



Trust Performance and Quality Report

December 2025



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Patient Safety and Experience

The Trust saw a decline in reported incidents and medication safety incidents during the month of December. This will be reviewed as part of the medication safety group, and additional focus provided to areas of low reporting. There were 10 cases of C.Difficile which have been reported in-month, with a Trust year-to-date total of 44 against a threshold of 33. All 10 cases were reported at the Chelsea site, with 5 of the cases reported on AAU. Cases are undergoing learning response review, and additional surveillance and cleaning procedures have been instigated. Samples have been sent for ribotyping to check for cross infection. E.Coli cases are 65 year to date against a threshold of 99, with current performance showing a 22% reduction on last year.

Complaints position has further improved to 97.3% in-month following targeted improvement work with divisional and corporate teams and on track to maintain performance. However there has been a rise in the number of complaints received, which in part may be due the revised PALS process. The team are reviewing for themes associated with the increase.

VTE assessments are above target at both sites, however further analysis is required on the Hospital Acquired VTE cases between the sites, and the development of an electronic detection and reporting system from the patient record is being explored. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this. Further data validation is taking place to ensure inpatient areas are reported, and it is expected this will show a compliant position. There were 2 category 3 pressure ulcers and 0 sever harm falls in month. An improvement plan for falls and Pressure Ulcers has been produced based on learning responses and is monitored through Patient Safety Group. The time spent on the stroke unit remains above the target of 80% at both sites. The time to theatre for fractured NOF patients is a combined position of 97.1%, with 100% compliance at WM and 95.7% at CW. An action plan is in place to support improvement which is monitored through the divisional performance meetings. The divisional teams are reviewing the Sepsis position and improvement plan, which will be presented to EMB and include the adoption of the new digital tools in December to support this.

Patient Access and Operating Plan

- The Trust reported performance of 78.32% for A&E 4-hour performance, above the 78% standard.
- The NHS England Cancer standards are being met in November 2025 (validated) for 28-Day Faster Diagnostics standard and 31-Day standard. Performance against the 62-Day standard is improved at 83% although not compliant with the Trust Operating Plan target of 85%.
- Elective Referral to Treatment (RTT) 18-week wait performance at 61.21% for December 2025 is slightly below the Operating Plan trajectory. There was a reduction in the overall RTT PTL, a reduction in the 52ww at 1321 (-244) and a decrease in 65ww at 20 (-40). There were no patient waiting over 78ww.
- Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 79.81% against the 95% standard.

Workforce

The Trust's Month 9 performance of staffing position against plan shows a negative variance of 22 WTE with planned staffing levels of 7,932 WTE exceeded by actuals of 7,955 WTE. The trust continues to exceed its PDR target rate (95.0%). Sickness levels increased marginally to 3.90%. Vacancy and Turnover rates at Trust level are below target thresholds, at 5.46% and 8.65%, respectively.

Finance

The adjusted YTD financial position at Month 9 is a £0.26m which is £0.32m favourable 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	40.30	
Patient safety incident investigations	n/a	7	
Never Events	0	0	
Dementia screening %	90%	97.71%	
ED sepsis screening %	90%	86.26%	!
Inpatient sepsis screening %	90%	84.33%	!
C. Difficile cases	n/a	10	
E. coli cases	n/a	7	
Formal complaints received	n/a	102	
Inpatient FFT % good experience	90%	94.57%	
A&E FFT % good experience	90%	80.63%	!
Outpatient FFT % good experience	90%	92.08%	
Maternity FFT % good experience	90%	86.16%	!
Mortality			
Summary Hospital-level Mortality Index	<100	76.51	
Hospital Standardised Mortality Ratio	<100	77.65	

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	78.32%	
LAS handovers 30 mins	n/a	211	
18 week RTT incompletes	60%	61.21%	!
Diagnostic waiting times < 6 weeks	95%	79.81%	!
28 day Faster Diagnosis Standard	77%	79.59%	
31 day diagnosis to first or subsequent treatment	96%	98.80%	
62 day GP referral to first treatment combined	85%	83.05%	!
Operating Plan and Capacity			
Theatre utilisation (uncapped)	85%	84.78%	
PIFU rate	5%	8.89%	
Workforce			
Medical PDR compliance	90%	84.3%	
Non-medical PDR compliance	45%	94.8%	
Core skills compliance	90%	91.8%	



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



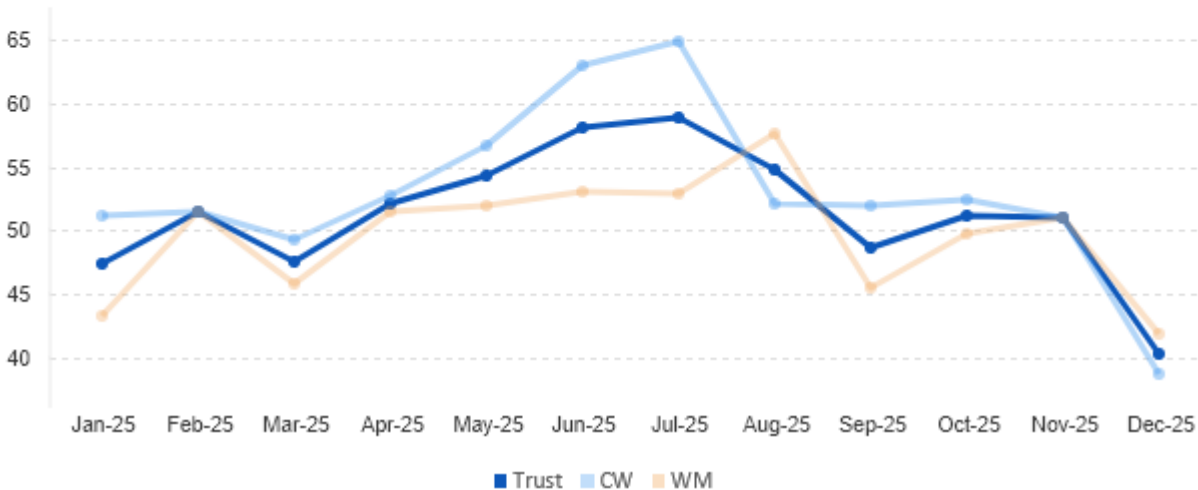
Patient Safety and Experience

Patient Safety Incidents

Safe

Trend

Incidents per 1000 FCE Bed Days



Narrative

Performance: Incident reporting is a recognised indicator of an organisation’s safety culture. Higher reporting rates typically reflect a positive culture where staff feel empowered to speak up. While reporting rates have shown variability, there is an 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 December, a total of 1,357 patient-related incidents were reported—217 fewer than in July, which marked the peak over the past 12months. The 12-month rolling total stands at 17,290. 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.

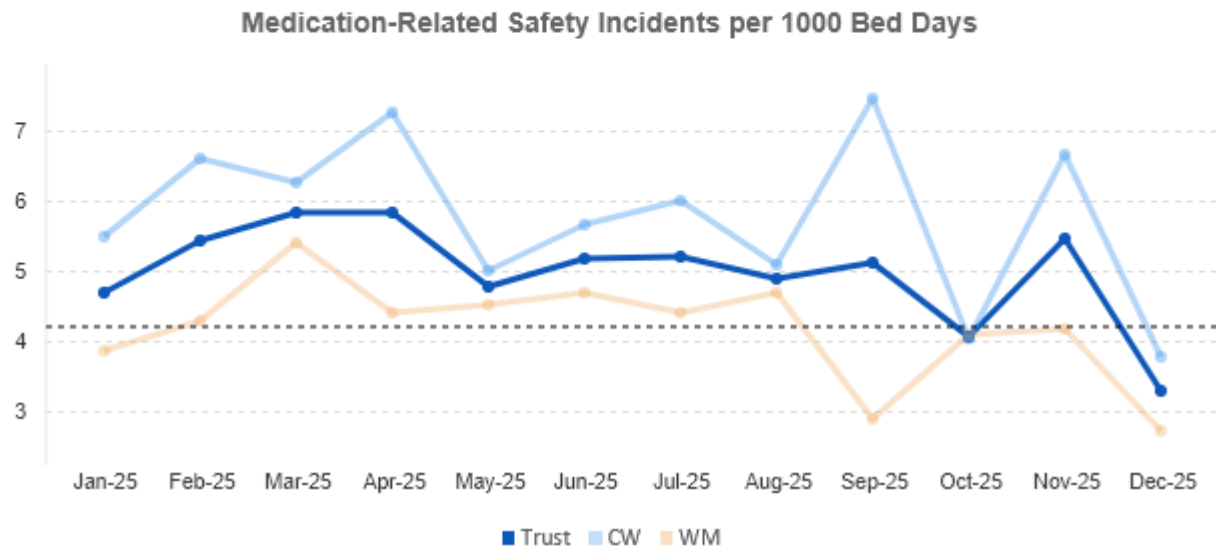
In-Month Performance

	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	38.76	0	0	0.00
WM	42.02	2	0	0.00
Trust	40.30	2	0	0.00

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	52.2	52.0	52.5	51.1	38.8	53.3
	WM	57.6	45.5	49.8	50.9	42.0	50.4
	Trust	54.8	48.6	51.2	51.0	40.3	51.8
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	2	1	3	0	11
	WM	2	1	3	3	2	14
	Trust	3	3	4	6	2	25
Incidents Resulting in Death (Target:)	CW	1	1	0	0	0	3
	WM	0	0	1	1	0	3
	Trust	1	1	1	1	0	6
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.07	0.07	0.00	0.00	0.00	0.02
	WM	0.00	0.00	0.07	0.07	0.00	0.02
	Trust	0.03	0.03	0.03	0.04	0.00	0.02

Trend



Narrative

- Reporting rate targets have not been met across the Trust in December; this will be addressed at the next MSG meeting with close monitoring and review of actions if appropriate, to increase reporting rates at both sites.
- There were no incidents of moderate harm or above for the month of December

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	3.79	0.0%
WM	2.72	0.0%
Trust	3.28	0.0%

Year-to-Date Performance

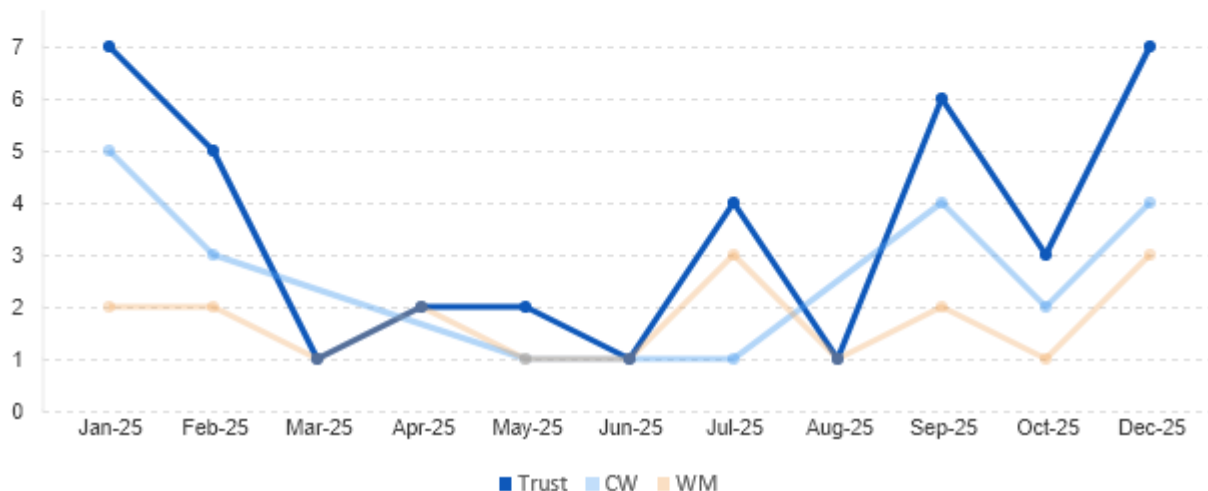
		Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW		5.07	7.46	4.03	6.64	3.79	5.60
	WM		4.68	2.89	4.10	4.19	2.72	4.03
	Trust		4.88	5.11	4.06	5.44	3.28	4.82
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW		1.3%	0.9%	1.6%	0.0%	0.0%	0.4%
	WM		1.5%	0.0%	0.0%	0.0%	0.0%	0.4%
	Trust		1.4%	0.6%	0.8%	0.0%	0.0%	0.4%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: Since the implementation of PFIRF the number of incidents reported externally on StEIS has decreased. This is expected with PSIRF encouraging proportionate responses focused on learning opportunities.

Within the 12-month rolling period, the PSII indication was as follows: 61% (22) locally defined incidents requiring local PSII, 36% (13) Nationally defined priority – MNSI and 3% (1) Nationally defined incident – Never events.

There were seven PSIIIs declared in December. These incidents included an unexpected maternal death, two unexpected neonatal deaths, two MNSI cases (unplanned admissions to NICU), a delayed treatment involving a patient with learning disabilities, and a paediatric surgical complication.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plans (PSIRPs), which have been 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.

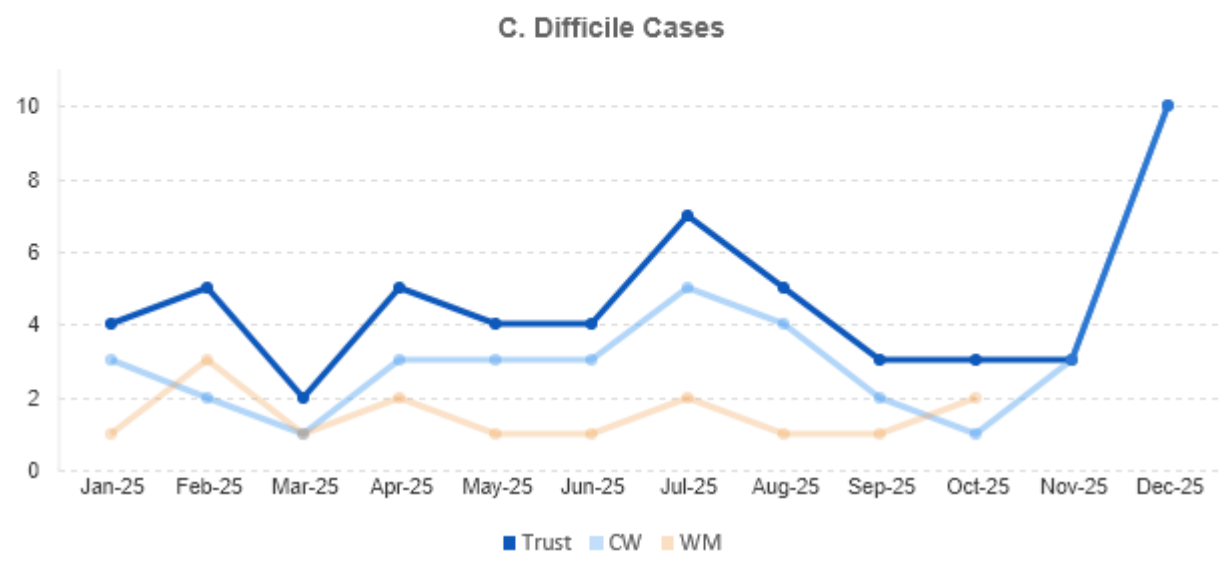
In-Month Performance

	Patient Safety Incident Investigations	Never Events	Learning Resp. Declared (AAR)	Learning Responses Declared (Thematic Review)	Learning Responses Declared (MDT)
CW	4	0	2	0	1
WM	3	0	3	0	1
Trust	7	0	5	0	2

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Patient Safety Incident Investigations	CW	0	4	2	0	4	12
	WM	1	2	1	0	3	14
	Trust	1	6	3	0	7	26
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	3	2	0	0	2	16
	WM	2	2	2	5	3	19
	Trust	5	4	2	5	5	35
Learning Responses Declared (Thematic Review)	CW	0	0	0	2	0	2
	WM	0	0	0	2	0	3
	Trust	0	0	0	4	0	5
Learning Responses Declared (MDT)	CW	0	0	0	0	1	3
	WM	0	0	0	0	1	1
	Trust	0	0	0	0	2	4

Trend



Narrative

CDI

There were 10 Healthcare associated CDI cases in December 2025, a concerning and unprecedented increase in cases, not seen previously. On review, 5/10 cases were attributed to CW AAU. A deep dive is underway and audits around environmental cleanliness, staff adherence with HH decontamination and PPE usage and commode checks have been undertaken to ascertain possible sources of transmission. Specimens have been sent for ribotyping to check for possible cross-transmission. CDI PSIRF meetings are being conducted and enhanced cleaning, surveillance and auditing of AAU continues. Findings have been shared with AAU for action and ongoing vigilance around good IPC practice.

The other 5 cases occurred across the EIC, PC and SC divisions with currently no suspicion of cross-transmission, however ribotyping is pending. PSIRF meetings are currently being arranged with nursing and medical teams.

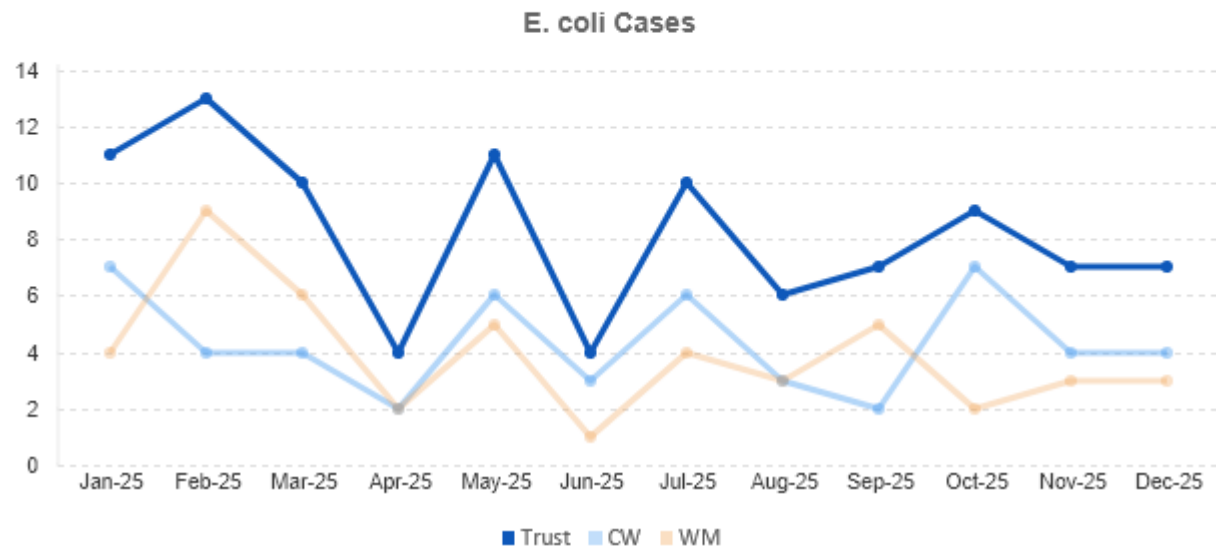
In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	10	0
Trust	10	0

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
C. Difficile Cases (Target: <33)	CW	4	2	1	3	10	34
	WM	1	1	2	-	-	10
	Trust	5	3	3	3	10	44
MRSA Bacteraemia (Target: 0)	CW	1	1	0	0	0	3
	WM	0	0	0	-	-	1
	Trust	1	1	0	0	0	4

Trend



Narrative

E.coli
There were 7 healthcare-associated *E.coli* bacteraemias in December 2025, with a total of 65 cases to date this FY. This is a 22% reduction in comparison with the previous year.
The 7 cases were distributed across both sites with 4 occurring at CWH and 3 at WMH across EIC, PC and SC divisions and causes will be reviewed through the bacteraemia GNB MDT.

