











TRUST PERFORMANCE & QUALITY REPORT

December 2024



NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	77.26%	74.65%	77.37%	79.11%	75.52%	73.91%	74.03%	78.12%	76.35%	74.27%	75.59%	75.41%	78.60%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	64.92%	64.39%	64.25%	64.72%	62.55%	62.38%	61.87%	62.13%	63.70%	63.37%	63.03%	63.36%	63.38%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	95.49%	98.42%	99.05%	96.72%	99.63%	98.93%	99.08%	98.39%	97.89%	98.71%	99.07%	98.27%	97.69%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	92.31%	100%	98.69%	100%	92.31%	100%	96.13%	98.69%	
	31 day combined position (Target: >=96%)	97.53%	98.82%	100%	98.42%	97.85%	98.13%	98.78%	98.34%	97.70%	98.44%	99.23%	98.39%	98.37%	
	62 day combined position (Target: >=85%)	82.66%	87.33%	81.41%	82.55%	91.26%	89.47%	83.20%	85.30%	87.08%	88.58%	82.58%	85.49%	84.19%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	88.24%	86.42%	83.41%	83.25%	81.88%	83.68%	82.86%	80.13%	84.32%	84.67%	83.08%	84.07%	81.32%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	1	0	1	25	3	2	1	25	4	2	2	8	50	

A&E 4-hr Waiting Times

The Trust performance was 75.59%, an improvement on November's performance but still below the national target. Flow remains challenged throughout the organisation with a sustained increase in long stay, MH patients and DTA's remaining in ED.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance remained relatively stable in December 2024, standing at 63.03%. Elective admitted and outpatient activity levels in December are above operational plans. For December 2024, the total RTT Patient Treatment List (PTL) increased to 62,695 (+421), 52ww reduced to 664 (-10), 65ww remained stable at 14 and there are no patients waiting above 78ww. For the 65ww position of the 14 breaches, 3 are due to patient choice, 1 is complex and 10 are due to capacity. The focus has shifted to chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities: Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined target maintained performance for the month of November 2024 with a strong performance of 98.44% and the December 2024 unvalidated position is 99.23% against the 96% standard.

62-Day: The 62-Day combined target of 85% standard was met in November 2024 with another strong performance of 88.58%. December 2024 position continues to be validated, standing at present at a more challenged un-validated position of 82.58 %. The backlog trajectory remains within set tolerances with continued reviews and analysis into challenged pathways, but the Trust continues to see pressures within Sarcoma, Urology and Lung.

28-Day FDS: The Trust continues to maintain compliance against the FDS in November 2024 standing at 84.67%, with a strong unvalidated position for December, currently at 83.08%. The Trust continues to meet the national 75% target and remains in line to meet the increased trajectory of 77% for March 2025.

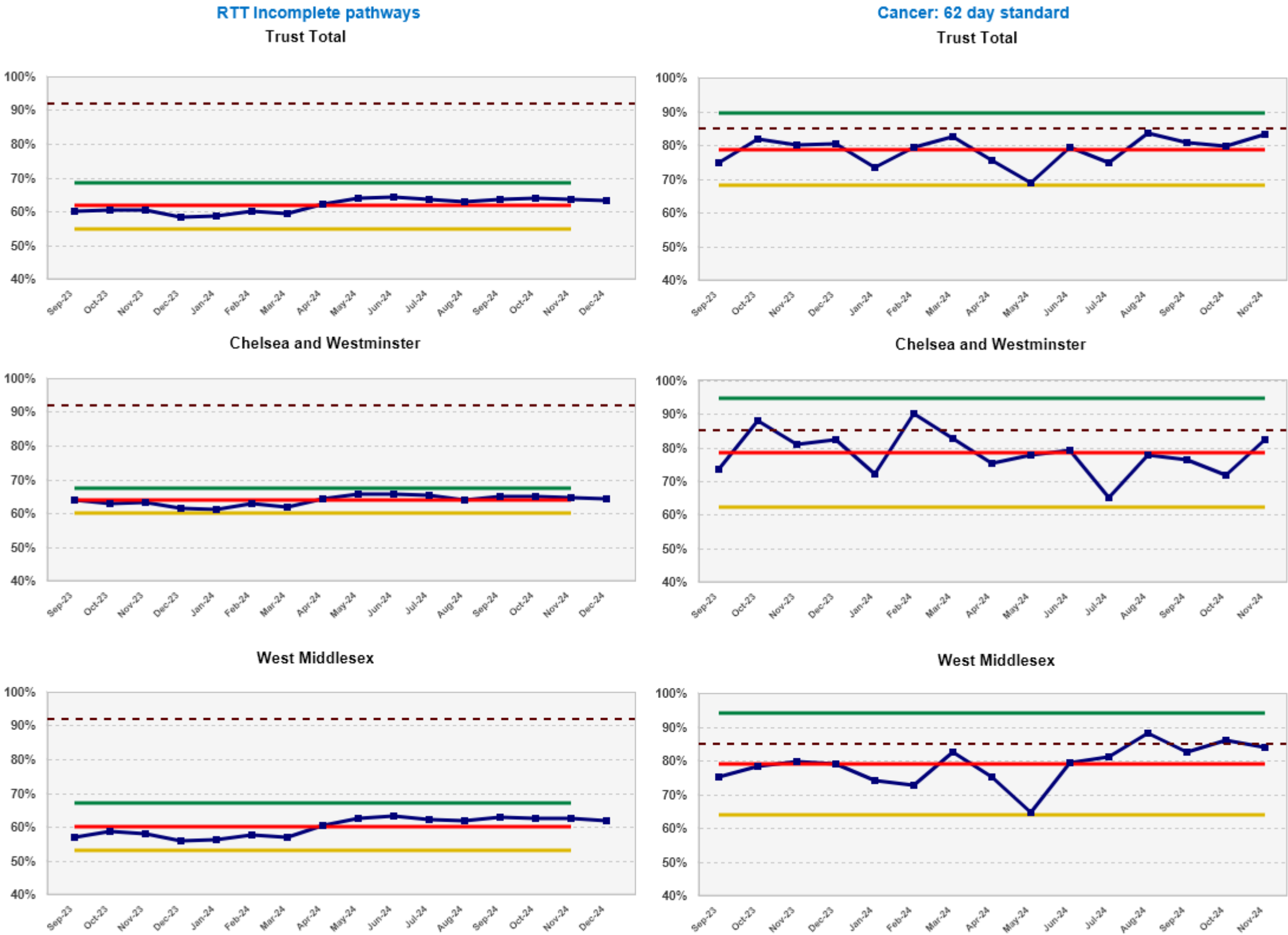
Clostridium Difficile

There were 2 Trust attributed CDI cases in December 2024, 1 occurred at CWH (Specialist Care Division) and 1 at WMH (Emergency and Integrated Care division). Both cases were classified as Hospital onset- healthcare associated as they occurred beyond day 2 of their admission. RCA meetings are currently pending. This full year there have been 50 Trust-attributed cases against a 2024/25 target of 33 and a review of all cases along with learning to improve care, continue to be shared with wards and divisions.



SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 16 months Sep 2023 to Dec 2024





Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	1	0	2	0	0	0	2	0	1	0	1	4	
	Hand hygiene compliance (Target: >90%)	93.5%	97.0%	97.3%	96.2%	98.6%	94.9%	98.2%	98.5%	95.8%	96.1%	97.7%	96.5%	97.2%	
Incidents	Number of serious incidents	1	0	3	17	2	0	2	16	3	0	5	8	33	
	Incident reporting rate per 100 admissions (Target: >8.5)	11.0	12.1	12.1	10.6	10.5	10.0	10.6	9.8	10.7	11.1	11.3	11.0	10.2	
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.00	0.06	0.02	0.02	0.00	0.03	0.02	0.01	0.00	0.04	0.02	0.02	0.02	
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	5.64	5.32	5.52	5.42	3.71	4.17	3.40	4.10	4.64	4.75	4.45	4.60	4.75	
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	1.3%	0.0%	0.5%	0.0%	0.0%	0.0%	0.5%	0.0%	0.7%	0.0%	0.2%	0.5%	
	Never Events (Target: 0)	0	0	0	1	0	1	0	1	0	1	0	1	2	
Harm	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	1	0	0	1	0	1	0	6	1	1	0	2	7	
	Safeguarding adults - number of referrals	43	45	38	353	42	38	49	369	85	83	87	255	722	
	Safeguarding children - number of referrals	137	110	102	942	141	135	105	1171	278	245	207	730	2113	
Mortality	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	66	66	72	72	72	74	67	67	70	70	70	70	70	
	Number of hospital deaths - Adult	33	40	41	320	70	70	44	519	103	110	85	298	839	
	Number of hospital deaths - Paediatric	1	0	0	3	0	0	0	0	1	0	0	1	3	
	Number of hospital deaths - Neonatal	1	2	1	13	0	1	0	3	1	3	1	5	16	
	Number of deaths in A&E - Adult	2	4	0	16	5	3	0	18	7	7	0	14	34	
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	

MRSA

There were 0 Trust attributed MRSA bacteraemias in December 2024. There have been a total of 4 Trust attributed bacteraemias this financial year, RCA's have been held for all cases and action plans monitored for progress/ completion.

