











TRUST PERFORMANCE & QUALITY REPORT

February 2025

NHSI Reporting

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	77.37%	76.62%	76.67%	78.68%	74.03%	72.18%	71.75%	77.02%	75.59%	74.27%	74.11%	74.19%	77.83%	
RTT	18 weeks RTT - Incomplete (Target: >92%)	64.25%	63.01%	61.59%	64.26%	61.87%	60.99%	59.87%	61.82%	63.03%	61.98%	60.72%	61.35%	63.00%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	99.08%	95.16%	98.75%	96.78%	99.10%	97.50%	99.72%	98.36%	99.09%	96.55%	99.31%	96.55%	97.71%	
	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	100%	98.97%	100%	100%	100%	100%	98.97%	
	31 day combined position (Target: >=96%)	100%	97.01%	96.30%	98.32%	99.00%	93.64%	96.20%	97.86%	99.41%	94.92%	96.24%	94.92%	98.04%	
	62 day combined position (Target: >=85%)	88.19%	75.17%	78.18%	82.46%	86.01%	78.50%	72.43%	85.03%	86.88%	77.16%	74.69%	77.16%	83.97%	
Cancer - FDS	Faster Diagnosis Standard (Target: >= 75%)	84.11%	79.37%	86.62%	83.22%	83.28%	75.40%	82.79%	79.98%	83.60%	76.92%	84.25%	80.38%	81.21%	
Patient Safety	Clostridium difficile infections (Year End Target: 33)	1	3	2	30	1	1	3	29	2	4	5	9	59	

A&E 4-hr Waiting Times

The Trust performance was 74.11%, a slight reduction from January's performance and below the national target. The flow remains challenged across both sites with a sustained increase in long-stay MH patients and DTA's remaining in ED.

18 Weeks RTT (Incomplete Pathway)

Elective Referral to Treatment (RTT) 18-Week Wait performance decreased in February 2025, reported at 60.72%. Elective admitted and outpatient activity levels are above operational plans. For February 2025, the total RTT Patient Treatment List (PTL) increased to 64,944 (+503), 52ww reduced to 537 (-132), 65ww reduced to 19 (-2) and there is one patient waiting above 78ww. For the 65ww position of the 19 breaches, 1 is complex, 4 patient choice and 14 are due to capacity. The focus is backlog eradication for the 65ww, continually addressing chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities. These include Urology, ENT, Paeds ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

Cancer (Final Previous Month, Unvalidated Current month)

31-Day: The 31-Day combined metric was non-compliant for the month of January 2025, with a validated position of 94.92%, against the target of 96%. The Trust has however projected a February recovery with current unvalidated position at 96.24%.against the 96% target.

62-Day: The 62-Day combined target of 85% standard was not met in January 2025, with the final validated position being 77.16%. The Trust continues to see a more challenged position in February. with the continued knock-on effect of Christmas. with a lower treatment upload at present giving a 74.69% unvalidated performance. The backlog does continue to remain to be reported within a trajectory of 100, which is a strong position despite the continued challenges in-month.

28-Day FDS: The Trust continues to maintain a strong compliance against the 75% national target (rising to 77% in April) achieving 76.92% in January 2025, but below the internal expectation of 85%. The current unvalidated position for February 2025 is 84.25%, above the national target.

Clostridium Difficile

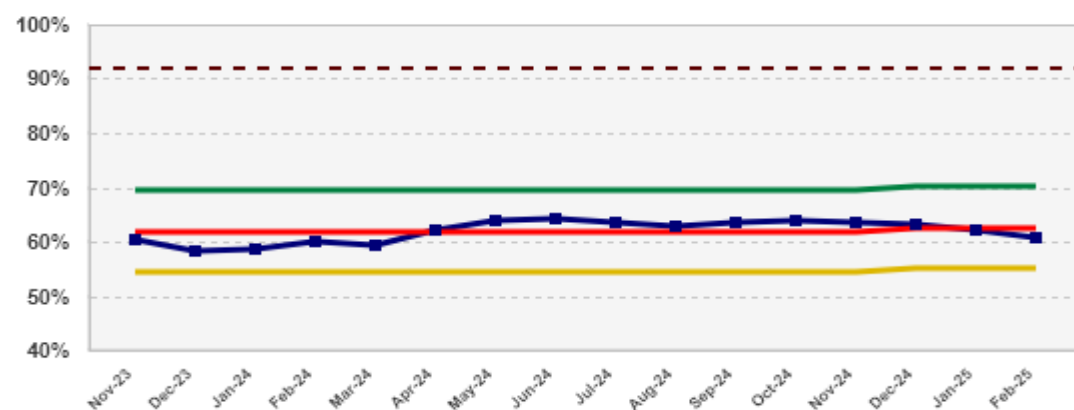
There were 5 healthcare associated CDI cases in February 2025, two cases occurred at Chelsea and Westminster hospital in Planned Care and Specialist Care Divisions and three cases occurred at West Middlesex hospital. The West Middlesex cases occurred in the Emergency and Integrated Care division and were linked to the increased incidence/ outbreaks of Norovirus that occurred in February 2025. Year-to-date this financial year there has been a total of 59 cases against a 2024/25 target of 33. The Incident Review meetings have been scheduled, all learning and insights are shared with wards, teams and divisions.