HH
Hand hygiene compliance continues to score above the local 95% compliance target across all divisions.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	4	96.9%
WM	3	98.8%
Trust	7	97.9%

Year-to-Date Performance

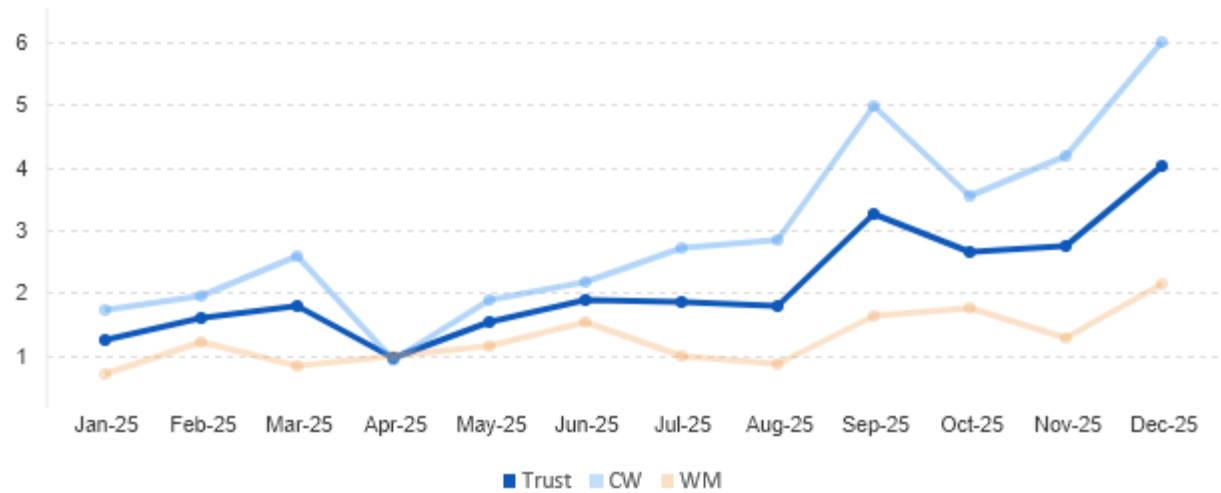
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
E. coli Cases	CW	3	2	7	4	4	37
	WM	3	5	2	3	3	28
	Trust	6	7	9	7	7	65
Hand Hygiene Compliance (Target: >95%)	CW	98.9%	96.0%	95.2%	95.8%	96.9%	96.4%
	WM	99.0%	98.0%	96.1%	97.6%	98.8%	97.8%
	Trust	99.0%	96.9%	95.6%	96.6%	97.9%	97.0%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

Formal complaints – December:

- Significant rise: 85 vs 66 in November (29% increase)
- SCD highest volume: 33 of 85 (39%), mostly Women’s Health and Maternity, with growing complexity
- EIC also increased, mainly ED and ward care
- WLCH saw the most notable rise: from 1 in November (usual 2–3/month) to 12, including safeguarding, clinical care and access issues.

PALS (informal concerns) – December:

- Increase to 244 vs 228 in November
- Highest areas: EIC 80, Planned Care 75, SCD 57; CSD 20; Corporate and WLCH 6 each
- Themes: access to treatment and appointments, ward care, discharge concerns, ED care, waiting times, diagnosis issues

Compliance and backlog:

- Formal complaint compliance remained high at 97% - recovery plan still in place to support i.e. daily huddles, reallocation of resource and dedicated response writing
 - PALS performance: 116 of 206 resolved in time (56%) vs 36% in November (104 of 285)
 - Despite volume pressures, new cases are still being managed promptly
- Rising complaints and PALS concerns are creating sustained operational pressure. While formal complaint timeliness remains strong (due to recovery plan), the growing PALS backlog needs greater prioritisation within divisions.

In-Month Performance

	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	6.0	98.1%	0	0
WM	2.1	95.5%	0	1
Trust	4.0	97.3%	0	1

Year-to-Date Performance

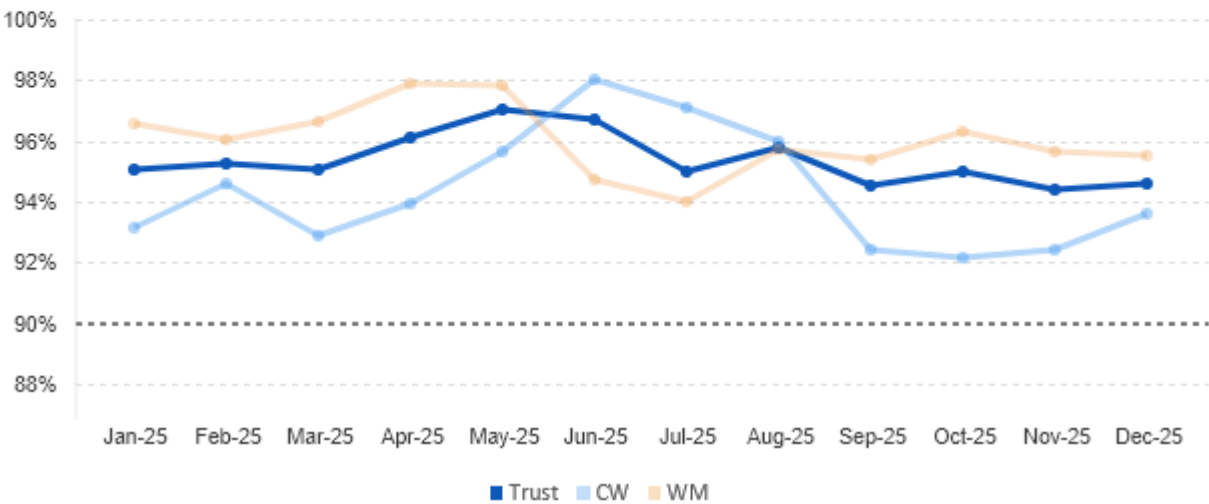
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Complaints Received per 1000 Bed Days	CW	2.8	5.0	3.5	4.2	6.0	3.1
	WM	0.9	1.6	1.8	1.3	2.1	1.4
	Trust	1.8	3.3	2.6	2.7	4.0	2.3
Complaints Responded to <25 Working Days (Target: >90%)	CW	48.0%	59.5%	90.9%	92.9%	98.1%	81.3%
	WM	46.7%	100.0%	85.0%	100.0%	95.5%	78.7%
	Trust	47.5%	65.9%	89.3%	95.0%	97.3%	80.6%
Complaints Responded to <45 Working Days (Target: >90%)	CW	100.0%	91.9%	100.0%	95.2%	Reports a month in arrears	95.6%
	WM	86.7%	100.0%	90.0%	100.0%		93.2%
	Trust	95.0%	93.2%	97.3%	96.7%		94.9%
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	1	1	0	2
	WM	0	1	0	0	1	4
	Trust	0	1	1	1	1	6

Inpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

CW continues to show improved response volumes, giving a larger and more reliable sample of patient feedback. Surgical wards at CW continue to decline in responses; raised with ward managers with improvement actions encouraged. Most wards achieving overall satisfaction rate of 90% despite nuanced differences around positives and areas for improvement.

Sleep improvement work:

- Sleep Improvement Group launched in early January following review of YTD data
- Focus wards identified due to poorest aggregated sleep experience: Syon 1, Marble Hill 2, Rainsford Mowlem, Edgar Horne, DRU, Lord Wigram, Marble Hill 1

Learning from ward-based complaints – December:

- Unsafe transfers: reviewed and strengthened processes for out-of-hours moves and ensure required documentation for such cases.
- Communication between teams: reinforce pathways between wards and Palliative Care for end of life patients and their families.
- Compassionate communication: ensuring information on care is delivered in compassionate way that involves the patient and allows them opportunities to ask questions; using complaints as case studies at governance meetings to reinforce this.
- End-of-life care: ensure SPC team notified of all transfers and increase EoL training for ward staff

In-Month Performance

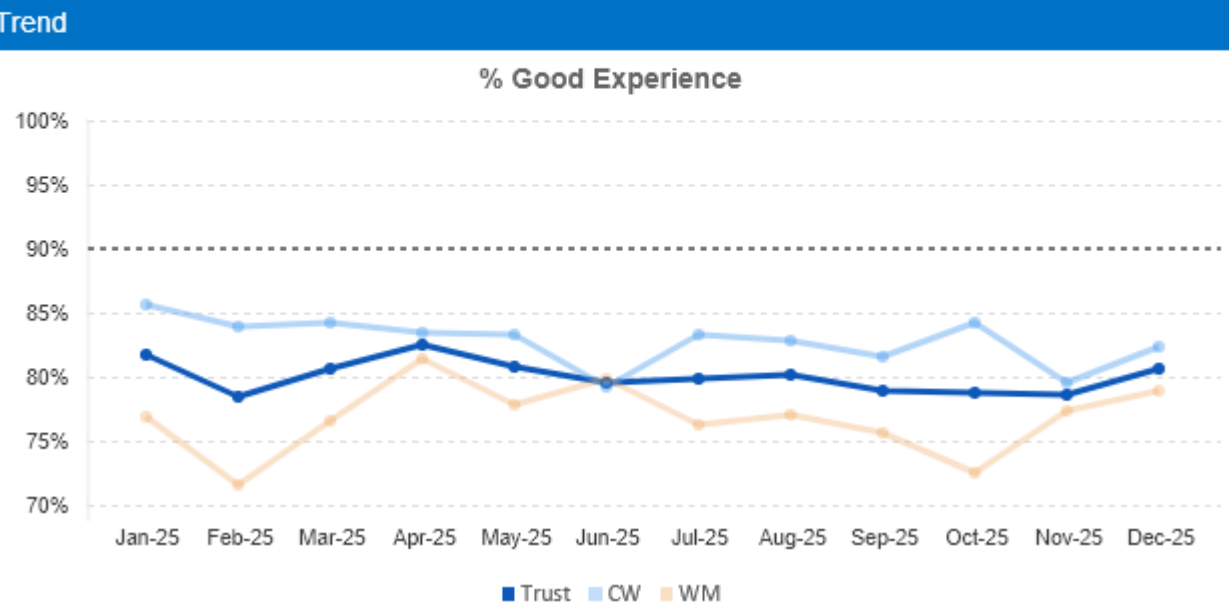
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	707	75.5%	93.6%	97.0%
WM	710	55.2%	95.5%	96.0%
Trust	1,417	63.8%	94.6%	96.5%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Responses	CW	273	277	281	502	707	3,330
	WM	513	632	573	763	710	5,136
	Trust	786	909	854	1,265	1,417	8,466
Response Rate (Target: >10%)	CW	36.1%	29.8%	31.9%	52.4%	75.5%	35.7%
	WM	36.8%	51.4%	42.7%	58.1%	55.2%	46.0%
	Trust	36.6%	42.1%	38.4%	55.7%	63.8%	41.3%
% Good Experience (Target: >90%)	CW	96.0%	92.4%	92.2%	92.4%	93.6%	94.3%
	WM	95.7%	95.4%	96.3%	95.7%	95.5%	95.9%
	Trust	95.8%	94.5%	95.0%	94.4%	94.6%	95.3%
Treated With % Dignity and Respect (Target: >90%)	CW	96.0%	96.0%	97.0%	95.0%	97.0%	95.7%
	WM	98.0%	97.0%	100.0%	96.0%	96.0%	96.2%
	Trust	97.3%	96.6%	97.4%	95.6%	96.5%	96.0%

Emergency Department Friends & Family Test

Caring



Narrative

A&E FFT:

- Satisfaction rates continue to rise at both sites compared with November (and compare favourably within London)
- Themes remain consistent with previous months, both positive and negative
- Too early to determine whether the waiting area improvements have had a significant impact at WM
- Response numbers remain lower than before additional questions were introduced (June/July 2024).

Learning from A&E complaints – December

- Missed investigations: improved ECG and blood test triggers for older trauma patients
- Pain management: improved clarity and documentation around analgesia escalation

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	935	9.2%	82.2%	88.0%
WM	820	7.1%	78.8%	84.0%
Trust	1,755	8.1%	80.6%	86.1%

Year-to-Date Performance

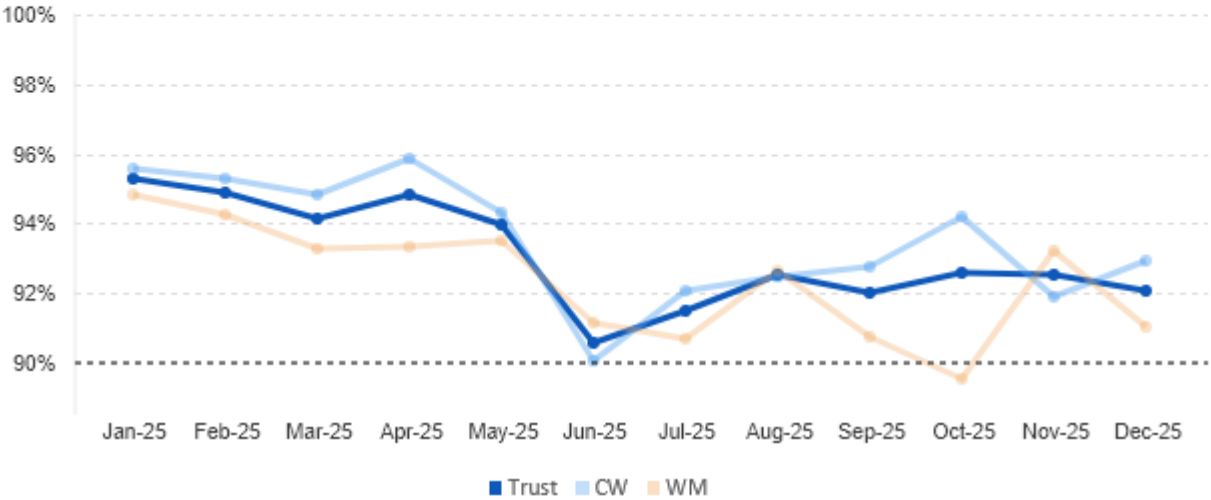
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Responses	CW	914	1,009	1,008	954	935	8,668
	WM	797	808	882	804	820	7,328
	Trust	1,711	1,817	1,890	1,758	1,755	15,996
Response Rate (Target: >10%)	CW	9.7%	9.9%	9.3%	9.0%	9.2%	9.9%
	WM	8.5%	8.1%	8.3%	7.5%	7.1%	8.2%
	Trust	9.1%	9.0%	8.8%	8.2%	8.1%	9.1%
% Good Experience (Target: >90%)	CW	82.7%	81.5%	84.1%	79.6%	82.2%	82.1%
	WM	77.0%	75.5%	72.4%	77.2%	78.8%	77.3%
	Trust	80.1%	78.8%	78.7%	78.5%	80.6%	79.9%
% Treated With Dignity and Respect (Target: >90%)	CW	87.0%	86.0%	89.0%	85.0%	88.0%	86.3%
	WM	82.0%	81.0%	81.0%	82.0%	84.0%	81.3%
	Trust	84.7%	83.8%	85.3%	83.6%	86.1%	84.0%

Outpatient Friends & Family Test

Caring

Trend

% Good Experience



Narrative

Outpatient FFT – Performance Summary

- Most outpatient areas continue to perform above the 90% satisfaction KPI.
- Lower response numbers remain a factor, driven largely by the organisation-wide budgeted approach to feedback collection.
- When triangulated with other feedback, the main negative themes last month relate to waiting times and appointment processes.

Chelsea – Key Points

- Strong overall experience, with most high-volume clinics scoring high-80% to mid-90%.
- Communication and Respect & Dignity remain consistent positives.
- Waiting times and information clarity show the most variation.
- A small number of low-volume clinics create isolated outliers.

West Mid – Key Points

- Performance broadly mirrors Chelsea, with most specialties scoring mid-80% to low-90%.
- Particularly strong feedback in Breast Surgery, General Medicine, Dermatology, Gynaecology and Cardiology.
- Same improvement themes: Waiting and Information are the widest-spreading issues.
- Very small paediatric specialties show volatile results due to low response numbers.

Cross-Site Overview

- Both hospitals show strong, consistent performance, especially in communication and staff attitude.
- Waiting and information provision remain the key improvement opportunities across both sites.
- No significant performance gap between sites—patterns are aligned overall.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,149	11.9%	93.0%	96.0%
WM	935	10.3%	91.0%	95.0%
Trust	2,084	11.2%	92.1%	95.6%

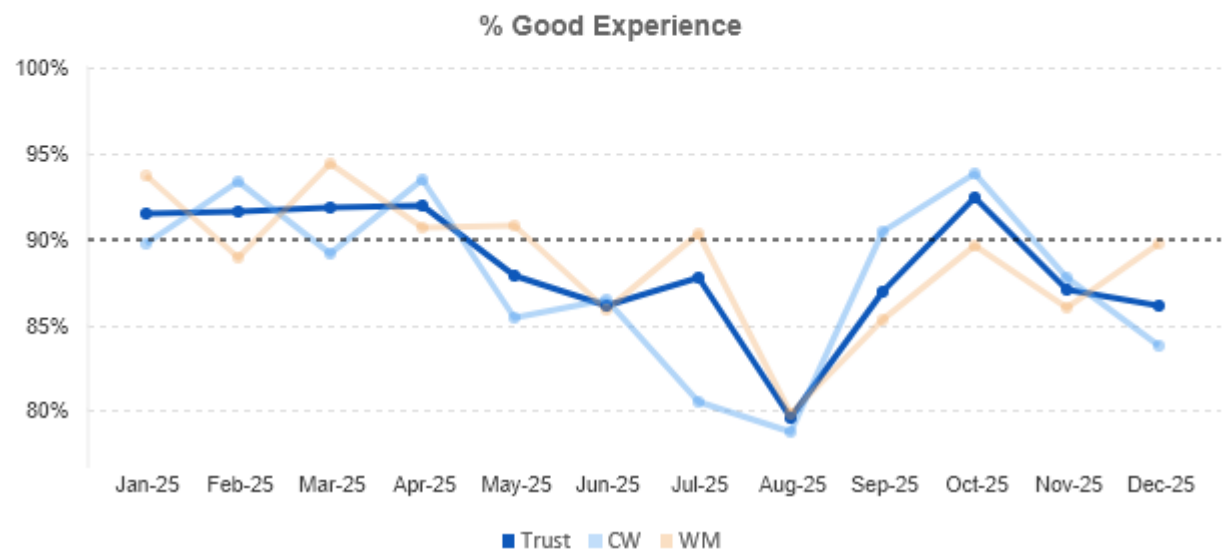
Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Responses	CW	1,060	1,280	1,496	1,075	1,149	11,136
	WM	640	692	804	970	935	7,800
	Trust	1,700	1,972	2,300	2,045	2,084	18,936
Response Rate (Target: >10%)	CW	7.6%	15.1%	15.5%	6.4%	11.9%	9.7%
	WM	7.1%	81.9%	11.9%	8.4%	10.3%	10.0%
	Trust	7.4%	21.1%	14.0%	7.2%	11.2%	9.8%
% Good Experience (Target: >90%)	CW	92.5%	92.7%	94.2%	91.9%	93.0%	92.7%
	WM	92.7%	90.8%	89.6%	93.2%	91.0%	91.6%
	Trust	92.5%	92.0%	92.6%	92.5%	92.1%	92.3%
% Treated With Dignity and Respect (Target: >90%)	CW	96.0%	98.0%	97.0%	96.0%	96.0%	96.4%
	WM	96.0%	96.0%	95.0%	96.0%	95.0%	95.6%
	Trust	96.0%	97.3%	96.3%	96.0%	95.6%	96.1%

Maternity Friends & Family Test

Caring

Trend



Narrative

Maternity – Performance Summary:
Both sites saw a decline in response numbers and experience, though overall results remain similar between Chelsea and West Mid.
Consistent themes across maternity: variable information-giving, inconsistent responsiveness, and concerns about kindness and compassion. A key driver of positive experience remains giving women enough time to ask questions, both before and after birth.