Incidents

There were five PSI Investigations declared in December 2024: a patient fall resulting in an acute subdural hematoma, a maternal trauma to the bladder, and two cases currently being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme: an unexpected term admission to NICU and a late intrauterine death. The fifth incident was declared a surgical Never Event: a retained maternal swab. All of the cases have been discussed at the Initial Incident group and immediate safety actions and areas for improvement have been taken. During the target month (December 2024) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting is encouraged to highlight improvements, safe practices, and near-miss events that could have been harmful but were avoided. The implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) further supports staff in improving patient safety practices and learning from incidents.

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

Trust target met. Reporting of medication-related incidents continues to increase across the quarter cross-site [October: CW (98), WM (65); November: CW (98), WM (73), December: CW (112), WM (79)].

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














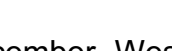
Trust target met.

Safeguarding

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



Patient Experience

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	98.02%	94.26%	93.64%	94.41%	97.75%	97.95%	97.78%	97.72%	97.87%	96.28%	96.32%	96.9%	96.30%	
	FFT: Inpatient not satisfaction % (Target: <10%)	3.21%	3.28%	4.09%	3.04%	0.61%	0.23%	0.25%	0.79%	1.79%	1.61%	1.60%	1.7%	1.76%	
	FFT: Inpatient response rate (Target: >15%)	23.84%	21.81%	13.72%	23.38%	33.56%	31.84%	29.26%	35.84%	28.32%	26.34%	20.92%	25.3%	29.18%	
	FFT: A&E satisfaction % (Target: >90%)	83.24%	81.05%	83.90%	84.73%	75.46%	76.60%	70.17%	78.00%	79.66%	79.00%	77.19%	78.7%	81.69%	
	FFT: A&E not satisfaction % (Target: <10%)	11.24%	12.60%	11.19%	10.22%	16.78%	17.26%	21.60%	15.55%	13.78%	14.74%	16.28%	14.9%	12.62%	
	FFT: A&E response rate (Target: >15%)	9.91%	9.64%	8.87%	13.23%	8.43%	8.21%	7.86%	11.20%	9.17%	8.92%	8.34%	8.8%	12.23%	
	FFT: Maternity satisfaction % (Target: >90%)	89.58%	89.77%	85.71%	90.24%	97.10%	93.44%	93.22%	88.31%	92.73%	91.28%	89.81%	91.5%	89.44%	
	FFT: Maternity not satisfaction % (Target: <10%)	8.33%	7.95%	12.24%	6.97%	1.45%	3.28%	5.08%	7.54%	5.45%	6.04%	8.33%	6.4%	7.21%	
	FFT: Maternity response rate (Target: >15%)	17.27%	15.66%	9.55%	19.03%	14.20%	14.45%	12.37%	15.56%	15.83%	15.14%	10.91%	14.0%	17.43%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	30	27	35	201	30	27	35	92	201	
Complaints	Complaints (informal) through PALS	53	38	18	333	40	44	24	311	93	82	42	217	644	
	Complaints formal: No of complaints due for response	26	24	23	240	11	11	9	96	37	35	32	104	336	
	Complaints formal: Number responded to < 25 days	21	23	20	198	11	6	7	76	32	29	27	88	274	
	Complaints sent through to the Ombudsman	0	0	0	0	1	1	0	2	1	1	0	2	2	

MSA (Mixed Sex Accommodation)

Guidelines for the Provision of Intensive Care Services can dictate that patients should be transferred from critical care to a ward within four hours of the decision. In December, West Middlesex had 35 instances where patients were cared for in mixed-sex accommodation areas, falling short of the required standard. High activity outside critical care: 18 patients waited over 10 hours for a ward bed, with 7 waiting over 30 hours. The intensive care unit ran at full capacity in December and a sharp increase in influenza cases restricted the opportunity to move our patients to other beds. We are committed to respecting patient dignity and cultural beliefs at all times, even during these unavoidable breaches.

Complaints

87% of complaints were responded to within the 25 day KPI (target 95%) during December 2024. Five complaints were not responded to within the timeframe – 2 for EIC, 2 for Planned Care and 1 Specialist Care. Compliance with responding to PALS concerns within 5 working days during December was 90% (KPI 90%).

Friends and Family Test

Whilst satisfaction rates have been maintained in a number of areas, such as inpatient wards including A&E at CW and maternity at WM, there is an increasing concern over the continued decline in response rates and response totals. Ward leads and divisional leadership have been informed of this and asked to address this. No real changes in the positive or negative themes from previous months however, given the small sample size and continued decline in this sample size, it is not reasonable to draw valid conclusions.



Efficiency and Productivity

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.62	3.05	2.68	3.02	2.62	2.42	2.54	2.52	2.62	2.86	2.63	2.70	2.86	-
	Average length of stay - non-elective (Target: <3.95)	4.96	4.84	5.89	4.60	4.00	3.98	4.93	3.86	4.39	4.36	5.35	4.69	4.18	!
	Emergency care pathway - average LoS (Target: <4.5)	6.85	6.16	8.03	5.47	4.71	4.64	6.22	4.42	5.46	5.22	6.93	5.87	4.83	!
	Emergency care pathway - discharges	179	203	204	2078	336	328	315	3308	516	531	520	1567	5387	-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	4.33%	5.09%	6.77%	5.04%	6.83%	7.18%	7.03%	6.86%	5.58%	6.13%	6.90%	6.17%	5.95%	-
	Non-elective long-stayers	451	481	220	3989	515	474	166	4013	966	955	386	2307	8002	-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	88.1%	89.8%	85.4%	87.7%	88.1%	90.8%	86.5%	87.8%	88.1%	90.1%	85.8%	88.3%	87.7%	-
	Operations cancelled on the day for non-clinical reasons: actuals	20	22	22	145	21	19	15	141	41	41	37	119	286	-
	Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.48%	0.60%	0.73%	0.43%	0.65%	0.64%	0.56%	0.54%	0.55%	0.62%	0.65%	0.60%	0.48%	-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	2	1	8	24	0	0	0	11	2	1	8	11	35	!
	Theatre Utilisation Model Hospital (Target > 85%)	80.2%	80.3%	81.5%	78.9%	91.2%	95.0%	92.9%	91.7%	84.1%	85.4%	85.5%	85.0%	83.4%	-
Outpatients	First to follow-up ratio (Target: <1.5)	2.39	2.45	2.45	2.38	1.79	1.76	1.83	1.77	2.10	2.12	2.15	2.12	2.09	!
	Average wait to first outpatient attendance (Target: <6 wks)	9.7	9.2	8.6	9.8	10.5	10.6	9.8	11.0	10.1	9.9	9.2	9.7	10.4	!
	DNA rate: first appointment	10.6%	10.0%	10.7%	10.5%	9.6%	10.7%	10.2%	9.8%	10.1%	10.3%	10.5%	10.3%	10.2%	-
	DNA rate: follow-up appointment	8.0%	7.7%	7.9%	8.2%	6.8%	7.0%	7.1%	7.2%	7.5%	7.4%	7.6%	7.5%	7.8%	-
	PIFU - % of Total Outpatient attendances	11.6%	11.6%	11.7%	11.4%	2.2%	2.2%	2.3%	2.0%	7.7%	7.7%	7.7%	7.7%	7.5%	-

Day-Case Rate

The day-case rate decreased slightly in December 2024 going down from 90.1% to 85.8%, with both sites remaining above the target of 85%. This decrease was driven by a reduction on both sites.