SELECTED BOARD REPORT NHSI INDICATORS

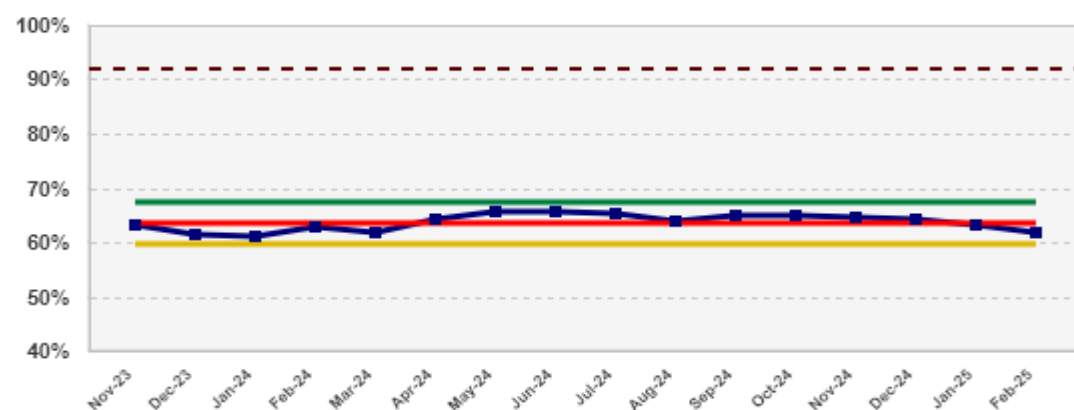
Statistical Process Control Charts for the last 16 months Nov 2023 to Feb 2025

