



TRUST PERFORMANCE & QUALITY REPORT

February 2024



NHSI Reporting

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months |
|----------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | Trend charts |
| A&E | A&E waiting times - Types 1 & 3 Depts (Target: >95%) | 81.99% | 83.89% | 84.12% | 80.58% | 75.79% | 77.84% | 79.45% | 78.16% | 78.82% | 80.78% | 81.78% | 81.27% | 79.27% | |
| RTT | 18 weeks RTT - Incomplete (Target: >92%) | 61.54% | 61.21% | 62.92% | 63.72% | 55.76% | 56.21% | 57.70% | 57.37% | 58.35% | 58.50% | 60.12% | 59.32% | 60.20% | |
| Cancer | 2 weeks from referral to first appointment all urgent referrals (Target: >93%) | 95.84% | 94.82% | 96.99% | 95.61% | 94.01% | 94.30% | 98.27% | 94.50% | 94.73% | 94.51% | 97.77% | 94.51% | 94.94% | |
| | 2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%) | n/a | n/a | n/a | 100% | 100% | 100% | 100% | 97.64% | 100% | 100% | 100% | 100% | 97.65% | |
| | 31 day combined position (Target: >=96%) | 93.65% | 94.20% | 98.08% | 96.11% | 97.70% | 96.58% | 98.68% | 97.22% | 96.00% | 95.70% | 98.44% | 96.82% | 96.64% | |
| | 62 day combined position (Target: >=85%) | 87.10% | 80.92% | 93.24% | 81.82% | 80.11% | 80.18% | 76.18% | 77.96% | 82.90% | 80.48% | 82.39% | 81.63% | 83.34% | |
| Cancer - FDS | Faster Diagnosis Standard (Target: >= 75%) | 82.70% | 80.25% | 83.71% | 83.02% | 71.11% | 67.96% | 79.96% | 73.05% | 75.50% | 72.24% | 81.36% | 76.61% | 76.85% | |
| Patient Safety | Clostridium difficile infections (Year End Target: 26) | 3 | 2 | 0 | 17 | 0 | 1 | 1 | 15 | 3 | 3 | 1 | 4 | 32 | |

A&E 4-hr Waiting Times

The Trust reported a combined performance of 81.87% with 24,661 attendances, which continues on a month-on-month improvement. The Trust UEC Winter Plan continues to focus on performance throughout the UEC pathway, from ED to discharges. The Trust also reported no 12-hour trolley breaches for patients waiting admission to an Acute Trust bed. A total of 51 patients waited over 12 hours from DTA to admission to external MH beds.

18 Weeks RTT (Incomplete Pathway)

There has been a slight increase in the Trust PTL, with the 18-week RTT incomplete position trending positively at 60.12%. The Trust continued to make progress on reducing backlogs, as the 65ww and 78ww are showing corresponding decreases, despite another challenging month of industrial action and winter pressures. There was a slight increase in the 52ww cohort however, it is anticipated that the majority of those in this cohort are on a non-admitted pathway and require outpatient or diagnostic services. The NHS drive to book and see patients in the RTT long-waiting cohorts is expected to support improving this position. These patients are tracked and reported through the weekly Trust Elective Access meeting.

Cancer (Final Previous Month, Unvalidated Current month)

62-Day: The 62-day combined target was not compliant in January 2024. The unvalidated position for February 2024 is 82.39% impacted by a high volume of breaches in Urology. Diagnostics have been somewhat challenged with reduced capacity following equipment failures in CT and MRI, which has had an adverse impact on this target. Recovery plans to improve diagnostic capacity are in place and monitored at the appropriate forums.

28-Day FDS: Performance against the FDS target was not compliant in January 2024 with a performance of 72.24%. This was impacted by a high volume of ADOC breaches and challenges in Sarcoma and Urology. The February 2024 unvalidated position shows an improved position of 81.36%.

31-Day: The 31-day combined target was not compliant in January 2024, with a performance of 95.7%. The February 2024 unvalidated position shows an improved position with a performance of 98.44%.

The cancer services are leading a weekly assurance meeting for those tumour sites that are driving some of the underperformance. These meetings are having a positive effect.

Clostridium Difficile

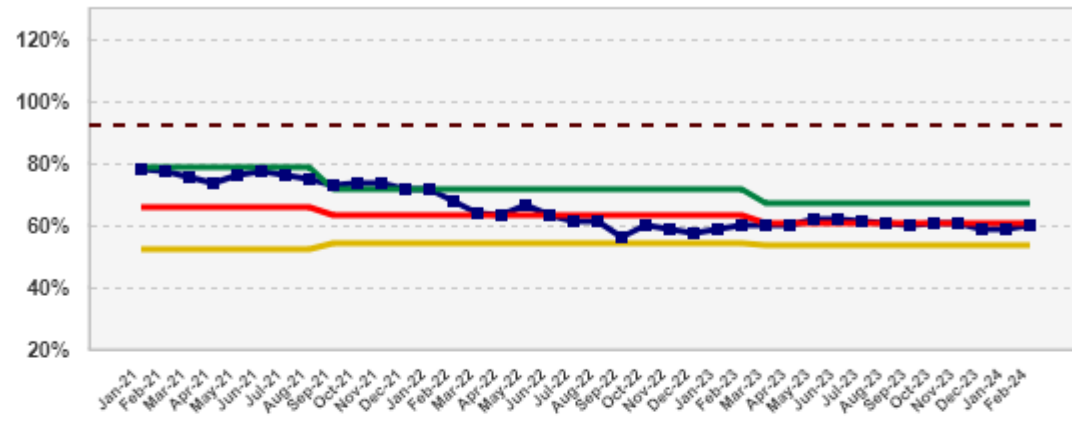
There was 1 Community-Onset Healthcare associated (COHA) CDI case in February 2024, there have been a total of 32 Trust attributed cases from April 2023 to February 2024. The case occurred at the WM site and was attributed to Richmond. The patient was attending AEC regularly for antibiotic therapy treating a surgical site infection and the RCA is currently pending.