Cancelled Operations

The increase of the number of cancelled operations on the day (for non-clinical reasons) decreased slightly in with 37 patients in total. Reasons included surgeon availability, availability of beds, and complications creating list over-runs. The work stream on preoperative optimisation should support with improving this.

Theatre Utilisation













Trust-Wide utilisation remained fairly static in December 2024, increasingly slightly at 85.5%. Theatre utilisation remains significantly above the 85% target at 95% on the West Middlesex site. The Chelsea site remains below the 85% target, this has been driven by challenged utilisation in Paediatrics.

Outpatients

The Trust's DNA rate worsened slightly in December, although the overall position remains much better than the same time last year. Percentage of patients discharged to PIFU inched up on each site, although the combined score is static against the denominator. Our average wait to first appointment dropped on both sites in December as urgent patients were prioritised for new appointments. The first-to-follow-up ratio remains static with a small deterioration at the WM site in December.



Clinical Effectiveness

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	97.2%	96.0%	96.1%	94.6%	96.1%	92.7%	91.2%	93.3%	96.6%	94.3%	93.5%	94.7%	93.9%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	31.3%	66.7%	70.0%	67.2%	86.7%	88.9%	93.8%	93.7%	58.1%	81.5%	80.6%	73.4%	79.9%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	85.0%	82.4%	75.0%	80.0%	90.5%	77.8%	88.9%	90.3%	87.8%	80.0%	81.6%	83.3%	85.6%		-
VTE	VTE: Hospital acquired	1	1	0	5	9	10	0	46	10	11	0	21	51		-
	VTE risk assessment (Target: >95%)	96.2%	94.6%	94.9%	94.9%	94.6%	96.9%	95.8%	96.1%	95.4%	95.8%	95.4%	95.6%	95.5%		-
TB Care	TB: Number of active cases identified and notified	3	3	1	21	12	15	5	70	15	18	6	39	91		-
Sepsis	ED % Periods Screened (Target >90%)	93.0%	91.3%	93.1%	91.1%	85.2%	83.5%	84.4%	84.7%	89.5%	88.1%	89.2%	88.9%	88.2%		
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	74.8%	71.7%	73.7%	74.0%	88.8%	88.9%	90.0%	89.7%	79.7%	77.5%	78.9%	78.7%	79.8%		
	Ward % Periods Screened (Target >90%)	84.5%	85.0%	84.0%	86.0%	90.6%	93.2%	93.0%	93.3%	87.6%	89.2%	88.3%	88.4%	89.5%		
	Ward % Potential Red Flag Sepsis Reviewed (Target >90 %)	95.6%	95.2%	96.3%	95.9%	97.9%	96.5%	97.7%	96.4%	96.8%	95.9%	97.1%	96.6%	96.2%		
Discharge	Date of Discharge is same as Discharge Ready Date	88.4%	90.1%	89.3%	88.8%	85.8%	86.0%	85.4%	86.0%	87.0%	88.0%	87.2%	87.4%	87.3%		
	Date of Discharge is 1+ days after Discharge Ready Date	11.6%	9.9%	10.7%	11.2%	14.2%	14.0%	14.6%	14.0%	13.0%	12.0%	12.8%	12.6%	12.7%		

Dementia Screening

The Trust maintains compliance for dementia screening at Trust level with both sites achieving the target of 90%.

#NoF (*Time to Theatre -Neck of Femur*) (Awaiting date)

Performance has improved in December 2024 with both sites reporting improvement. Performance for the Chelsea site improved as 14 of 20 patients had surgery within 36 hours. All breaches were due to theatre capacity. In the West Middlesex site 15 of 16 patients were medically fit for surgery had surgery within 36 hours. The two breaches were due to theatre overrunning.

VTE Risk

The Trust is reporting compliance against the VTE risk assessment. West Middlesex site remains consistently compliant for Dec 2024. The Chelsea site is reporting performance slightly below the 95% target as this was missed this month by 0.1%. The areas that require further work are elective treatments across divisions.

Discharge Ready

The numbers continue to be fairly stable across the quarters for the metric measuring the time from the patient being identified as no longer meeting the criteria to reside and discharge. Daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way. The Trust discharge dashboard is in place and the discharge teams are working on processes for improvement.

Sepsis

Screening in ED at Chelsea remains compliant with improvement noted at WMUH ED following targeted training. For the Sepsis Review metric improvement is noted with the underperformance in ED at Chelsea driven by high volume paediatric patients not requiring antibiotics.



Access

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	342	374	340	340	318	300	324	324	660	674	664	664	664	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	93.04%	94.84%	89.27%	85.03%	91.33%	93.53%	91.91%	81.84%	92.15%	94.19%	90.58%	92.35%	83.40%	
	Diagnostic waiting times >6 weeks: breach actuals	403	307	592	8089	542	382	442	10283	945	689	1034	2668	18372	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.0%	7.3%	6.7%	7.1%	7.9%	7.7%	6.9%	7.5%	7.5%	7.5%	6.8%	7.3%	7.3%	
	A&E time to treatment - Median (Target: <60')	00:22	00:28	00:28	00:26	00:35	00:36	00:35	00:35	00:30	00:32	00:32	00:31	00:31	
	London Ambulance Service - patient handover 30' breaches	57	70	43	352	326	230	201	1575	383	300	244	927	1927	
	London Ambulance Service - patient handover 60' breaches	0	2	0	5	15	11	4	60	15	13	4	32	65	

Diagnostic 6-Week Waits

December has been a challenging month for diagnostics in general, due to the expected reduction of operational days, the higher than usual sickness within staffing and increased A&E and Inpatient pressures. This has led to some elective lists cancellations in order to prioritise more acute patients. The overall consequence has been a drop in the DM01 performance by three percentage points. MRI remains the biggest pressure area for the Trust DM01.

Ambulance Handover

The Trust performance for ambulance handovers remains strong with an improvement in performance for December for both handover within 30 and 60 minutes. The Chelsea Site had no 60 minute breaches.



RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
RTT waiting list positions	Total RTT waiting list	29922	30670	30648	31565	31604	32047	61487	62274	62695
	Total Non-Admitted waiting list	26861	27626	27217	29784	29751	30007	56645	57377	57224
	Non-Admitted with a date	7781	11274	14934	7124	9409	11916	14905	20683	26850
	Non-Admitted without a date	19080	16352	12283	22660	20342	18091	41740	36694	30374
	Total Admitted waiting list	3061	3044	3431	1781	1853	2040	4842	4897	5471
	Admitted with a date	430	566	857	326	470	728	756	1036	1585
	Admitted without a date	2631	2478	2574	1455	1383	1312	4086	3861	3886
	Patients waiting >65 weeks	15	8	5	5	6	9	20	14	14
	Patients waiting >78 weeks	0	0	0	0	0	0	0	0	0
	Patients waiting >104 weeks	0	0	0	0	0	0	0	0	0

