93.7%	95.0%	96.8%
	Trust	84.2%	88.6%	84.7%	85.4%	87.3%	86.0%



Workforce

Trend



Narrative

The Trust's Month 05 position was within the operating plan target level for total staffing (74.4 WTE / 0.94%). Substantive and agency staffing continue to be within the operating plan target however; bank staffing exceed the target for the second consecutive month (60 WTE / 10%). EIC, PCD and WLCH exceeded their operating target levels for total staffing. With respect to our financial position, before the application of unidentified CIPs we are underspent in month by £1.9m and the year-to-date position is underspent circa £2.3m. This is an offset position with only corporate, PCD and SCD posting underspends in month and year to date.

Agency Spend remains within the targeted reductions for 2025/26 with one Division (CSD) breaching their target spend levels. For bank spend however, the Trust has breached the trajectory both for in month spend. It is notable that Trust YTD including COR, PCD and SCD remain within target levels. An overrun of £6.6K in month being impacted by the estimate £1.13 million spend on Industrial Action Cover this has eaten into the spend buffer against the YTD position built up in months 1-3.

Trust staffing (excluding maternity and career breaks) is in excess of establishment by 62.16 FTE of 0.82%. In Month 05, EIC (-135.8 WTE / -7.5%), PCD (-30.4 WTE / -2.14%) and SCD (86.16 WTE / -5.2%) all exceeded their total establishment.

The vacancy (5.01%) and voluntary turnover rates (8.81%) are within the target level. The vacancy rate has no unexpected outliers (corporate rates are above 10% in line with the vacancy holds), however Voluntary Turnover has two outliers in CSD and WLCH. CSD's and WLCH's turnover rates are decreasing in month. Weekly monitoring of bank and agency usage at Cabinet has continued. The key marker for concern regarding pressure remains the sickness levels which rose again in month by 0.5% to 3.90% with particular pressure in CSD at circa 5% in month. CSD and SCD both exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledged that the team is stretched with current holds on A&C posts.

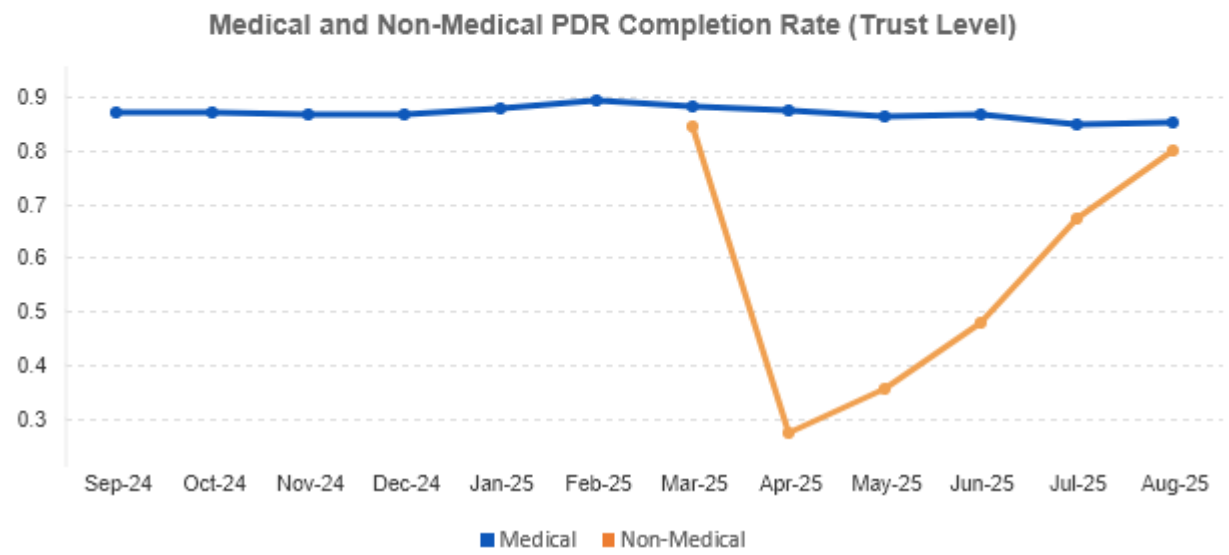
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.40%	9.4%	3.8%	0.4%	7.3%
WM	4.29%	7.7%	4.2%	0.2%	10.2%
Trust	5.01%	8.8%	3.9%	0.3%	8.3%