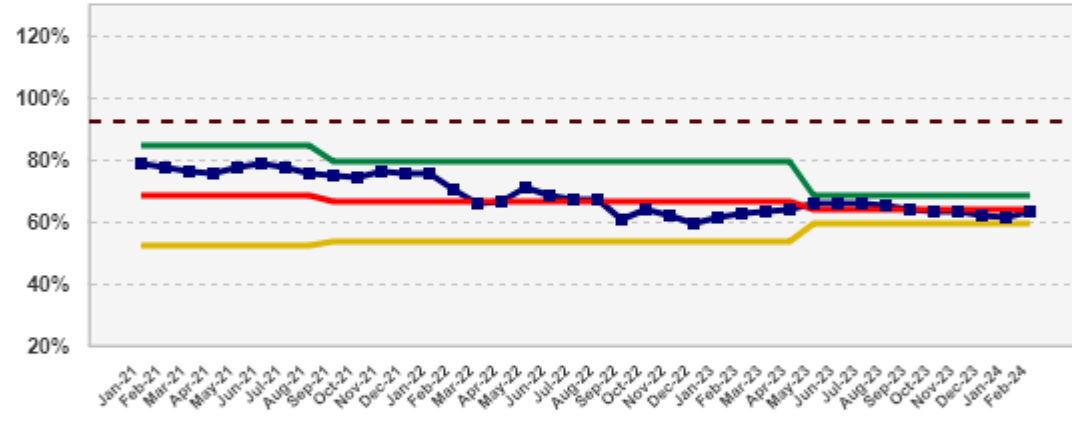
SELECTED BOARD REPORT NHSI INDICATORS

Statistical Process Control Charts for the last 36 months May 2020 to Feb 2024

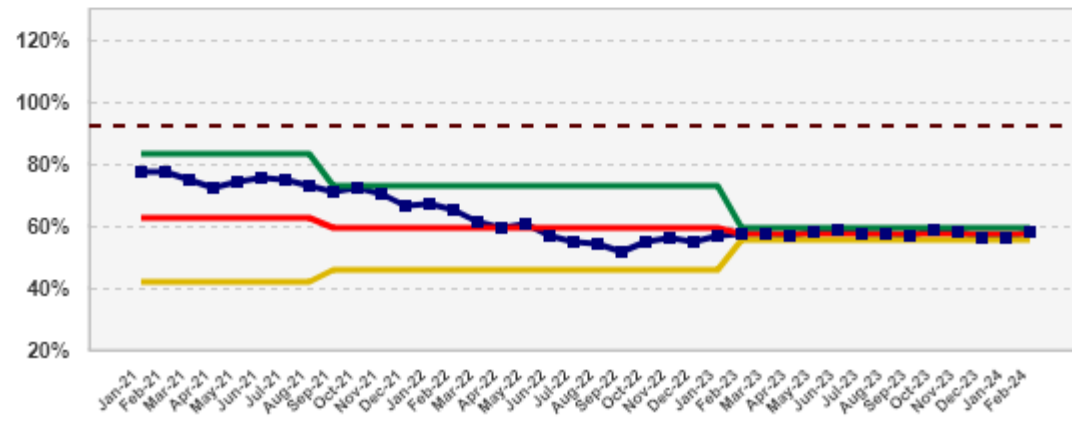
RTT Incomplete pathways
Trust Total



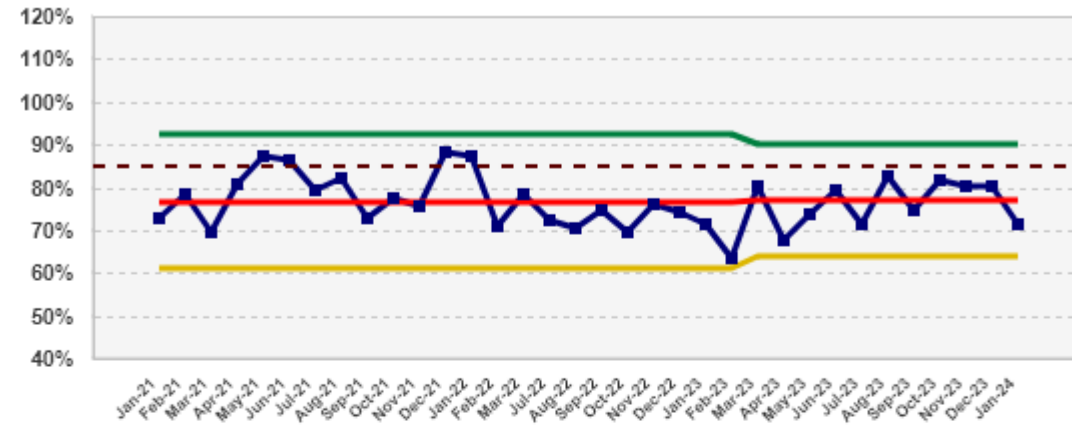
Chelsea and Westminster



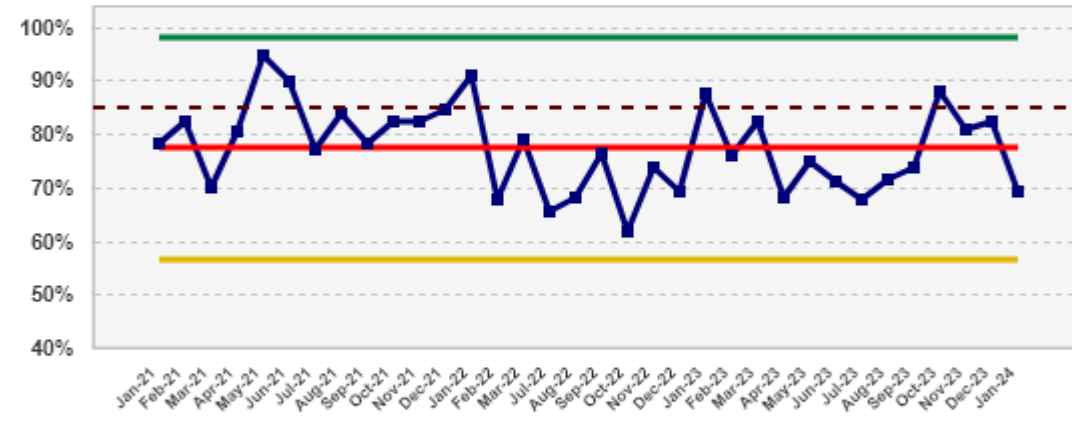
West Middlesex



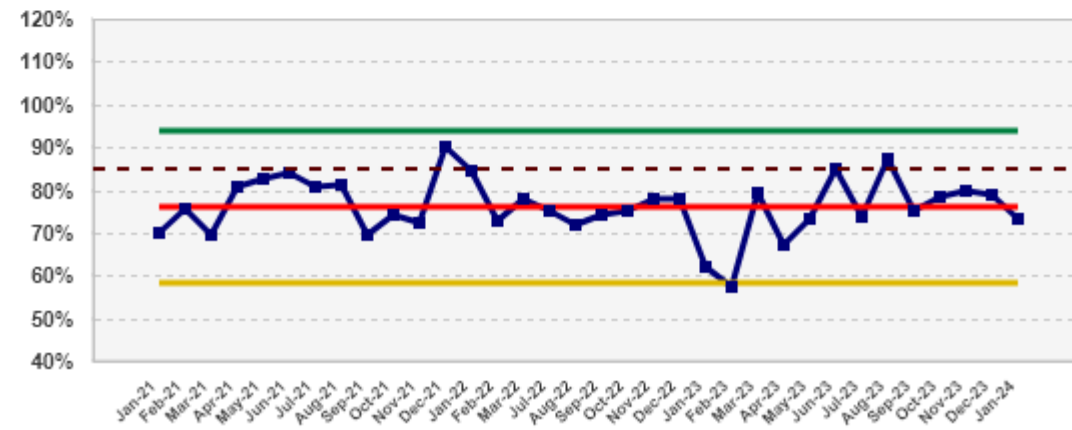
Cancer: 62 day standard
Trust Total



Chelsea and Westminster



West Middlesex





Safety

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months Trend charts |
|------------------------------|---|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|--------------------------------------|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | |
| Hospital-acquired infections | MRSA Bacteraemia (Target: 0) | 0 | 1 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 4 | |
| | Hand hygiene compliance (Target: >90%) | 97.5% | 97.3% | 95.5% | 95.4% | 94.4% | 98.6% | 99.3% | 97.3% | 96.2% | 97.9% | 97.2% | 97.6% | 96.2% | |
| Incidents | Number of serious incidents | 2 | 3 | 1 | 19 | 1 | 0 | 0 | 12 | 3 | 3 | 0 | 3 | 30 | |
| | Incident reporting rate per 100 admissions (Target: >8.5) | 9.3 | 8.9 | 9.0 | 9.2 | 10.4 | 9.7 | 8.9 | 9.5 | 9.9 | 9.3 | 9.0 | 9.1 | 9.3 | |
| | Rate of patient safety incidents resulting in severe harm or death per 100 admissions | 0.00 | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.03 | 0.01 | 0.00 | 0.01 | 0.02 | 0.01 | 0.01 | |
| | Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2) | 3.91 | 4.47 | 5.46 | 4.64 | 5.60 | 5.19 | 3.58 | 4.21 | 4.72 | 4.84 | 4.52 | 4.68 | 4.43 | |
| | Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%) | 0.0% | 0.0% | 0.0% | 0.4% | 0.0% | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.3% | |
| Harm | Never Events (Target: 0) | 0 | 1 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 5 | |
| | Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6) | 1 | 0 | 0 | 4 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 5 | |
| | Safeguarding adults - number of referrals | 37 | 52 | 37 | 403 | 41 | 32 | 24 | 360 | 78 | 84 | 61 | 145 | 763 | |
| | Safeguarding children - number of referrals | 94 | 80 | 103 | 831 | 98 | 117 | 98 | 1123 | 192 | 197 | 201 | 398 | 1954 | |
| Mortality | Summary Hospital Mortality Indicator (SHMI) (Target: <100) | 66 | 67 | 67 | 67 | 75 | 77 | 76 | 76 | 71 | 73 | 72 | 72 | 72 | |
| | Number of hospital deaths - Adult | 56 | 37 | 33 | 435 | 67 | 69 | 61 | 696 | 123 | 106 | 94 | 200 | 1131 | |
| | Number of hospital deaths - Paediatric | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 4 | |
| | Number of hospital deaths - Neonatal | 5 | 2 | 1 | 20 | 0 | 0 | 1 | 5 | 5 | 2 | 2 | 4 | 25 | |
| | Number of deaths in A&E - Adult | 2 | 1 | 0 | 15 | 5 | 6 | 0 | 43 | 7 | 7 | 0 | 7 | 58 | |
| | Number of deaths in A&E - Paediatric | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 5 | |

MRSA

There were 0 Trust attributed MRSA bacteraemia in February 2024, to date (this financial year), there have been 4 Trust-attributed cases against a target of 0. This is a reduction of 42.8% against 2022/23's 7 cases.

Incidents

There was one External SI reported in February 2024; it is a case being reviewed by the Maternity and New-born Safety Investigations (MNSI) programme and relates to a baby born in poor condition. During the target month (February 2024), the target rate of patient safety incidents per 100 admissions was exceeded by both sites. It is anticipated that reporting rates will increase following the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning From Patient Safety Events (LFPSE); staff training will be an integral part of the roll-out.

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

The Trust has achieved the target reporting rate, despite a reduction in reporting at the WM site in February 2024. The reporting rate at WM site will be monitored by the MSG to identify if and where support may be required.

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

The Trust target has been achieved for this measure.

Safeguarding

For adult safeguarding, referrals have reduced slightly on both sites. Cases continue to be complex, involving mental health and alcohol services, with particular themes around discharges, both in terms of communication with service partners and family involvement in planning.

For children's safeguarding, we have seen an increase in referrals at Chelsea Hospital and a corresponding decrease in referrals at West Middlesex Hospital. Similarly, for adults, these cases remain complex, with many involving mental health services. We continue to have young people for prolonged periods in ED and the wards awaiting appropriate social care or mental health placements.



Patient Experience

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|-----------------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | Trend charts | |
| Friends & Family Test | FFT: Inpatient satisfaction % (Target: >90%) | 95.6% | 94.8% | 92.8% | 95.2% | 95.7% | 99.5% | 97.1% | 96.6% | 95.6% | 96.6% | 95.2% | 96.0% | 95.9% | | - |
| | FFT: Inpatient not satisfaction % (Target: <10%) | 1.5% | 2.8% | 4.2% | 1.9% | 1.51% | 0.00% | 0.45% | 1.2% | 1.5% | 1.7% | 2.1% | 1.9% | 1.5% | | - |
| | FFT: Inpatient response rate (Target: >15%) | 39.6% | 40.5% | 26.5% | 34.3% | 33.2% | 38.6% | 41.9% | 44.2% | 36.7% | 39.8% | 33.3% | 36.8% | 38.8% | | - |
| | FFT: A&E satisfaction % (Target: >90%) | 86.3% | 86.7% | 85.8% | 84.8% | 75.6% | 75.9% | 78.5% | 77.3% | 81.4% | 82.0% | 82.7% | 82.3% | 82.0% | | ! |
| | FFT: A&E not satisfaction % (Target: <10%) | 8.7% | 8.3% | 8.9% | 9.5% | 15.6% | 15.8% | 13.2% | 14.7% | 11.9% | 11.6% | 10.8% | 11.2% | 11.4% | | ! |
| | FFT: A&E response rate (Target: >15%) | 21.9% | 27.3% | 27.5% | 26.8% | 19.5% | 22.1% | 22.9% | 23.3% | 20.7% | 24.8% | 25.3% | 25.0% | 25.4% | | ! |
| | FFT: Maternity satisfaction % (Target: >90%) | 85.8% | 93.5% | 95.1% | 90.5% | 92.0% | 88.7% | 83.3% | 88.2% | 88.0% | 91.6% | 89.7% | 90.7% | 89.6% | | - |
| | FFT: Maternity not satisfaction % (Target: <10%) | 8.6% | 3.2% | 4.2% | 6.1% | 5.7% | 4.1% | 10.0% | 8.2% | 7.6% | 3.6% | 6.8% | 5.3% | 6.9% | | - |
| | FFT: Maternity response rate (Target: >15%) | 33.3% | 31.5% | 30.4% | 40.2% | 21.5% | 22.9% | 26.1% | 28.5% | 27.9% | 27.5% | 28.3% | 27.9% | 34.9% | | ! |
| Experience | Breach of same sex accommodation (Target: 0) | 0 | 0 | 0 | 0 | 16 | 14 | 21 | 213 | 16 | 14 | 21 | 35 | 213 | | ! |
| Complaints | Complaints (informal) through PALS | 24 | 32 | 35 | 271 | 22 | 46 | 35 | 414 | 46 | 78 | 70 | 148 | 685 | | - |
| | Complaints formal: No of complaints due for response | 22 | 22 | 7 | 268 | 19 | 14 | 15 | 183 | 41 | 36 | 22 | 58 | 451 | | - |
| | Complaints formal: Number responded to < 25 days | 20 | 22 | 6 | 232 | 16 | 13 | 15 | 175 | 36 | 35 | 21 | 56 | 407 | | - |
| | Complaints sent through to the Ombudsman | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 2 | 0 | 2 | 4 | | - |
| | Complaints upheld by the Ombudsman (Target: 0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | - |

Please note the following: blank cell An empty cell denotes those indicators currently under development Either Site or Trust overall performance red in each of the past three months

MSA (Mixed Sex Accommodation)

“Guidelines for the Provision of Intensive Care Services” dictate that patients should be transferred from critical care to a ward within four hours of the decision. Unfortunately, West Middlesex experienced 21 instances in February where this standard wasn't met, resulting in patients remaining in mixed sex areas. Breach details: 9 patients waited over 10 hours for a ward bed, with 2 exceeding 100 hours. Overall impact: As of Q3, 75% of critical care discharges experienced delays exceeding four hours. We've observed a rise in both mixed-sex breaches (21) and this has impacted delayed admissions (12%, double the expected rate). We are actively addressing these issues with site management during regular bed meetings. We will be inviting the team to our next Policy Board in April to present these findings and explore solutions. Patient care remains our top priority, and we continue to uphold their dignity and cultural considerations in all situations.

Complaints

95% of complaints were responded to within the 25-day KPI (target 95%) during February 2024. One was not responded to within the timeframe (EIC) due to delays in receiving the investigation outcome or draft response. Compliance with responding to PALS concerns within 5 working days was 86% (KPI 90%).

Friends and Family Test

FFT satisfaction and response rates for both A&E and Inpatient areas continue to meet or exceed London and national averages. There was a drop in response rates for CW inpatient areas in February compared to previous months, and the patient experience team will speak with wards about improving this. Maternity satisfaction rate for WM continues on a downward trajectory; women accessing care across antenatal and postnatal wards raised concerns in February over delays in being admitted to a ward, poor communication around ward changes and bed moves, and overall care being provided. These themes have been shared with teams to support their local improvement work.