RTT 52 week waiters Specialty Dashboard

Specialty Name	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust position		
	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24	Oct-24	Nov-24	Dec-24
Total	342	374	340	318	300	324	660	674	664
Audiology						2	1		2
Burns Care	1						5	2	4
Clinical Haematology	5	2	4				19	18	20
Colorectal Surgery	13	9	10	6	9	10	15	23	22
Dermatology	8	10	13	7	13	9	6	3	1
Endocrinology	2	2	1	4	1		89	79	108
ENT				89	79	108	3	5	1
Gastroenterology	3	5	1				68	62	49
General Surgery	64	55	44	4	7	5	1		
Gynae Fibroids	1						5	11	16
Gynaecology	3	10	13	2	1	3	17	6	5
Hepatology	1	1	3	16	5	2	1	2	2
Maxillo-Facial Surgery	1	2	2				1	1	
Neurology				1	1		16	13	16
Ophthalmology	16	13	16	4	2	1	4	2	1
Oral Surgery							1	4	7
Orthodontics	1	4	7						1
Paediatric Burns Care			1					1	
Paediatric Cardiology					1				
Paediatric Clinical Haematology				1			1		
Paediatric Clinical Immunology	4	1		2	3		6	4	
Paediatric Dentistry			2						2
Paediatric Dermatology	1	1	1	2	1		3	2	1
Paediatric Ear Nose and Throat	3	4	2	44	41	33	47	45	35
Paediatric Gastroenterology	5	2	2	4			9	2	2
Paediatric Maxillo-Facial Surg	6	4					6	4	
Paediatric Neurology		1	1					1	1
Paediatric Plastic Surgery	15	6	6				15	6	6
Paediatric Respiratory Medicin		1						1	
Paediatric Surgery	1			1	1		2	1	
Paediatric Trauma and Orthopae				1			1		
Paediatric Urology		1		3		2	3	1	2
Paediatrics	1						1		
Pain Management	6	6	10				6	6	10
Plastic Surgery	90	109	89	30	16	22	120	125	111
Podiatric Surgery				3	3	2	3	3	2
Podiatry				3	1	1	3	1	1
Respiratory Medicine				1			1		
Rheumatology	1			2			3		
Trauma & Orthopaedics	55	61	57	52	59	59	107	120	116
Urology	16	24	21	1		1	17	24	22
Vascular Surgery	19	40	34	35	56	64	54	96	98



Maternity

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:24	1:22	1:24	1:24	1:25	1:24	1:24	1:24	1:25	1:23	1:24	1:24	1:24	-
	Hours dedicated consultant presence on labour ward (Target: 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	-
Birth indicators	Total number of NHS births (Target: > CW 439 WM 392)	449	463	388	3934	419	367	385	3503	868	830	773	2471	7437	-
	Total number of bookings (Target: > CW 580 WM 478)	619	560	532	5100	458	515	401	4212	1077	1075	933	3085	9312	-
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	98.0%	97.0%	97.0%	98.0%	98.0%	99.0%	97.8%	97.5%	98.0%	98.0%	97.8%	97.4%	-
Safety	Admissions >37/40 to NICU/SCBU	19	22	33	196	9	9	23	310	28	31	56	74	196	-
	Number of reported Serious Incidents	1	2	1	22	2	1	0	14	3	3	1	7	36	-
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	0	0	6	0	0	0	3	0	0	0	0	9	-
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.1%	7.3%	6.4%	6.9%	9.3%	4.4%	6.4%	6.1%	7.2%	5.9%	6.4%	6.5%	6.5%	-
	Number of stillbirths	4	0	1	11	3	1	1	11	7	1	2	10	22	-
	Number of Infant deaths	0	2	2	12	1	1	1	9	1	3	3	7	21	-
	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	2.8%				5.3%	n/a	n/a	n/a	n/a	4.1%	-
	Spontaneous unassisted vaginal births	26.0%	25.0%	21.0%	24.4%	33.0%	28.0%	26.0%	28.9%	29.5%	26.5%	23.5%	26.5%	26.7%	-
	Vaginal Births - spontaneous & induced	39.0%	39.0%	34.0%	37.6%	45.0%	40.0%	39.0%	42.1%	42.0%	39.5%	36.5%	39.3%	39.9%	!
	Instrumental deliveries	69	76	46	503	50	63	56	465	119	139	102	360	968	-
	Pre-labour elective caesarean sections	90	79	86	805	64	52	64	511	154	131	150	435	1316	-
	Emergency caesarean sections in labour	109	123	121	1089	112	104	111	1041	221	227	232	680	2130	-



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 The current midwifery ratios on each site for the month of December are 1:24 at Chelsea and 1:22 at West Middlesex. The service has now received the draft report from Birth-rate plus which will be fully presented in Q3's (2025) staffing paper. The latest recommendations suggest that the midwife to woman ratio on the CW site should be reduced to 1:23 (previously 1:26) and 1:21 (previously 1:22) on the WM site. This is based on the current acuity and activity within both sites. Whilst the birth rate has declined nationally the acuity particularly for women in categories, 4 and 5 (high risk) continue to rise and category 1 (low risk) decrease accordingly. The leadership team are undertaking a workforce review based on the updated Birth-rate plus report alongside demand and capacity.

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. The compliance rate for the month of December on the CW site has remained static at 72%. The service will continue to focus on meeting the 85% compliance target. West Mid reported compliance of 86.0 % for December. There were 2 red flags reported on the CW site and 7 on the WM site. The 2 red flags on the CW site were delayed or cancelled time-critical activity (n=2). The 7 red flags at WM were due to the coordinator unable to maintain supernumerary status – but not providing 1:1 care (n=1), delayed or cancelled time critical activity (n=2) and delay in providing pain relief (n=2) (compliance with MIS safety action 5 not compromised). The Birth-rate plus app now reviews the loss of supernumerary status as either providing 1:1 care in labour or not. This is an important improvement but all red flags are currently reviewed to ensure appropriate escalation was followed, and all red-flags are presented at the monthly cross-site MQAS meeting. Both sites have gone live with Birth-rate plus in the inpatient areas, the service is working on improving compliance.

The acuity by RAG status at CW saw a decline from 67% of shifts in November RAG rated green to 60% in December (staffing met activity and acuity demands). The amber rating was 40% in December (up to 2 MWs short) no shifts were RAG rated red. The acuity RAG rating on the WM site continue to decline to 49% green compared to 52% in November (staffing met activity and acuity demands). 33% of shifts were classified as amber (up to 2 MWs short) in comparison to November which saw 34%. 18% of the shifts were RAG rated red (two or more midwives short). It is recognised there are limitations to the tool as it only represents a 4-hour snapshot window and to manage activity and mitigate risk, staffing is reviewed during the safety huddles as a minimum and staff redeployed accordingly. Substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff, this ensures safe staffing levels are maintained. For November, the fill rate on both sites during the day was 110%. The additional staffing was due to a number of preceptee midwives and internationally educated midwives working in a supernumerary capacity. The service is currently reviewing how best to support a predominantly junior workforce, and recognising the challenge that this brings.

The neonatal nursing action plan continues to progress with positive international and local recruitment. The leadership team continue to enhance the local QIS programme to optimise skill mix. Currently the QIS is at 52% at CW and 80% at WM. There are a number of nurses on a QIS course which is due for completion in spring next year. The Nursing Business case was presented to Trust Board for approval and the service are currently working up the actions from this.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice daily ward rounds. The MIS year 6, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. In addition (effective February 2023) all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility data regarding compliance. A detailed summary was included in the Q2 Maternity and Neonatal Staffing Report. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2 unit. The BAPM compliance for December stands at 80% for tier 1 and 87% for tier 2. The Trust are still awaiting confirmation from the ICB as to when the LNU level 2 re-designation will be financed to enable the green light in moving this forward.

Safety:

WM site:

There was no patient safety incidents at WM in December.

Datix reporting system: There were 84 reported incidents in December (87 reported in November)

Main themes arising

- MOH >1500mls (10)
- Category 1 CS (8)
- Delay/failure in access to hospital/care (5)



CWH site: There was 1 patient safety incident:

1. Any other Asian background, delayed diagnosis of jaundice, baby admitted to NICU for triple phototherapy and fluids and will require MRI at 3 months of age.

Datix reporting system: In December 110 a decrease from November (130)

Main themes arising:

- Communication within team + inadequate handover of care (15)
- Delay/failure in access to hospital/care (9)
- Medication error (8)
- MOH (7)
- NICU admissions (6)

102 Datix closed in December, 259 closed in December, (33 incidents overdue awaiting closure).

1. **PMRT (Cross site):** CW site reported 2 cases. **NND** x2 (22+5 and 24+1), **Stillbirth** x1 (32+3 weeks). WMUH reported 2 cases: **NND** x1 (22+3) , **Stillbirth** x1 (25+5)
2. **ATAIN (Cross site):** On the CW site there were 33 term admissions in December, currently being reviewed and an update will be provided in the January IBR. . On the WM site there were 23 term admissions in December and 2 were deemed avoidable. This gives a term admission rate of 4.08% which is a significant increase from 2.59% in November. Both sites are under the national target of <6% for all term admissions.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
4. **SBLCBv3** (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. A peer review was undertaken on the 30th November where compliance was agreed to be at 93% of all interventions. An action plan is in place to achieve full compliance by March 2025.