Key Themes (FFT + wider feedback triangulation):
Information after birth, especially relating to mental health, has declined.
National benchmarking shows poor performance in triage and assessment, particularly listening and waiting times, and discharge processes post birth.
Rising complaints echo these issues, highlighting the need for stronger postnatal debriefing and better responsiveness during maternity triage.

Learning from December Maternity Complaints:
Obstetrics & Gynaecology – Injury During Care
Improve documentation of skin checks during and after procedures.
Address delays and communication gaps in the Maternity Assessment Unit.
Strengthen understanding and use of specialty imaging portals.
Embed postnatal pathway checks so debrief referrals are not missed.
Obstetrics & Gynaecology – Missed Diagnosis
Ensure ultrasound mandatory anatomical views (e.g., CSP) are consistently captured.
Strengthen competency assessments and provide targeted support and supervision for sonographers.

In-Month Performance

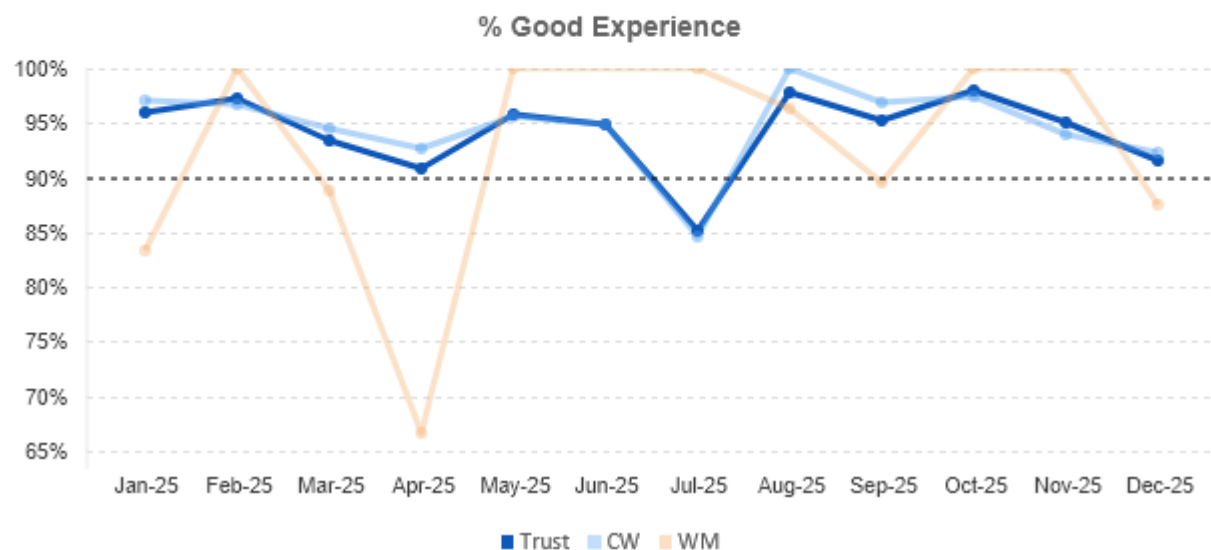
	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	136	27.7%	83.8%	89.0%
WM	88	19.4%	89.8%	90.0%
Trust	224	23.7%	86.2%	89.4%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Responses	CW	33	73	193	172	136	904
	WM	104	156	96	121	88	979
	Trust	137	229	289	293	224	1,883
Response Rate (Target: >10%)	CW	7.2%	18.2%	38.4%	31.4%	27.7%	21.0%
	WM	5.4%	5.8%	3.8%	28.5%	19.4%	8.1%
	Trust	5.7%	7.4%	9.6%	30.1%	23.7%	11.5%
% Good Experience (Target: >90%)	CW	78.8%	90.4%	93.8%	87.8%	83.8%	88.3%
	WM	79.8%	85.3%	89.6%	86.0%	89.8%	87.3%
	Trust	79.6%	86.9%	92.4%	87.0%	86.2%	87.8%
% Treated With Dignity and Respect (Target: >90%)	CW	80.0%	90.0%	97.0%	93.0%	89.0%	92.3%
	WM	87.0%	93.0%	87.0%	90.0%	90.0%	89.0%
	Trust	85.2%	92.0%	93.9%	91.8%	89.4%	90.7%

Caring

Trend



Narrative

- Response rates remain low across both sites, particularly at West Mid, which limits how representative the results are. However, teams continue to actively promote completion, and every response is still reviewed and used to inform local improvements.
- Despite the small numbers, satisfaction consistently scores above 90%, indicating broadly positive experiences among those who do respond.
- New CYP-specific survey questions are now in the final approval stage with the WLCH Board, with launch planned for February/March.
- These updates aim to deliver more meaningful insights and larger, more reliable sample sizes in the new financial year, supporting clearer priorities and stronger improvement planning.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	39	100.0%	92.3%	99.0%
WM	8	100.0%	87.5%	86.0%
Trust	47	100.0%	91.5%	98.9%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Responses	CW	20	66	39	57	39	373
	WM	27	19	9	8	8	77
	Trust	47	85	48	65	47	450
Response Rate (Target: >10%)	CW	9.9%	11.6%	13.8%	9.5%	100.0%	14.6%
	WM	100.0%	6.2%	2.7%	2.4%	100.0%	4.7%
	Trust	20.4%	9.7%	7.9%	7.0%	100.0%	10.8%
% Good Experience (Target: >90%)	CW	100.0%	97.0%	97.4%	93.9%	92.3%	94.6%
	WM	96.3%	89.5%	100.0%	100.0%	87.5%	93.5%
	Trust	97.9%	95.3%	97.9%	95.1%	91.5%	94.4%
% Treated With Dignity and Respect (Target: >90%)	CW	94.0%	96.0%	97.0%	96.0%	99.0%	97.3%
	WM	94.0%	95.0%	100.0%	100.0%	86.0%	75.6%
	Trust	94.0%	95.8%	97.4%	96.7%	98.9%	95.9%

VTE Risk Assessments Completed

Safe

Chelsea and Westminster Hospital

NHS Foundation Trust

Trend

VTE Assessments Completed

Month	Trust	CW	WM
Jan-25	95.5%	95.5%	95.8%
Feb-25	95.1%	95.1%	95.1%
Mar-25	95.1%	94.8%	95.1%
Apr-25	95.6%	94.9%	96.4%
May-25	95.6%	95.6%	95.6%
Jun-25	96.3%	96.4%	96.2%
Jul-25	95.8%	95.8%	95.8%
Aug-25	95.5%	95.5%	95.5%
Sep-25	95.6%	95.6%	95.6%
Oct-25	95.6%	95.6%	95.6%
Nov-25	95.6%	95.1%	96.2%
Dec-25	96.3%	95.8%	96.7%

In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.8%	0	0.0
WM	96.6%	5	0.3
Trust	96.3%	5	0.1

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	95.6%	95.8%	95.7%	95.0%	95.8%	95.6%
	WM	95.4%	95.4%	95.4%	96.1%	96.6%	95.9%
	Trust	95.5%	95.6%	95.6%	95.6%	96.3%	95.7%
Hospital Aquired VTE Cases	CW	1	0	0	0	0	3
	WM	2	2	6	10	5	46
	Trust	3	2	6	10	5	49
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.1	0.0	0.0	0.0	0.0	0.0
	WM	0.1	0.1	0.4	0.7	0.3	0.4
	Trust	0.1	0.1	0.2	0.4	0.1	0.2

Narrative

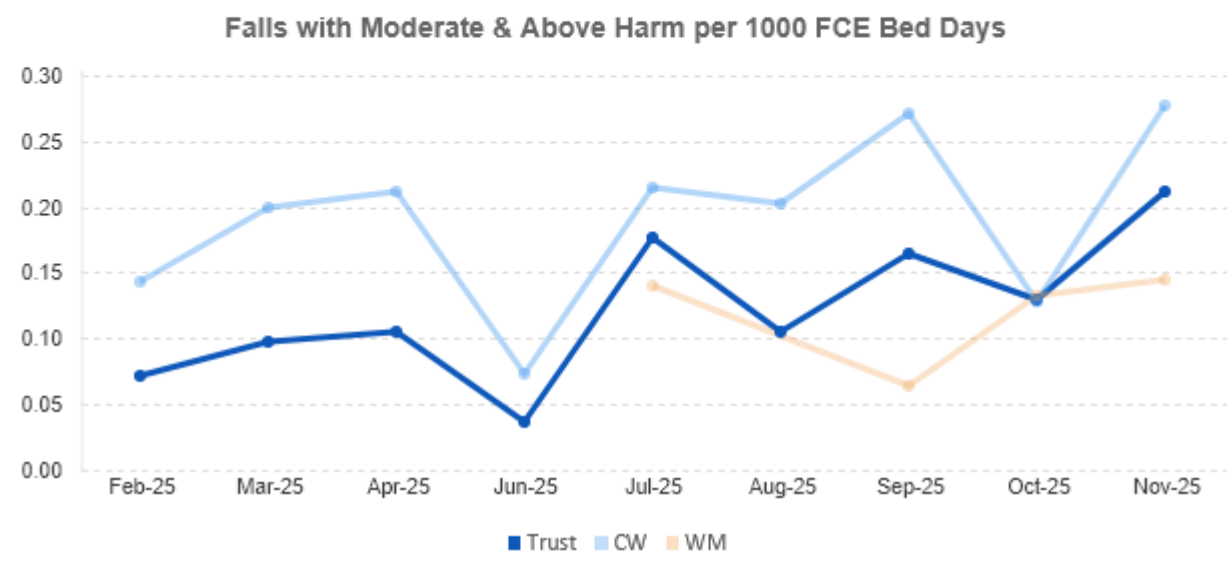
VTE Risk Assessment:

Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate. Divisions requiring improvement: Planned Care and West London Childrens Hospital. Interventional Radiology need to admit patients using correct Cerner encounter type (day case/outpatient and not inpatient) as incorrect inpatient encounter type is triggering VTE risk assessment inappropriately.

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. A new BI request form to be re-submitted to allocate 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 any actions to prevent recurrence. Timely completion of HAT investigation form required by clinical teams.
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.

Trend



Narrative

Patient falls per 1000 bed days with moderate and severe harm significantly reduced to 0 For the month of December and only 25 with low harm, which has reduced our Trust average to 3.80 overall.

Compliance with falls risk assessment reflected in the report currently includes all areas in the hospital and all divisions, however, the December compliance for adult inpatient areas is; CW – 90.4% WM – 93.5% Trust – 91.95%.

We currently have ongoing pilots of new falls alarms in 3 areas, Nell Gwynne ward, Redlees ward and Rainsford Mowlem, each area has seen a reduction in falls with moderate and severe harm. For a Trust wide roll out, each division would need to fund the contracts for their areas.

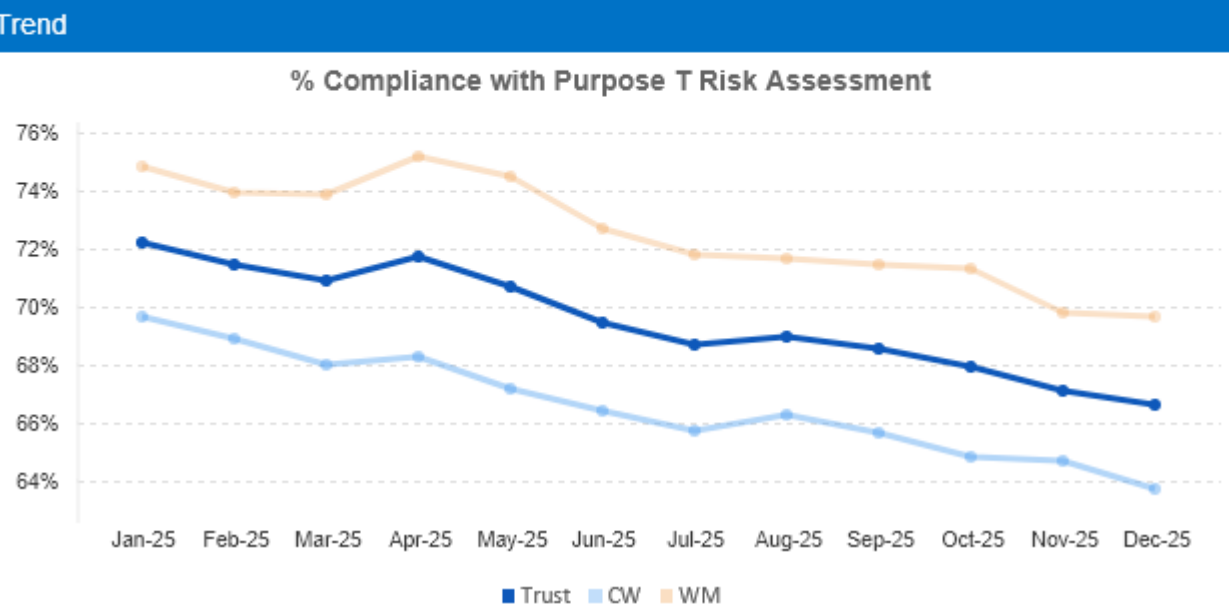
Since April 2025 the Trust has had 20 falls with moderate harm, 10 falls with severe harm and 2 falls resulting in death, a thematic review will be undertaken, taking time of fall, location, pre fall interventions, staffing and frailty scores into account, this will help us to identify common themes and develop a plan for improvement.

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	0	0	0.00	3.90	66.3%
WM	0	0	0.00	3.85	72.7%
Trust	0	0	0.00	3.88	69.4%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	3	4	2	4	0	20
	WM	0	1	2	2	0	7
	Trust	3	5	4	6	0	27
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	2	1	2	0	8
	WM	0	0	1	0	0	2
	Trust	1	2	2	2	0	10
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.20	0.27	0.13	0.28	0.00	0.15
	WM	0.00	0.06	0.13	0.14	0.00	0.05
	Trust	0.10	0.16	0.13	0.21	0.00	0.10
Falls per 1000 FCE Bed Days	CW	4.13	3.19	4.41	4.84	3.90	3.98
	WM	3.60	5.00	3.77	4.91	3.85	4.20
	Trust	3.87	4.12	4.10	4.88	3.88	4.09
Compliance with Falls Risk Assessment (Target: >=90%)	CW	68.4%	67.8%	67.1%	67.1%	66.3%	68.2%
	WM	74.8%	74.2%	73.6%	72.7%	72.7%	74.8%
	Trust	71.6%	71.0%	70.3%	69.8%	69.4%	71.4%



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	63.7%	0	1	0	-
WM	69.6%	1	1	0	-
Trust	66.6%	1	2	0	-

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	66.3%	65.6%	64.8%	64.7%	63.7%	65.8%
	WM	71.6%	71.4%	71.3%	69.8%	69.6%	71.9%
	Trust	69.0%	68.5%	67.9%	67.1%	66.6%	68.8%
Category 2 Pressure Ulcers	CW	1	3	0	2	0	10
	WM	3	2	1	0	1	14
	Trust	4	5	1	2	1	24
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	0	1	3
	WM	0	0	0	4	1	9
	Trust	0	0	0	4	2	12
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	2	0	1	0	4
	WM	0	0	0	0	1	5
	Trust	0	2	0	1	1	9

Narrative

Category 3&4 pressure damage: There has been 1 case of category 3 pressure damage reported in month, this is following 3 that were reported for November 2025. Prior to this the last incidence of category 3 was in July. This rise is concerning and the cases have been / are scheduled to be reviewed as an IIR or an AAR and learning will be brought through the Pressure Ulcer Group for further dissemination and monitoring.

Category 2: There has been 1 category 2 pressure ulcer reported in month.

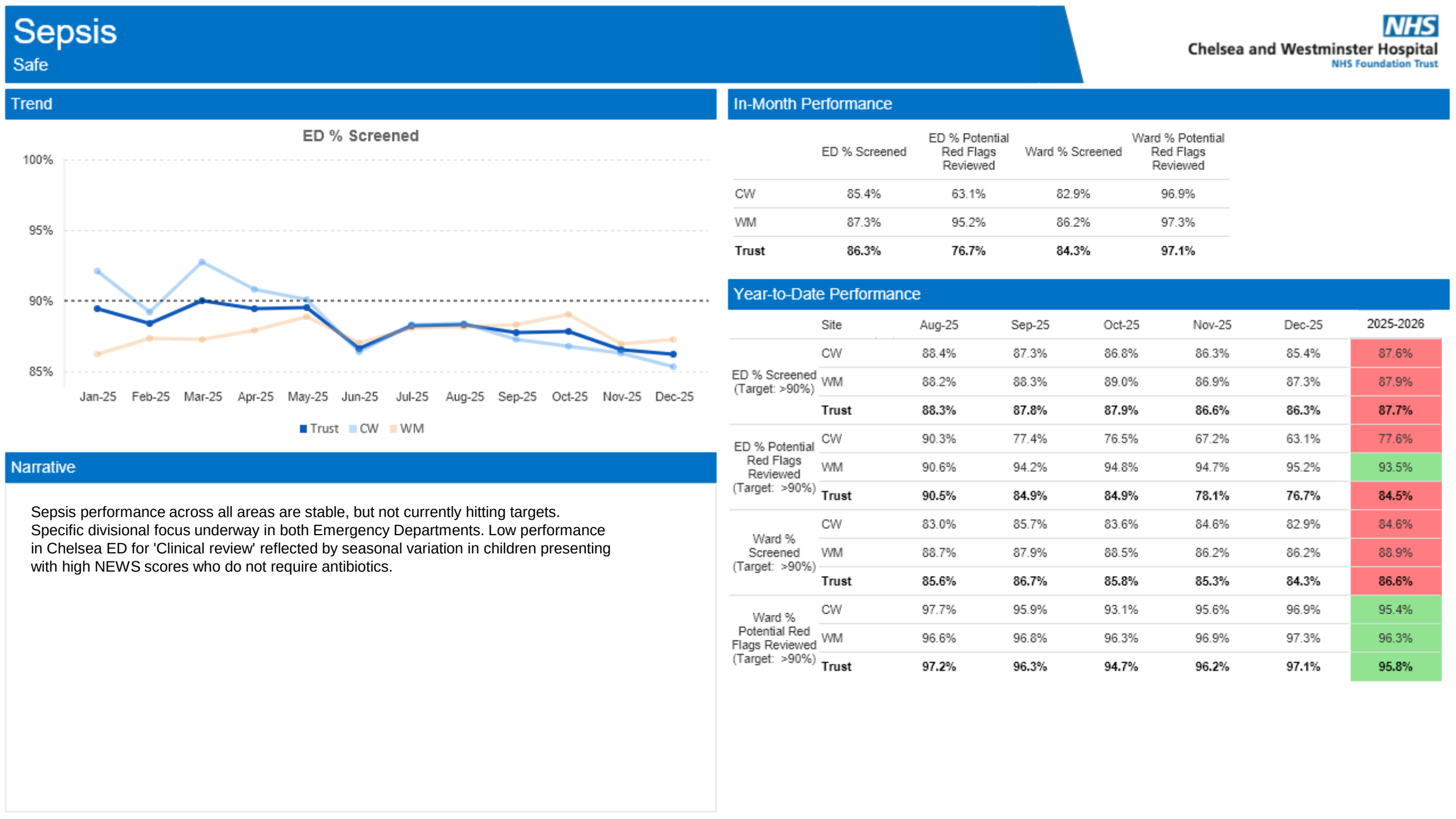
MDR pressure damage: There has been 1 reported MDR pressure ulcer in month.