Efficiency and Productivity

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months |
|-----------------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | |
| Admitted Patient Care | Average length of stay - elective (Target: <2.9) | 2.12 | 2.08 | 2.55 | 2.66 | 2.74 | 3.27 | 2.32 | 3.31 | 2.28 | 2.39 | 2.48 | 2.44 | 2.83 | - |
| | Average length of stay - non-elective (Target: <3.95) | 4.27 | 4.20 | 4.30 | 4.11 | 3.27 | 3.14 | 3.37 | 3.52 | 3.71 | 3.59 | 3.77 | 3.68 | 3.79 | ! |
| | Emergency care pathway - average LoS (Target: <4.5) | 4.49 | 4.43 | 4.15 | 4.36 | 3.45 | 3.28 | 3.64 | 3.85 | 3.86 | 3.71 | 3.84 | 3.78 | 4.06 | - |
| | Emergency care pathway - discharges | 264 | 270 | 287 | 3029 | 411 | 450 | 435 | 4289 | 675 | 721 | 722 | 1443 | 7318 | - |
| | Emergency re-admissions within 30 days of discharge (Target: <7.6%) | 5.47% | 4.37% | 5.04% | 4.90% | 7.66% | 6.09% | 6.51% | 6.44% | 6.56% | 5.23% | 5.75% | 5.48% | 5.65% | - |
| | Non-elective long-stayers | 478 | 447 | 322 | 4879 | 428 | 439 | 253 | 4523 | 906 | 886 | 575 | 1461 | 9402 | - |
| Theatres | Daycase rate (basket of 25 procedures) (Target: >85%) | 85.5% | 87.1% | 84.1% | 86.7% | 87.7% | 87.8% | 92.2% | 86.3% | 86.2% | 87.3% | 86.1% | 86.8% | 86.6% | - |
| | Operations cancelled on the day for non-clinical reasons: actuals | 2 | 5 | 11 | 125 | 18 | 12 | 13 | 194 | 20 | 17 | 24 | 41 | 319 | - |
| | Operations cancelled on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%) | 0.06% | 0.13% | 0.29% | 0.32% | 0.74% | 0.42% | 0.50% | 0.68% | 0.35% | 0.25% | 0.38% | 0.31% | 0.48% | - |
| | Operations cancelled the same day and not rebooked within 28 days (Target: 0) | 0 | 6 | 3 | 41 | 3 | 4 | 1 | 27 | 3 | 10 | 4 | 14 | 68 | ! |
| | Theatre Utilisation Model Hospital (Target > 85%) | 80.6% | 78% | 77.4% | 80.0% | 88.9% | 91.3% | 91.6% | 92.5% | 83.3% | 82.4% | 82.1% | 82.2% | 84.1% | - |
| Outpatients | First to follow-up ratio (Target: <1.5) | 2.33 | 2.22 | 2.23 | 2.33 | 1.76 | 1.81 | 1.70 | 1.74 | 2.06 | 2.04 | 1.99 | 2.01 | 2.06 | ! |
| | Average wait to first outpatient attendance (Target: <6 wks) | 9.1 | 10.5 | 10.6 | 9.8 | 11.2 | 12.6 | 10.6 | 12.0 | 10.1 | 11.4 | 10.6 | 11.0 | 10.8 | ! |
| | DNA rate: first appointment | 12.3% | 11.2% | 11.6% | 11.7% | 12.0% | 11.7% | 10.6% | 11.2% | 12.1% | 11.4% | 11.1% | 11.3% | 11.5% | - |
| | DNA rate: follow-up appointment | 10.0% | 9.5% | 8.7% | 9.8% | 7.4% | 7.9% | 7.6% | 8.5% | 9.0% | 8.9% | 8.3% | 8.6% | 9.3% | - |
| | PIFU - % of Total Outpatient attendances | 12.0% | 11.8% | 11.0% | 11.3% | 1.9% | 2.1% | 2.0% | 1.7% | 7.8% | 7.8% | 7.4% | 7.6% | 7.4% | - |

Day-Case Rate

The day-case rate remains above the 85% Trust-Wide in February at 86.1%. The Chelsea site is marginally below the target whilst the West Middlesex site is reporting compliance.

Cancelled Operations

The number of cancelled operations for non-clinical reasons on-the-day decreased Trust-wide in February from 10 to 4. All of these patients were rebooked within the 28-day target. Overall performance remains within set targets across both sites and will show a continued positive reduction in March.

Theatre Utilisation

Trust-Wide utilisation declined slightly in February to 82.1%. Theatre utilisation remains significantly above the 85% target at 91.6% on the West Middlesex site. The Chelsea site at 77.4% remains below the 85% target, driving the Trusts slight decline for February 2024. Across the Chelsea and Westminster site, theatre utilisation remains well above the 85% target in Main Theatres, however decreases in utilisation in Treatment Centre and Paediatric Theatres account for the deterioration.

Outpatients

The Trust continues to make good progress on DNA, with an overall rate reporting improvement for both new and follow-up appointments. The first-to-follow-up ratio has improved overall for February, mostly at the WM site. The CW site remained consistent with the previous month. The average wait-to-first attendance has slightly improved overall. The focus on PIFU continues at the OP Board, plus engagement with Action webinars and cross-London comparisons. PIFU uptake is 2.5% across the Trust, although it increases to 7.7% including HIV. Comparison to the London average and highest performance Trusts in London shows that we can still increase PIFU by circa 3,000 patients, which would increase uptake to 5.3%.



Clinical Effectiveness

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|---------------|---|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | Trend charts | |
| Best Practice | Dementia screening case finding (Target: >90%) | 99.0% | 90.2% | 94.9% | 93.5% | 94.2% | 93.6% | 91.9% | 94.7% | 96.4% | 92.1% | 93.2% | 92.6% | 94.2% | | - |
| | #NoF Time to Theatre <36hrs for medically fit patients (Target: 100%) | 72.2% | 64.3% | 60.0% | 68.6% | 95.7% | 100.0% | 85.0% | 91.4% | 85.4% | 83.9% | 76.7% | 80.3% | 81.7% | | ! |
| | Stroke care: time spent on dedicated Stroke Unit (Target: >80%) | 90.9% | 83.3% | 95.5% | 90.3% | 89.7% | 85.7% | 88.2% | 89.2% | 90.0% | 84.8% | 92.3% | 88.9% | 89.7% | | - |
| VTE | VTE: Hospital acquired | 0 | 1 | 0 | 3 | 3 | 5 | 1 | 33 | 3 | 6 | 1 | 7 | 36 | | - |
| | VTE risk assessment (Target: >95%) | 95.2% | 94.1% | 94.2% | 92.8% | 95.5% | 95.9% | 95.6% | 96.0% | 95.4% | 95.0% | 94.9% | 95.0% | 94.4% | | - |
| TB Care | TB: Number of active cases identified and notified | 2 | 3 | 3 | 34 | 4 | 6 | 10 | 70 | 6 | 9 | 13 | 22 | 104 | | - |
| Sepsis | ED % Periods Screened (Target >90%) | 92.0% | 91.7% | 92.6% | 92.1% | 82.3% | 84.4% | 84.6% | 85.6% | 88.1% | 88.5% | 89.2% | 88.8% | 89.4% | | - |
| | ED % Potential Red Flag Sepsis Reviewed (Target >90%) | 78.0% | 81.2% | 82.2% | 78.9% | 92.2% | 90.3% | 90.0% | 90.0% | 82.4% | 84.2% | 84.9% | 84.5% | 82.8% | | - |
| | Ward % Periods Screened (Target >90%) | 81.9% | 82.9% | 88.9% | 86.9% | 95.4% | 95.8% | 95.2% | 95.3% | 88.0% | 88.7% | 92.0% | 90.2% | 90.7% | | - |
| | Ward % Potential Red Flag Sepsis Reviewed (Target >90%) | 94.9% | 94.7% | 95.4% | 95.5% | 95.7% | 96.6% | 95.9% | 95.9% | 95.3% | 95.6% | 95.7% | 95.6% | 95.7% | | - |
| Discharge | Date of Discharge is same as Discharge Ready Date | 92.4% | 88.2% | 88.3% | 89.6% | 88.4% | 85.8% | 86.0% | 85.9% | 90.3% | 87.0% | 87.1% | 87.1% | 87.7% | | - |
| | Date of Discharge is 1+ days after Discharge Ready Date | 7.6% | 11.8% | 11.7% | 10.4% | 11.5% | 14.1% | 13.9% | 14.0% | 9.6% | 13.0% | 12.8% | 12.9% | 12.2% | | - |

Please note the following: blank cell An empty cell denotes those indicators currently under development. Either Site or Trust overall performance red in each of the past three months

#NoF (Time to Theatre - Neck of Femur)

There was a decrease in performance in February at 876.7%. Both the Chelsea and West Middlesex sites were challenged in February 2024. In the West Middlesex site, where 14 out of 18 achieved compliance (4 breaches), the delay for surgery was primarily due to the high volume of trauma on a given day whilst scheduled specialist list on the trauma list. There was no space available on either elective or CEPOD list on those days. In the Chelsea site 6 out of 10 patients achieved compliance (4 breaches). These patients were awaiting space on the trauma list due to high volume of trauma.

VTE Risk

The Trust is reporting a position slightly below the target at Trust level. The West Middlesex site is reporting compliance with a performance of 95.6%, All Hospital Acquired Thrombosis events undergo RCA to ensure adherence to guidelines and appropriate learning. The Chelsea site is marginally below the target at 94.2%.

Sepsis

Challenges in screening for sepsis in ED at WMUH and clinical review at Chelsea. This is being addressed within each organisation. Significant improvement in screening for sepsis in wards at Chelsea.

Discharge Ready Reporting

The numbers have remained stable over the last 4 months for the metric measuring the time from the patient being identified as no longer meeting the criteria to reside and discharge. Daily meetings take place between discharge teams and local system colleagues to facilitate these supported discharges in a timely way, but it is recognised there is a particular challenge on the West Middlesex site with patients delayed waiting for discharge with a package of care, and work is being undertaken with the local borough to resolve this.



Access

Access Dashboard

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital Site | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|-------------|--|-------------------------------------|--------|--------|-----------|---|--------|--------|-----------|----------------------------|--------|--------|--------------|-----------|----------------------|---|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | Trend charts | |
| RTT waits | RTT Incompletes 52 week Patients at month end | 853 | 822 | 851 | 8718 | 860 | 774 | 814 | 10079 | 1713 | 1596 | 1665 | 3261 | 18797 | | ! |
| | Diagnostic waiting times <6 weeks: % (Target: >99%) | 99.04% | 95.57% | 93.14% | 97.95% | 91.57% | 82.05% | 77.93% | 90.74% | 95.02% | 88.27% | 84.77% | 86.40% | 94.12% | | ! |
| | Diagnostic waiting times >6 weeks: breach actuals | 49 | 250 | 432 | 1092 | 499 | 1189 | 1700 | 5586 | 548 | 1439 | 2132 | 3571 | 6678 | | - |
| A&E and LAS | A&E unplanned re-attendances (Target: <5%) | 7.4% | 7.6% | 6.5% | 7.0% | 7.2% | 7.8% | 6.6% | 7.1% | 7.3% | 7.7% | 6.6% | 7.2% | 7.0% | | ! |
| | A&E time to treatment - Median (Target: <60') | 00:28 | 00:24 | 00:30 | 00:26 | 00:37 | 00:37 | 00:34 | 00:47 | 00:33 | 00:31 | 00:32 | 00:31 | 00:35 | | - |
| | London Ambulance Service - patient handover 30' breaches | 47 | 44 | 33 | 382 | 134 | 153 | 205 | 1698 | 181 | 197 | 238 | 435 | 2080 | | - |
| | London Ambulance Service - patient handover 60' breaches | 1 | 0 | 0 | 2 | 0 | 4 | 4 | 108 | 1 | 4 | 4 | 8 | 110 | | ! |

Please note the following

| | | | |
|------------|--|---|---|
| blank cell | An empty cell denotes those indicators currently under development | ! | Either Site or Trust overall performance red in each of the past three months |
|------------|--|---|---|

Diagnostic 6-Week Waits

Performance against delivery of the DM01 for the month for February 2024 stands at 84.77% against the 95% standard. Although disappointing, this has been as a result of a number of factors including scanner breakdown and a small fire across CT and MRI scanners at the West Middlesex site. In addition, the reconfiguration of MRI scanning capacity to support the Ambulatory Diagnostic Centre on the West Middlesex site has led to a temporary and greater reduction than planned in capacity. This together with an increase in demand across both elective and non-elective services has led to an increase in the number of breaches.