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Vacancy Rate	CW	4.8%	4.9%	5.2%	5.0%	5.4%	5.4%
	WM	4.3%	3.8%	3.6%	2.7%	4.3%	4.3%
	Trust	4.6%	4.5%	4.6%	4.2%	5.0%	5.0%
Voluntary Turnover	CW	9.2%	9.0%	9.5%	9.4%	9.4%	9.4%
	WM	7.9%	7.6%	7.9%	7.8%	7.7%	7.7%
	Trust	8.7%	8.5%	8.9%	8.8%	8.8%	8.8%
Sickness Absence	CW	3.3%	3.4%	3.5%	3.6%	3.8%	3.8%
	WM	3.2%	3.3%	3.9%	4.4%	4.2%	4.2%
	Trust	3.3%	3.3%	3.6%	3.9%	3.9%	3.9%
% Agency Usage	CW	0.4%	0.4%	0.4%	0.5%	0.4%	0.4%
	WM	0.3%	0.2%	0.1%	0.1%	0.2%	0.2%
	Trust	0.4%	0.3%	0.3%	0.3%	0.3%	0.3%
% Bank Usage	CW	6.5%	9.4%	8.6%	7.5%	7.3%	7.3%
	WM	8.9%	12.6%	11.9%	9.5%	10.2%	10.2%
	Trust	7.3%	10.6%	9.8%	8.2%	8.3%	8.3%

Trend



Narrative

PDR rates remain healthy and within trajectory targets to meet 90% by the close of September with Corporate, CSD and SCD falling behind the target trajectories. This is being picked up in the Divisional P&Is and the weekly Cabinet reports for assurance on any remedial actions required to address the position.

Particular attention should be made to ensuring the rates for A&C staff are remedied with the growth target holds potentially adding additional pressure on that staff group above and beyond the current GRIP and Control pressures as well as corporate areas where vacancy holds are impacting operational and managerial capacity.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	77.9%	92.2%
WM	-	84.1%	93.6%
Trust	85.2%	80.0%	92.7%

Year-to-Date Performance

	Site	Apr-25	May-25	Jun-25	Jul-25	Aug-25	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	87.3%	86.4%	86.5%	84.9%	85.2%	85.2%
Non-Medical PDR Completion Rate	CW	26.4%	34.8%	46.0%	64.1%	77.9%	77.9%
	WM	28.6%	37.3%	50.9%	72.4%	84.1%	84.1%
	Trust	27.2%	35.7%	47.7%	67.0%	80.0%	80.0%
Core Skills Completion Rate	CW	91.8%	91.9%	92.0%	92.1%	92.2%	92.2%
	WM	92.8%	93.0%	93.4%	93.8%	93.6%	93.6%
	Trust	92.2%	92.3%	92.5%	92.8%	92.7%	92.7%