Themes

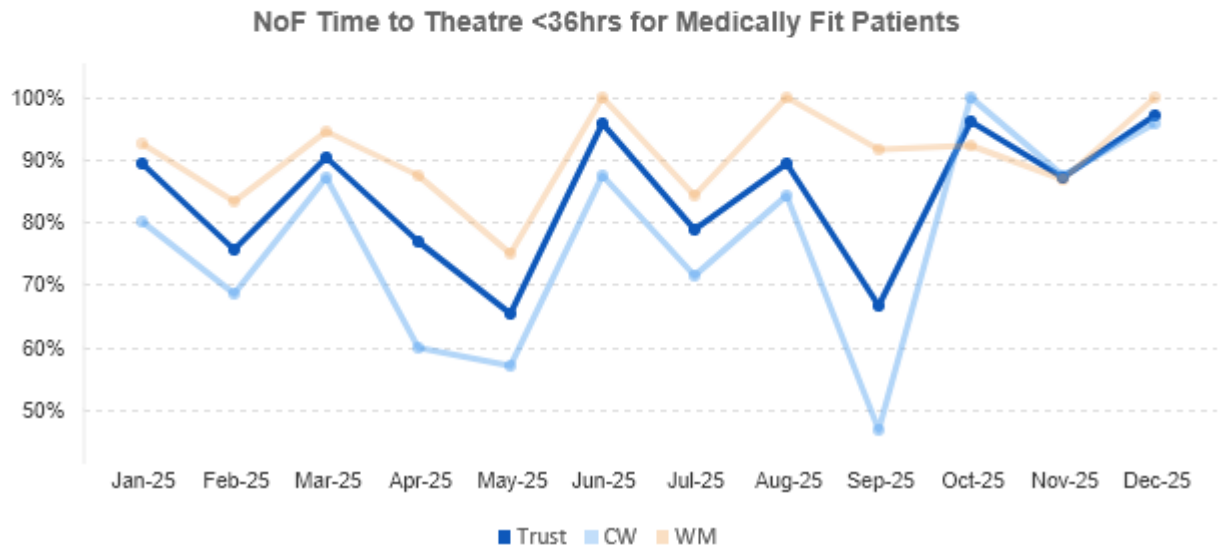
- Incorrect grading meaning true validation of category is happening later than is ideal .
- A lack of photographs being taken of pressure damage on admission or at the early stages of damage occurring.
- Risk assessments not always taking place on admission or on ward transfer in a timely manner.
- Need for clear and accurate documentation of ongoing wound care prevention and management plans.

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. Targeted training and support will be directed to within Planned Care at WMH where the November category 3 damage has occurred. Learning from these incidents will be shared Trust wide.



Trend



Narrative

NOF Time to Theatre: Compliance across both sites has remained positive for three consecutive months. At WM, 11 out of 11 medically fit patients underwent surgery within 36 hours. At CW, 22 out of 23 medically fit patients received surgery within 36 hours, the one delay attributed to complex fracture requiring extended theatre time. The improvement action plan continues to be implemented and this is reflected in performance.

Breach of Same Sex Accommodation: there were 29 breaches in month at the West Middlesex Site all due to delayed discharges from ICU. The team continue to work with the site team through winter for timely discharges

Stoke: compliance with time spent on a stroke unit remains stable

Dementia Screening: compliance remains above target

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	95.7%	0	83.3%	96.8%
WM	100.0%	29	94.7%	98.4%
Trust	97.1%	29	89.2%	97.7%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
NoF Time to Theatre <36hrs for Medically Fit Patients (Target: 100%)	CW	84.2%	46.7%	100.0%	87.5%	95.7%	77.9%
	WM	100.0%	91.7%	92.3%	86.7%	100.0%	90.2%
	Trust	89.3%	66.7%	96.0%	87.1%	97.1%	83.8%
Breach of Same Sex Accomodation	CW	0	0	0	0	0	0
	WM	32	28	27	29	29	277
	Trust	32	28	27	29	29	277
Time Spent on Dedicated Stroke Unit (Target: >80%)	CW	84.6%	83.3%	95.5%	94.1%	83.3%	87.1%
	WM	100.0%	87.0%	93.1%	92.9%	94.7%	92.4%
	Trust	92.3%	85.7%	94.1%	93.3%	89.2%	90.2%
Dementia Screening Case Finding (Target: >90%)	CW	87.6%	94.5%	93.4%	97.4%	96.8%	94.1%
	WM	68.5%	93.5%	95.3%	98.0%	98.4%	91.8%
	Trust	76.6%	94.0%	94.5%	97.8%	97.7%	92.8%



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026 Q3	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:21	1:22	1:24	1:24	1:31	1:26	1:25	1:25	1:26	1:24	1:25	1:24.5	1:24.5	
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	487	404	410	3866	363	339	382	3318	850	743	792	2385	7184	
	Total number of bookings (Target:> CW 580 WM 478)	622	532	488	5100	441	401	397	3947	1063	933	885	2881	9047	
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	95.0%	98.0%	97.9%	99.0%	99.0%	98.0%	97.9%	98.0%	97.0%	98.0%	97.7%	97.9%	
Safety	Admissions >37/40 to NICU/SCBU	22	0	0	93	15	15	9	197	37	15	9	22	93	
	Number of reported Serious Incidents	2	4	1	29	2	1	4	20	4	5	5	14	49	
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	1	0	1	0	0	0	1	0	1	0	1	2	
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.0%	10.0%	6.0%	6.4%	8.0%	7.0%	8.0%	6.4%	6.5%	8.5%	7.0%	7.3%	6.4%	
	Number of stillbirths	2	2	0	12	2	1	3	11	4	3	3	10	23	
	Number of Infant deaths	1	0	3	8	1	1	0	13	2	1	3	6	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	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Spontaneous unassisted vaginal births	26.0%	24.0%	24.0%	23.9%	27.0%	31.0%	28.0%	28.7%	26.5%	27.5%	26.0%	26.7%	26.3%	
	Vaginal Births - spontaneous & induced	40.0%	39.0%	35.0%	37.9%	42.0%	47.0%	42.0%	42.3%	41.0%	43.0%	38.5%	40.8%	40.1%	
	Instrumental deliveries	71	58	58	529	40	37	42	381	111	95	100	306	910	
	Pre-labour elective caesarean sections	92	84	89	775	56	46	65	504	148	130	154	432	1279	
	Emergency caesarean sections in labour	120	96	116	1051	114	97	109	1017	234	193	225	652	2068	



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 December, the midwifery staffing ratios were reported as 1:25 at the Chelsea site and 1:24 at West Middlesex. The latest *Birthrate Plus* (2024) recommendations advise revised staffing ratios of 1:23 at Chelsea (previously 1:26) and 1:21 at West Middlesex (previously 1:22), reflecting current levels of acuity and activity. While the national birth rate continues to decline, local data indicates an increase in acuity particularly among women categorised as levels 4 and 5 (high risk) with a corresponding reduction in low-risk (category 1) cases. This evolving case mix has important implications for workforce planning and the delivery of safe maternity care. Despite significant investment a staffing shortfall of 33 WTE remains. In response, the Executive Management Board has approved demand management measures to maintain safety across both sites. These include reducing births at the Chelsea site by 509 (from 700 annual bookings) and at the West Middlesex site by 336 (from 400 annual bookings), enabling alignment with the revised staffing ratios. The service implemented the demand management initiative from 6th October 2025, with a reduction in AN activity starting from December 2025 and births in late Spring 2026. Bookings on both sites saw a decrease in December.

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

Red flags and Birthrate 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.

West Middlesex Site

- **Labour Ward:** Compliance remained stable at 83% from 82% in November, with 6 red flags reported (an increase – 3 in November)
 - Delayed or cancelled time critical activity (n=1)
 - Delay between admission for induction and beginning of process (n=2)
 - Delayed recognition of an action on abnormal vital signs (n=1)
 - Co-ordinator unable to maintain supernumerary status-NOT providing 1:1 care in labour (n=2)
- **Birth Centre:** Compliance remained stable at 67% from 67% in November with 6 red flags reported (an increase – 0 in November)
 - Delayed or cancelled time critical activity (n=3)
 - Delay between presentation and triage (n=1)
 - No additional support MW available (No second MW for birth) (n=2)
- **Antenatal Ward:** Compliance remained stable at 82% from 81% in November with 24 red flags reported (an increase – 4 in November)
 - Delayed or cancelled time critical activity (n=4)
 - Delay in providing pain relief (n=7)
 - Delay between presentation and triage (n=1)
 - Full clinical examination not carried out when presenting in labour (n=3)
 - Delay between admission for induction and start of process (n=6)
 - Delayed recognition and action of abnormal vital signs (n=2)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour (n=1)
- **Postnatal Ward:** Compliance remained stable at 94% from 95% in November with 4 red flags reported (an increase - 0 in November)
 - Delay in providing pain relief (n=4)

Chelsea and Westminster Site

- **Labour Ward:** Compliance increased to 75% from 72% in November, with 1 red flag reported (a decrease – 6 in November)
 - Delayed or cancelled time critical activity (n=1)
- **Birth Centre:** Compliance remained stable at 53% from 53% in November with 2 red flags reported (a decrease - 3 in November)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman in established labour (n=1)
 - No additional support MW available (No second MW for birth) (n=1).
- **Simpson Unit (Recovery & HDU):** Compliance increased to 74% from 65% in November, with 2 red flags reported (an increase - 1 in November)
 - Delayed/cancelled time-critical activity (n=1)
 - Delayed recognition of an action on abnormal vital signs (n=1)
- **Antenatal Ward:** Compliance increased to 66% from **59% in November**, with 4 red flags reported (stable - 4 in November)
 - Delayed or cancelled time critical activity (n=1)
 - Delay between admission for induction and beginning of process (n=1)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman in established labour (n=2)
- **Postnatal Ward:** Compliance remained stable at 78% from 79% in November, with 1 red flag reported (an increase – 0 in November)
 - Delay in providing pain relief (n=1)



Summary: Compliance remained stable on the WMUH site, with the lowest rates of compliance being seen on the Birth Centre. Red flag incidents increased across all clinical areas in December, with a significant increase seen on the Antenatal ward which has been referred to the area Matron to investigate further. Information on this will be provided in next month's report.

Compliance on the CW site showed improvement across the majority of clinical areas, with the lowest rates of compliance being seen on the Birth Centre. Red flag incidents were seen to overall decrease.

As compliance is not yet seen to regularly meet upper thresholds, confidence on accuracy of data is impacted, however trajectories across both sites show positive improvements are being made towards the accurate completion of the acuity tool.

Neonatal Staffing: The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance improved from 39% In November to 42% in December. Further improvements are expected in Spring 2026, when 7 nurses complete their consolidation of practice in ITU. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 16 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance. WMUH rates remained stable at 56%, which is mainly due to QIS dilution secondary to increase in total number of staff for the LNU re-designation. There is a plan in place to send a large cohort to QIS program in February 2026, which will boost QIS rate just in time for the expansion.

Both sites remain compliant with 98 hours of dedicated consultant labour ward presence and twice-daily ward rounds. As part of MIS Year 7, Safety Action 4, the service continues to demonstrate an effective clinical workforce in line with the RCOG 'Roles and Responsibilities of the Consultant' framework. Since February 2023, all short-term locums (<2 weeks) have been required to meet RCOG and GMC certification compliance, with details reported in the 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 re-designating 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. In October 2025, the BAPM guidance changed requiring more dedicated Tier 2 cover and Consultant cover than what is planned for in the Level 2 business case. We have a separate work stream to work towards the updated BAPM guidance.

Safety:

WM site: There were 4 patient safety incidents:

1. IIR – Neonatal death after birth at 34/40 – GBS Meningitis (escalated for PSII)
2. IIR – Maternal ITU admission – closed with no actions
3. IIR – Maternal ITU admission – under review
4. IIR – Stillbirth at 40+6 – closed with no actions (for PMRT)

Datix reporting system: There were 123 Datix incidents reported (a decrease – 137 in November)

- 32 Delay in access to care/hospital
- 5 Communication failure
- 4 Other unacceptable/aggressive behaviour

Incidents not yet closed over 3 months old x175 (an increase from November) – the majority assigned to Obstetric Consultants

CWH site: There was 1 patient safety incident:

1. IIR – Return to theatre (secondary PPH and perineal re-fashioning) – under review

Datix reporting system: There were 105 Datix incidents reported (a decrease – 108 in November)

- 18 Delay/failure in access to care/hospital
- 11 Communication
- 8 Unexpected NICU admissions

Incidents not yet closed over 3 months old x4 (a decrease from November)



Neonatal Service:

Number of Datix: 69 (41 CW + 28 WM) – Down from 89 in November.

- 1. PMRT (Cross site):** CW site reported 2 cases (NND @ 3 days of life – born 32+2, NND @ 1 day of life – born at 36+3). WMUH reported 6 cases (IUD @ 25+0, IUD @ 40+6, IUD @ 24+0, IUD at 22+4, NND @ 22 days of life – born at 34+1, NND at 2 days of life – born at 25+0).
- 2. ATAIN (Cross site):** WMUH site reported 9 term admissions, with an avoidable term admission rate of 2.57%. Data for CW site was not available at the time of writing and will be included next month.
- 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. Saving Babies Lives Care Bundle v.3.2:** There has been an increase in compliance to 96% of interventions at the close of Q2. Improvements were noted in Element 1 and Element 2. The LMNS have moved to assessing metrics as compliant when practice is embedded and improvements are being seen, even if targets are not yet being met. They have also implemented a traffic light system to support focus on the metrics that require attention. Data collection for Q3 is underway and will be provisionally reported in next months report.

Element 1: Reducing smoking: Compliance within this element has improved significantly, with challenges remaining in CO monitoring, smoking status documentation and individuals setting quit dates. Notably the cross site Tobacco dependency service will not be continuing into the next quarter, and this is predicated to have an impact on both the service provided and the access to data related to smoking cessation. **Compliant with 9/10 interventions**

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: A drop in detection rates of growth restricted babies has been noted across Q2, prompting a multidisciplinary action plan to commence. **Compliant with 20/20 interventions.**

Element 3: Raising awareness of reduced fetal movements: Element 3 compliance is at 100%, however induction of labour rates have been noted to increase above the target threshold (particularly on the Chelsea site) for those reporting reduced fetal movements prior to 39 weeks gestation, prompting . **Compliant with 2/2 interventions.**

Element 4: Effective fetal monitoring during labour: The service has now fully implemented physiological CTG interpretation which has been seen to have an anecdotally positive impact on outcomes. Data will be collected to monitor this on an ongoing basis. Hourly risk assessments in labour remain below the target threshold, however improvements continue to be made. **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, 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 Q3 2025. **Compliant with 25/27 interventions.**

Element 6: Management of Pre-existing Diabetes in pregnancy: No concerns noted in this element. **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				
		Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026 Q3	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	94.0%	97.0%	93.0%	91.4%	96.0%	97.0%	94.0%	92.5%	95.0%	97.0%	93.5%	95.2%	92.0%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	91.0%	98.0%	95.0%	94.0%	95.0%	95.0%	93.0%	93.9%	93.0%	96.5%	94.0%	94.5%	93.9%
	Service User Feedback FFT	93.8%	87.8%	83.8%	88.3%	89.6%	86.0%	89.8%	87.3%	92.4%	87.0%	86.2%	88.7%	87.8%
	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									9	9	9	27	64
	Progress in achievements of NHSR MIS (10 safety actions) Amber									1	1	1	3	11.5
	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



Chelsea and Westminster Hospital
NHS Foundation Trust



Perinatal Quality Surveillance Model:

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

Multi-professional mandatory training and fetal monitoring training: In December, overall multi-disciplinary training compliance decreased slightly to 94% (WM) and 93% (CW). Fetal monitoring training continues to exceed the 90% compliance target, at 93% (WM) and 95% (CW). All newly appointed staff have been scheduled to attend mandatory training within the next three months. While training compliance naturally varies depending on individual staff training cycles, the Practice Development and Fetal Monitoring teams have a clear, structured plan to ensure all staff complete both training components within a rolling 12-month period. The training needs analysis is aligned with the Core Competency Framework, and the new training year has commenced with revised content. This includes the introduction of 'Trauma-Informed Care' as a key component. Cultural safety training, which formed part of last year's curriculum, remains embedded within the current programme, reflecting the department's ongoing commitment to fostering diversity, inclusion, and culturally responsive care for both staff and service users.

Service user feedback: The maternity service collects monthly feedback via the Friends and Family Test (FFT). At the Chelsea site, positive feedback decreased from 87% in November to 83% in December. Respondents were predominantly White British (33%), White Other (27%), and Asian-Asian British (8%), with most aged 25–34 years (50%) and 87% English-speaking. The lowest-scoring area remained whether concerns were taken seriously (63%) showing a decrease from November. In contrast 94% reported that they were treated with kindness and compassion / respect and dignity. At the West Middlesex site, positive feedback remained stable from 88% in November to 89% in December. Respondents were predominantly Asian/Asian British (43%), White Other (17%), and White British (15%), with most aged 25–34 years (48%). Lowest scores remained consistently related to concerns being taken seriously (76%) however this saw significant improvement from 63% in November. In contrast 97% reported that they were treated with respect and dignity.

Across both sites, recurring negative themes focus on staff attitude and behaviour, communication, discharge processes and delays in care (mainly induction of labour and caesarean section). 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 9 of the 10 Safety Actions and partial compliance with 1, (Safety Action 1). 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. Evidence is currently being collated for LMNS verification which will take place during Q4.

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 27 actions and partially compliant with 16. 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 2023. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant all must-do and should-do actions. The CQC have recently published 16 maternity recommendations, of which 7 are specifically relevant to all NHS maternity Trusts. A bench marking piece has been undertaken to review our compliance and to demonstrate we are able to meet these standards, and as such we do not have any concerns in our ability to do so. Work is underway across both units in anticipation of a repeat inspection imminently.