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

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be complaint with all interventions by early 2025. **Compliant with 17/20 interventions.**

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

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

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

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



Perinatal Quality Surveillance Model Board Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	94.0%	97.0%	94.0%	93.2%	92.0%	93.0%	93.0%	93.6%	93.0%	95.0%	93.5%	93.8%	93.4%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	93.0%	97.0%	94.0%	93.6%	86.0%	96.0%	87.0%	90.0%	89.5%	96.5%	90.5%	92.2%	91.8%
	Service User Feedback FFT	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	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	0	0	0	0	0	0
	Progress in achievements of NHSR MIS (10 safety actions) Green									8	10	4	22	49
	Progress in achievements of NHSR MIS (10 safety actions) Amber									2	0	6	8	26
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

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



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.

Coroner Regulation 28 made directly to Trust:

In December a prevention of future deaths (PFD) was issued to the Trust following a neonatal death inquest of a baby born at Chelsea. The Trust will respond to the PFD within the 56 day timeframe.

Multi-professional mandatory training and fetal monitoring training: In December overall multi-disciplinary training compliance was 92% and fetal monitoring is at 96% across both sites. Whilst training compliance fluctuates depending on where staff are in their training cycle, the practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period into MIS year 7 2025. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this year's teaching programme, to support the departments commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, there was a significant decline in service user response rates in December on the CW to 13% from 18% in November and this is in keeping with a marked decline throughout the year. This is also reflected in a downward trend in positive feedback, which has dropped further from 86.08% in November to 83.08% in December. On the CW site, negative feedback continues to be raised about staff attitude, communication and delays in care. Conversely the position at WM remains stable with 93.42% of feedback being positive, however the response rate has declined by further 1% and is now at 16%. The negative scores on the WM site are impacted by staff communication, attitude and behaviour. The CQC national maternity survey published its results this month and whilst the Trust continues to hold its position in London for patient experience, there are some areas of focus that need addressing specifically in relation to labour and birth, where despite there being improvement to 31% of the scores, 56% have declined. The Patient Action Plan is being tracked by the service leadership on collaboration with the MNVP.

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. 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 incentive Scheme year 6: MIS year 6 was published on 2nd April 2024 and the reporting period for submission ended on the 30th November. The Trust has reported full compliance with 10 out of 10 safety actions and has submitted action plans in relation to safety action 3 (transitional care on the WMUH site) and safety action 4 (neonatal nursing on the CW site). The evidence will be reviewed by the LMNS next year, presented by the DDOMs on both sites before the submission deadline of the 3rd March 2025.








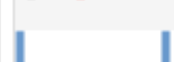


Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020 and the service has been working to achieve full compliance with the report. The service is fully compliant and will continue the audits to ensure the IEAs are embedded.

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



Cancer Update

62 day Cancer referrals by tumour site Dashboard
Target of 85%

			Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site		Oct-24	Nov-24	Dec-24	2024-2025	YTD breaches	Oct-24	Nov-24	Dec-24	2024-2025	YTD breaches	Oct-24	Nov-24	Dec-24	2024-2025 Q3	2024-2025	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast		n/a	n/a	n/a	n/a		100%	93.5%	100%	95.9%	5	100%	93.5%	100%	97.1%	95.9%	5		-
	Colorectal / Lower GI		88.9%	100%	66.7%	89.9%	9	78.6%	93.1%	66.7%	76.7%	26.5	85.4%	96.1%	66.7%	91.3%	82.5%	35.5		-
	Gynaecological		0.0%	100%	62.5%	69.6%	10	84.6%	62.5%	83.3%	83.6%	7.5	68.8%	66.7%	75.0%	68.0%	77.9%	17.5		!
	Haematological		100%	66.7%	100%	91.4%	3	93.8%	100%	100%	92.3%	7	95.9%	94.6%	100%	95.3%	92.1%	10		-
	Head and neck		100%	100%	n/a	94.7%	1	66.7%	n/a	50.0%	55.6%	5	87.5%	100%	50.0%	92.9%	82.1%	6		-
	Lung		59.1%	52.9%	93.8%	66.3%	17.5	100%	80.0%	85.0%	82.7%	12	67.9%	63.0%	88.9%	65.5%	74.8%	29.5		-
	Sarcoma		n/a	n/a	20.0%	42.9%	6	n/a	81.8%	25.0%	75.8%	7	n/a	81.8%	22.2%	81.8%	70.0%	13		-
	Skin		92.9%	98.5%	100%	95.1%	8	94.4%	96.7%	80.0%	95.4%	6	93.3%	97.9%	95.0%	96.2%	95.2%	14		-
	Upper gastrointestinal		100%	92.9%	71.4%	98.3%	3.5	85.7%	100%	93.3%	57.0%	18	93.3%	95.0%	86.4%	94.0%	85.3%	21.5		-
	Urological		75.6%	66.7%	57.1%	61.1%	44.5	86.5%	80.9%	83.1%	81.2%	53.5	80.8%	76.9%	78.8%	79.0%	75.0%	98		!
	Urological (Testicular)		n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0		-
	Site not stated		n/a	n/a	n/a	n/a		100%	66.7%	n/a	90.9%	1	100%	66.7%	n/a	83.3%	90.9%	1		-

November 2024

Trust Commentary

The 62-Day combined target of 85% standard was met in November 2024 with another strong performance of 88.58%. December 2024 position continues to be validated, standing at present at a more challenged un-validated position of 82.58 %. The backlog trajectory remains within set tolerances with continued reviews and analysis into challenged pathways, but the Trust continues to see pressures within Sarcoma, Urology and Lung.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1	15.5
Gynaecology		0.5	1.5	4
Haematology	1	3		15.5
Head and Neck		3		
Colorectal		11	1	14.5
Lung	5	8.5		5
Other			1	3
Skin			1	5.5
Upper GI	0.5	33	0.5	15
Urology	0.5	7		3
Brain	3	9	4.5	23.5
Total:	10	75	10.5	104.5



Safer Staffing

Chelsea and Westminster **December 2024**

Ward	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate and severe)		FFT
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total	Qualified		Un-qualified	No harm and mild		Moderate and severe		Month	YTD	Month	YTD		
											Month	YTD	Month	YTD						
Maternity	100%	85%	99%	99%	7.8	2.7	10.5	13	8.18%	14.56%	20.53%								89.7%	
Annie Zunz	133%	100%	98%	89%	11.4	4.5	15.9	8	16.13%	9.56%	0%		1						100.0%	
Apollo	102%	-	103%	-	19.7	0	19.7	N/A												
Mercury	98%	-	99%	-	8.2	0	8.2	9.4					1						83.3%	
Neptune	113%	-	122%	-	11.6	0	11.6	11.1											94.3%	
NICU	96%	-	98%	-	13.5	0	13.5	26	9.55%	9.16%	0%								100.0%	
AAU	104%	83%	103%	103%	6.3	1.4	7.8	7.7	6.14%	10.49%	39.57%	9	15						96.9%	
Nell Gwynne	105%	69%	135%	75%	4.6	3.4	7.9	6.9	-8.20%	15.76%	31.83%	5	12						100.0%	
David Erskine	101%	69%	89%	104%	3.6	2.4	6.4	6.6	0.60%	8.89%	11.36%								93.8%	
Edgar Horne	103%	66%	106%	102%	3.3	2.4	5.8	6.4	4.33%	16.67%	31.57%	4	8		1				90.0%	
Lord Wigram	79%	103%	91%	141%	4	3.5	8	7.5	7.47%	0.00%	4.54%	2	5						100.0%	
St Mary Abbots	91%	87%	99%	95%	3.9	2.5	6.6	7.2	17.68%	11.29%	17.28%	5	5						96.9%	
David Evans	77%	84%	126%	222%	6.5	3.6	10.1	7.2	-10.31%	7.77%	41.86%		2						92.6%	
Chelsea Wing	103%	118%	99%	68%	9.8	6	15.8	7.2	24.97%	6.90%	0.00%	1	1						100.0%	
Burns Unit	101%	194%	156%	213%	16.4	5.7	22.1	N/A	18.41%	10.60%	0%								100.0%	
Ron Johnson	98%	134%	101%	139%	4.8	3.5	8.3	7.6	18.23%	18.53%	26.67%	2	4						100.0%	
ICU	98%	52%	99%	54%	25	0.9	26.4	26	13.89%	12.57%	0%		1							
Rainsford Mowlem	77%	75%	77%	82%	3.2	3	6.6	6.9	1.87%	9.37%	22.98%	6	12						92.5%	
Nightingale	83%	86%	106%	99%	3.5	3.3	6.8	7.4		0.00%	14.55%	8	16		1				100.0%	