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 pressure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Maternity	95%	91%	97%	99%	6.6	2.1	0.0	0.0	8.77	12.8	-9.53%	6.83%	9.26%	0	2	0	0	0	0	0	0	2	86	0	0	3	63	90.91%	
Annie Zunz	88%	100%	100%	100%	6.7	2.8	0.0	0.0	9.50	8.73	-5.56%	8.33%	0.00%	0	11	0	0	0	0	0	0	0	10	0	0	0	3	100.00%	
Apolb	99%	-	98%	-	22.4	0.0	0.0	0.0	22.35	N/A	1.38%	3.60%	0.00%	0	0	0	0	0	0	0	0	1	22	0	0	1	2	100.00%	
Mercury	101%	-	103%	-	7.8	0.0	0.0	0.0	7.83	9.94	7.70%	12.97%	0.00%	0	3	0	0	0	0	0	0	1	80	0	0	1	4	100.00%	
Neptune	110%	-	121%	-	9.7	0.0	0.0	0.2	9.92	13.1	13.03%	12.01%	0.00%	0	1	0	0	0	0	0	0	0	33	0	0	0	2	100.00%	
NICU	91%	-	93%	-	13.3	0.0	0.0	0.1	13.39	26.9	-21.43%	7.56%	0.00%	0	0	0	0	0	0	0	0	10	88	0	0	0	6	100.00%	
AAU	104%	95%	98%	127%	7.0	1.9	0.0	0.1	9.03	8.4	5.89%	5.85%	28.77%	11	115	0	3	0	2	0	0	8	88	0	0	4	26	93.18%	1
Nell Gwynne	95%	73%	112%	77%	3.9	3.2	0.0	0.2	7.26	7.82	-1.35%	4.80%	11.16%	2	58	0	1	0	1	0	1	0	10	0	0	0	7	92.31%	
David Erskine	116%	73%	130%	109%	4.3	2.5	0.0	0.2	7.01	7.14	-1.78%	8.29%	5.32%	3	51	0	1	0	0	0	0	2	35	0	0	1	3	100.00%	
Edgar Horne	117%	107%	120%	123%	3.8	3.5	0.0	0.0	7.29	6.78	2.31%	4.88%	11.43%	8	70	0	4	0	2	0	0	5	24	0	1	3	17	95.24%	
Lord Wigram	76%	64%	98%	93%	4.3	2.3	0.3	0.1	7.14	7.81	10.81%	4.56%	27.22%	3	30	0	1	0	1	0	1	4	32	0	0	0	7	92.86%	1
St Mary Abbots	98%	100%	99%	100%	4.2	2.8	0.0	0.0	7.07	7.55	25.08%	5.50%	39.64%	3	33	0	1	1	2	0	1	1	41	0	1	5	16	92.59%	2
David Evans	78%	71%	89%	81%	5.6	3.2	0.0	0.0	8.87	7.55	-3.37%	0.00%	0.00%	1	22	1	0	0	0	0	0	2	19	0	0	2	19	97.67%	
Chelsea Wing	134%	101%	100%	92%	12.0	6.3	0.0	0.0	18.33	7.55	1.75%	6.02%	0.00%	0	9	0	0	0	0	0	0	1	18	0	0	2	5		
Burns Unit	114%	100%	127%	75%	41.0	7.0	0.0	0.0	48.05	N/A	8.52%	11.01%	0.00%	0	8	0	0	0	0	0	0	1	9	0	0	0	5		
Ron Johnson	98%	127%	100%	131%	4.5	3.2	0.0	0.0	7.71	5.51	7.92%	11.58%	23.53%	5	44	1	0	2	2	0	0	2	35	0	0	0	3	100.00%	
ICU	100%	-	101%	-	25.6	0.0	0.0	0.0	25.56	26.9	2.23%	6.82%	22.22%	0	5	0	0	2	6	0	2	2	50	0	0	1	5		
Rainsford Mowlem	90%	81%	75%	91%	3.5	3.6	0.2	0.0	7.25	7.5	0.81%	6.54%	8.21%	3	71	0	3	0	3	0	0	1	53	0	1	1	17	83.33%	
Nightingale	92%	81%	100%	117%	3.4	3.3	0.0	0.0	6.71	7.5	18.87%	0.00%	6.49%	6	81	1	1	0	2	0	0	1	28	0	0	0	4	100.00%	
Averages /Totals	100%	90%	103%	101%	10.0	2.5	0.0	0.1	12.58		3.33%	6.69%	10.17%	45	614	3	15	5	21	0	5	44	761	0	3	24	214	96.13%	4