Mortality

Summary Hospital-level Mortality Index

Effective

Trend

Summary Hospital-level Mortality Index



Narrative

Stable SHMI and HSMR across the organisation since the slight increase reflected by the change in coding of SDEC patients. Robust morbidity and mortality reviews across the organisation support this.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	73.3	69.1
WM	78.9	83.9
Trust	76.5	77.6

Year-to-Date Performance

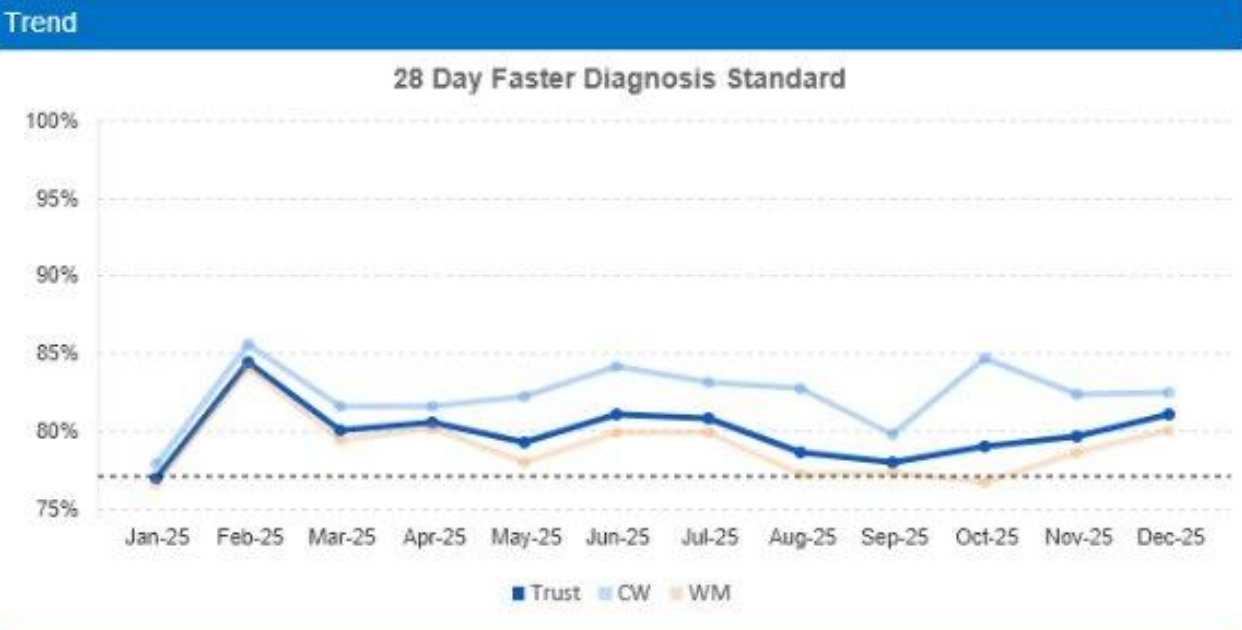
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
SHMI (Target: <100)	CW	72.6	72.8	72.3	72.8	73.3	71.5
	WM	76.0	77.5	78.2	77.1	78.9	75.7
	Trust	74.6	75.5	75.7	75.3	76.5	73.9
HSMR (Target: <100)	CW	78.6	78.4	68.2	69.5	69.1	74.2
	WM	81.0	84.3	83.7	82.3	83.9	84.0
	Trust	79.5	80.6	77.3	76.9	77.6	79.0



Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan



Narrative

The Trust continues to meet the National KPI for 28 Day FDS (77%) in November 25 (validated) and continuing its strong performance in December at 81.0 % unvalidated.

The Sarcoma service is particularly challenged and non-compliance in FDS due to continued demand from wider london sectors as well as the home counties, alongside some diagnostic changes to the pathway, making this service a particular concern at present.

Our other services that are in assurance (head and neck, skin, urology and Haematology) have all seen improvements within the FDS pathways, which is continuing to be closely monitored.

Our 2ww pathways continue to remain above the national compliance metrics despite a slight drop in performance. Compliance has been primarily driven by Skin, Lung, and Breast pathways.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	82.5%	93.4%
WM	80.0%	96.5%
Trust	81.0%	95.1%

Year-to-Date Performance

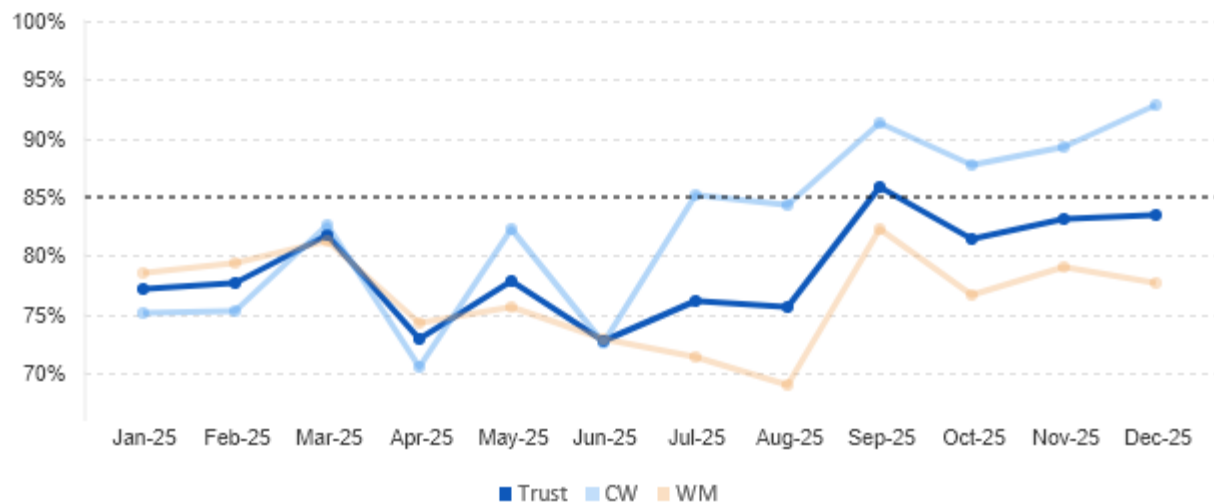
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	82.7%	79.8%	84.7%	82.3%	82.5%	82.5%
	WM	77.1%	77.2%	76.6%	78.6%	80.0%	78.6%
	Trust	78.6%	77.9%	78.9%	79.6%	81.0%	79.7%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	95.6%	97.3%	95.1%	93.4%	93.4%	94.2%
	WM	97.7%	95.9%	94.3%	96.0%	96.5%	96.1%
	Trust	96.8%	96.5%	94.7%	95.0%	95.1%	95.3%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trust retains to see an overall strong 62-Day Combined performance, with the validated performance for November meeting the National KPI compliance of 83.0% uploaded position. This position is at present also holding for the unvalidated December 2025 performance of 83.4%. The Chelsea site continues to see stronger performance in 62-Day Combined with December showing a very strong performance of 92.9% with all bar one service sitting in a compliant position on this site.

The West Middlesex site continues to be more challenged within several services, with Skin, Head and Neck, and Lung in a poorer than normal position. Breast unfortunately has seen a slight dip in month, as has our Colorectal service with both hoping to recover these in January 2026.

The Trusts 31D position remains strong and above the National KPIs of 98.8% with a validated November position over 96.0% and an unvalidated position for December being 97.0%.

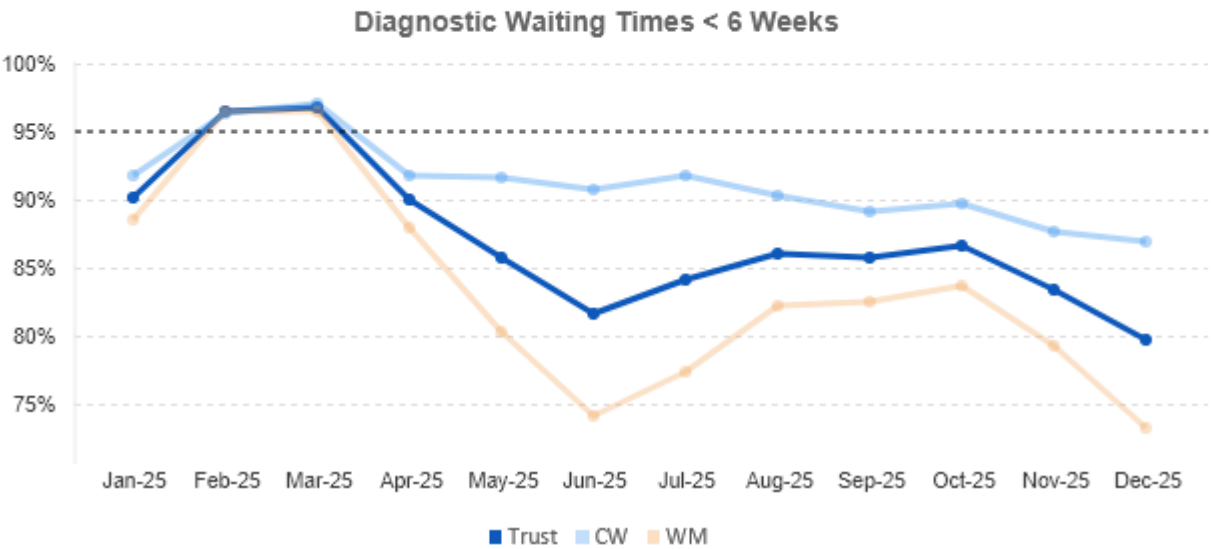
In-Month Performance

	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	92.9%	98.6%	
WM	77.7%	96.0%	
Trust	83.4%	97.0%	107

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	84.3%	91.2%	87.8%	89.2%	92.9%	84.3%
	WM	69.0%	82.3%	76.7%	78.9%	77.7%	75.6%
	Trust	75.5%	85.8%	81.4%	83.0%	83.4%	79.0%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	98.7%	97.4%	97.4%	98.7%	98.6%	97.9%
	WM	98.9%	97.3%	97.2%	98.9%	96.0%	98.4%
	Trust	98.8%	97.4%	97.3%	98.8%	97.0%	98.2%
62+ Day Backlog (Target: 100)	CW						
	Trust	108	109	110	75	107	107

Trend



Narrative

December's performance has further declined to 79.81% a drop of 3.63% compared to November. This is driven by December reduced activity and staffing challenges to stand up additional lists. While PTL size remained unchanged WM site has seen an increased number of patients waiting over 6 weeks. Every modality on this site has had a slight decrease in performance with the main drivers being Endoscopy, echocardiography, respiratory physiology and CT. Chelsea site, although also declining in performance, has seen a more controlled reduction of 0.8% as opposed to the 6.03% at WM site. All of the above-mentioned modalities have a recovery plan in place that have started in January.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	86.9%	811	0
WM	73.3%	1,807	0
Trust	79.8%	2,618	0

Year-to-Date Performance

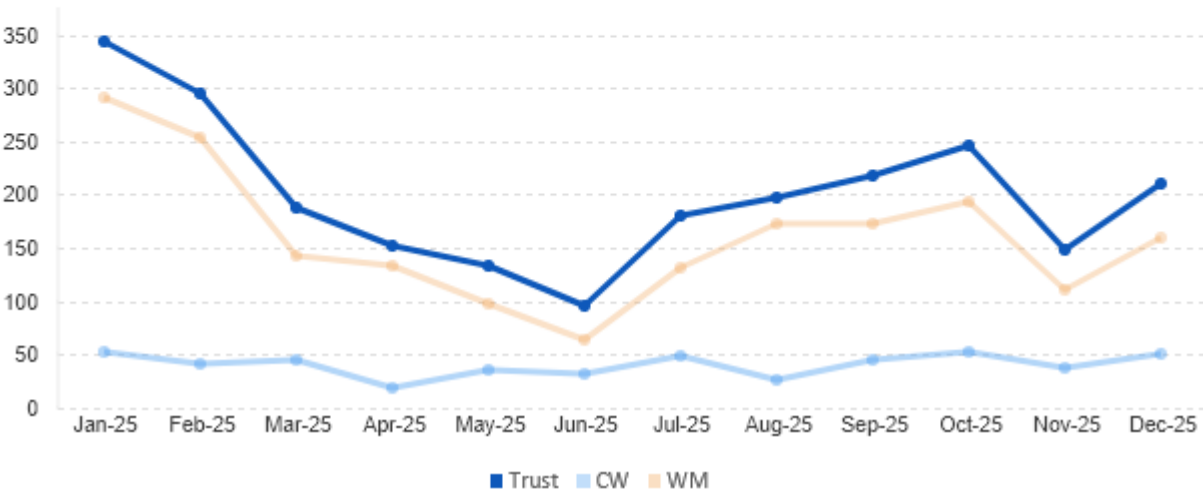
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	90.2%	89.1%	89.7%	87.7%	86.9%	89.9%
	WM	82.3%	82.6%	83.7%	79.4%	73.3%	79.9%
	Trust	86.1%	85.8%	86.6%	83.4%	79.8%	84.7%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	532	633	658	757	811	811
	WM	1,059	1,022	1,072	1,329	1,807	1,807
	Trust	1,591	1,655	1,730	2,086	2,618	2,618
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0

Ambulance Handover Waits

Safe

Trend

LAS Handover 30 Mins



Narrative

Performance

The Trust's overall performance for ambulance handovers remains strong. In the month of December 2025, the Trust reported seven 60-minute LAS handover delays breaches on the Chelsea site there were 6. This is an increase from previous months of zero due to no offloading space within Emergency Department. The 15-minute handover was non-compliant across both sites and more challenged compared to previous. 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	793	96.9	51	6
WM	1,055	152.9	160	1
Trust	1,848	249.8	211	7

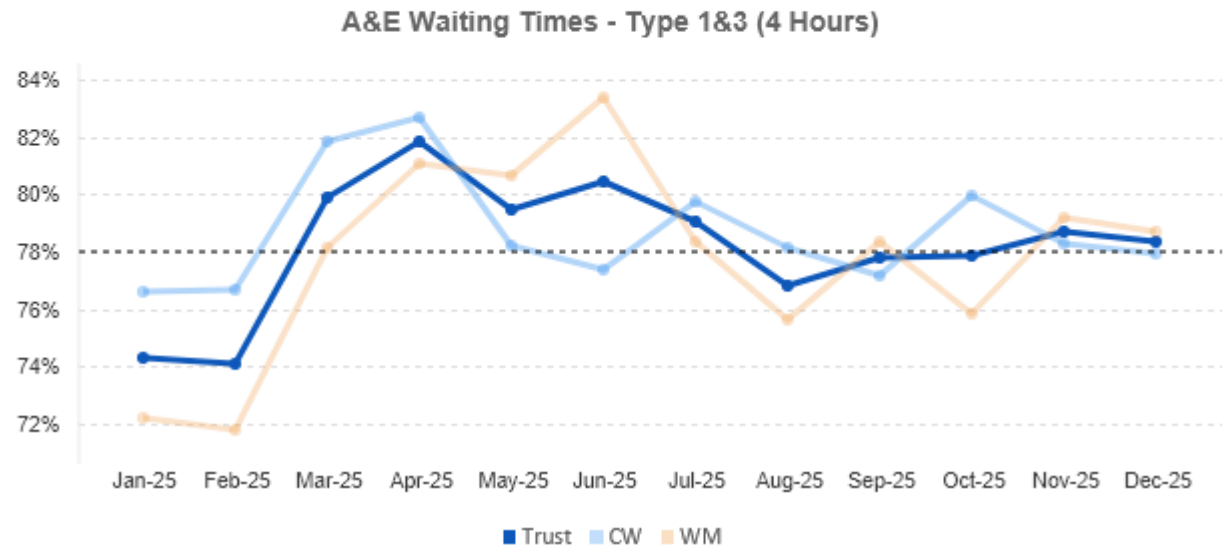
Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
LAS 15 Min Breach Performance	CW	734	764	758	704	793	6,720
	WM	924	993	1,078	969	1,055	8,529
	Trust	1,658	1,757	1,836	1,673	1,848	15,249
LAS Time Lost (Hrs)	CW	69.8	79.8	80.4	73.2	96.9	692.4
	WM	143.1	154.1	165.3	124.2	152.9	1,195.7
	Trust	212.9	233.9	245.7	197.4	249.8	1,888.1
LAS Handovers 30 Mins	CW	26	45	53	37	51	347
	WM	172	172	193	111	160	1,233
	Trust	198	217	246	148	211	1,580
LAS Handovers 60 Mins	CW	0	0	0	0	6	7
	WM	0	4	3	2	1	16
	Trust	0	4	3	2	7	23

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend



Narrative

Performance
Performance against the 4-hour standard in December 2025 was 78.3%. West Middlesex achieved 78.7% with 14,645 attendances and the Chelsea site 77.9% with 12,674 attendances.

The 12-hour performance is 2.4% against our operating plan trajectory target of 2.8%.

Improvement
There has been an ongoing focus on A&E time to triage, in November, West Middlesex achieved an average time to triage of 7 minutes, at the Chelsea site 16 minutes and a Trust position of 12 minutes.

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

In-Month Performance

	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	77.9%	2.0%	00:15	12,674	770	34
WM	78.7%	2.7%	00:06	14,645	839	17
Trust	78.3%	2.4%	00:10	27,319	1,609	51

Year-to-Date Performance

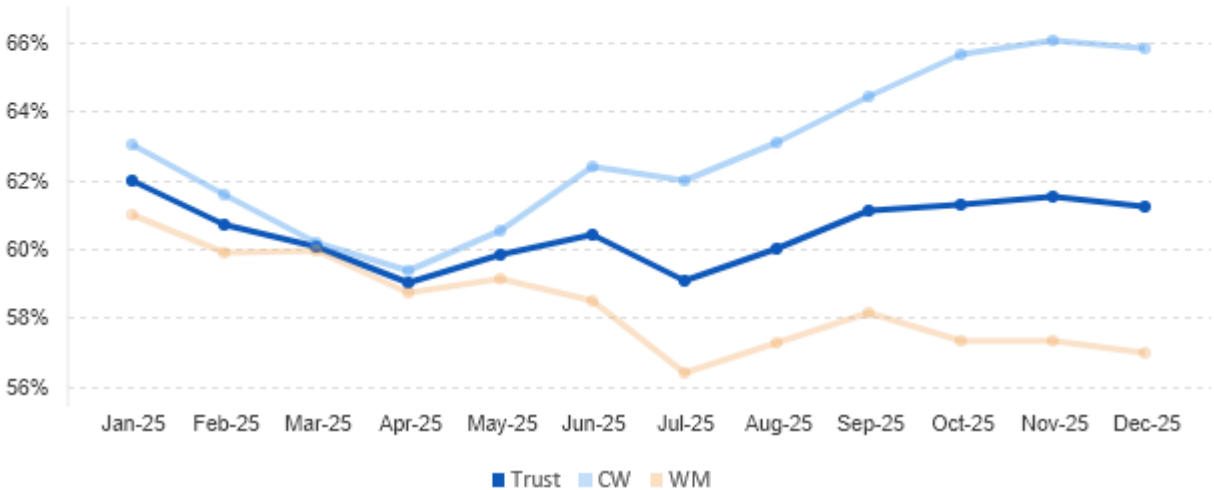
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: >78%)	CW	78.1%	77.1%	80.0%	78.3%	77.9%	78.8%
	WM	75.6%	78.4%	75.8%	79.2%	78.7%	79.0%
	Trust	76.8%	77.8%	77.8%	78.7%	78.3%	78.9%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	1.2%	2.8%	2.3%	1.9%	2.0%	1.9%
	WM	3.2%	2.8%	3.2%	1.7%	2.7%	2.3%
	Trust	2.2%	2.8%	2.8%	1.8%	2.4%	2.1%
A&E Time to Triage (Target: 15mins)	CW	00:14	00:16	00:16	00:16	00:15	00:15
	WM	00:06	00:07	00:07	00:06	00:06	00:07
	Trust	00:10	00:11	00:11	00:11	00:10	00:11
Total Attendances Type 1&3	CW	11,874	12,814	13,347	13,440	12,674	115,600
	WM	12,803	13,453	14,077	14,064	14,645	123,777
	Trust	24,677	26,267	27,424	27,504	27,319	239,377
Referrals to SDEC (Target as Per Op Plan)	CW	691	784	827	703	770	6,604
	WM	841	898	892	767	839	8,027
	Trust	1,532	1,682	1,719	1,470	1,609	14,631

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 61.2%, slightly below trajectory. Industrial action and reduced activity in December 2025 has driven a reduction in routine patient care.