West Middlesex **December 2024**

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark	Vacancy Rate	Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents (moderate & severe)		FFT	
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA			Qualified	Un- Qualified	No Harm & Mild		Moderate & Severe		Month	YTD	Month	YTD			
											Month	YTD	Month	YTD							
Lampton	115%	94%	126%	96%	3.4	2.8	6.2	0		52.97%	0.00%	26.27%	5	26				3			100%
Richmond	111%	109%	100%	133%	3.3	2.1	5.4	7.84		8.07%	5.58%	0.00%	3	21		1					100%
Syon 1 cardiology	97%	101%	100%	108%	3.9	1.9	5.8	8.83		-6.19%	3.95%	11.79%	4	25							100%
Syon 2	105%	86%	98%	93%	3.5	2.6	6.1	6.88		-6.41%	4.62%	4.89%	3	34		1		2		1	98%
Starlight	129%	-	124%	-	10	0	10	11.95		14.40%	16.81%	76.92%	1	2						1	100%
Kew	115%	115%	120%	193%	3.8	4.1	7.9	7.09		0.07%	14.83%	5.18%	8	34							100%
Crane	101%	83%	101%	64%	3.4	3.1	6.5	7.09		-4.04%	5.10%	19.48%									100%
Osterley 1	97%	53%	99%	132%	3.8	2.5	6.3	7.89		9.06%	16.92%	21.91%	6	47		1					98%
Osterley 2	99%	74%	101%	130%	3.6	2.7	6.3	7.84		-1.56%	34.50%	5.06%	1	26		1					100%
MAU	98%	91%	107%	99%	6	2.4	8.4	8.53		3.96%	1.55%	0.00%	9	61							96%
Maternity	99%	99%	104%	111%	7.8	2.3	10.1	12.48		-3.78%	4.01%	13.95%									88%
Special Care Baby Unit	81%	-	91%	-	8.4	0	8.4	11.95		17.59%	4.32%	0.00%									100%
Marble Hill 1	166%	129%	148%	247%	4.9	3.6	8.5	6.7		-2.95%	8.76%	0.00%	2	65							96%
Marble Hill 2	126%	110%	180%	117%	4.6	2.9	7.5	6.98		-6.94%	13.09%	17.85%	3	42			2				93%
ICU	97%	-	102%	-	27.1	0	27.1	26.81		6.97%	11.25%	0.00%	1	1		1					
Redlees (Kew)	99%	96%	100%	98%	3.7	3.4	7.1	8.02		-2.75%	4.92%	5.35%	9	32		1					100%



Safer Staffing & Patient Quality Indicator Report

December 2024

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 experienced increased RN and HCA fill rates at night due to sickness and an increased number of confused patients and those at high risk of harm. Marble Hill 1 reported increased RN and HCA fill rates for both day and night shifts due to high acuity, escalation beds open and bay tagging for several patients. On Marble Hill 2 the increased RN fill rate during day and night reflects the need for staffing additional escalation beds. Reduced HCA fill rates on DRU, reflect adjustments to patient needs and acuity levels, CHPPD was not compromised. Lampton FU had additional RN fill rate due to escalation beds open.

Osterley 1 and Osterley 2 had low HCA fill rates for day shifts due to sickness and an inability to cover shifts with bank staff but supernumerary staff supported these wards to maintain CHPPD. Osterley 1, Osterley 2 and Richmond increased HCA fill rates at night due to sickness and patients at high risk of falls and those requiring 1:1 care.

Starlight ward had increased fill rate of RN both day and night due to increase in bed capacity and activity due to winter pressure.

Chelsea and Westminster site:

Saint Mary Abbot's Ward experienced increased HCA fill rates both day and night due to the opening of escalation beds and a rise in medical patient admissions. Similarly, Lord Wigram Ward reported high HCA fill rates during night shifts due to increased patient acuity and the necessity for 1:1 care for confused or high-risk patients.

Ron Johnson ward required high HCA fill rates both day and night to support several patients needing 1:1 care. Chelsea Wing had high RN fill rates during the day due to high sickness and patient's acuity including one to one care.

Annie Zunz had low RN fill rate as they had reduced staffing level requirements due to their patient acuity and their activity. AAU, Nell Gwynne, David Erskine had low HCA fill rates during the day due to sickness. Staff were moved to other areas to support staffing but CHPPD was not compromised. Nell Gwynne ward increased RN fill rates at night to care for patients with tracheostomies. Nightingale ward had low fill rates for both RN and HCA roles during the day and night, due to bed closures. Staff were reassigned to other wards to support. Rainsford Mowlam had high fill rate for RN due to the opening of escalation beds that required additional RN during the night. Burns ward required additional HCA and RN fill rates both day and night to support a patient requiring 1:1 care.

Incidents:

There were no incidents reported with harm during December.

Friends and Family test showed that nine wards at WM and eight in CW scored 100%. In terms of FFT, no specific themes were identified in the feedback from Lord Wigram which reported a 75% satisfaction rate. The ward had a plan in place to improve their response rate by involving volunteers and ward clerk to support and FFT will be included as part of the ward managers round.

Please note all incident figures are correct at time of extraction from DATIX. There were four red flags raised in December, one at WMUH and three at CW. They are all related to staffing shortfalls. The vacancy rate and turnover are from November 2024.

Please note all incident figures are correct at time of extraction from DATIX. There were four red flags raised in September, three at CW and one at WM. They related to staffing shortfalls. The vacancy rate and turnover are from September 2024.



Safe Staffing Analysis | Registered Nurse and Care Staff December 2024

RN Fill Rates (ward areas) decreased from 105.69% in November 2024 to 103.66% in December 2024. The RN vacancy rate (whole trust) in November 2024 was 2.82%

Care Staff Fill Rates (ward areas) decreased from 100.19% in November 2024 to 97.71% in December 2024. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in November 2024 was 9.02%