Safe Staffing & Patient Quality Indicators – West Middlesex



Chelsea and Westminster Hospital
NHS Foundation Trust



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Lampton FU	102%	80%	109%	90%	3.4	2.8	0.0	0.2	6.34	7.5	8.30%	0.00%	6.35%	4	65	0	1	3	7	0	4	2	34	0	0	0	10	93.55%	
Richmond	111%	66%	103%	73%	4.4	2.5	0.3	0.0	7.19	7.55	6.96%	0.00%	17.45%	0	24	0	1	0	1	0	0	0	17	0	0	3	15	100.00%	
Syon 1 cardiology	95%	94%	97%	109%	4.0	1.8	0.0	0.1	5.89	7.93	5.42%	0.00%	36.66%	1	37	0	0	2	3	0	1	2	17	0	0	1	11	98.15%	
Syon 2	106%	87%	100%	92%	3.7	3.0	0.3	0.0	7.01	7.14	3.20%	4.19%	0.00%	2	50	0	0	1	4	0	2	3	48	0	1	2	14	100.00%	
Starlight	118%	-	99%	-	9.8	0.0	0.0	0.0	9.77	13.1	30.90%	15.69%	200.00%	0	2	0	0	0	0	0	0	1	37	0	0	0	8	95.00%	
Kew (Lampton)	84%	89%	96%	124%	3.5	3.5	0.0	0.0	7.01	7.5	6.30%	5.20%	0.00%	0	51	0	0	0	3	0	2	2	25	0	0	0	9	84.21%	
DRU (Crane)	92%	75%	100%	68%	3.1	3.0	0.0	0.2	6.18	7.5	5.38%	0.00%	16.29%	5	57	0	0	1	2	0	1	2	41	0	0	4	11	100.00%	
Osterley 1	95%	86%	99%	137%	3.9	2.5	0.2	0.1	6.73	7.81	6.35%	3.67%	9.65%	5	59	0	0	2	16	0	1	8	60	0	0	3	19	100.00%	
Osterley 2	104%	81%	98%	99%	3.7	2.6	0.2	0.0	6.63	7.55	3.06%	2.71%	0.00%	0	27	0	0	2	3	0	0	1	37	0	0	1	19	92.31%	
MAU	106%	75%	109%	115%	6.2	2.2	0.0	0.1	8.44	8.4	9.59%	1.56%	0.00%	9	93	0	0	1	6	0	0	0	84	0	0	2	26	96.15%	
Maternity	97%	86%	106%	92%	7.6	2.1	0.0	0.0	9.74	12.8	-4.85%	4.88%	11.78%	1	0	0	0	0	0	0	0	4	41	0	0	4	19	83.37%	
Special Care Baby Unit	96%	-	100%	-	12.3	0.0	0.0	0.0	12.31	13.1	7.92%	7.59%	9.24%	0	0	0	0	0	0	0	0	2	22	0	0	0	1		
Marble Hill 1	100%	86%	101%	99%	3.8	2.4	0.1	0.1	6.34	6.8	-3.82%	7.19%	11.74%	8	77	0	0	0	4	0	0	5	140	0	0	2	14	100.00%	4
Marble Hill 2	108%	127%	115%	133%	3.5	3.6	0.2	0.1	7.42	6.78	3.47%	0.00%	10.73%	4	62	0	0	0	1	0	1	7	36	0	0	2	13	100.00%	1
ITU	93%	-	94%	-	25.5	0.0	0.0	0.0	25.51	26.9	0.24%	12.03%	33.33%	0	1	0	0	1	8	0	0	4	55	0	0	1	5		
Redlees (Kew)	102%	75%	100%	100%	3.6	2.9	0.2	0.5	7.16	7.82	-2.75%	4.63%	0.00%	2	49	0	1	0	0	0	0	4	17	0	0	1	4	100.00%	
Averages /Totals	101%	85%	102%	102%	6.4	2.2	0.1	0.1	8.7		5.35%	4.33%	22.70%	41	654	0	3	13	58	0	12	47	711	0	1	26	198	95.91%	5



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

West Middlesex site:

Kew Ward remained partially closed in August, with staff redeployed to support other areas. Marble Hill 2 had increased HCA fill rates at night to support enhanced observation for patients requiring mental health supervision. Redlees ward had low HCA fill rates due to staff sickness, however, CHPPD was not compromised due to Nursing Associate student placements. AMU had low daytime HCA fill rates due to sickness and an inability to secure bank cover, DRU Ward had lower HCA fill rates both day and night shifts attributed to reduced patient acuity and changes to the staffing template. Richmond ward reported low HCA fill rates both day and night due to low patient acuity, staff were redeployed to support other areas. CHPPD was not compromised.