RTT Incomplete pathways

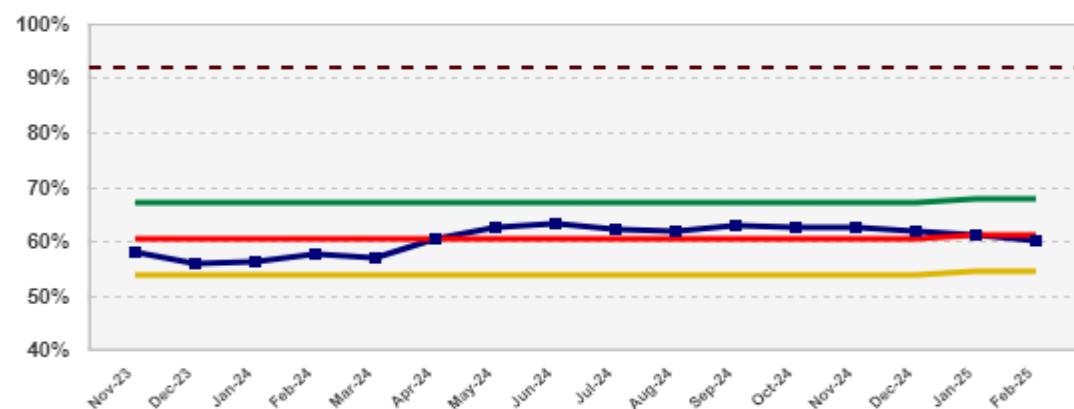
Trust Total



Chelsea and Westminster

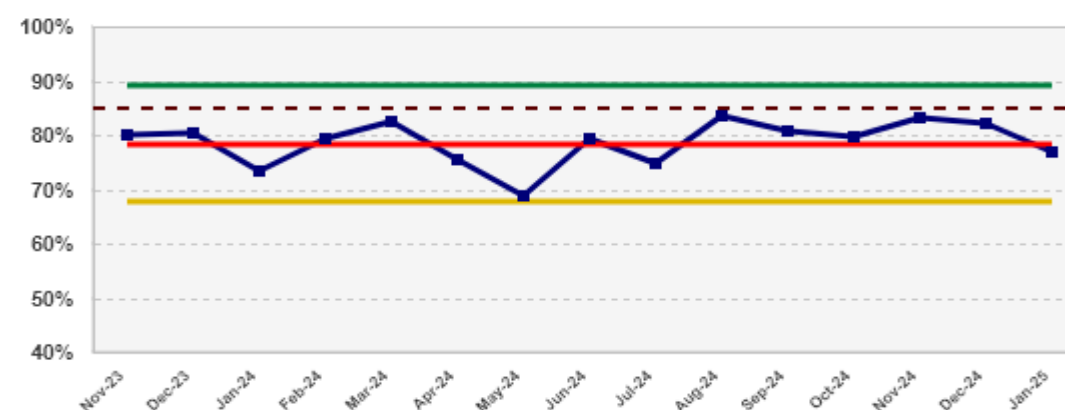


West Middlesex

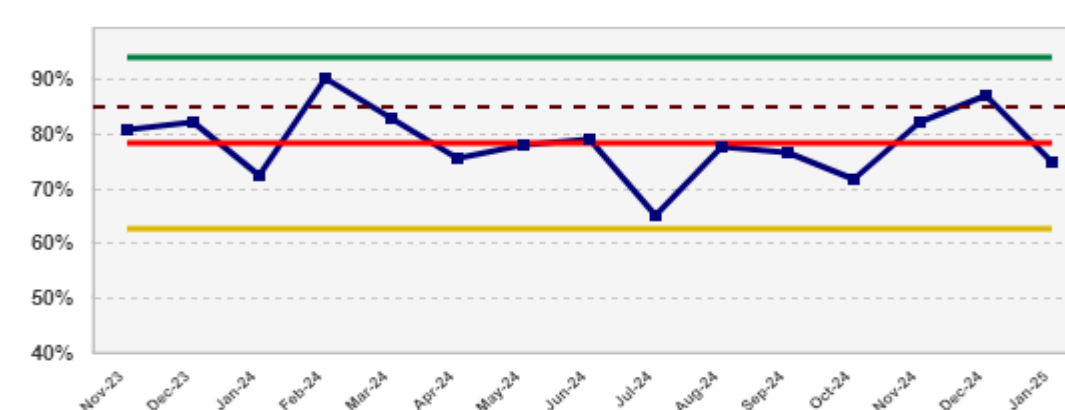


Cancer: 62 day standard

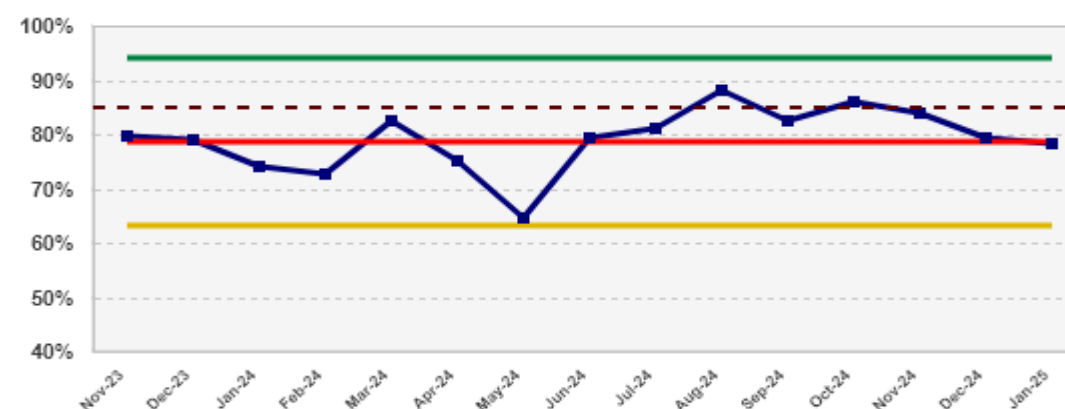
Trust Total





















Chelsea and Westminster



West Middlesex



Safety

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	2	0	1	0	3	0	1	0	1	5	 -
	Hand hygiene compliance (Target: >90%)	97.3%	98.3%	96.3%	96.4%	98.2%	97.1%	97.9%	98.3%	97.7%	97.7%	97.0%	97.3%	97.3%	 -
Incidents	Number of serious incidents	3	5	3	25	2	2	2	20	5	7	5	12	45	 -
	Incident reporting rate per 100 admissions (Target: >8.5)	12.6	11.9	11.2	10.8	10.8	9.4	11.1	10.0	11.7	10.7	11.2	10.9	10.4	 -
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions	0.02	0.03	0.02	0.02	0.00	0.00	0.03	0.01	0.01	0.01	0.02	0.02	0.02	 -
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	6.95	5.91	6.36	5.75	3.81	3.74	4.19	4.20	5.32	4.82	5.26	5.03	4.97	 -
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	1.1%	0.5%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.7%	0.3%	0.5%	 -
	Never Events (Target: 0)	0	1	0	2	1	0	0	2	1	1	0	1	4	 -
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	1	2	1	3	1	11	1	3	2	5	13	 -
Harm	Safeguarding adults - number of referrals	38	52	42	447	49	47	59	475	87	99	101	200	922	 -
	Safeguarding children - number of referrals	102	95	117	1154	105	127	124	1422	207	222	241	463	2576	 -
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	72	69	68	68	67	71	71	71	70	70	70	70	70	 -
Mortality	Number of hospital deaths - Adult	41	49	35	404	47	81	61	664	88	130	96	226	1068	 -
	Number of hospital deaths - Paediatric	0	3	0	6	0	0	0	0	0	3	0	3	6	 -
	Number of hospital deaths - Neonatal	1	2	0	15	0	0	0	3	1	2	0	2	18	 -
	Number of deaths in A&E - Adult	2	2	2	22	5	3	8	34	7	5	10	15	56	 -
	Number of deaths in A&E - Paediatric	0	0	0	0	0	0	0	1	0	0	0	0	1	 -
	Number of deaths in A&E - Neonatal	0	1	0	1	0	0	0	1	0	1	0	1	2	 -

MRSA

There were 0 MRSA cases in February 2025, to date this financial year there has been a total of 5 cases against a target of 0. Three cases have occurred in the Emergency and Integrated Care division, 1 case in the Specialist Care division and 1 case in the Planned Care division.