The Trust has instigated a full recovery plan to return to compliance over the coming months, with performance expected to return to compliance by the end of May 2024. Mitigating actions include; increased hours on internal scanners, increase in the level of outsourcing to support recover (including utilisation of capacity on the Community Diagnostic Centre CT scanner at Wembley) and increasing scanner provision on our sites in the coming months.

Ambulance Handover

Ambulance performance remains strong with minimal delays reported and a performance of 93.46% of ambulances handed over in less than 30 minutes. 6 handovers were delayed to 60 minutes in month



RTT Positions Dashboard

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | West Middlesex University Hospital Site | | | Combined Trust Performance | | |
|----------------------------|---------------------------------|-------------------------------------|--------|--------|---|--------|--------|----------------------------|--------|--------|
| | | Dec-23 | Jan-24 | Feb-24 | Dec-23 | Jan-24 | Feb-24 | Dec-23 | Jan-24 | Feb-24 |
| RTT waiting list positions | Total RTT waiting list | 27631 | 28025 | 28481 | 33975 | 33118 | 32869 | 61606 | 61143 | 61352 |
| | Total Non-Admitted waiting list | 24377 | 24621 | 25128 | 31637 | 30903 | 30658 | 56014 | 55524 | 55788 |
| | Non-Admitted with a date | 6247 | 9449 | 13282 | 3989 | 6734 | 10222 | 10236 | 16183 | 23504 |
| | Non-Admitted without a date | 18130 | 15172 | 11846 | 27648 | 24169 | 20436 | 45778 | 39341 | 32284 |
| | Total Admitted waiting list | 3254 | 3404 | 3353 | 2338 | 2215 | 2211 | 5592 | 5619 | 5564 |
| | Admitted with a date | 499 | 706 | 996 | 397 | 506 | 826 | 896 | 1212 | 1822 |
| | Admitted without a date | 2755 | 2698 | 2357 | 1941 | 1709 | 1385 | 4696 | 4407 | 3742 |
| | Patients waiting >65 weeks | 316 | 283 | 251 | 293 | 232 | 174 | 609 | 515 | 425 |
| | Patients waiting >78 weeks | 85 | 77 | 66 | 84 | 72 | 48 | 169 | 149 | 114 |
| | Patients waiting >104 weeks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RTT 52 week waiters Specialty Dashboard

| Specialty Name | Chelsea & Westminster Hospital Site | | | West Middlesex University Hospital Site | | | Combined Trust position | | |
|---------------------------------|-------------------------------------|------------|------------|---|------------|------------|-------------------------|-------------|-------------|
| | Dec-23 | Jan-24 | Feb-24 | Dec-23 | Jan-24 | Feb-24 | Dec-23 | Jan-24 | Feb-24 |
| Total | 853 | 822 | 851 | 860 | 774 | 814 | 1713 | 1596 | 1665 |
| Breast Surgery | | | | | 1 | | | 1 | 1 |
| Burns Care | | | 1 | | | | | | 1 |
| Cardiology | | | | | | 1 | | | 1 |
| Clinical Haematology | | | | | | 4 | | | 4 |
| Colorectal Surgery | 24 | 26 | 30 | 111 | 79 | 50 | 135 | 105 | 80 |
| Dermatology | 12 | 12 | 6 | 7 | 3 | 2 | 19 | 15 | 8 |
| Endocrinology | | | | | 1 | | | 1 | |
| ENT | 9 | 8 | 5 | 54 | 74 | 85 | 63 | 82 | 90 |
| General Surgery | 187 | 210 | 204 | 138 | 112 | 105 | 325 | 322 | 309 |
| Gynaecology | 5 | 5 | 10 | | | | 5 | 5 | 10 |
| Hand Therapy | | 1 | 1 | | | | | 1 | 1 |
| Hepatology | | | | 9 | 23 | 30 | 9 | 23 | 30 |
| Maxillo-Facial Surgery | | | 1 | | | | | | 1 |
| Medical Endoscopy | | 1 | | 1 | | 2 | 1 | 1 | 2 |
| Neurology | | | | 1 | | | 1 | | |
| Not Stated | 1 | 1 | | | | | 1 | 1 | |
| Ophthalmology | 19 | 13 | 11 | | | | 19 | 13 | 11 |
| Oral Surgery | | | | 28 | 6 | 4 | 28 | 6 | 4 |
| Paediatric Allergy | | | | 1 | | | 1 | | |
| Paediatric Cardiology | | 2 | 3 | 10 | 28 | 15 | 10 | 30 | 18 |
| Paediatric Clinical Haematology | | | | 3 | | 1 | 3 | | 1 |
| Paediatric Clinical Immunology | | | | 1 | | 2 | 55 | 38 | 8 |
| Paediatric Dentistry | 6 | 10 | 15 | | | | 6 | 10 | 15 |
| Paediatric Dermatology | 1 | 3 | 1 | 2 | 1 | 3 | 3 | 4 | 4 |
| Paediatric Ear Nose and Throat | 2 | 4 | 4 | 26 | 21 | 24 | 28 | 25 | 28 |
| Paediatric Endocrinology | | | | 6 | 1 | 4 | 6 | 1 | 4 |
| Paediatric Gastroenterology | 1 | 1 | 3 | 8 | 2 | 6 | 9 | 3 | 9 |
| Paediatric Maxillo-Facial Surg | 4 | 7 | 9 | | | | 4 | 7 | 9 |
| Paediatric Neurology | 1 | 2 | | 3 | 1 | 1 | 4 | 3 | 1 |
| Paediatric Plastic Surgery | 22 | 28 | 27 | 3 | 3 | 4 | 25 | 31 | 31 |
| Paediatric Respiratory Medicin | | | 1 | 6 | 1 | | 6 | 1 | 1 |
| Paediatric Rheumatology | | | | | 1 | | | 1 | |
| Paediatric Surgery | 1 | 4 | | 1 | | | 2 | 4 | |
| Paediatric Trauma and Orthopae | 1 | | 1 | 8 | 5 | 14 | 9 | 5 | 15 |
| Paediatric Urology | | | | 5 | 2 | 1 | 5 | 2 | 1 |
| Paediatrics | 4 | 4 | 2 | 16 | 17 | 34 | 20 | 21 | 36 |
| Pain Management | 2 | 1 | 2 | | | | 2 | 1 | 2 |
| Plastic Surgery | 137 | 117 | 146 | 54 | 75 | 101 | 191 | 192 | 247 |
| Podiatric Surgery | | | | 5 | | | 5 | | |
| Podiatry | | | | 1 | | 1 | 1 | | 1 |
| Respiratory Medicine | | | | | 2 | 19 | | 2 | 19 |
| Rheumatology | | | | | 1 | 15 | | 1 | 15 |
| Trauma & Orthopaedics | 255 | 253 | 262 | 303 | 275 | 231 | 558 | 528 | 493 |
| Trauma and Orthopaedics | 22 | 9 | 27 | | 4 | | 22 | 13 | 27 |
| Urology | 53 | 34 | 21 | 20 | 6 | 6 | 73 | 40 | 27 |
| Vascular Surgery | 30 | 28 | 52 | 29 | 29 | 49 | 59 | 57 | 101 |



Maternity

Maternity Dashboard - February 2024

| Domain | Indicator | Chelsea & Westminster Hospital Site | | | | West Middlesex University Hospital | | | | Combined Trust Performance | | | |
|------------------|--|-------------------------------------|--------|--------|---------|------------------------------------|--------|--------|---------|----------------------------|--------|--------|---------|
| | | Dec-23 | Jan-24 | Feb-24 | 2023/24 | Dec-23 | Jan-24 | Feb-24 | 2023/24 | Dec-23 | Jan-24 | Feb-24 | 2023/24 |
| Workforce | Midwife to birth ratio (Target: 1:26 CW and 1:22 WM) | 1:22 | 1:23 | 1:23 | 1:27 | 1:23 | 1:24 | 1:24 | 1:27 | 1:23 | 1:23 | 1:23 | 1:28 |
| | 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 |
| Birth Indicators | Total number of NHS births | 346 | 390 | 385 | 1746 | 342 | 374 | 390 | 1477 | 688 | 764 | 739 | 3987 |
| | Total number of bookings | 479 | 566 | 567 | 2142 | 454 | 459 | 461 | 1805 | 933 | 1025 | 1028 | 4972 |
| | Maternity 1:1 care in established labour (Target: >95%) | 98.00% | | | | 98.00% | | | | | | | |
| Safety | Admissions >37/40 to NICU/SCBU | 13 | 20 | 23 | 97 | 15 | 17 | 10 | 81 | 28 | 37 | | 216 |
| | Number of reported Serious Incidents | 3 | 1 | 0 | 7 | 0 | 0 | 2 | 6 | 3 | 0 | 0 | 16 |
| | Cases of hypoxic-ischemic encephalopathy (HIE) | 2 | 0 | 0 | 6 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 8 |
| | Pre-term (gestation <37 weeks) as % of mothers delivered | 12.30% | 10.00% | 10.05% | | 8.47% | 7.75% | 5.20% | | | | | |
| | Number of stillbirths | 0 | 0 | 1 | 6 | 2 | 4 | 1 | 6 | 2 | 4 | 2 | 18 |
| | Number of Infant deaths | 3 | 1 | 2 | 7 | 0 | 0 | 0 | 4 | 3 | 1 | 2 | 15 |
| | Number of Never Events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Outcomes | % of women on a continuity of care pathway | 4.10% | 6.30% | 5.30% | | 4.70% | 6.90% | | | | | | |
| | % Spontaneous unassisted vaginal births | 24% | 26% | 26% | | 23% | 25% | 29% | | | | | |
| | % Vaginal Births - spontaneous & induced | 43.60% | 42.10% | 45.00% | | 46% | 42% | 46% | | | | | |
| | Instrumental deliveries | 50 | 56 | 43 | 325 | 41 | 46 | 49 | 290 | | | | |
| | Pre-labour elective caesarean sections | 57 | 69 | 53 | 460 | 37 | 42 | 46 | 283 | | | | |
| | Emergency caesarean sections in labour | 97 | 81 | 85 | 672 | 115 | 119 | 114 | 608 | | | | |



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

Workforce

The current midwifery ratios on each site for the month of February remain at 1:23 at Chelsea and 1:24 at West Middlesex, the significant change in ratio on the Chelsea site continues to be linked to the decrease in birth rate in February and a deep dive into the attrition rate has been completed. Quarterly recruitment days are in place, international recruitment continues with successful recruitment of a further 27 internationally educated midwives (IEM's) who are expected to arrive between April and August 2024 and additional LMNS funding has been agreed to provide clinical and pastoral support to IEM's. It is expected that the IEMs will complete their preceptorship by next year. A paper is being prepared to ask that the 16 midwives on maternity leave on average to be converted from fixed term to substantive posts. This will reduce bank and agency and enhance patient and staff experience. The senior team continue to monitor red flag events on a daily basis, there were 2 red flag events recorded on the Chelsea site and 3 on the West Mid, these have been reviewed. The confidence factor for Chelsea is 83.33% and for West Mid is 87.93%. Staffing is reviewed at the safety huddles as a minimum and staff redeployed accordingly. Substantive staffing gaps due to vacancy, sickness and maternity leave are backfilled with a combination of bank and agency staff. A paper has been written to recruit 8 substantive posts on each site to cover maternity leave. All temporary staff complete an orientation pack on arrival for their first shift.