Chelsea and Westminster site:

Ron Johnson Ward required increased HCA fill rates both day and night to provide 1:1 supervision for patients that required enhanced observations. Chelsea Wing saw increased RN fill rates on days due to staff sickness and redeployment of staff to support the Westminster.

Nell Gwynne experienced low HCA fill rates both day and night due to staff sickness and an inability to secure bank cover. AAU had increased HCA fill rates due to staff sickness. David Erskine had low daytime HCA fill rates due to long term sickness and an inability to secure bank cover, they had increased RN fill rate at night due to supernumerary staff. Edgar Horne had increased HCA fill rates at night to provide enhanced observations for patients who were confused and at risk of falls. Rainsford Mowlem had reduced RN fill rates at night due to bed closures. Staff were redeployed to support other areas. CHPPD was not compromised.

Lord Wigram experienced low HCA fill rates during the day due to staff sickness and inability to fill with bank cover. Fill rates for both RN and HCA were reduced on David Evans Ward due to reduced elective activity, staff were redeployed to other planned care areas.

The Burns Unit had increased RN fill rates due to the acuity in Burns ITU. The HCA fill rate at night was decreased due to sickness, however, this did not require any roles to be escalated to temporary staffing. CHPPD was not compromised.

Incidents:

In August there were three incidents with harm reported.

The patient on Ron Johnson had an unwitnessed fall in the bathroom. Known to have a blood clotting disorder, they sustained a subdural haematoma. An Initial Incident Review (IIR) was completed.

The patient on Nightingale had an unwitnessed fall. On examination patient sustained lacerations to their scalp, right periorbital area and left elbow. The Plastics team provided input and performed suturing to the scalp and eye region. All falls prevention measures were in place at the time of the incident.

The patient on David Evans had an unwitnessed fall and was found with a new-onset of left-sided weakness, slurred speech, and facial droop. The patient was transferred to Charing Cross Hospital for further investigation.

The Friends and Family Test showed seven wards at WM and eight wards at CW scoring 100%. No areas scored below 83%.

Please note all incident figures are correct at time of extraction from DATIX. There were nine red flags raised in August, five at the WM site and four at CW. All were related to staffing shortfalls. The vacancy rate and turnover are from August 2025.



Nursing, Midwifery and care staff average fill rate August 2025				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
99.80% ↓	92.44% ↓	6.1 ↓	2.4 ↔	8.6 ↓

RN/M Fill Rates (ward areas) decreased from 100.15% in July 2025 to 99.80% in August 2025. The RN vacancy rate (whole trust) in August 2025 was 2.92%, slightly up from July 2025– 2.27%