Incidents

There were five PSI Investigations declared in February 2025: One incident relating to a ruptured ectopic following medical termination of pregnancy in private care and four cases currently being reviewed by The Maternity and Newborn Safety Investigations (MNSI) programme: three unexpected Neonatal Deaths (2CW & 1WM) and a late intrauterine death. All of the cases have been discussed at the Initial Incident group and immediate safety actions and areas for improvement have been taken.

During the target month (February 2025) the target rate of patient safety incidents per 100 admissions was exceeded by both sites. Positive reporting is encouraged to highlight improvements, safe practices, and near-miss events that could have been harmful but were avoided. The implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE) further supports staff in improving patient safety practices and learning from incidents.

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

Trust target met.












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

Trust target met.

Safeguarding

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

Patient Experience

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts
Friends & Family Test	FFT: Inpatient satisfaction % (Target: >90%)	93.64%	93.16%	94.58%	94.31%	97.78%	96.60%	96.08%	97.49%	96.32%	95.03%	95.28%	95.2%	96.09%	
	FFT: Inpatient not satisfaction % (Target: <10%)	4.09%	3.04%	2.17%	2.94%	0.25%	1.28%	0.49%	0.81%	1.60%	2.08%	1.38%	1.7%	1.75%	
	FFT: Inpatient response rate (Target: >15%)	13.72%	24.09%	29.84%	24.03%	29.26%	37.78%	34.31%	35.89%	20.92%	29.99%	31.78%	30.9%	29.48%	
	FFT: A&E satisfaction % (Target: >90%)	83.90%	85.56%	83.80%	84.73%	70.17%	76.75%	71.52%	77.50%	77.19%	81.66%	78.33%	80.1%	81.47%	
	FFT: A&E not satisfaction % (Target: <10%)	11.19%	9.08%	10.65%	10.16%	21.60%	16.14%	21.19%	15.95%	16.28%	12.21%	15.35%	13.7%	12.77%	
	FFT: A&E response rate (Target: >15%)	8.87%	10.37%	10.21%	12.73%	7.86%	7.82%	7.98%	10.61%	8.34%	9.06%	9.08%	9.1%	11.67%	
	FFT: Maternity satisfaction % (Target: >90%)	85.71%	89.72%	93.41%	90.44%	93.22%	93.75%	88.89%	88.90%	89.81%	91.44%	91.56%	91.5%	89.81%	
	FFT: Maternity not satisfaction % (Target: <10%)	12.24%	5.61%	5.49%	6.73%	5.08%	3.75%	3.17%	6.81%	8.33%	4.81%	4.55%	4.7%	6.76%	
	FFT: Maternity response rate (Target: >15%)	9.55%	18.97%	19.78%	19.08%	12.37%	18.82%	14.13%	15.71%	10.91%	18.91%	17.00%	18.0%	17.53%	
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	35	31	19	251	35	31	19	50	251	
Complaints	Complaints (informal) through PALS	19	38	78	450	24	29	45	383	43	67	123	190	833	
	Complaints formal: No of complaints due for response	23	30	23	293	9	10	12	118	32	40	35	75	411	
	Complaints formal: Number responded to < 25 days	20	21	17	236	7	9	9	94	27	30	26	56	330	
	Complaints sent through to the Ombudsman	0	0	0	0	0	0	0	2	0	0	0	0	2	

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. West Middlesex made progress in February, reducing mixed-sex accommodation breaches to 19, a decrease of 12 from January. However, significant bed availability issues continued, resulting in seven patients waiting over 10 hours for ward beds, with six of those waiting over 30 hours. This was primarily due to high patient activity outside of critical care, and the ICU operating at full capacity. We remain dedicated to upholding patient dignity and cultural beliefs, even during periods of high demand.














Complaints

74% (26/35) of complaints were responded to within the 25 day KPI (target 95%) during February 2025. This has been due to not receiving information/responses within the agreed timeframe, sustained increased activity in both PALS and Complaints and vacancies/leave within the team. 9 complaints were not responded to within the timeframe – 2 for EIC, 3 for Planned Care, 3 for Specialist Care and 1 for Enterprise Division. The PALS and Complaints team are redoubling their efforts to recover the position for March with close monitoring and regular tracker meetings and escalation to highlight delays and blockages in the process. Compliance with responding to informal concerns within 5 working days during February was 84% (KPI 90%).

Friends and Family Test

All Inpatient areas remain consistent with meeting their satisfaction and response rate targets; across the Trust. A&E department's satisfaction rate continues to vary, with themes relating to staff attitude, waiting times and the lack of communication and information provided to patients. Maternity satisfaction rates continue to fluctuate across the Trust, with improvements made on the Chelsea site while West Middlesex site has seen a decline. Themes are relating to the implementation of patient care and the attitude of staff.