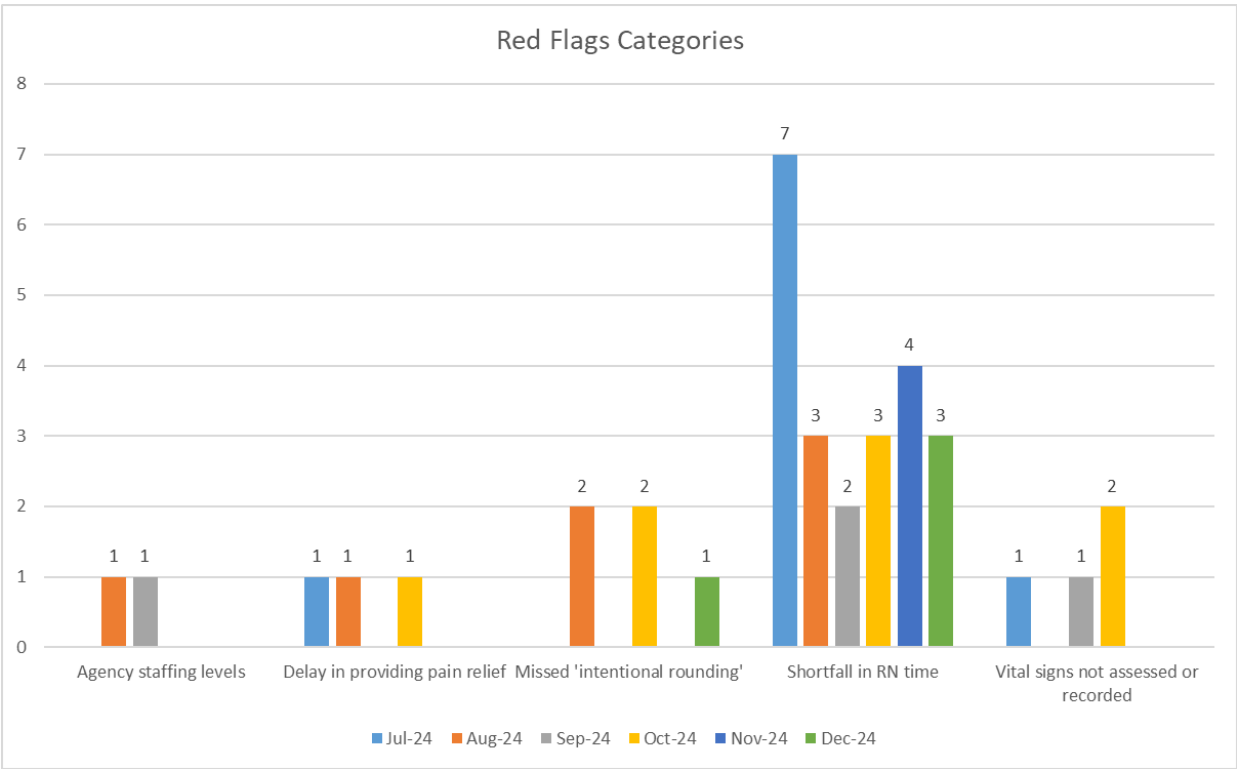
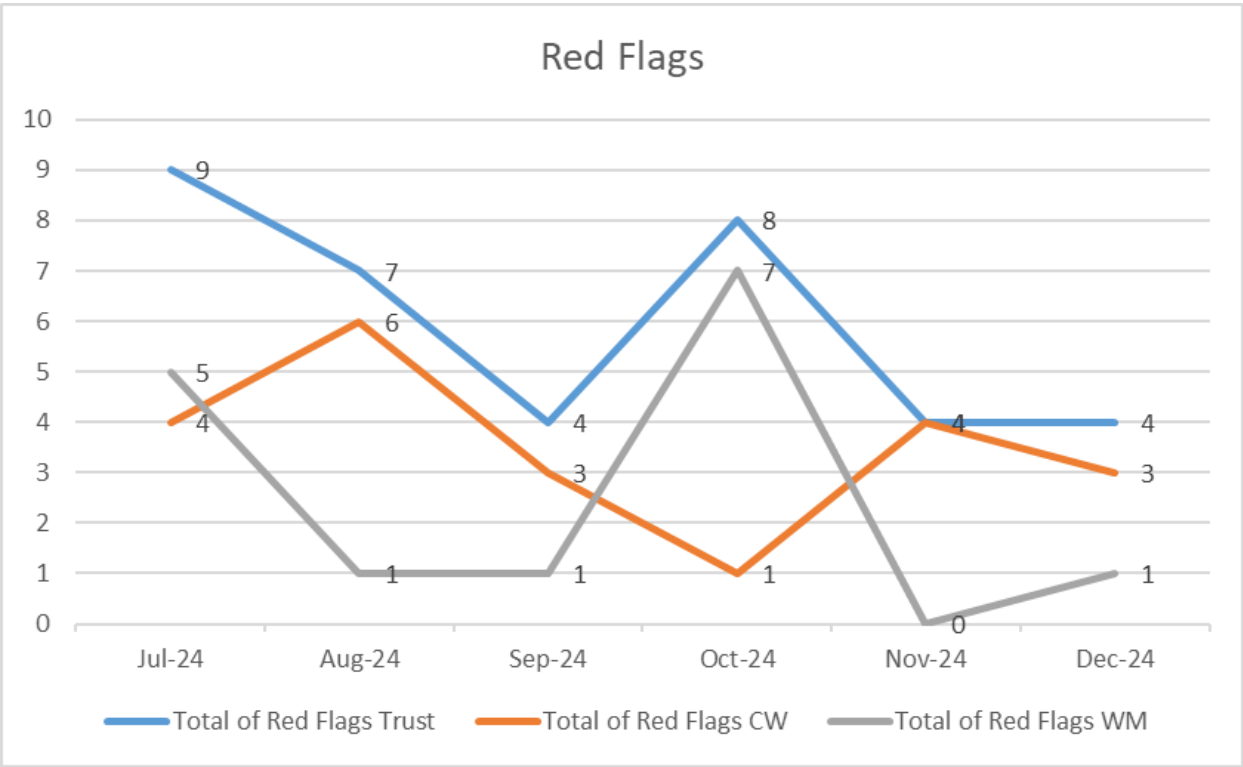
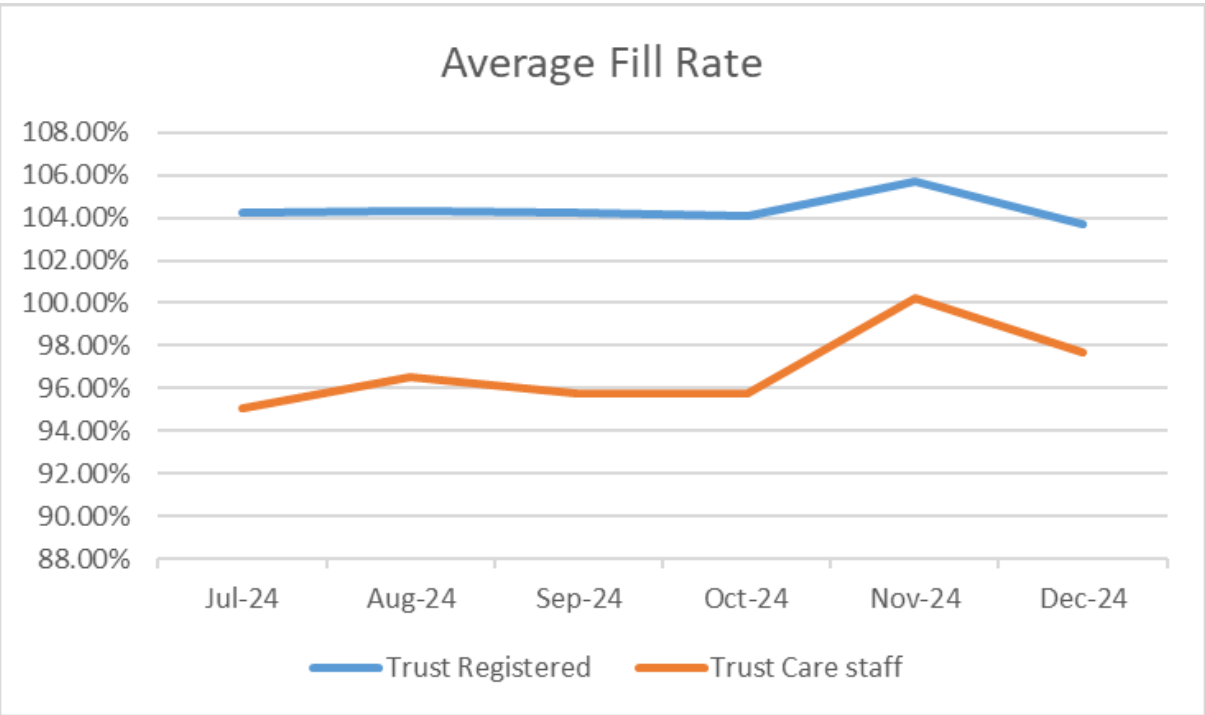
The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 102.94% in November 2024 to 100.68% in December 2024.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Sep 2024) was 8.8. Trust workforce data confirms the CHPPD was 8.4 in December 2024, slightly up from 8.3 in November 2024

Safe Staffing Red Flags – 4 red flags from the 5 categories (tables below) were reported during December 2024 : where majority were in Shortfall in RN time.