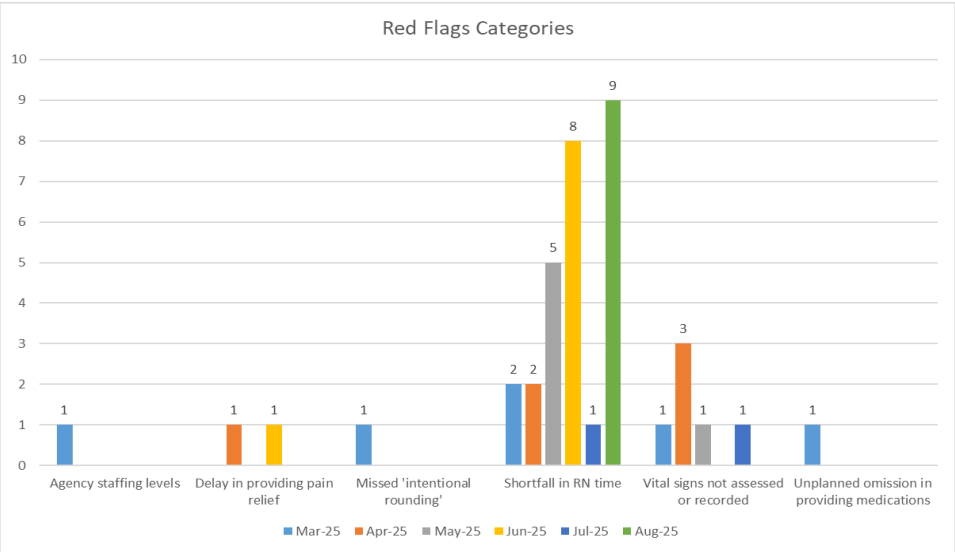
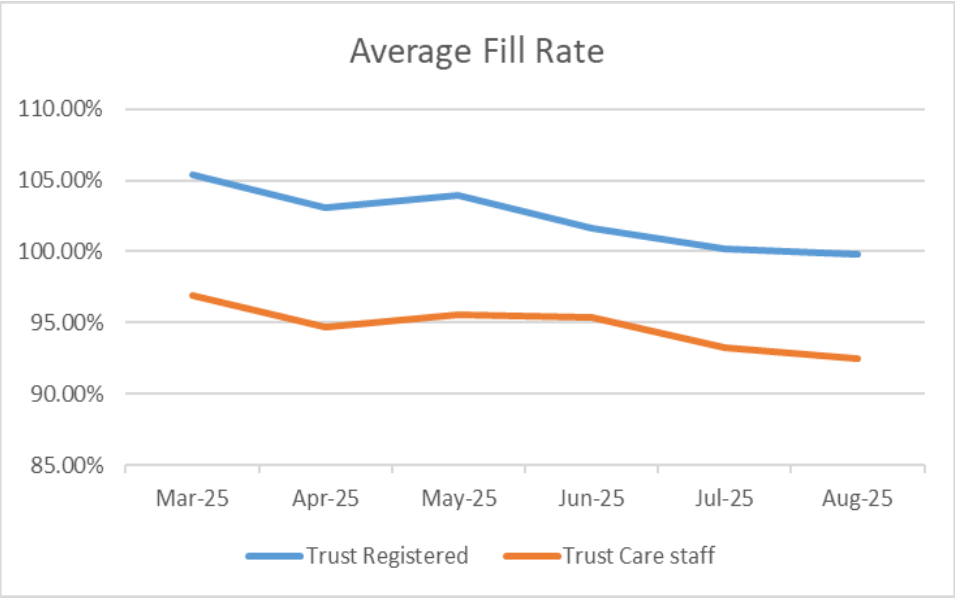
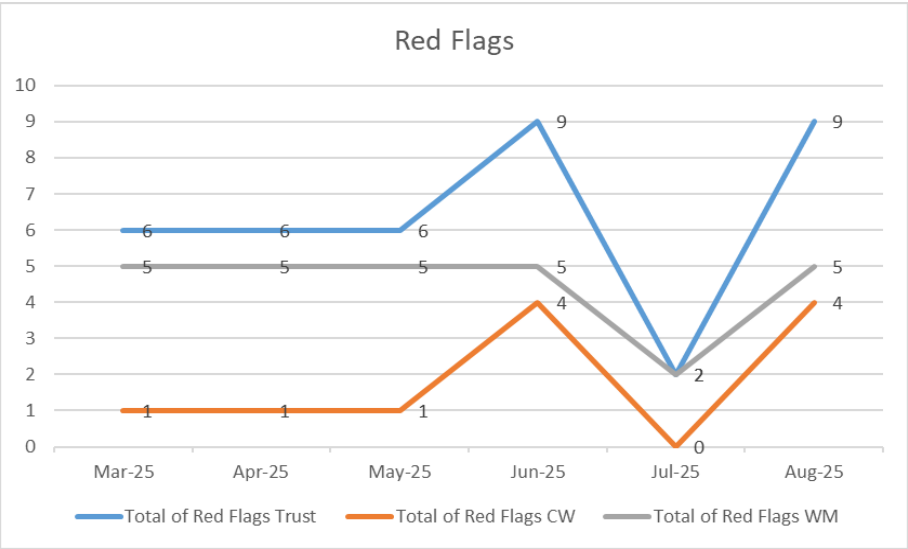
Care Staff Fill Rates (ward areas) decreased from 93.22% in July 2025 to 92.44% in August 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in August 2025 was 11.34%, slightly up 11.03% in June 2025.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) stayed the same from 96.69% in July 2025 to 96.12% in August 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (May 2025) was 8.8. Trust workforce data confirms the CHPPD was 8.6 in August 2025, slightly down from July 2025 – 8.7.