Efficiency and Productivity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	2.72	2.94	2.74	2.93	2.55	2.38	2.54	2.50	2.66	2.75	2.67	2.71	2.79		-
	Average length of stay - non-elective (Target: <3.95)	4.94	5.16	5.37	4.61	4.33	4.39	4.37	3.78	4.59	4.73	4.80	4.76	4.14		!
	Emergency care pathway - average LoS (Target: <4.5)	6.38	6.78	6.73	5.50	5.28	5.26	5.27	4.29	5.70	5.82	5.85	5.84	4.75		!
	Emergency care pathway - discharges	190	194	189	2437	310	330	284	4011	501	524	473	998	6449		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	6.37%	5.65%	5.86%	5.10%	6.95%	7.01%	6.97%	6.79%	6.67%	6.32%	6.42%	6.37%	5.94%		-
	Non-elective long-stayers	493	499	247	5014	472	501	244	5062	965	1000	491	1491	10076		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	82.4%	86.2%	88.6%	87.4%	87.1%	87.0%	82.9%	87.2%	84.3%	86.5%	86.7%	86.6%	87.3%		-
	Operations canc on the day for non-clinical reasons: actuals	22	30	19	194	15	15	43	199	37	45	62	107	393		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.69%	0.78%	0.55%	0.47%	0.55%	0.50%	1.45%	0.61%	0.63%	0.65%	0.97%	0.81%	0.53%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	8	4	4	32	0	1	3	15	8	5	7	12	47		!
	Theatre Utilisation Model Hospital (Target > 85%)	81.4%	79.1%	80%	79.0%	92.9%	91.2%	96.5%	92.1%	85.4%	83.0%	85.4%	84.1%	83.5%		-
Outpatients	First to follow-up ratio (Target: <1.5)	2.46	2.44	2.33	2.38	1.83	1.85	1.75	1.77	2.15	2.16	2.06	2.11	2.09		!
	Average wait to first outpatient attendance (Target: <6 wks)	8.7	9.7	9.0	9.7	9.8	10.1	9.9	10.8	9.2	9.8	9.4	9.6	10.2		!
	DNA rate: first appointment	11.0%	9.9%	9.4%	10.4%	10.6%	9.7%	9.3%	9.8%	10.8%	9.8%	9.4%	9.6%	10.1%		-
	DNA rate: follow-up appointment	8.2%	7.3%	7.5%	8.1%	7.2%	7.4%	6.5%	7.1%	7.8%	7.3%	7.1%	7.2%	7.7%		-
	PIFU - % of Total Outpatient attendances	11.6%	12.1%	11.4%	11.4%	2.3%	2.8%	2.7%	2.1%	7.6%	8.2%	7.8%	8.0%	7.6%		-

Day-Case Rate

The day-case rate increased slightly in February 2025 going from 86.8% to 88%, with both sites remaining above the target of 85%.

Cancelled Operations

The number of cancelled operations on the day (for non-clinical reasons) increase in February, with 62 patients in total. This increase was due to winter site pressures, with an increase of cancellations due to surgeon availability, availability of beds, and complications creating list over-runs. The work stream on preoperative optimisation should support with improving this.









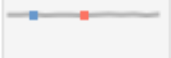
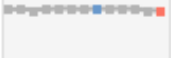


Theatre Utilisation

Trust-Wide utilisation increased back into a compliant position in February 2025, up to 85.4%. Theatre utilisation remains significantly above the 85% target at 96.5% on the West Middlesex site. The Chelsea site remains below the 85% target, this is driven by utilisation below the 85% target in Treatment Centre and Paediatric Theatres, in part driven by the high volume day case workload.

Outpatients

February saw a continuation in our positive trend for the Trust's DNA rate, with our follow up DNA rate hitting another all-time Trust low, and new appointments close to our previous best. The percentage of patients discharged to PIFU dipped slightly from January but remains above the national target. The focus for the year ahead will be improving engagement across a wider range of specialties. The first-to-follow-up ratio improved slightly on both sites – the OP Board will be pushing areas with high levels of unbooked new patients to flip their clinic templates. There was a drop in our average wait to first appointment in February, which is also trending positively.

Clinical Effectiveness

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts
Best Practice	Dementia screening case finding (Target: >90%)	96.1%	95.5%	89.8%	94.3%	91.2%	94.2%	96.6%	93.8%	93.5%	94.8%	93.8%	94.3%	94.0%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	70.0%	80.0%	68.4%	68.1%	93.8%	92.6%	83.3%	92.4%	80.6%	89.2%	75.7%	82.4%	80.5%	 !
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	75.0%	88.9%	71.4%	80.6%	88.9%	93.8%	82.4%	90.0%	81.6%	90.7%	77.4%	85.1%	85.5%	
VTE	VTE: Hospital acquired	0	0	0	5	1	6	0	53	1	6	0	6	58	
	VTE risk assessment (Target: >95%)	94.9%	95.2%	94.9%	94.9%	95.8%	95.8%	95.2%	96.0%	95.4%	95.5%	95.0%	95.3%	95.5%	
TB Care	TB: Number of active cases identified and notified	1	3	5	29	5	12	18	100	6	15	23	38	129	
Sepsis	ED % Periods Screened (Target >90%)	93.1%	92.1%	89.4%	91.1%	84.3%	86.3%	87.3%	85.1%	89.2%	89.5%	88.5%	89.0%	88.4%	
	ED % Potential Red Flag Sepsis Reviewed (Target >90%)	73.7%	79.5%	80.4%	75.1%	90.2%	88.4%	92.2%	89.9%	79.1%	83.1%	85.0%	83.9%	80.6%	
	Ward % Periods Screened (Target >90%)	84.1%	85.1%	85.2%	85.9%	92.7%	94.1%	91.4%	93.2%	88.2%	89.6%	88.3%	89.0%	89.4%	
	Ward % Potential Red Flag Sepsis Reviewed (Target >90%)	96.6%	93.7%	95.1%	95.7%	97.8%	96.9%	98.0%	96.6%	97.3%	95.4%	96.7%	96.0%	96.2%	
Discharge	Date of Discharge is same as Discharge Ready Date	89.2%	86.0%	86.7%	88.3%	85.4%	84.5%	81.6%	85.5%	87.2%	85.2%	84.0%	84.6%	86.8%	
	Date of Discharge is 1+ days after Discharge Ready Date	10.8%	14.0%	13.2%	11.7%	14.6%	15.5%	18.4%	14.5%	12.8%	14.8%	15.9%	15.4%	13.2%	