Enhanced assurance is in place for at-risk areas with routine monitoring of RTT backlogs. A note that ERF cap within the current year's operating plans has led to reduction in activity in H1 and consequently fewer clock-stops.

Improvement : Recovery plans have been tailored for each specialty, with those not meeting compliance subject to weekly assurance reviews. Clinic templates have been revised implemented with additional surgical and outpatient capacity drives commencing in Q4 to accommodate these patient cohorts. Significant additional capacity is in place across all Divisions to support improvement along with outsourcing across a number of Planned Care and Specialist Care Teams.

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

In-Month Performance

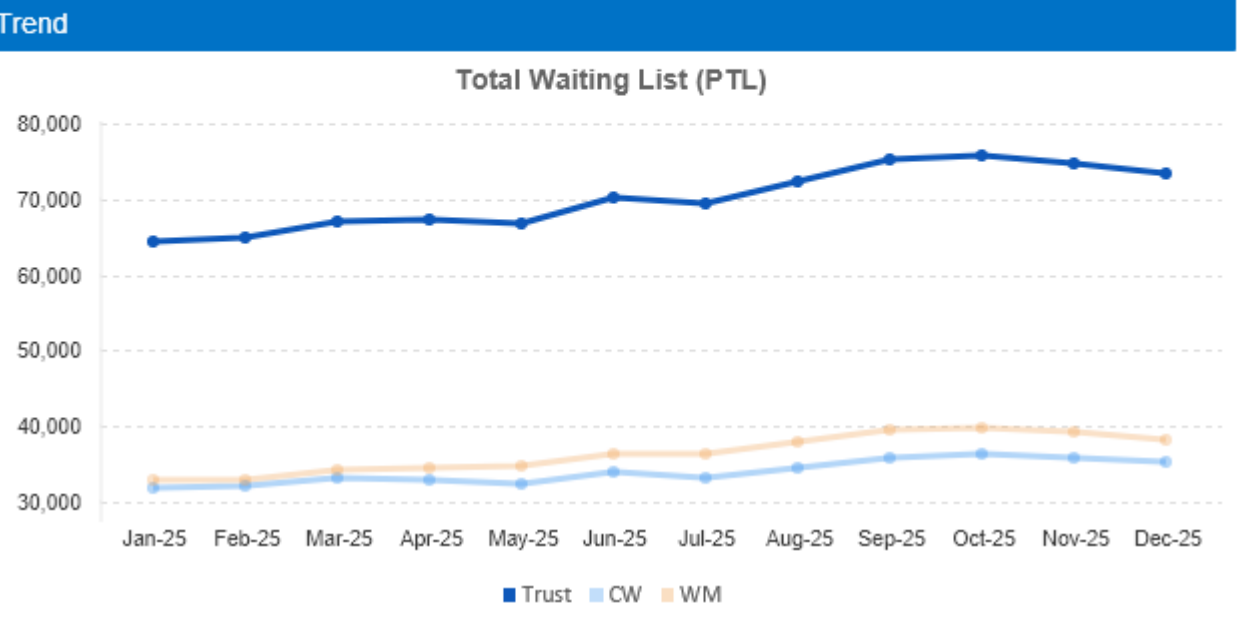
	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	65.8%	71.6%	1.5%	524	9
WM	57.0%	48.4%	2.1%	797	11
Trust	61.2%	59.5%	1.8%	1,321	20

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	63.1%	64.4%	65.7%	66.1%	65.8%	65.8%
	WM	57.2%	58.1%	57.3%	57.3%	57.0%	57.0%
	Trust	60.0%	61.1%	61.3%	61.5%	61.2%	61.2%
18 Week RTT Incompletes Paeds	CW	69.5%	70.6%	69.4%	71.0%	71.6%	71.6%
	WM	46.8%	45.0%	43.7%	45.6%	48.4%	48.4%
	Trust	57.0%	56.9%	56.0%	57.8%	59.5%	59.5%
52 Week RTT Incompletes (Target: <1%)	CW	1.6%	2.0%	1.8%	1.8%	1.5%	1.5%
	WM	2.1%	2.6%	2.5%	2.4%	2.1%	2.1%
	Trust	1.8%	2.3%	2.2%	2.1%	1.8%	1.8%
52 Week Waiters	CW	540	700	666	637	524	524
	WM	797	1,045	1,003	928	797	797
	Trust	1,337	1,745	1,669	1,565	1,321	1,321
65 Week Waiters	CW	23	29	34	29	9	9
	WM	16	33	47	31	11	11
	Trust	39	62	81	60	20	20

Referral to Treatment Waits

Responsive – Operating Plan



Narrative

Performance: In Month 9 the total RTT Patient Treatment List (PTL) was reported as 73,399 was an improvement on M8. The focus remains on ensuring fewer patients are awaiting first appointments and continually addressing chronological booking for the backlog cohorts as enhanced oversight and targeted interventions continue for at-risk specialities. Operating lists are booked on clinical urgency and in chronological order.

Improvement : The Trust continues to contact patients via routine administrative validation leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment. Capacity drive across surgical and outpatient areas underway in Q4, focused on prioritising patients in the backlog cohorts.

Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialities. These include Vascular Surgery, Urology, ENT, Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery, General Surgery and Paediatric Dermatology.

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

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	35,156	5,191	63.6%	6.2
WM	38,243	5,688	56.0%	6.6
Trust	73,399	10,879	59.4%	6.4

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Total Waiting List (PTL)	CW	34,454	35,789	36,369	35,663	35,156	35,156
	WM	37,873	39,501	39,597	39,058	38,243	38,243
	Trust	72,327	75,290	75,966	74,721	73,399	73,399
Total Waiting List (PTL) Paeds	CW	4,764	5,220	5,479	5,430	5,191	5,191
	WM	5,853	6,008	5,966	5,868	5,688	5,688
	Trust	10,617	11,228	11,445	11,298	10,879	10,879
Patients Waiting < 18 Weeks for First Appointment	CW	65.3%	65.1%	66.2%	65.1%	63.6%	63.6%
	WM	58.5%	58.4%	57.2%	57.7%	56.0%	56.0%
	Trust	61.6%	61.4%	61.3%	61.0%	59.4%	59.4%
RTT Clearance Time: Size of Waiting List	CW	6.9	6.1	5.6	5.8	6.2	6.2
	WM	8.0	7.2	6.5	6.9	6.6	6.6
	Trust	7.4	6.7	6.1	6.3	6.4	6.4



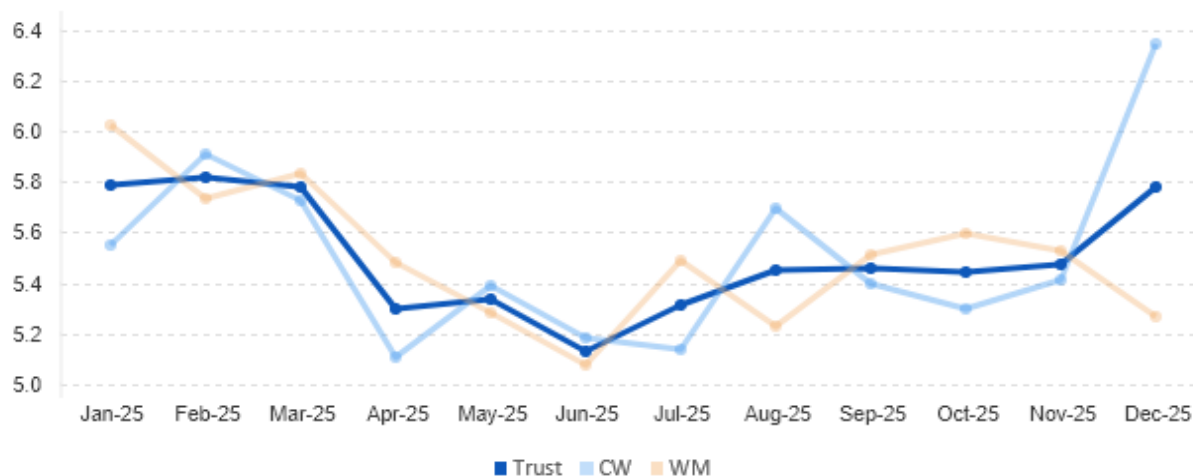
Operating Plan and Capacity

Flow & Discharge – Admitted Care

Responsive/Effective

Trend

Non-Elective LoS



Narrative

Elective LoS is compliant with the standard year to date.

Non-Elective LOS is non-compliant across both sites. In December the increased CW figure is an outlier and possible data quality issue which is being investigated. Overall the Non-Elective long stayers for >7days and >21 days have remained static. There is continued focus through No Criteria to Reside, focus on long length of stay patients weekly, Stage 3 escalation meetings with community partners and Trust Flow Board oversight.

Critical Care occupancy continues to track above the recommended 85%,but has decreased from Nov with CWH site at 84.2% and WM at 89.7%. The higher occupancy continues to be linked to delays in stepping patients down to appropriate inpatient beds, with the potential impact of delaying admissions. These two measures continue to be monitored via ICNARC submission and patient safety incidents reports as required. An escalation process for delayed stepdown is now in place.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRD and DD
CW	2.9	6.3	515	148	84.2%	6.3
WM	2.1	5.3	573	150	89.7%	7.5
Trust	2.6	5.8	1,088	298	86.9%	7.0

Year-to-Date Performance

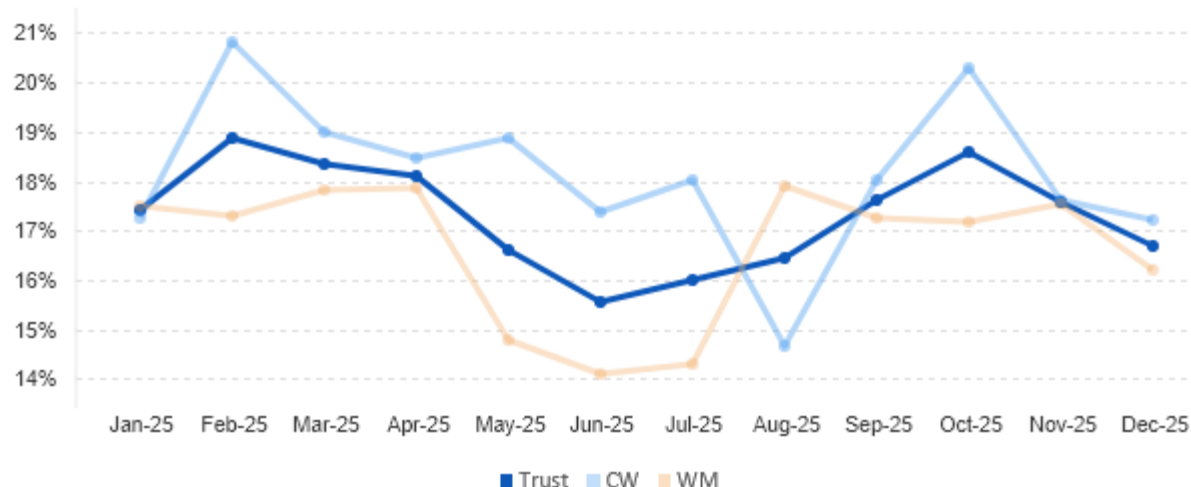
	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Elective LoS (Target: <2.9)	CW	3.0	2.7	2.8	2.1	2.9	2.8
	WM	2.0	2.1	2.7	3.0	2.1	2.5
	Trust	2.7	2.5	2.8	2.4	2.6	2.7
Non-Elective LoS (Target: <3.95)	CW	5.7	5.4	5.3	5.4	6.3	5.4
	WM	5.2	5.5	5.6	5.5	5.3	5.4
	Trust	5.5	5.5	5.4	5.5	5.8	5.4
Non-Elective Long Stays (>=7 days)	CW	432	471	511	414	515	4,061
	WM	526	560	594	501	573	4,817
	Trust	958	1,031	1,105	915	1,088	8,878
Non-Elective Long Stays (>=21 Days)	CW	121	115	131	124	148	1,089
	WM	136	144	144	150	150	1,242
	Trust	257	259	275	274	298	2,331
Critical Care Occupancy (Target: <85%)	CW	96.8%	85.0%	88.7%	96.0%	84.2%	83.3%
	WM	107.2%	111.1%	118.6%	102.3%	89.7%	100.8%
	Trust	101.7%	97.4%	102.9%	99.2%	86.9%	91.7%
Average days between the DRD and DD	CW	7.0	5.2	8.0	6.5	6.3	6.6
	WM	5.8	6.9	6.8	6.9	7.5	6.5
	Trust	6.2	6.2	7.3	6.7	7.0	6.5

Flow & Discharge – Discharges

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

- Pathway 1 to Pathway 3 patients were 21% of overall discharges on the CW site and 18% on the WM site. This is a similar picture to November 2025.
- Length of stay from Medically optimised to discharge across P1 and P3 remains above agreed target across our Boroughs for December
- The percentage of patients with nCTR is above the trust target of 14%. Readmission rates remain below the Trust target.
- Blitz clean delays and equipment delays highlighted in December 2025. Work underway to capture this information on admission to reduce delays. Will update further in board report for January 2026.
- SOP for No criteria to reside drafted with focused meetings for the Discharge Ready Unit (DRU) with community partner
- Weekly discharge performance meeting pack redrafted to align with over all reporting and escalation of discharge metrics.

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	17.2%	14.0%	88.1%	11.9%	5.4%
WM	16.2%	14.3%	86.8%	13.2%	5.7%
Trust	16.7%	14.1%	87.4%	12.6%	5.6%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Patient Not Meeting CTR Daily Average	CW	14.6%	18.0%	20.3%	17.6%	17.2%	17.8%
	WM	17.9%	17.2%	17.2%	17.5%	16.2%	16.3%
	Trust	16.4%	17.6%	18.6%	17.6%	16.7%	17.0%
Discharges Before 12	CW	14%	14%	16%	15%	14%	14%
	WM	13%	12%	15%	15%	14%	14%
	Trust	13%	13%	15%	15%	14%	14%
Discharge Date Same as Discharge Ready Date	CW	89.7%	89.0%	88.4%	89.8%	88.1%	89.1%
	WM	85.7%	86.2%	85.9%	85.0%	86.8%	86.1%
	Trust	87.6%	87.6%	87.1%	87.5%	87.4%	87.6%
Discharge Date After Discharge Ready Date	CW	10.3%	11.0%	11.6%	10.2%	11.9%	n/a
	WM	14.3%	13.8%	14.1%	15.0%	13.2%	n/a
	Trust	12.4%	12.4%	12.9%	12.5%	12.6%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	5.1%	4.6%	4.1%	5.3%	5.4%	4.9%
	WM	6.4%	5.9%	6.5%	6.5%	5.7%	6.1%
	Trust	5.8%	5.2%	5.3%	5.9%	5.6%	5.5%

Operating Plan Performance

Responsive – Operating Plan

NHS

Chelsea and Westminster Hospital

NHS Foundation Trust

Trend

Elective Day Case

Month	Trust	CW	WM
Jan-25	6200	3400	2800
Feb-25	5800	3000	2750
Mar-25	6200	3300	2900
Apr-25	5400	3000	2400
May-25	5600	3100	2550
Jun-25	5900	3200	2650
Jul-25	6300	3400	2900
Aug-25	5400	2700	2700
Sep-25	5500	2800	2700
Oct-25	5600	3000	2600
Nov-25	5200	2800	2350
Dec-25	4900	2600	2300

Narrative

The Trust continues to meet its Operating plans for elective activity despite the planned reduction inactivity in 2025/26 due to the ERF cap.

With two consecutive months of Industrial action some reduction was noted in actual activity impacting plans in some points of delivery. For outpatients, 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.

Risk to achieving plans include Industrial action and ERF cap.

In-Month Performance

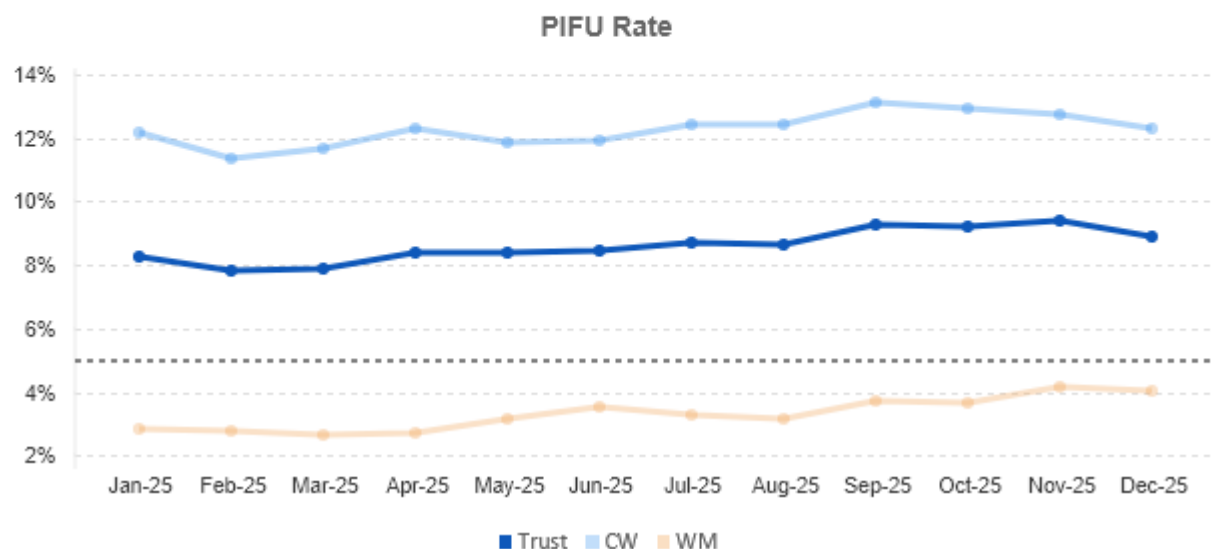
	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	2,579	445	4,732	9,560	17,072
WM	2,303	186	3,210	8,321	9,452
Trust	4,882	631	7,942	17,881	26,524

Year-to-Date Performance

	Site	Sep-25	Oct-25	Nov-25	Dec-25	Plan YTD	2025-2026
Elective Day Cases	CW	2,801	2,967	2,826	2,579	25,971	26,602
	WM	2,693	2,601	2,303	2,303	23,524	23,021
	Trust	5,494	5,568	5,129	4,882	49,496	49,623
Elective Ordinary Admissions	CW	422	464	509	445	3,362	3,849
	WM	214	205	189	186	1,322	1,755
	Trust	636	669	698	631	4,683	5,604
OP Procedures	CW	5,233	5,612	5,239	4,732	41,528	47,194
	WM	3,338	3,414	3,311	3,210	26,728	29,151
	Trust	8,571	9,026	8,550	7,942	68,256	76,345
OP First Attendance Without Procedure	CW	10,728	11,537	10,289	9,560	94,080	90,200
	WM	8,803	9,374	7,632	8,321	73,488	74,614
	Trust	19,531	20,911	17,921	17,881	167,567	164,814
OP FUp Attendance Without Procedure	CW	18,906	20,337	19,099	17,072	151,206	164,056
	WM	10,669	10,755	9,631	9,452	106,482	92,150
	Trust	29,575	31,092	28,730	26,524	257,689	256,206

Responsive

Trend



Narrative

PIFU dipped in December at the Chelsea site, probably due to activity profiles over the holiday period more than any great change in practice. Overall 8.9% remains a competitive performance when compared with our peer Trusts and against the central NHS target

DNA rate spiked slightly overall in December, as it tends to do. However an improvement at WMUH for new appointments after an unusually high November meant that new DNAs stayed on trend at Trust level. Overall the December spike was less pronounced than it was over the previous 3 years.