Both sites remain compliant for the 98 hours dedicated consultant labour ward presence and twice a daily ward rounds. The MIS year 5, safety action 4 indicates that the service must demonstrate an effective clinical workforce and acknowledge and incorporate the principles outlined in the RCOG 'Roles and responsibilities of the consultant in providing acute care in obstetrics and gynaecology'. The service is compliant and for the month of February, there were no cases in which a consultant was expected to attend and did not. The workforce review for the WMUH site is now in the consultation stage with HR partner's support. Effective February 2023, all short-term locums (less than 2 weeks) will need to be compliant with respect to the RCOG and GMC certificate of eligibility. For February there was no short-term locum shifts undertaken at Chelsea and locum shifts at WM were covered internally. Compensatory rest: there were no reported serious incidents or breaches with consultant compensatory rest. Going forward MIS year 6 has removed the requirement to demonstrate compensatory rest and for locums to demonstrate compliance with the RCOG guidelines on engagement with an action plan. The paediatric workforce at WM are utilising additional locums to provide cover for the service to meet BAPM standards for a level 2. For tier 1 69% and for tier 2 77% of cover was provided to meet level 2 BAPM standards. There is an action plan in place to mitigate risk and ensure staffing is adequate for the activity and acuity as the unit moves toward a level 2 designation.

Safety

WMUH site: 2 confirmed serious incidents in Feb. Overview: **INC 128565** IUD at 27/40, attended the maternity triage at 27+4/40 reporting reduced fetal movements. Abnormal antenatal CTG on admission. FHR prior to CS down to 40bpm. Baby breech with anhydramnios Baby born with no signs of life – stillbirth. Bowel contents outside the abdominal wall at birth – did not contribute to the cause of death. **This will be investigated as a PSII case. INC 128562.** Booked for care in Ireland, attended triage as visiting a relative in London and attended the maternity triage at 36+4/40 due to abdominal pain. Baby required admission to SCU in view of ongoing respiratory distress and was subsequently transferred to tertiary unit for ongoing management and therapeutic cooling. The brain MRI performed on day 6 of life was in keeping with moderate HIE (grade 2). The baby was discharged home on day 9 of life with follow-up plan in place. **This will be investigated as an AAR.**

There were 118 reported incidents in Feb. Main themes arising:

- (i) Maternal, fetal and neonatal, n=70 Most reported incidents: delay transfer IOL to LW – this is women having IOLs awaiting for 1 to 1 care on labour ward. (n=32) post-partum haemorrhage >1500mls (n=8), 3rd/4th degree tear (n=11), , unexpected term admission to Neonatal Unit (n=8) All being reviewed through ATAIN
- (ii) Access to care/admissions, n=19. An increase in reported delays from Dec. these were largely due to delay in transfer to labour ward for ongoing IOL.

CWH site: There are 0 reported serious incidents on the CW site in February. However, a maternal admission to ICU (inc 127955) that occurred in January has been declared as an SI after completing the AAR in February. (Dashboard amended.)



There were 107 reported incidents in Feb and 3 moderate harm RPOC and return to theatre currently under review and added to thematic analysis (not Sis). Main themes arising:

- (i) Maternal, fetal and neonatal, n=42 Most reported incident delay/failure to access hospital/care (=6), post-partum haemorrhage >1500mls (n=5), maternal return to theatre (n=4)
- (ii) Medication (n=12)
- (iii) Communication (n=10)

1. **PMRT (Cross site):** There were a total of 4 deaths reported for the month of Feb. 2 neonatal deaths: 37+2 known palliative case T13 and 24+4 with suspected bilateral severe intraventricular haemorrhage, extreme prematurity, respiratory distress syndrome and PPRM), and 2 stillbirths: 1 @ 27/40 presented with RFM and info as above for INC 128565 and 26/40 attended triage with RFM) all cases are currently under review.
2. **ATAIN (Cross site):** WM site – There were 8 (2 adjusted) term admission rate of 4.0% with 1 admissions considered avoidable. CW there were 16 (7 excluded) with one admission considered avoidable. Both sites remain below the national average for term admissions to the neonatal unit.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. SBLCBv3 (launched in May 2023) update (for all elements an action plan is in place, and this is updated in the quarterly report, the service reported compliance with over 70% of all interventions and at least 50% of interventions for each element for MIS Year 5):
 - a) **Element 1: Reducing smoking:** CO monitoring: CO monitoring: consistent compliance of >95% with booking CO monitoring across both sites has been evident since Oct 2023. The service continues to have challenges with data entry for 36 week CO monitoring and an improvement plan is in place to support this. It is anticipated that full compliance will be reached with all interventions within Element 1 following the rollout of phase 2 of the K2 package on the 7th May. The Trust Smokeless service is now established and working harmoniously with maternity, with a significant upward trend in referrals to smoking cessation and subsequent support evident.
 - b) **Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction:** Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The service is currently undertaking an extensive demand and capacity assessment of USS cross site, with a view to mapping out what additional resource would be required to reach national recommendations. The service intends to move all midwifery AN appointments to 30mins by August 2024, to support the increased risk assessments and information sharing required to support this element.
 - c) **Element 3: Raising awareness of reduced fetal movements:** On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites.
 - d) **Element 4: Effective fetal monitoring during labour:** On both sites 100% of women presenting with RFM after 26 weeks had a computerised CTG and all women are provided with information regarding fetal movements. Rates of induction on labour are favourable against the expected standard and scanning for persistent/2nd episode of RFM are audited to be within the recommended time frame on both sites.
 - e) **Element 5: Reducing Pre-term Birth:** Screening for asymptomatic bacteriuria has been re-established on the CW site and compliance with this is improving. Compliance on the WM remains as this was always supported by local guidelines. All elements of perinatal optimisation are currently being met and full compliance with this element is anticipated by Q4 end.
 - f) **New Element 6: Management of Pre-existing Diabetes in pregnancy:** Fully compliant on both sites.



Perinatal Quality Surveillance Model Board Reporting

| Metric | Target | Chelsea & Westminster Site | | | West Middlesex University Site | | | Combined Trust Performance | | |
|--|---|----------------------------|--------|--------|--------------------------------|--------|--------|----------------------------|--------|--------|
| | | Dec-23 | Jan-24 | Feb-24 | Dec-23 | Jan-24 | Feb-24 | Dec-23 | Jan-24 | Feb-24 |
| Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Multidisciplinary training) MoMs course | 90% + requirement | 96% | 92% | 95% | 96% | 96% | 98% | 96% | 94% | 96% |
| Training compliance for all staff groups in maternity related to fetal monitoring | 90% + requirement | 91% | 88% | 94% | 91% | 88% | 92% | 91% | 88% | 93% |
| Service User Feedback FFT | feedback Received- yes/no (add narrative each month) | yes | yes | yes | yes | yes | yes | Yes | Yes | Yes |
| Staff Feedback from board safety champion | feedback received- yes/no (add narrative each month) | 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 |
| Coroner Reg 28 made directly to Trust | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Progress in achievements of NHSR MIS year 4 (10 safety actions), MIS Year 5 10 safety actions (compliance from July 2023) | No of actions green | 9 | 10 | 10 | 9 | 10 | 10 | 9 | 10 | 10 |
| | No of actions amber | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| | No of actions red | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ockenden compliance against 7 IEA's (49 compliance questions) | Total of 49 being 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

| | Site | Overall | Well-led | Responsive | Caring | Safe | Effective |
|-------------------------------|------|-------------|-------------|-------------|--------|----------------------|-------------|
| CQC Metric Ratings- Feb. 2023 | WM | Outstanding | Outstanding | Outstanding | Good | Good | Outstanding |
| | CW | Good | Outstanding | Good | Good | Requires Improvement | Good |

| Annual Reports | |
|--|--|
| Staff survey: Proportion of midwives responding with 'Agree or Strongly Agree' on the following: A) would recommend their trust as a place to work B) Receive treatment from the Trust (Reported Annually) | A) (Trust average 65%) Midwives 74% cross-site B) (Trust average 72%) Midwives 83% cross-site April 2022 |
| 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 65%) Obstetricians 71% cross-site B) (Trust average 72%) Obstetricians 81% cross-site April 2022 |
| 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) | 2021 Cross-site 89.3% of trainees reported excellent or good |



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 February overall multi-disciplinary training compliance is at 96% and 93% for fetal monitoring training compliance this is an increase from last month and demonstrates compliance with MIS Year 5 and the additional timeframe given. Continued industrial action has impacted trainee and consultant training compliance alongside turnover within the fetal wellbeing team. All training compliance is closely monitored by the senior leadership team and all staff have a training date booked. Training compliance fluctuates depending on where staff are in their training cycle. The practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period.

Service user feedback: The service receives monthly friends and family test feedback and for Feb WM saw a decline in a positive response rate from 92.25% to 85.64% but an increase in response rate from 32% to 41%. CW has increased from 92.74% to 93.46. The negative scores on the WM site remain impacted by feedback related to, staff communication, attitude and behaviour. The Service have implemented a Postnatal Care Group in collaboration with the MNVP which aims to implement changes to improve patient experience. In January 2024 the intrapartum care group was launched on the West Middlesex site and will become cross-site in March to review data and implement changes to improve patient experience in the intrapartum pathway. The annual CQC survey is now no longer embargoed and the maternity service is reviewing the latest feedback from women that birthed last year in Feb 2023. The patient experience action plan will be updated.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. The Chief Nurse undertook a walkabout of the antenatal ward on the West Mid site to understand the current challenges with increased activity in induction rate and discuss the proposed solutions with staff and the Director of Midwifery.

Maternity incentive Scheme year 6: The service submitted compliance with all 10 safety actions for MIS year 5. Awaiting publication of the guidance for MIS year 6 in April. The compliance period will end 30 November 2024 and the submission deadline will be 12:00 midday on 3 March 2025.

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

CQC Inspection (February 2023): The Care Quality Commission inspection in of the Maternity Service took place in February 2023 on both sites and received the final report in May. Both sites have maintained their overall ratings of 'Outstanding' at WM and 'Good' at CW and the service is very proud of the continued quality and safety work that has taken place since the inspection 4 years earlier that has enabled maintaining these results with 6 areas of outstanding practice identified across the sites. The service is now compliant with the 3 must do actions and their continued progress on the 6 'should do's' for the CW site and the 7 'should do's' for the WM site. 3 of the 7 actions for the WM site have been completed and 2 of the 6 on the Chelsea site. This action plan is being tracked monthly.