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – September 2024
Trust	8.8
Hillingdon Hospital	9.8
London NW	9.1
Imperial	10.7
National Median	8.6

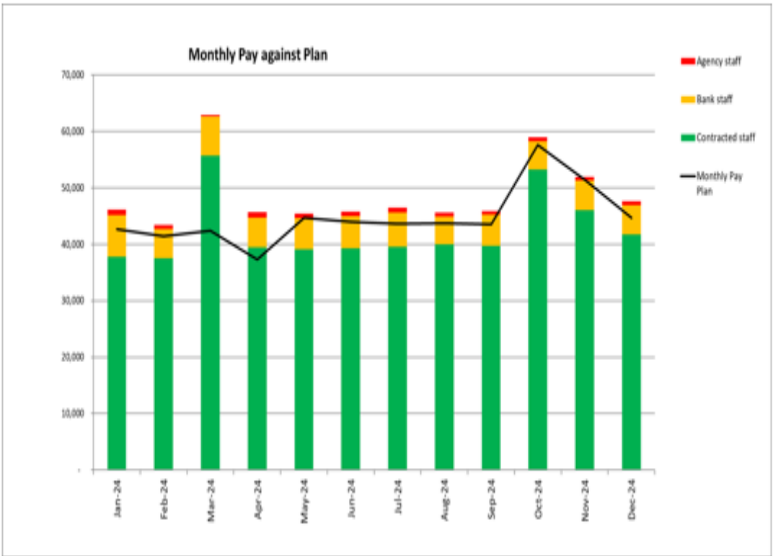
Nursing, Midwifery and care staff average fill rate December 2024				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
103.66% ↓	97.71% ↓	6.0 ↑	2.4 ↔	8.4 ↑





Finance M9 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	727,006	755,356	28,350
Expenditure			
Pay	(417,778)	(433,333)	(15,555)
Non-Pay	(270,478)	(287,172)	(16,694)
EBITDA	38,751	34,851	(3,899)
EBITDA %	5%	4.61%	-0.7%
Depreciation	(25,225)	(25,519)	(293)
Non-Operational Exp-Inc	(9,099)	(13,583)	(4,484)
Surplus/Deficit	4,426	(4,250)	(8,676)
Control total Adj - Donated asset, Impairment & Other	(5,151)	2,520	7,671
PFI Model recalculation		784	784
Adjusted financial performance surplus/(deficit)	(725)	(946)	(221)



Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution - £18.45m (a notional figure). In October 24 AFC staff, consultants and SAS doctor recieved YTD pay awards resulting in the in month spike.

The adjusted financial position at month 09 is a £0.95m deficit which is £0.22m deficit against plan.

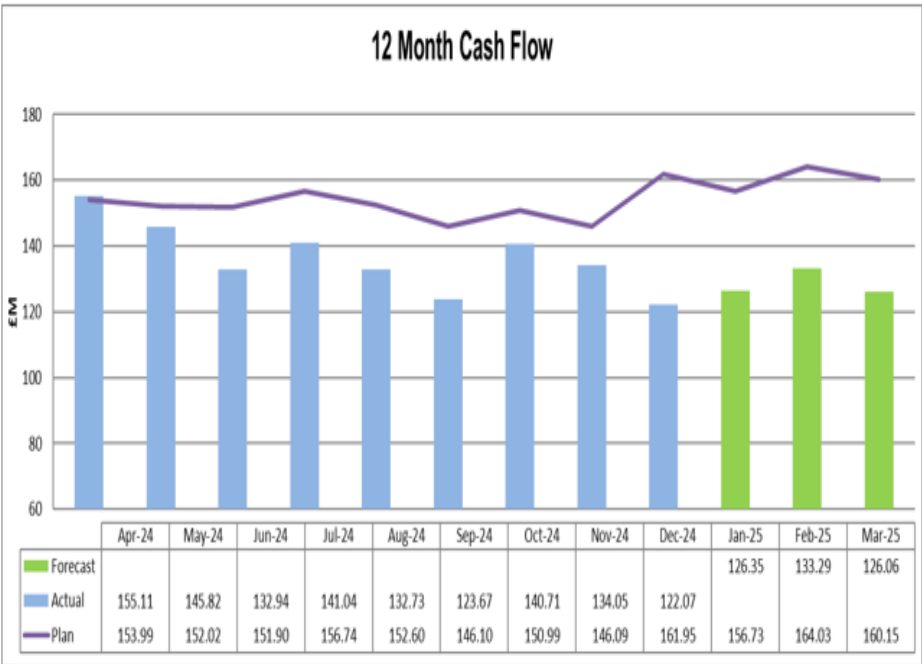
Expenditure

Pay: £15.55m adverse against plan. The YTD adverse variance at Month 9 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave. The position includes YTD pay awards received and funded.

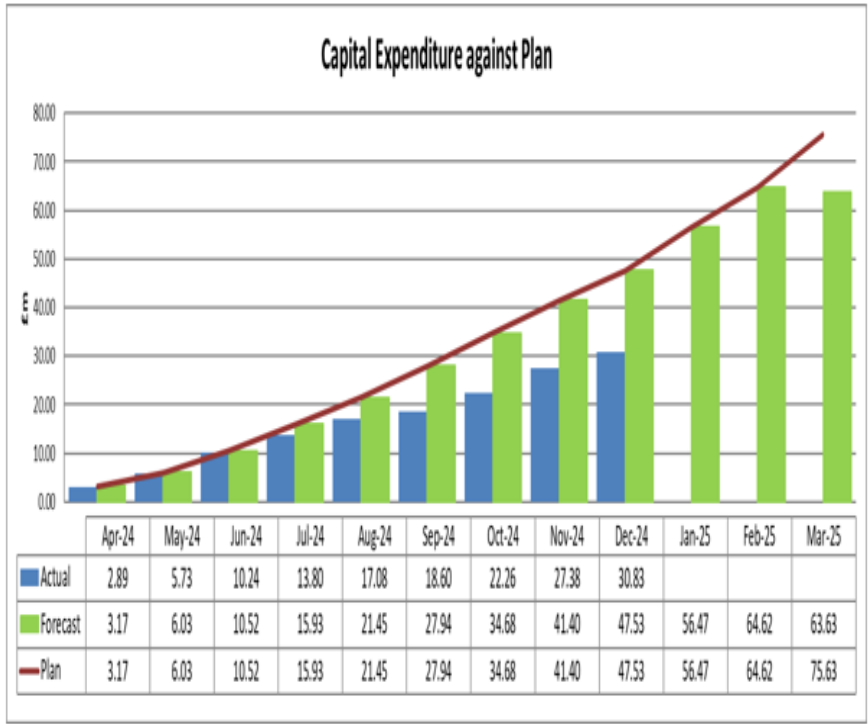
Non-Pay: There is a £16.69m adverse variance which includes adjustment to budget to match NHSi return in addition to inflationary pressure above funded levels and activity related spend.

Income

M09 Income performance and run rate deteriorate, but still above plan. The main drivers are an adjustment to unbundled activity for NWL and ERF performance lower than run-rate. All other variable elements remain on trend and over performing. The YTD position includes various uplifts to planned income, such as Pay award, Sexual health tariff inflation and 2023/24 ERF final position benefit (proportional 9/12ths). Local authority income includes an accrual for the last two periods based on historic trend and adjusted for marginal rate penalties. Over and under



Comment: The Negative cash variance to plan in M9 of £39.88m is negative cash variance b/fwd from M8 of £12.04m, Lower receipts to plan of £3.69m (ICB & NHS England & FT's £14.77m Higher, Local Authority & AR £2.66m Higher, Other Income £0.03m Lower, PP Income-£0.15m Lower, Donations £2.03m Lower, PDC Drawdown £18.96m Lower, Interest Income £0.05m Higher) plus Higher cash outflows to plan £24.17m (Higher Creditor payments & Higher Payroll)



Comment: The original capital programme for 2024/25 was £65.05m, which has been adjusted to £63.63m following the award of additional funding from the 23/24 UEC Winter Incentive, the inclusion of the additional IECPP project of £0.50m, new CW+ donations of £1.20m and grant funding for a microscope of £0.28m, with £8.38m and £0.85m being deferred to 2025/26 re the ADC and Treatment Centre projects respectively. The capital budget has been allocated to the various departments, with £16.01m for the ADC Project, £20.45m for the Treatment Centre, £4.71m for Medical Equipment, £6.09m for IT equipment, Estates schemes £16.32m, IFRS16 £0.06m and contingency £4.94m. The YTD P09 position is an under spend of £16.90m against the P09 YTD planned budget of £47.73m, actual spend £30.83m. The majority of this underspend relates to the Treatment Centre £8.26m and the ADC project £3.48m, where there is a large difference in the original phasing of capital spend and the latest building programme phased spend. It is currently expected that the revised forecast of £68.58m will be spent by 31st March 2025.