We continue to focus on ways to improve DNA rates, including Patient Led Validation, and our volunteers are kindly helping with phone calls in some areas.

In-Month Performance

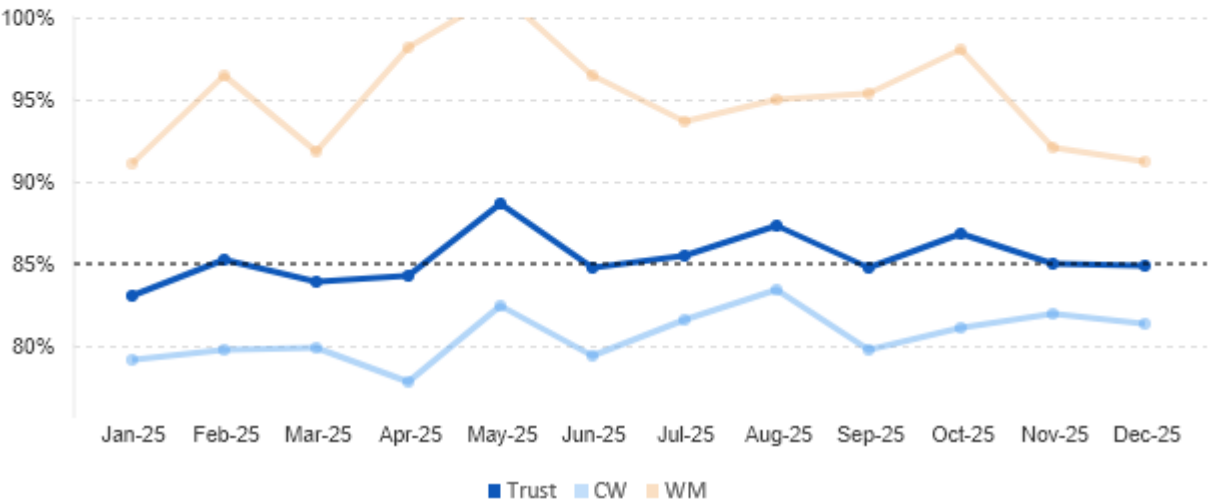
	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.3%	11.5%	8.3%	4,304
WM	4.1%	10.7%	7.6%	3,578
Trust	8.9%	11.2%	8.0%	7,882

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
PIFU Rate (Target: 5%)	CW	12.4%	13.1%	12.9%	12.8%	12.3%	12.5%
	WM	3.1%	3.7%	3.6%	4.2%	4.1%	3.5%
	Trust	8.6%	9.3%	9.2%	9.4%	8.9%	8.8%
DNA Rates - First Appointment	CW	10.6%	11.0%	10.8%	10.6%	11.5%	10.8%
	WM	10.9%	10.5%	11.5%	12.3%	10.7%	10.6%
	Trust	10.8%	10.8%	11.1%	11.4%	11.2%	10.7%
DNA Rates - Follow Up Appointment	CW	8.6%	8.7%	8.2%	8.1%	8.3%	8.4%
	WM	6.8%	6.8%	7.4%	7.3%	7.6%	7.2%
	Trust	7.9%	8.0%	7.9%	7.8%	8.0%	8.0%
Virtual Contacts	CW	3,621	4,270	4,723	4,208	4,304	38,138
	WM	3,461	3,966	4,203	3,595	3,578	33,939
	Trust	7,082	8,236	8,926	7,803	7,882	72,077

Trend

Theatre Utilisation (Uncapped)



Narrative

Trust-Wide utilisation was static in December at 84.8%. There was a small decrease in utilisation on both sites. The WM site remains above the 85% target. Lower utilisation at the CW site continues to be driven by the Day Surgery Unit, and Paediatric theatres, but both complexes saw an improvement in their utilisation in December. Focused work is being done through the Theatres Improvement Programme, with a focus on consultant productivity data to drive improvement.

Day case rates remained declined in December at 84.5%. The decrease was seen at the CW site which was at 81.8% (down from 85.5%). The WM site remained well above the 85% target.

OTD cancellations were static for December. The on the day cancellation rate remains a focus on improvement work streams and working closely with operational teams to identify capacity to rebook. There were 5x 28 rebook breaches on the CW site for December- patients who were cancelled due to surgeon illness and unable to be rebooked within 28 days due to Christmas.

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	82.2%	0.7%	5	81.2%
WM	92.3%	0.4%	0	91.2%
Trust	85.3%	0.6%	5	84.8%

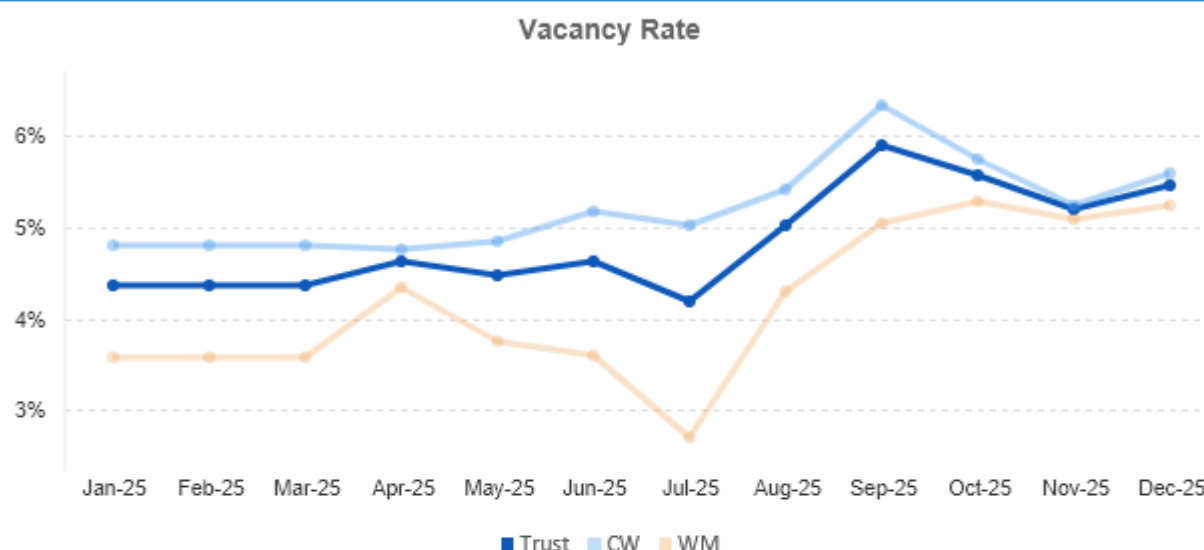
Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	86.1%	87.7%	84.5%	85.5%	82.2%	85.9%
	WM	80.7%	89.2%	87.8%	90.2%	92.3%	87.3%
	Trust	84.1%	88.2%	85.6%	86.7%	85.3%	86.3%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.5%	0.8%	0.4%	1.0%	0.7%	0.7%
	WM	0.4%	0.4%	0.6%	0.2%	0.4%	0.5%
	Trust	0.5%	0.6%	0.5%	0.6%	0.6%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	0	1	0	0	5	14
	WM	0	0	1	0	0	6
	Trust	0	1	1	0	5	20
Theatre Utilisation (Uncapped) (Target: >85%)	CW	83.4%	79.7%	81.1%	81.9%	81.2%	80.9%
	WM	95.0%	95.3%	98.0%	92.0%	91.2%	95.6%
	Trust	87.3%	84.8%	86.8%	84.9%	84.8%	85.7%



Workforce

Trend



Narrative

The Trust's Month 09 position exceeded the operating plan target level for total staffing (22WTE). Substantive and agency staffing continue to be within the operating plan target however; bank staffing exceed the target for the sixth consecutive month (170.98 / WTE / 34%).

Agency Spend remains within the targeted reductions for 2025/26; bank spend however has exceeded its trajectory in month and year to date.

The vacancy (5.46%) and voluntary turnover rates (8.65%) are within the target level. The key marker for concern regarding pressure remains the sickness levels which increased marginally on last month with pressure in CSD, PCD and SCD which are above 5% for in-month sickness. CSD, PCD 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.

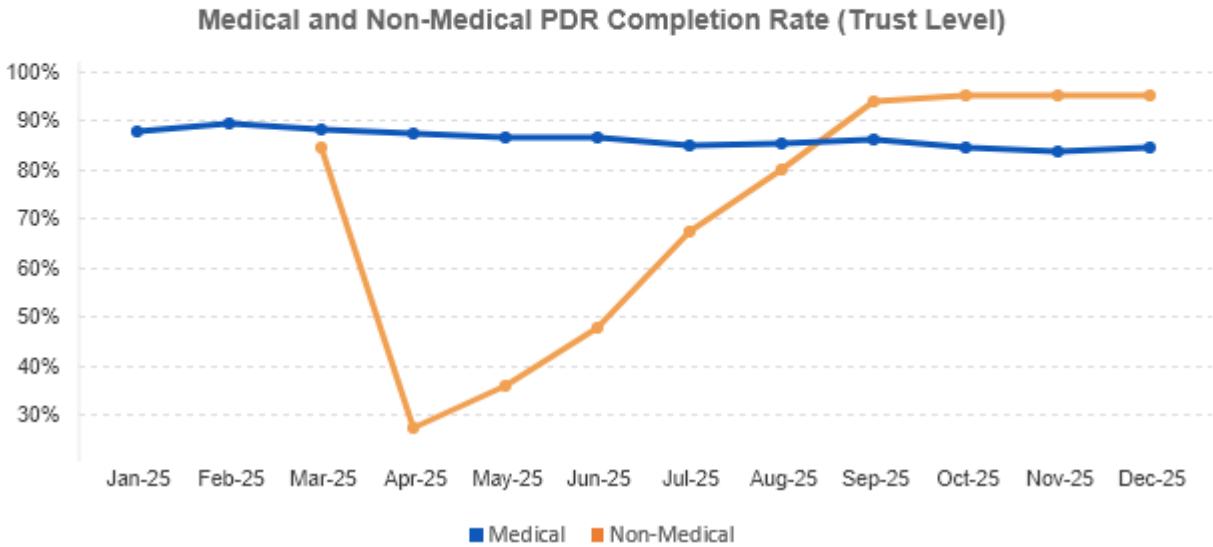
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.58%	8.5%	4.7%	0.3%	7.9%
WM	5.25%	7.0%	4.6%	0.1%	9.6%
Trust	5.46%	8.0%	4.6%	0.2%	8.5%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Vacancy Rate	CW	5.4%	6.3%	5.7%	5.2%	5.6%	5.6%
	WM	4.3%	5.1%	5.3%	5.1%	5.2%	5.2%
	Trust	5.0%	5.9%	5.6%	5.2%	5.5%	5.5%
Voluntary Turnover	CW	9.4%	8.9%	8.9%	8.6%	8.5%	8.5%
	WM	7.7%	7.4%	7.1%	6.8%	7.0%	7.0%
	Trust	8.8%	8.4%	8.3%	8.0%	8.0%	8.0%
Sickness Absence	CW	3.8%	4.2%	4.4%	4.3%	4.7%	4.7%
	WM	4.2%	4.7%	4.5%	4.1%	4.6%	4.6%
	Trust	3.9%	4.3%	4.5%	4.2%	4.6%	4.6%
% Agency Usage	CW	0.4%	0.3%	0.3%	0.2%	0.3%	0.3%
	WM	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
	Trust	0.3%	0.3%	0.2%	0.2%	0.2%	0.2%
% Bank Usage	CW	7.3%	7.0%	7.5%	7.8%	7.9%	7.9%
	WM	10.2%	9.8%	10.6%	10.8%	9.6%	9.6%
	Trust	8.3%	8.0%	8.6%	8.9%	8.5%	8.5%

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month 09 being 94.81%.

EIC (95.70%) and CSD (96.06%) have the highest rates across the divisions. In addition, the staff groups excluding Medical have exceed the target with Qualified Nursing (96.03%) and AHPs (95.07%) having the highest rates.

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	94.3%	91.1%
WM	-	95.7%	93.0%
Trust	84.3%	94.8%	91.8%

Year-to-Date Performance

	Site	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	85.2%	86.1%	84.3%	83.5%	84.3%	84.3%
Non-Medical PDR Completion Rate	CW	77.9%	93.1%	94.6%	94.6%	94.3%	94.3%
	WM	84.1%	95.3%	95.9%	95.8%	95.7%	95.7%
	Trust	80.0%	93.9%	95.1%	95.0%	94.8%	94.8%
Core Skills Completion Rate	CW	92.2%	90.9%	90.8%	91.1%	91.1%	91.1%
	WM	93.6%	92.8%	92.4%	93.0%	93.0%	93.0%
	Trust	92.7%	91.6%	91.4%	91.8%	91.8%	91.8%

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					
														1 & 2		3, 4 & nonstage		No Harm & Mild		Moderate & Severe									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Maternity	89%	95%	95%	95%	6.8	2.3	0.0	0.0	9.13	12.79	-10.90%	6.27%	8.42%	1	1	0	0	0	0	0	0	3	83	0	0	8	67	82.46%	
Annie Zunz	83%	100%	100%	100%	6.7	2.8	0.0	0.0	9.52	8.73	7.76%	15.62%	0.00%	2	11	0	0	0	0	0	0	0	5	0	0	1	3	100.00%	
Apollo	86%	-	89%	-	17.5	0.0	0.0	0.0	17.45	N/A	-2.31%	6.81%	32.97%	0	0	0	0	0	0	0	0	0	19	0	0	0	1		
Mercury	85%	-	85%	-	8.1	0.0	0.0	0.0	8.07	9.94	-2.19%	6.20%	0.00%	0	3	0	0	0	0	0	0	5	72	0	0	1	2	100.00%	
Neptune	98%	-	96%	-	7.2	0.0	0.0	0.2	7.33	13.06	6.31%	5.46%	0.00%	0	1	0	0	0	0	0	0	6	33	0	0	2	2	84.62%	1
NICU	103%	-	102%	-	16.1	0.0	0.3	0.0	16.33	26.91	-14.35%	6.45%	0.00%	0	0	0	0	0	0	0	0	17	85	0	0	1	6		
AAU	105%	75%	104%	125%	6.2	1.4	0.0	0.1	7.79	8.4	1.58%	2.89%	18.89%	8	99	0	2	0	3	0	0	9	82	0	0	2	16	97.80%	
Nell Gwynne	95%	71%	115%	74%	3.9	3.0	0.0	0.1	7.00	7.82	-2.15%	4.88%	16.29%	5	53	0	2	0	0	1	1	2	12	0	0	0	3	95.00%	
David Erskine	98%	93%	103%	103%	3.7	2.8	0.0	0.2	6.78	7.14	0.63%	8.47%	11.04%	6	58	0	2	0	0	0	0	2	31	0	0	1	7	86.67%	
Edgar Horne	113%	112%	113%	123%	3.7	3.5	0.0	0.0	7.22	6.78	4.88%	0.00%	5.88%	8	56	0	2	0	2	0	0	3	27	0	0	0	10	91.43%	
Lord Wigram	97%	86%	102%	92%	4.0	3.2	0.3	0.1	7.57	7.81	15.10%	4.69%	16.92%	4	32	0	0	0	3	0	1	2	27	0	0	0	4	100.00%	1
St Mary Abbots	95%	97%	97%	97%	3.6	3.4	0.0	0.0	7.05	7.55	16.59%	16.48%	35.46%	2	31	0	0	1	2	0	0	3	42	0	0	0	10	92.31%	1
David Evans	83%	88%	83%	95%	4.8	3.4	0.0	0.1	8.38	7.55	1.42%	0.00%	0.00%	1	20	0	1	0	0	0	0	1	24	0	1	0	9	89.55%	1
Chelsea Wing	123%	96%	100%	90%	8.8	4.8	0.0	0.0	13.59	7.55	27.48%	6.40%	22.50%	1	4	0	1	0	0	0	0	3	17	0	0	2	8		
Burns Unit	117%	151%	232%	194%	19.4	4.7	0.0	0.0	24.09	N/A	10.74%	7.55%	0.00%	1	6	0	0	0	0	0	0	0	8	0	0	1	4		
Ron Johnson	96%	102%	102%	103%	4.6	2.6	0.0	0.0	7.13	5.51	7.66%	0.00%	11.11%	2	35	0	0	1	1	0	0	4	31	0	0	0	3	100.00%	
ICU	100%	-	96%	-	27.9	0.0	0.9	0.0	28.83	26.91	2.15%	7.73%	20.92%	1	11	0	0	0	3	0	1	3	46	0	0	0	2		
Rainsford Mowlem	105%	98%	97%	112%	3.1	3.0	0.1	0.2	6.42	7.5	-0.46%	6.54%	8.16%	5	65	0	2	0	2	0	0	1	39	0	0	1	6	89.83%	
Nightingale	104%	103%	102%	131%	3.3	3.3	0.0	0.1	6.68	7.5	13.78%	0.00%	6.25%	9	82	0	1	1	3	0	0	6	37	0	0	1	5	94.12%	
Emergency Department	104%	89%	113%	108%	-	-	-	-	-	N/A	5.39%	8.66%	0.00%	8	54	0	1	0	0	0	0	7	78	0	0	14	65	90.21%	
DSU	73%	43%	80%	68%	-	-	-	-	-	N/A	14.17%	4.68%	0.00%	0	2	0	0	0	0	0	0	0	10	0	0	0	6	100.00%	
Theatres	93%	85%	102%	94%	-	-	-	-	-	N/A	-12.08%	9.15%	16.27%	0	0	0	0	0	0	0	0	0	8	0	0	1	6		
OPD	71%	80%	-	-	-	-	-	-	-	N/A	5.00%	0.00%	0.00%	0	4	0	1	0	0	0	0	0	14	0	0	7	76	89.72%	
Averages /Totals	96%	92%	105%	106%	8.4	2.3	0.1	0.1	10.9		4.18%	5.87%	10.05%	64	628	0	15	3	19	1	3	77	830	0	1	43	321	93.16%	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	108%	88%	118%	102%	3.4	2.9	0.0	0.1	6.39	7.5	5.90%	0.00%	5.48%	2	59	0	0	1	7	0	2	4	43	0	0	0	1	92.47%	
Richmond	103%	85%	96%	67%	4.0	2.8	0.2	0.0	6.95	7.55	-2.41%	0.00%	17.51%	0	20	0	0	0	0	0	0	1	13	0	0	0	5	96.55%	1
Syon 1 cardiology	94%	96%	97%	115%	4.2	2.0	0.0	0.1	6.29	7.93	7.82%	0.00%	36.77%	3	41	0	1	0	1	0	1	2	18	0	0	0	1	99.05%	
Syon 2	103%	109%	97%	121%	3.6	3.8	0.2	0.0	7.63	7.14	6.35%	0.00%	0.00%	6	51	0	0	0	3	0	1	1	44	0	0	0	5	97.67%	
Starlight	126%	-	126%	-	8.1	0.0	0.0	0.0	8.11	13.06	10.07%	14.24%	100.00%	0	2	0	0	0	1	0	0	3	24	0	0	3	6	83.33%	
Kew (Lampton)	115%	110%	100%	164%	3.8	3.8	0.1	0.2	8.02	7.5	4.21%	5.23%	0.00%	1	40	0	0	0	3	0	2	0	27	0	0	0	1	100.00%	
DRU (Crane)	99%	88%	100%	69%	3.2	3.5	0.2	0.0	6.84	7.5	7.09%	0.00%	7.22%	4	59	0	1	0	1	0	1	2	34	0	0	0	0	100.00%	
Osterley 1	92%	98%	89%	86%	3.7	2.6	0.1	0.1	6.53	7.81	6.01%	0.00%	11.28%	6	59	0	0	2	13	0	1	1	54	0	0	1	9	88.46%	3
Osterley 2	98%	95%	98%	104%	3.6	3.3	0.2	0.0	7.08	7.55	-3.74%	2.58%	0.00%	4	25	0	0	1	1	1	0	3	24	0	0	0	4	100.00%	2
MAU	98%	91%	105%	103%	6.4	2.6	0.0	0.1	8.98	8.4	9.66%	3.17%	0.00%	11	106	0	0	1	6	0	0	7	85	0	0	1	11	96.67%	
Maternity	104%	87%	106%	92%	8.0	2.1	0.0	0.0	10.06	12.79	-6.88%	5.62%	0.00%	0	1	0	0	0	0	0	0	4	39	0	0	1	11	87.50%	
Special Care Baby Unit	97%	-	127%	-	8.7	0.0	0.0	0.0	8.69	13.06	23.69%	7.15%	10.88%	0	0	0	0	0	0	0	0	0	18	0	0	0	2		
Marble Hill 1	110%	107%	116%	125%	4.1	3.0	0.1	0.0	7.11	6.8	0.69%	7.66%	11.61%	10	84	0	0	0	4	0	0	2	106	0	0	1	5	90.24%	
Marble Hill 2	128%	100%	156%	120%	4.3	2.9	0.1	0.1	7.41	6.78	8.26%	0.00%	5.51%	5	61	0	0	2	0	0	1	5	50	0	0	1	6	97.92%	
ITU	88%	-	87%	-	24.7	0.0	0.0	0.0	24.74	26.91	0.24%	8.75%	33.33%	0	4	0	0	0	9	0	0	2	56	0	0	0	0		
Redlees (Kew)	99%	99%	100%	105%	3.7	3.52	0.2	0.48	7.91	7.82	-0.15%	0.00%	0.00%	4	51	0	0	1	1	0	0	2	18	0	0	0	2	100.00%	
Emergency Department	98%	94%	105%	75%	-	-	-	-	N/A	9.33%	6.37%	0.00%	0.00%	4	47	0	1	0	1	0	0	3	53	0	0	3	31	79.37%	
DSU	90%	120%	-	-	-	-	-	-	N/A	-13.64%	0.00%	0.00%	0.00%	0	7	0	0	0	0	0	0	0	4	0	0	0	7	88.64%	
Theatres	92%	47%	105%	94%	-	-	-	-	N/A	5.99%	3.17%	17.57%	17.57%	0	0	0	0	0	0	0	0	0	8	0	0	1	6		
OPD	72%	74%	-	-	-	-	-	-	N/A	-0.55%	14.52%	6.36%	6.36%	0	4	0	0	0	0	0	0	1	13	0	0	3	29	86.69%	
Averages /Totals	101%	93%	107%	103%	6.1	2.4	0.1	0.1	8.7		3.90%	3.92%	13.18%	60	721	0	3	8	51	1	9	43	731	0	0	15	142	93.21%	6