Cancer Update

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

| Domain | Tumour site | Chelsea & Westminster Hospital Site | | | | | West Middlesex University Hospital Site | | | | | Combined Trust Performance | | | | | Trust data 13 months | |
|---|-------------------------|-------------------------------------|--------|--------|-----------|--------------|---|--------|--------|-----------|--------------|----------------------------|--------|--------|--------------|-----------|----------------------|--------------|
| | | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | YTD breaches | Dec-23 | Jan-24 | Feb-24 | 2023-2024 | YTD breaches | Dec-23 | Jan-24 | Feb-24 | 2023-2024 Q4 | 2023-2024 | | YTD breaches |
| 62 day Cancer referrals by site of tumour | Breast | n/a | n/a | n/a | n/a | | 81.5% | 95.5% | 100% | 85.7% | 20.5 | 81.5% | 95.5% | 100% | 95.5% | 85.7% | 20.5 | |
| | Colorectal / Lower GI | 96.0% | 85.2% | 100% | 80.9% | 17.5 | 50.0% | 69.6% | 50.0% | 58.6% | 50.5 | 76.7% | 78.0% | 63.2% | 78.0% | 69.0% | 68 | |
| | Gynaecological | 33.3% | 100% | 66.7% | 81.0% | 7 | 75.0% | 72.7% | 78.6% | 77.3% | 11.5 | 68.4% | 80.0% | 76.5% | 80.0% | 79.0% | 18.5 | |
| | Haematological | 100% | 71.4% | 90.9% | 90.7% | 3.5 | 100% | 100% | 83.3% | 97.3% | 4.5 | 100% | 93.1% | 86.2% | 93.1% | 95.2% | 8 | |
| | Head and neck | 100% | 50.0% | 100% | 71.0% | 4.5 | 0.0% | 25.0% | 100% | 34.3% | 11.5 | 72.7% | 33.3% | 100% | 33.3% | 51.5% | 16 | |
| | Lung | 83.3% | 60.0% | 100% | 70.1% | 13 | 64.3% | 89.5% | 66.7% | 85.7% | 11.5 | 73.1% | 79.3% | 77.3% | 79.3% | 78.1% | 24.5 | |
| | Sarcoma | n/a | n/a | n/a | 100% | 0 | 100% | n/a | n/a | 85.7% | 1 | 100% | n/a | n/a | n/a | 87.5% | 1 | |
| | Skin | 95.2% | 97.5% | 93.3% | 94.9% | 9.5 | 94.1% | 83.3% | 0.0% | 87.4% | 22 | 94.9% | 91.4% | 58.3% | 91.4% | 92.0% | 31.5 | |
| | Upper gastrointestinal | n/a | 100% | 100% | 100% | 0 | 78.6% | 91.3% | 100% | 83.7% | 8.5 | 78.6% | 94.3% | 100% | 94.3% | 89.0% | 8.5 | |
| | Urological | 67.9% | 60.6% | 83.9% | 58.0% | 61.5 | 86.5% | 73.3% | 60.3% | 79.4% | 87 | 80.0% | 69.4% | 68.5% | 69.4% | 73.0% | 148.5 | |
| | Urological (Testicular) | n/a | n/a | n/a | n/a | | 100% | n/a | n/a | 100% | 0 | 100% | n/a | n/a | n/a | 100% | 0 | |
| | Site not stated | n/a | 100% | n/a | 88.9% | 0.5 | 100% | n/a | n/a | 100% | 0 | 100% | 100% | n/a | 100% | 93.8% | 0.5 | |

Improving personalised cancer care at diagnosis *Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review*

January 2024

Trust Commentary

The 62-day combined target was not compliant in January 2024. The unvalidated position for February 2024 is currently 75.82% impacted by a high volume of breaches in Urology. Diagnostics have been somewhat challenged with reduced capacity following equipment failures in CT and MRI, which has had an adverse impact on this target. Recovery plans to improve diagnostic capacity is in place and monitored at the appropriate forums.

| Tumour Site | Chelsea & Westminster | | West Middlesex | |
|---------------|-----------------------|-------------|----------------|--------------|
| | Breaches | Treatments | Breaches | Treatments |
| Breast | | | 1.5 | 10 |
| Gynaecology | | 2.5 | 1.5 | 5.5 |
| Haematology | 0.5 | 4 | 0.5 | 10 |
| Head and Neck | 4 | 3.5 | | 1.5 |
| Colorectal | 3.5 | 14 | 3 | 11.5 |
| Lung | | 1.5 | 2 | 10 |
| Other | | 4.5 | | |
| Skin | 1.5 | 20 | 1.5 | 12 |
| Upper GI | | 6 | 0.5 | 8 |
| Urology | 5.5 | 17.5 | 11.5 | 35 |
| Brain | | | | |
| Total: | 15 | 73.5 | 22 | 103.5 |



Safer Staffing

Chelsea and Westminster February 2024

| Ward | Day | | Night | | CHPPD | CHPPD | CHPPD | National Benchmark | Vacancy Rate | Turnover | | Inpatient fall with harm | | | | Trust acquired pressure ulcer 3,4,unstageable | | Medication incidents (moderate and severe) | | FFT |
|------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|-------|-------|--------------------|--------------|-----------|--------------|--------------------------|-----|---------------------|-----|---|-----|--|-----|--------|
| | Average fill rate - registered | Average fill rate - care staff | Average fill rate - registered | Average fill rate - care staff | Reg | HCA | Total | | | Qualified | Un-qualified | No harm and mild | | Moderate and severe | | | | | | |
| | | | | | | | | | | | | Month | YTD | Month | YTD | Month | YTD | Month | YTD | |
| Maternity | 106% | 83% | 98% | 96% | 7.3 | 2.7 | 10 | 13 | 1.61% | 12.95% | 6.58% | 2 | 3 | | 1 | | | 13 | 71 | 94.9% |
| Annie Zunz | 134% | 128% | 96% | 128% | 5.6 | 2.9 | 8.5 | 8 | 16.05% | 42.28% | 13.55% | 2 | 10 | | | | | 2 | 9 | 95.0% |
| Apollo | 96% | - | 91% | - | 14.7 | 0 | 14.7 | N/A | 5.94% | 10.21% | 98.36% | | 1 | | | | | 3 | 27 | 100.0% |
| Mercury | 100% | - | 101% | - | 7 | 0 | 7 | 9.4 | 1.05% | 13.07% | 0.00% | | 2 | | | | | 4 | 40 | 84.5% |
| Neptune | 109% | - | 111% | - | 8.2 | 0 | 8.2 | 11.1 | 13.30% | 26.20% | 0.00% | 1 | 3 | | | | | 4 | 36 | 92.1% |
| NICU | 98% | - | 97% | - | 13.4 | 0 | 13.4 | 26 | 8.60% | 8.23% | 14.64% | | | | | | | | | 95.0% |
| AAU | 105% | 86% | 102% | 111% | 6.3 | 1.5 | 7.8 | 7.7 | 8.43% | 20.95% | 16.89% | 11 | 90 | | | | | 6 | 70 | 93.3% |
| Nell Gwynne | 101% | 62% | 101% | 95% | 3.7 | 3.3 | 7 | 6.9 | 10.59% | 5.45% | 32.41% | 1 | 56 | | | 2 | | 1 | 6 | 100.0% |
| David Erskine | 102% | 73% | 94% | 100% | 3.6 | 2.6 | 6.2 | 6.6 | 7.00% | 22.73% | 22.16% | | | | | | | | | 80.0% |
| Edgar Horne | 118% | 71% | 127% | 133% | 4 | 3.1 | 7.1 | 6.4 | 0.86% | 0.00% | 26.66% | 2 | 52 | | 2 | | | 4 | 18 | 100.0% |
| Lord Wigram | 81% | 88% | 97% | 123% | 4 | 2.9 | 6.9 | 7.5 | 9.35% | 5.20% | 20.57% | 6 | 32 | | | | | | 21 | 94.1% |
| St Mary Abbots | 106% | 108% | 116% | 107% | 4.2 | 2.8 | 7 | 7.2 | 20.32% | 35.48% | 34.77% | 2 | 33 | | | 2 | | 5 | 50 | 94.9% |
| David Evans | 78% | 82% | 97% | 96% | 5.7 | 3.3 | 9 | 7.2 | 10.97% | 16.92% | 10.13% | 2 | 16 | | | | | 3 | 28 | 100.0% |
| Chelsea Wing | 130% | 97% | 113% | 86% | 9.3 | 4.6 | 13.9 | 7.2 | 14.44% | 13.79% | 12.68% | | 5 | | | | | 1 | 11 | |
| Burns Unit | 114% | 117% | 178% | 148% | 16.3 | 3.2 | 19.5 | N/A | 5.18% | 0.00% | 0.00% | 1 | 9 | | | | | | 9 | 100.0% |
| Ron Johnson | 106% | 150% | 126% | 152% | 5.3 | 3.8 | 9.1 | 7.6 | 17.65% | 0.00% | 13.33% | 1 | 23 | | | | | | 31 | 87.5% |
| ICU | 105% | - | 106% | - | 27.3 | 0 | 27.3 | 26 | -4.23% | 10.04% | 7.88% | | 4 | | | | | 6 | 40 | |
| Rainsford Mowlem | 114% | 74% | 120% | 103% | 3.8 | 2.6 | 6.4 | 6.9 | 4.13% | 12.33% | 7.96% | 3 | 44 | | 1 | | 2 | | 21 | 73.0% |
| Nightingale | 98% | 104% | 134% | 109% | 3.4 | 3 | 6.4 | 7.4 | 17.21% | 0.00% | 8.70% | 6 | 66 | | 1 | | | 3 | 28 | 100.0% |