Dementia Screening

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

#NoF (Time to Theatre -Neck of Femur)

Performance in February 2025 showed a reduction when compared to the previous month and is at 75.7%. Both sites reported non-compliance with the Chelsea site reporting 13 of 19 patients having surgery within 36 hours. The 6 breaches were due to theatre capacity and overrunning of lists. In the West Middlesex site 13 of 16 patients were medically fit for surgery and had surgery within 36 hours. The three breaches were due to theatre overrunning.

VTE Risk

The VTE performance remains compliant at Trust level, however at the Chelsea site performance decreased marginally to 94.9%, following a month of compliance. Areas of focus remain with elective services across the site.








Discharge Ready

There has been an increase in patients discharged a day after their discharge ready date. The command centre now meets throughout the day bringing the discharge, site and nursing teams together to focus on reducing internal delays and the daily meetings continue to take place between discharge teams and local system colleagues to facilitate these discharges in a timely way.

Sepsis

In the Chelsea site there is a slight decrease in screening, however this is on the background of sustained performance. Clinical reviews improving across both sites. West Mid site is showing continued improvement in screening in ED and the rest of the areas are compliant.

Access

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	340	368	297	297	324	301	240	240	664	669	537	537	537	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	89.27%	91.85%	96.38%	86.61%	91.91%	88.50%	96.53%	83.57%	90.58%	90.14%	96.45%	93.27%	85.06%	
	Diagnostic waiting times >6 weeks: breach actuals	592	453	209	8751	442	663	187	11133	1034	1116	396	1512	19884	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	7.4%	6.6%	6.0%	7.0%	7.6%	7.1%	6.7%	7.5%	7.5%	6.9%	6.3%	6.6%	7.2%	
	A&E time to treatment - Median (Target: <60')	00:28	00:23	00:23	00:25	00:35	00:34	00:36	00:35	00:32	00:30	00:31	00:30	00:31	
	London Ambulance Service - patient handover 30' breaches	43	52	41	445	201	291	254	2120	244	343	295	638	2565	
	London Ambulance Service - patient handover 60' breaches	0	0	0	5	4	18	10	88	4	18	10	28	93	

Diagnostic 6-Week Waits

DM01 compliance achieved for February 2025, confirming the sustained improvement trajectory. All DM01 reportable modalities in the Trust have seen a performance improvement in February with NOUS and MRI remaining the main drivers for the position.

Ambulance Handover

The Trust's performance for ambulance handovers remains strong however, there have been increased challenges with ambulance divers across the sector

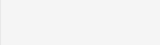





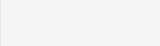

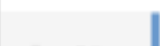









RTT Positions Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site			West Middlesex University Hospital Site			Combined Trust Performance		
		Dec-24	Jan-25	Feb-25	Dec-24	Jan-25	Feb-25	Dec-24	Jan-25	Feb-25
RTT waiting list positions	Total RTT waiting list	30648	31643	32043	32047	32798	32901	62695	64441	64944
	Total Non-Admitted waiting list	27217	27395	27371	30007	29951	29504	57224	57346	56875
	Non-Admitted with a date	8188	11562	15698	6260	9170	13187	14448	20732	28885
	Non-Admitted without a date	19029	15833	11673	23747	20781	16317	42776	36614	27990
	Total Admitted waiting list	3431	4248	4672	2040	2847	3397	5471	7095	8069
	Admitted with a date	406	641	1019	346	645	983	752	1286	2002
	Admitted without a date	3025	3607	3653	1694	2202	2414	4719	5809	6067
	Patients waiting >65 weeks	5	9	10	9	12	9	14	21	19
	Patients waiting >78 weeks	0	1	1	0	0	0	0	1	1
	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-24	Jan-25	Feb-25	Dec-24	Jan-25	Feb-25	Dec-24	Jan-25	Feb-25
Total	340	368	297	324	301	240	664	669	537
Audiology				2			2		
Breast Surgery					1			1	
Clinical Haematology	4	1	1				4	1	1
Colorectal Surgery	10	18	16	10	11	9	20	29	25
Dermatology	13	9	2	9	4	3	22	13	5
Endocrinology	1	1					1	1	
ENT		1		108	101	47	108	102	47
Gastroenterology	1						1		
Gender Affirmation Surgery			1						1
General Surgery	44	51	44	5	13	25	49	64	69
Gynaecology	13	8	6	3	1		16	9	6
Haemophilia			1						1
Hepatology	3	4	1	2			5	4	1
Maxillo-Facial Surgery	2		2				2		2
Ophthalmology	16	30	17				16	30	17
Oral Surgery				1	3	8	1	3	8
Orthodontics	7	10	2				7	10	2
Paediatric Burns Care	1	1					1	1	
Paediatric Clinical Immunology			1						1
Paediatric Dentistry	2	2					2	2	
Paediatric Dermatology	1						1		
Paediatric Ear Nose and Throat	2	1	2	33	39	43	35	40	45
Paediatric Gastroenterology	2	1	1				2	1	1
Paediatric Maxillo-Facial Surg		1	4					1	4
Paediatric Neurology	1	2	1				1	2	1
Paediatric Plastic Surgery	6	3	3				6	3	3
Paediatric Trauma and Orthopae		1						1	
Paediatric Urology				2	1		2	1	
Paediatrics		1						1	
Pain Management	10	22	23				10	22	23
Plastic Surgery	89	72	49	22	19	7	111	91	56
Podiatric Surgery				2	2	1	2	2	1
Podiatry				1	1	1	1	1	1
Rheumatology		1						1	
Trauma & Orthopaedics	57	57	53	59	39	21	116	96	74
Urology	21	33	33	1	2	4	22	35	37
Vascular Surgery	34	37	34	64	64	71	98	101	105