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

West Middlesex site:

Kew, Marble Hill 1, Syon 2 and Marble Hill 2 reported increased HCA fill rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. Additionally, Marble Hill 2 maintained a high RMN fill rate during both day and night shifts, driven by the opening of escalation beds and the need for enhanced observation of patients requiring mental health supervision.

DRU and Richmond ward had lower HCA fill rates at night attributed to changes to the staffing template. CHPPD was not compromised.

Starlight had increased day RN fill rates due to increased bed utilisation. ED and Theatres reported low HCA fill rates due to vacancies and lack of bank cover. Vacant posts are now fully recruited to.

The Out-patient Department (OPD) experienced low RN and HCA fill rates during the day due to reduced acuity and activity and staff sickness.

Chelsea and Westminster site:

Chelsea Wing saw increased RN fill rates on days due to additional private clinic demands.

AAU had low HCA fill rates during the day due to sickness and inability to fill with bank cover. Both Nightingale and AAU but had high night fill rate due to staffing escalation areas. Nell Gwynne had low HCA fill rate day and night due to sickness and inability to fill with bank cover. Edgar Horne had increased HCA night-time fill rates to provide enhanced observations for patients requiring mental health supervision.

The Burns Unit had increased RN and HCA fill rates to support enhanced observation for patients requiring mental health supervision and the care of a private patient.

In the Out-patient Department (OPD) HCA fill rates were low due to staff sickness and limited bank cover, while RN fill rates were impacted by vacancies. The Orthopaedic practitioners provided support, patient safety was maintained throughout.

The Day Surgery Unit (DSU) experienced low HCA fill rates during the day due to reduced acuity and activity. Patient care and safety was maintained throughout.

Incidents:

In December, two incidents involving patient harm were reported. Both related to the development of pressure damage.

Pressure damage occurred during the admission of a patient on Nell Gwynne. The patient, who has chronic venous disease, was admitted with cellulitis. Despite Tissue Viability being involved from admission and a suitable care plan in place, the wound deteriorated into an unstageable left heel wound. Following deterioration, pressure-relieving measures were implemented, including Prevalon boots and an air mattress. Treatment remains ongoing.

The patient on Osterley 2 developed pressure damage to the sacrum. A pressure-relieving mattress was in use, and a wound care plan was implemented. The incident remains under review.

The Friends and Family Test showed 100% scores in five wards at CW and four wards at WM. WM Emergency Department scored below 80%, with feedback highlighting concerns about waiting times and overall experience in the Department

Please note all incident figures are correct at time of extraction from DATIX. There were 10 red flags raised in December: 9 for planned care and 1 for the WLCH. All were related to staffing shortfalls and inability to assess patient's vitals. The vacancy rate and turnover are from November 2025.



10 red flags from the 5 categories (tables below) were reported during December 2025 where majority were Shortfall in RN time.

Nursing, Midwifery and care staff average fill rate December 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
101.28% ↓	98.79% ↑	6.1 ↓	2.5 ↑	8.7 ↔

RN Fill Rates (ward areas) decreased from 103.46% in November 2025 to 101.28% in December 2025. The RN vacancy rate (whole trust) in November 2025 was 3.10%

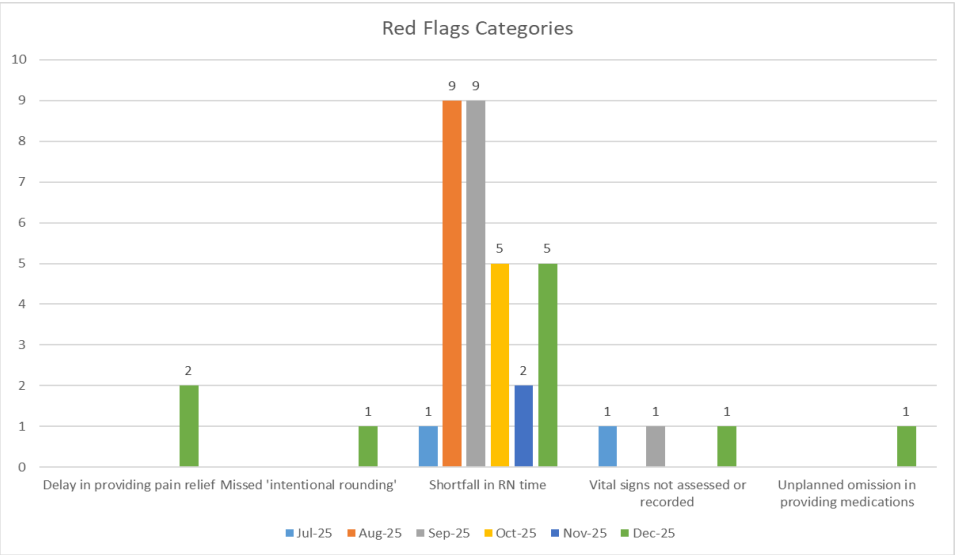
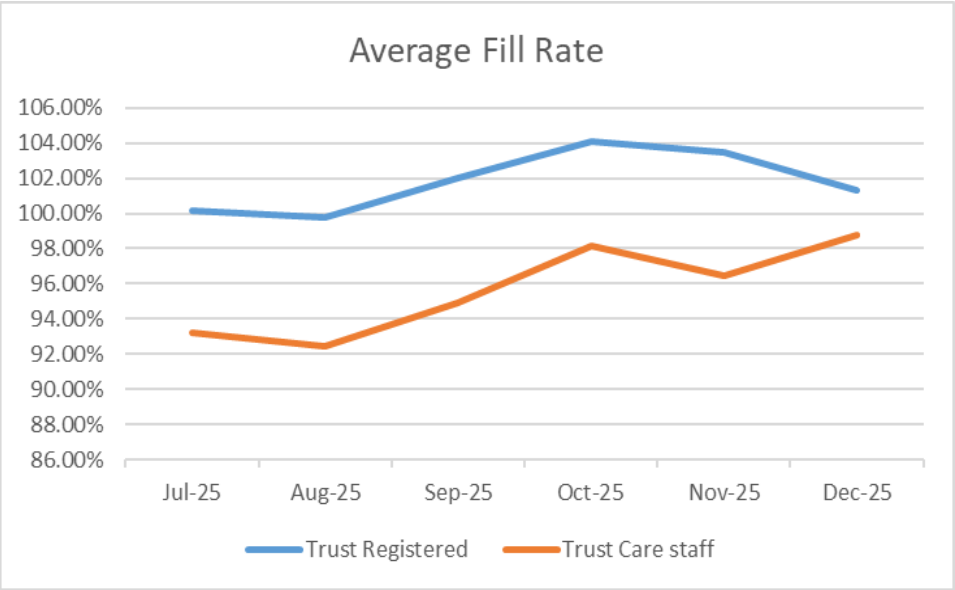
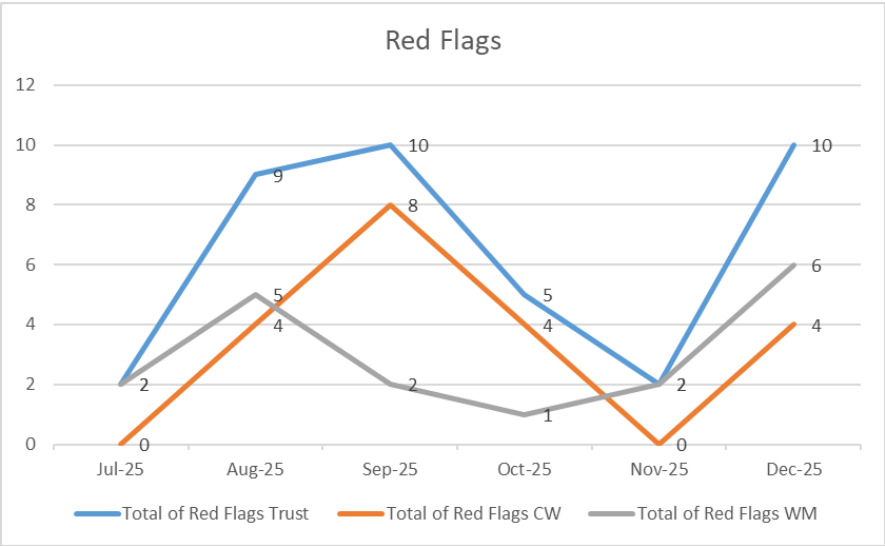
Care Staff Fill Rates (ward areas) increased from 96.44% in November 2025 to 98.79% in December 2025 . There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in November 2025 was 9.71%

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 99.95% in November 2025 to 100.04% in December 2025.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (September 2025) was 8.3. Trust workforce data confirms the CHPPD was 8.7 in December 2025, same as November 2025 – 8.7.

Safe Staffing Red Flags – 10 red flags from the 5 categories (tables below) were reported during December 2025 where majority were Shortfall in RN time

CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – Sep 2025
Trust	8.3
Hillingdon Hospital	9.1
London NW	9.0
Imperial	10.4
National Median	8.8

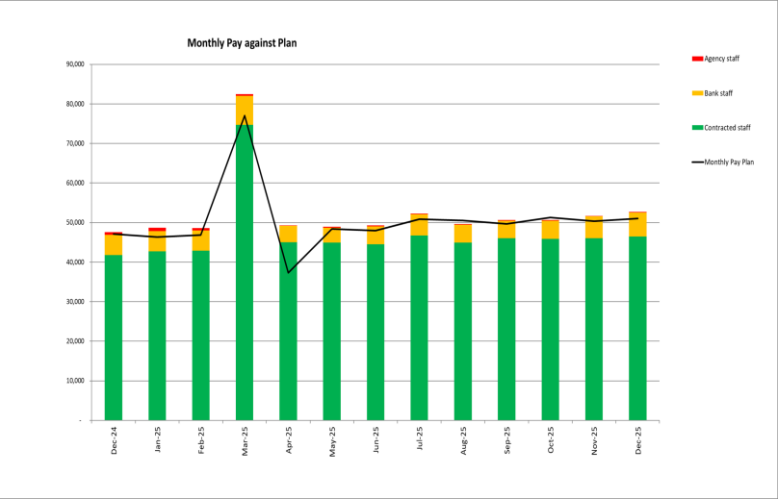




2 red flags from the 5 categories (tables below) were reported during November 2025 where majority were Shortfall in RN time.

Finance

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	774,972	772,840	(2,133)
Expenditure			
Pay	(446,948)	(454,981)	(8,033)
Non-Pay	(278,213)	(276,696)	1,517
EBITDA	49,812	41,163	(8,649)
EBITDA %	6%	5.33%	-1.1%
Depreciation	(26,257)	(26,566)	(309)
Non-Operational Exp-Inc	(11,517)	(26,802)	(15,285)
Surplus/Deficit	12,038	(12,205)	(24,243)
Control total Adj - Donated asset, Impairment & Other	(12,618)	11,499	24,117
PFI Model recalculation		444	444
Adjusted financial performance surplus/(deficit)	(580)	(262)	318



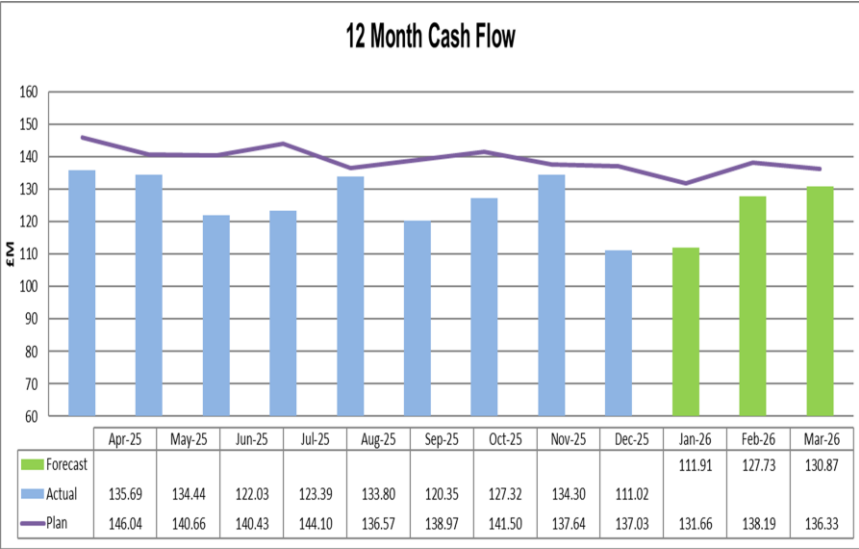
Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike. July 25 includes £1m spend on industrial action and a YTD increase in the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

The adjusted YTD financial position at month 9 is a £0.26 m which is £0.32 m favourable against plan.

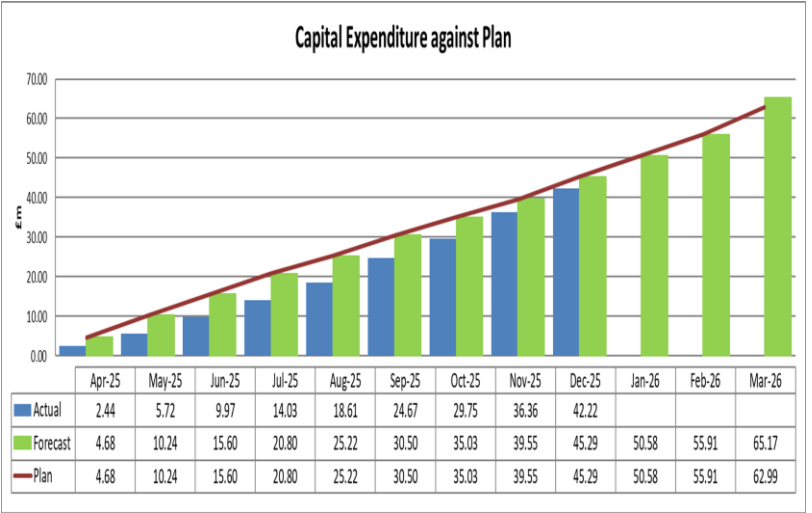
Pay: £8.03m adverse against plan. The adverse variance at Month 9 includes spend on additional clinics, Industrial I Action cost, WLI, and cover for vacancies, sickness, rota gaps, and other forms of leave. As well as unidentified and red & Amber CIPs.

Non-Pay: There is a £1.52m favourable variance which includes adjustment to budget to match NHSi return.

Income: Income performance for the month and YTD is favourable against plan. The positive variance is driven by both, income released for WLI (offset by cost) and over performance on the variable elements of the contract (Drugs, Devices, Unbundled imaging). Sexual Health services continue to underperform against planned levels, largely due to demand management measures.



Comment: The negative cash variance to plan in M9 of £26.01m is negative cash variance b/fwd from M8 of £3.34m, Higher receipts to plan of £1.27m (ICB & NHS England & FT's £1.26m higher, Local Authority & AR £2.8m higher, Other Income £0.033m Lower, PP Income £0.41m higher, Interest £ 0.023m lower, PDC Drawdown 0.87m higher, Donations 4.00m lLower) offset by higher cash outflows to plan £23.95m (Higher Creditor Payments)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £64.11m following the carry forward of the additional grant for the IECCP project from 2024/25, a new grant donation of £272k for the CW Paeds ED waiting room project, the allocation of £7.19m from the ICS reserves/ contingency and the deferral of the Human Challenge Scheme £6.3m and CW+ donation of £2.76m to 2026/27. The capital budget has been allocated to the various departments, with £46.66m for the ADC Project, £0.68m for the Medical Equipment, £1.25m for IT equipment, £3.38m for Estates schemes, £0.22m Central Contingency, £0.71m for IFRS16, £3.50m for IECCP, £0.13m for WM site development and £9.95m for PDC funded projects which will be allocated to support some of the above listed items and other estates works. 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 P08 YTD underspend of £3.19m which mainly relates to the PDC funded schemes 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