Safe Staffing Red Flags – 9 red flags from the 5 categories (tables below) were reported during August 2025 where majority were Shortfall in RN time.

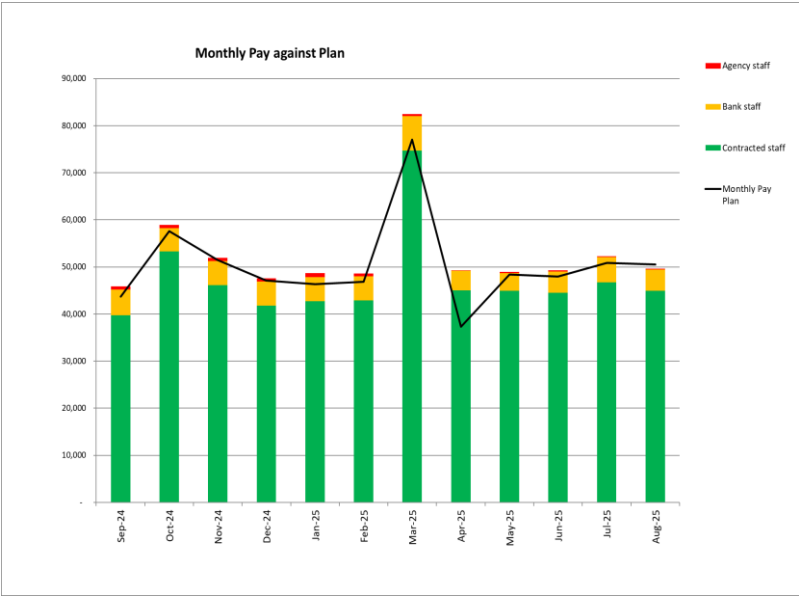
CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – May 2025
Trust	8.8
Hillingdon Hospital	9.4
London NW	9.2
Imperial	10.2
National Median	9.0





Finance

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	423,093	421,596	(1,496)
Expenditure			
Pay	(244,592)	(249,404)	(4,812)
Non-Pay	(153,010)	(153,704)	(695)
EBITDA	25,491	18,489	(7,003)
EBITDA %	6%	4.39%	-1.6%
Depreciation	(14,470)	(14,691)	(221)
Non-Operational Exp-Inc	(6,299)	(5,782)	517
Surplus/Deficit	4,722	(1,985)	(6,707)
Control total Adj - Donated asset, Impairment & Other	(5,701)	(1,652)	4,049
PFI Model recalculation		272	272
Adjusted financial performance surplus/(deficit)	(979)	(3,365)	(2,386)