West Middlesex February 2024

| Ward | Day | | Night | | CHPPD | CHPPD | Total | National Benchmark | Vacancy Rate | Turnover | | Inpatient fall with harm | | | | Trust acquired pressure ulcer 3,4,unstageable | | Medication incidents (moderate & severe) | | FFT |
|------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------|-------|-------|--------------------|--------------|-----------|--------------|--------------------------|-----|-------------------|-----|---|-----|--|-----|------|
| | Average fill rate - registered | Average fill rate - care staff | Average fill rate - registered | Average fill rate - care staff | Reg | HCA | | | | Qualified | Un-qualified | No Harm & Mild | | Moderate & Severe | | | | | | |
| | | | | | | | | | | | | Month | YTD | Month | YTD | Month | YTD | Month | YTD | |
| Lampton | 125% | 111% | 135% | 186% | 3.4 | 3 | 6.4 | 6.8 | -11.13% | 15.64% | 11.04% | | 17 | | | | | | | 100% |
| Richmond | 98% | 160% | 92% | 169% | 3.6 | 3.6 | 7.2 | 7.2 | 15.69% | 6.08% | 18.13% | 1 | 19 | | 2 | | | | | 96% |
| Syon 1 cardiology | 101% | 138% | 100% | 167% | 3.9 | 2.8 | 6.7 | 8.8 | 4.87% | 8.07% | 14.13% | 10 | 56 | | 2 | | | | | 98% |
| Syon 2 | 108% | 83% | 102% | 89% | 3.8 | 2.9 | 6.7 | 6.6 | 4.00% | 4.95% | 0.00% | 5 | 39 | | | | | | | 96% |
| Starlight | 123% | - | 124% | - | 9.6 | 0 | 9.6 | 11.5 | 5.66% | 8.67% | 55.56% | | | | | | | | | 89% |
| Kew | 101% | 147% | 100% | 160% | 3 | 4.2 | 7.2 | 6.9 | -10.55% | 9.52% | 11.43% | 7 | 54 | | | | | | | 89% |
| Crane | 112% | 83% | 99% | 81% | 3.3 | 3.3 | 6.6 | 6.9 | -10.22% | 9.38% | 18.13% | | 33 | | 1 | | | | | 98% |
| Osterley 1 | 103% | 76% | 112% | 174% | 4.1 | 3.4 | 7.5 | 7.5 | 5.71% | 15.93% | 16.43% | 7 | 46 | | 1 | | 1 | | | 100% |
| Osterley 2 | 99% | 90% | 107% | 128% | 3.8 | 3.1 | 6.9 | 7.2 | 8.86% | 31.23% | 11.07% | 2 | 29 | | | | | | | 100% |
| MAU | 90% | 108% | 104% | 118% | 5.4 | 2.6 | 8 | 7.7 | 4.41% | 12.40% | 12.44% | 7 | 86 | | 1 | | | | | 98% |
| Maternity | 92% | 85% | 94% | 91% | 7.2 | 2.1 | 9.3 | 13 | 5.97% | 10.33% | 9.90% | 1 | 3 | | | | | | | 86% |
| Special Care Baby Unit | 89% | - | 82% | - | 8.7 | 0 | 8.7 | 11.1 | 6.15% | 4.43% | 0.00% | | | | | | | | | 100% |
| Marble Hill 1 | 135% | 141% | 115% | 226% | 3.9 | 3.7 | 7.6 | 6.4 | -1.81% | 8.94% | 12.41% | 2 | 98 | | | | | | | 93% |
| Marble Hill 2 | 119% | 126% | 134% | 226% | 3.7 | 3.8 | 7.5 | 6.5 | 100.00% | 4.36% | 17.97% | 4 | 42 | 1 | 1 | | | | | 100% |
| ICU | 91% | - | 97% | - | 21.5 | 0 | 21.5 | 26 | 4.12% | 5.87% | 0.00% | | 2 | | | | 1 | | | |



Staffing & Patient Quality Indicator Report

February 2024

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

West Middlesex site:

Marble Hill 1 had increased RN fill rate due to a patient requiring RMN support for 2 weeks, bay nursing of confused patients and 1:1 care. Lampton, Syon 1, Marble Hill 1 & Marble Hill 2 had a high staffing fill rate due to the annexes being open and needing additional HCAs to observe confused patients at risk of falls. Additionally Lampton required additional RN day and night due to the annexe being open. Kew ward has a high fill rate for HCAs due to bay nursing and 1 to 1 care for confused patient who are at risk of falls.

Richmond required additional HCAs day and night due to additional escalation beds, high acuity of patients and 1:1 observation of confused patients at risk of falling. On Osterley 1, the HCA low fill rate on days was due to staff sickness but CHPPD was not compromised as ward managers supported. Osterley 1 & 2 had a high fill rate of HCA in the night due to increased number of confused medical patients at risk of falls.

Starlight ward had high RN fill rate for both days and nights due to a patient who needed 1:1 support 24 hours a day.

Chelsea and Westminster site:

Lord Wigram had a high fill rate for HCAs due to 1:1 care for confused patients at increased risk of falls. The low RN fill rate on days on David Evans was due to their staff being moved to support other areas, CHPPD not compromised. Critical care activity was high on Burns demonstrated by the high staffing fill levels on the unit at night for RN and HCAs.

The high fill rate on Annie Zunz was due to increased planned admissions with patients admitted via the Surgical Admissions Lounge. The high HCA fill rate on Ron Johnson, days and nights was due to confused patients at high risk of falls. They also had additional RN cover to staff escalation on GDU. Chelsea Wing required additional RN day and night due to a patient requiring 1:1.

Nell Gwynne, Rainsford Mowlem, David Erskine and Edgar Horne had low HCA fill rate during the day due to sickness and being unable to cover HCA shifts with bank.

CHPPD was not compromised as staff were moved between wards and staff on management days assisted. There was increased RN fill at night on Rainsford Mowlem and Edgar Horn due to the acuity.

Nightingale ward had additional beds open for the month of February and required increased RN cover at night.

Incidents:

In terms of incidents with harm, there was two incidents reported this month.

The medication incident on Mercury ward resulted in the prolonged admission of a patient with a perforated appendix.

The falls incident occurred on Marble Hill 2, where a patient sustained a suspected unwitnessed fall. Following review of the patient, a large inoperable subdural haematoma was identified. The patient had a history of chronic subdural hematoma and had fallen a number of times at home prior to admission. The patient has subsequently died.

Friends and Family test showed that four wards at CW and eight at WM scored 100%. David Erskine and Rainsford Mowlem's FFT reported increased noise at night, and patients not being involved in medical discussions at ward level. Matrons are monitoring incidents and feedback.

Please note all incident figures are correct at time of extraction from DATIX. There were seven red flags raised in February a decrease of seven since January. Four were for CW & three for West Mid, mainly related to staffing shortfalls and agency staffing levels and missed intentional rounding's. The vacancy rate and turnover are from February.



Safe Staffing Analysis | Registered Nurse and Care Staff February 2024

RN Fill Rates (ward areas) increased from 102.20% in January 2024 to 103.32% in February 2024. The RN vacancy rate (whole trust) in January 2024 was 4.30%.

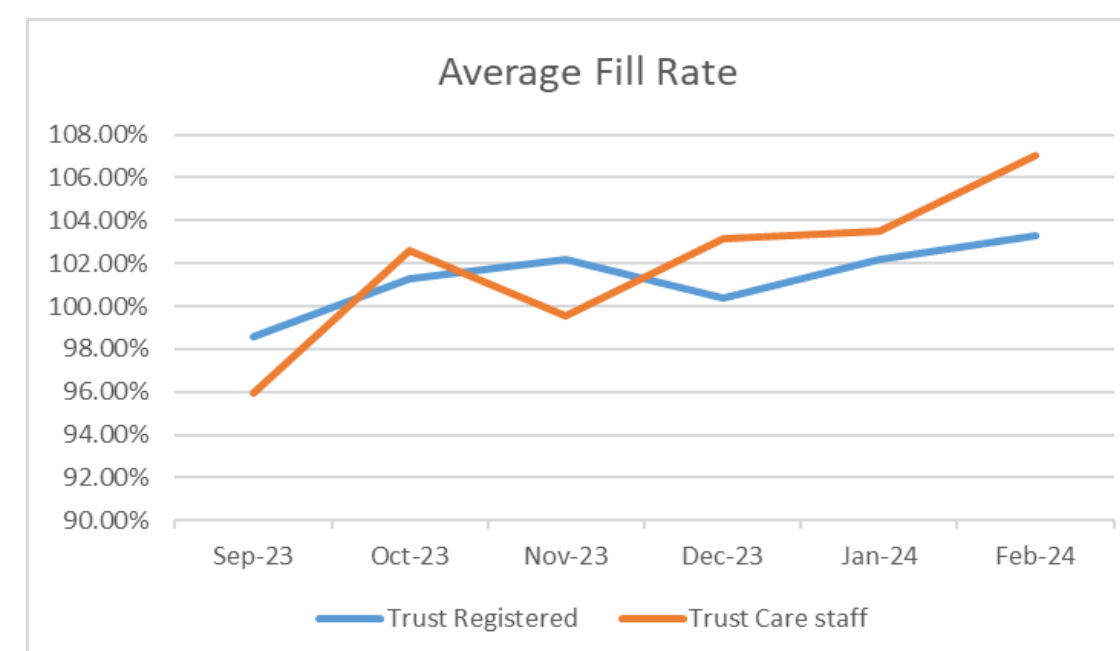
Care Staff Fill Rates (ward areas) increased from 103.53% in January 2024 to 107.07% in February 2024. There has been an extensive HCA recruitment campaign maintained over the last few months. The HCA vacancy rate (whole trust) in January 2024 was 10.31%.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) increased from 102.87% in January 2024 to 105.19% in February 2024.

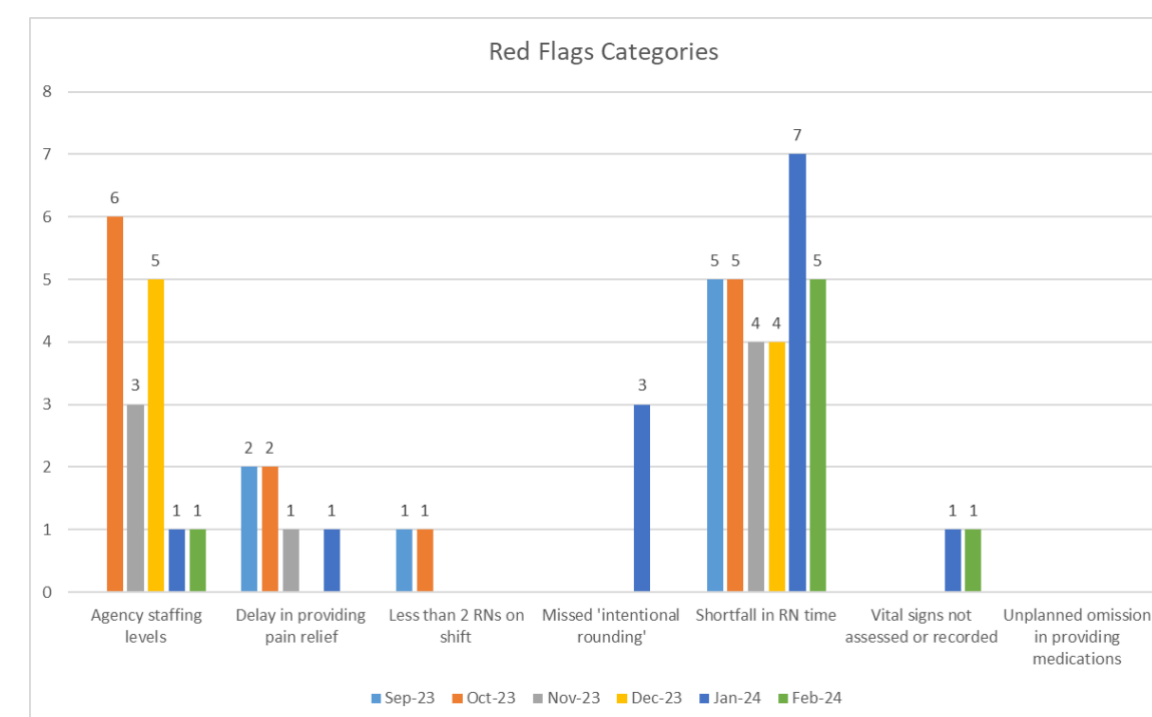
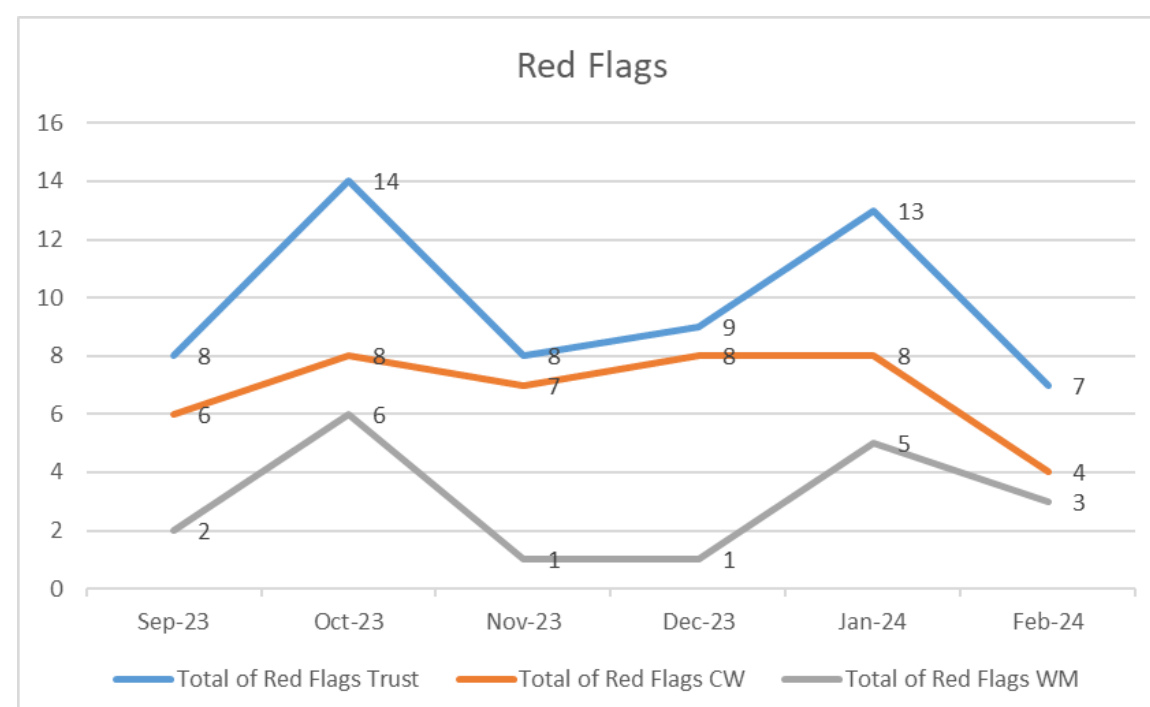
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (Aug 2023) was 8.9. Trust workforce data confirms the CHPPD was 8.6 in February 2024, down from January 2024 – 8.8