Maternity

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:24	1:23	1:23	1:23	1:24	1:27	1:25	1:25	1:24	1:25	1:24	1:24	1:24	 -
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	 -
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	388	457	358	4749	385	374	345	4222	773	831	703	1534	8971	 -
	Total number of bookings (Target:> CW 580 WM 478)	532	630	558	6288	401	515	430	5157	933	1145	988	2133	11445	 -
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	37.0%	97.0%	91.5%	99.0%	98.0%	99.0%	97.9%	98.0%	67.5%	98.0%	82.8%	94.7%	 -
Safety	Admissions >37/40 to NICU/SCBU	33	27	0	223	23	0	13	350	56	27	13	27	223	 -
	Number of reported Serious Incidents	1	2	6	30	0	2	3	19	1	4	9	13	49	 -
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	1	0	7	0	0	1	4	0	1	1	2	11	 -
	Pre-term (gestation <37 weeks) as % of mothers delivered	6.4%	5.5%	9.0%	6.9%	6.4%	6.9%	10.0%	6.5%	6.4%	6.2%	9.5%	7.9%	6.7%	 -
	Number of stillbirths	1	2	1	14	1	1	1	13	2	3	2	5	27	 -
	Number of Infant deaths	2	1	1	14	1	0	0	9	3	1	1	2	23	 -
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	 -
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	2.8%	n/a	n/a	n/a	5.3%	n/a	n/a	n/a	n/a	4.1%	 -
	Spontaneous unassisted vaginal births	21.0%	21.0%	22.0%	23.9%	26.0%	27.0%	29.0%	28.7%	23.5%	24.0%	25.5%	24.8%	26.3%	 -
	Vaginal Births - spontaneous & induced	34.0%	33.0%	37.0%	37.1%	39.0%	41.0%	41.0%	41.9%	36.5%	37.0%	39.0%	38.0%	39.5%	 !
	Instrumental deliveries	46	75	52	630	56	49	38	552	102	124	90	214	1182	 -
	Pre-labour elective caesarean sections	86	86	66	957	64	56	44	611	150	142	110	252	1568	 -
	Emergency caesarean sections in labour	121	139	108	1336	111	111	119	1271	232	250	227	477	2607	 -

Please note that some of the metrics require full validation and will be updated in the following months report.

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

Workforce The current midwifery ratios on each site for the month of February are 1:25 at Chelsea and 1:23 at West Middlesex. The service has now received the report from Birthrate plus which has been included as an overview in Q3's (2025) staffing paper. A fuller review of the recommendations will be presented to EMB. The latest recommendations suggest that the midwife to woman ratio on the CW site should be reduced to 1:23 (previously 1:26) and 1:21 (previously 1:22) on the WM site. This is based on the current acuity and activity within both sites. Whilst the birth rate has declined nationally the acuity particularly for women in categories, 4 and 5 (high risk) continue to rise and category 1 (low risk) decrease accordingly.

Red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. The compliance rate for the month of February on the CW site has significantly improved to 85%. The service focus on sustaining compliance with the 85% confidence target. West Mid also reported compliance of 85% for February. There were no red flags reported on either site in February. Following the rollout of the BR+ Acuity App on the AN wards WMUH reported 66% compliance with completion and 4 red flags, delayed or cancelled time critical activity (n=2), delay between admission for induction and beginning of process (n=1) and any occasion when 1 midwife is not able to provide continuous 1:1 care and support to a woman during established labour (n=1). Postnatal ward compliance was 87.5% with no red flags reported. On the CW Simpson Unit (Recovery & HDU) reported 57.74% compliance with 1 red flag due to delayed or cancelled time critical activity. CW site will be launching the acuity app on the inpatient wards in March. All red flags continue to be monitored by the senior leadership team.