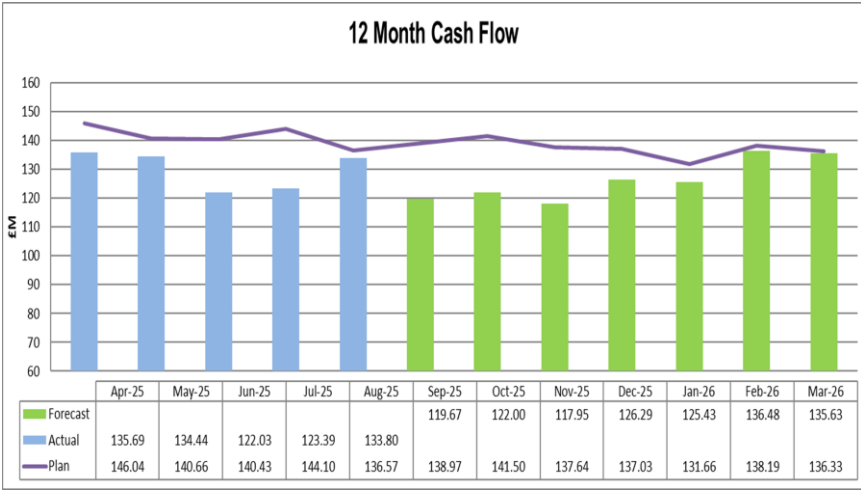
Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike. July 25 includes £1m spend on industrial action and a YTD increase in the pay award accrual to reflect the latest guidance.

The adjusted financial position at month 5 is a £3.37 m deficit which is £2.39 m against plan.

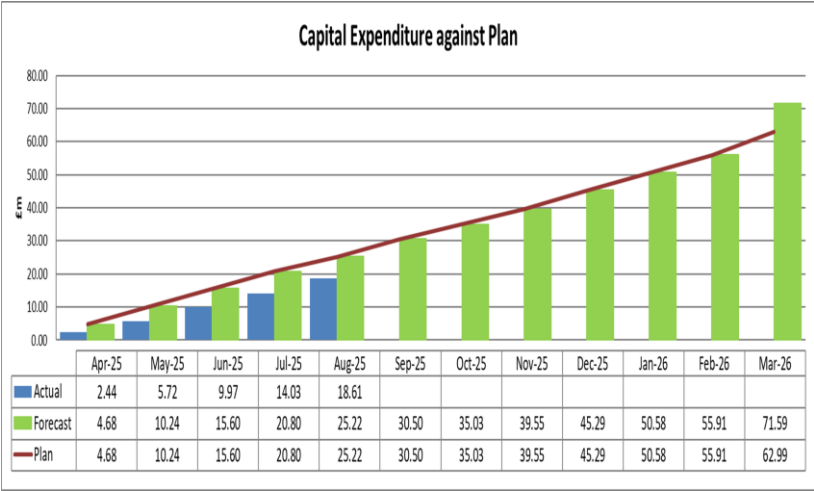
Pay: £4.81m adverse against plan. The adverse variance at Month 5 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £0.70m adverse variance which includes adjustment to budget to match NHSi return.

Income: M05 Income is above plan both in month and YTD, mainly driven by pay award and High Cost Drugs/Devices over performance, which is part of the variable elements of the contract. There is very little activity in the contract which is variable and not financially material. Sexual Health activity is behind planned levels, due to demand management pressure from commissioners.



Comment: The negative cash variance to plan in M5 of £2.77m is negative cash variance b/fwd from M4 of £20.71m, Higher receipts to plan of £6.45m (ICB & NHS England & FT's £4.23M Higher, Local Authority & AR £1.08M Higher, Other Income £0.084M Higher, PP Income £0.220M Higher, Donations £0.850M Higher, Interest £0.013M Lower) plus Lower cash outflows to plan £11.49M (Lower Creditor payments)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £71.71m following the carry forward of the additional grant for the IECCP project from 2024/25, the new grant donation of £400k for the CW Paeds ED waiting room project and the allocation of £6.19m from the ICS reserves/contingency. The capital budget has been allocated to the various departments, with £32.57m for the ADC Project, £1.44m for the Treatment Centre, £1.77m for Medical Equipment, £2.0m for IT equipment, £3.38m for Estates schemes, £6.3m for the Human Challenge Fund, £1.88m for IFRS16, £3.50m for IECCP, £0.13m for WM site development, £6.23m contingency fund and £10m for PDC funded projects which will be allocated to support the ADC project. Individual budgets have been allocated from the available capital budgets and business cases for these projects will be submitted to CPB for approval through the year. The P04 YTD underspend of £6.77m which mainly relates to timing differences and will be spent in the upcoming 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