Safe Staffing Red Flags – 7 red flags from the 5 categories (tables below) were reported during February 2024 where majority of them were 'Shortfall in RN time'.

| Nursing, Midwifery and care staff average fill rate February 2024 | | | | |
|---|----------------|--|------------|-------------|
| Day and Night average fill rate | | Monthly trust workforce data: Care hours per patient day (CHPPD) | | |
| Registered (%) | Care staff (%) | Registered | Care staff | Total CHPPD |
| 103.32% ↑ | 107.07% ↑ | 6.0 ↓ | 2.5 ↓ | 8.6 ↓ |



| CHPPD - Taken from the Model Hospital* | Care Hours per Patient Per Day (CHPPD) – Aug 2023 |
|--|---|
| Trust | 8.9 |
| Hillingdon Hospital | 8.7 |
| London NW | 8.9 |
| Imperial | 10.9 |
| Peer Median | 8.9 |





Finance M11 (February 2024) 2023/2024

| Type of Spend | Plan to Date £'000 | Actual to Date £'000 | Variance to Date £'000 |
|---|-----------------------|-------------------------|------------------------------|
| Income | 811,723 | 844,916 | 33,193 |
| <i>Expenditure</i> | | | |
| Pay | (454,905) | (476,592) | (21,687) |
| Non-Pay | (319,154) | (332,605) | (13,451) |
| EBITDA | 37,664 | 35,720 | (1,944) |
| EBITDA % | 4.64% | 4.23% | -0.4% |
| Depreciation | (28,571) | (28,214) | 356 |
| Non-Operational Exp-Inc | (9,964) | (2,932) | 7,032 |
| Surplus/Deficit | (871) | 4,573 | 5,444 |
| Control total Adj - Donated asset, Impairment & Other | 889 | (4,565) | (5,455) |
| Adjusted financial performance surplus/(deficit) | 18 | 8 | (11) |

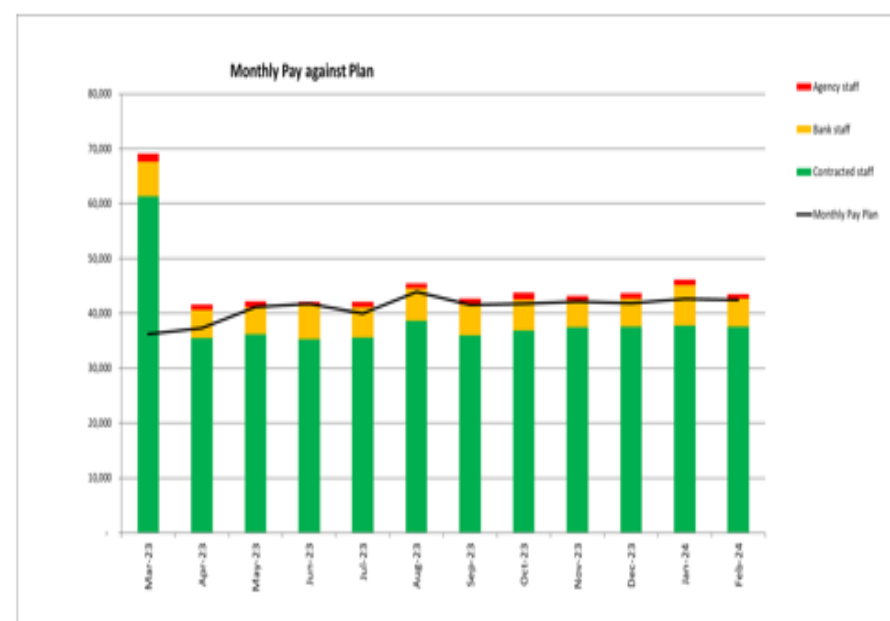
The adjusted financial position at month 11 is a £0.01 m favourable which is £0.01 m adverse against plan.

Pay: £21.69m adverse against plan. At month 11 the position includes £6.19 m unidentified, red or amber CIPs. The adverse variance includes spend to cover Industrial action, escalation beds, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

Non-Pay: There is a £13.45 m adverse variance which includes adjustment to budget to match NHSi return.

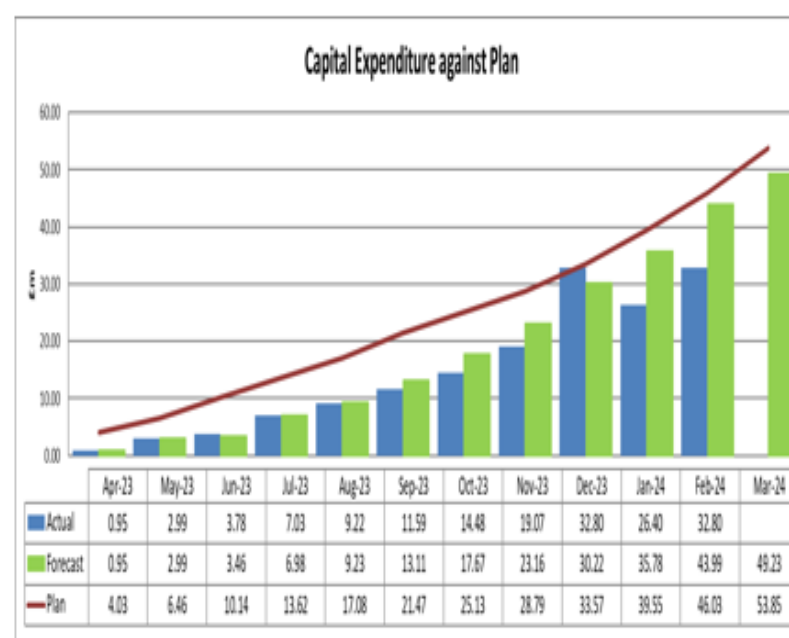
Income

M11 Income position remains strong. The performance was driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. Elective activity performance was strong despite the industrial action in month. There has been consistent progress around data capture, recording and coding of outpatient activity and improving the depth of coding for inpatient spells. The position also reflects known risks around performance on the unbundled element of NWL contract. Local Authority income dipped slightly in December (data is two months in arrears) and was affected by industrial action. Over and under performance income net of industrial action has been devolved to services.



Comment

Month 12 payroll figures include additional spend for 6.3% Pension contribution - £16.05m (a notional figure). In August 23 YTD increase for Medical pay awards (from 2.1% to 6) was accrued.



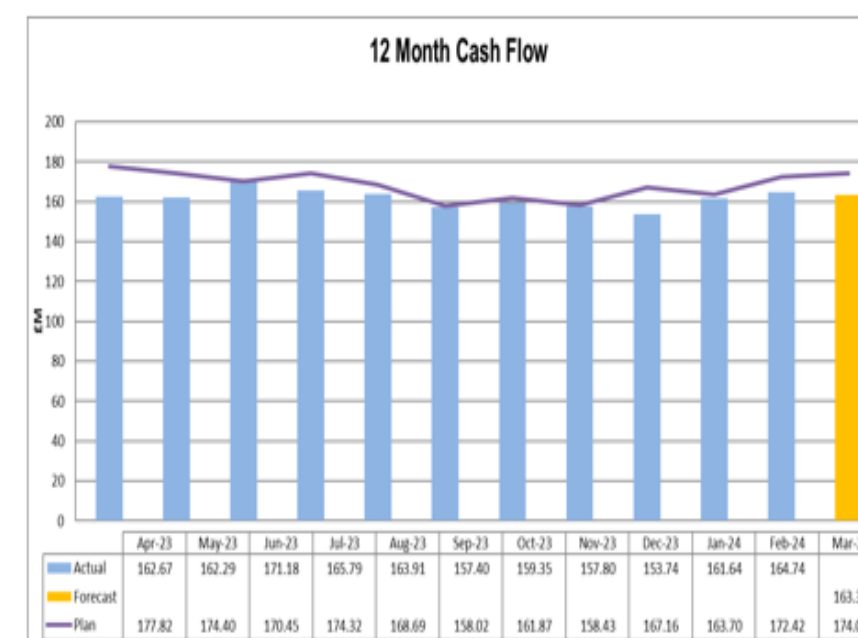
Comment

The original capital programme for 2023/24 was £53.85m, which has been adjusted to £49.23m following the inclusion of the IECPP capital project of £3.31m, new PDC awards of £3.17m, PDC funding for the Treatment Centre of £7.71m being deferred to later years, IFRS16 adjustments and the transfer of £5m CRL funding to LNWH.

Following the review of the capital programme, it was agreed to transfer funding of £5m to LNWH, which will be transferred back to the Trust in 2024/25, which will help with next year's anticipated financial pressures in the capital programme.

The revised capital budget for 2023/24 for period 11 is £8.21m and the spend incurred is £6.28m resulting in an under spend of £1.93m against forecast. The YTD revised budget is £43.99m and the YTD capital spend is £32.80m, resulting in an under spend of £11.19m.

Regular meetings are being held with all budget holders to ensure that the remaining £16.43m will be spent before 31.3.2024.



Comment

The Negative cash variance to plan in M11 of £7.69m is negative cash variance b/fwd from M10 of £2.06m, Higher receipts to plan of £7.79m (ICB £8.3m Higher, Local Authority £0.44m Lower, Donations £0.03m Lower, NHS England £4.6m Higher, AR £0.61m Higher, PP Income £0.42m Higher, FT's £5.68m Higher, Interest Income £0.26m Higher, Other Income £0.18m, Higher, Health Education £6.97m Lower, Maternity Incentive Bonus £2.59m Lower) offset by Higher cash outflows to plan £13.41m (Higher Creditor payments & Higher Payroll)