The neonatal nursing action plan continues to progress with positive international and local recruitment. The leadership team continue to enhance the local QIS programme to optimise skill mix. Currently the QIS is at 69.77% at CW and 89% at WM. There are a number of nurses on a QIS course which is due for completion in spring next year. The Nursing Business case was presented to Trust Board for approval and the service are currently working up the actions from this.

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

Safety:

WM site: There were 3 patient safety incident:

1. **Confirmed:** Asian Ethnicity-Neonatal Collapse post elective caesarean section, baby transferred for tertiary care and cooling. MRI normal. Did not meet criteria for MNSI, for local incident management.
2. **Awaiting confirmation;** White British-Following elective caesarean section, baby developed seizures on the postnatal ward. IIR?
3. **Awaiting confirmation:** Asian ethnicity-Emergency TOP under GA at 20/40 in view of ongoing bleeding and major placenta praevia. Admitted to ITU. AAR?

Datix reporting system: There were 75 reported incidents in February (101 reported in January)

Main themes arising

- MOH >1500mls (4)
- Medication errors (7)
- Delay/failure in access to hospital care (5)

CWH site: There were 6 patient safety incident:

1. **Confirmed:** AAR-Asian Other background. English - first language. First pregnancy. The woman was under an obstetric led pathway, booked to have serial growth scans due to this history. At 26 weeks' gestation, the woman experienced no fetal movements for 3 days, CTG monitoring did not meet criteria, a plan for admission, TDS CTG monitoring and a FMU scan the next day. The last CTG was completed in the evening and met criteria. The next morning, a CTG was attempted, however there was no fetal heart. IUD confirmed on the scan. Awaiting escalation:
2. **Awaiting confirmation:** unexpected admission from NICU
3. **Awaiting confirmation:** delay in diagnosis of spinal bifida
4. **Awaiting confirmation:** unexpected admission to NICU, meconium aspiration syndrome
5. **Awaiting confirmation:** Burn
6. **Awaiting confirmation:** unexpected admission to NICU, homebirth

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Datix reporting system: In February 104 a decrease from January (135)

Main themes arising:

- Medication errors (10)
- Communication issues (10)
- Transfusion policy error (as per new MOH policy - the BT department was not informed when the event was stood down) (21)

103 Datix closed in February, 157 closed in January.

1. **PMRT (Cross site):** CW site reported 2 cases. NND x1 (reported in Feb) day 3 death following discharge home and 1 antepartum stillbirth at 35+4 weeks. WMUH reported 1 case: Antepartum stillbirth at 30+3 weeks.
2. **ATAIN (Cross site): CW site awaiting data will be shared in March report.** On the WM site there were 13 term admissions in February, they are yet to be reviewed to ascertain how many were avoidable, however, this gives a term admission rate of 3.2% a decrease from 4.15% in January.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. A review of obstetric metrics has been undertaken and full dilatation CS will now be reviewed monthly given the increased associated risk to preterm birth in subsequent pregnancies.
4. **SBLCBv3** (launched in May 2023) update. Agreement of local trajectory with the LMNS and quarterly reviews to confirm progress is now required. A peer review was undertaken in January where compliance was agreed to be at 86% of all interventions. This has dropped since December and an action plan is in place to achieve full compliance by March 2025.

Element 1: Reducing smoking: The service are currently compliant with 6/10 interventions.

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction: Current audits demonstrated compliance with risk assessments and the LMNS have approved the derogation from National Guidance regarding scanning episodes for women with considered to be at risk of IUGR. The demand and capacity assessment of USS cross site has been completed and the service expect to be complaint with all interventions by early 2025. **Compliant with 16/20 interventions.**

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

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

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

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

Perinatal Quality Surveillance Model Board Reporting

Maternity Perinatal Quality Surveillance Model

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	94.0%	91.0%	88.0%	92.5%	93.0%	86.0%	87.0%	92.3%	93.5%	88.5%	87.5%	88.0%	92.4%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	94.0%	94.0%	94.0%	93.6%	87.0%	89.0%	88.0%	89.7%	90.5%	91.5%	91.0%	91.3%	91.7%
	Service User Feedback FFT	85.7%	89.7%	93.4%	90.4%	93.2%	93.8%	88.9%	88.9%	89.8%	91.4%	91.6%	91.5%	89.8%
	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	1	0	1	0	0	0	0	0	0.5	0	0.25	1
	Progress in achievements of NHSR MIS (10 safety actions) Green									4	10	0	10	59
	Progress in achievements of NHSR MIS (10 safety actions) Amber									6	0	0	0	26
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	0
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

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

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

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

Multi-professional mandatory training and fetal monitoring training: In February, overall multi-disciplinary training compliance was 88% and fetal monitoring is at 91.5% across both sites. All new staff have been booked onto mandatory training in the next 3 months. Whilst training compliance fluctuates depending on where staff are in their training cycle, the practice development and fetal monitoring team have a clear plan in place to ensure all staff attend both aspects of training over a rolling 12-month period into MIS year 7 2025. The training needs analysis reflects the recommendations from the core competency framework and as such new training year has commenced with revised teaching content. This now includes 'Trauma-informed care.' Last year's curriculum included cultural safety training, which continues in this year's teaching programme, to support the department's commitment to valuing diversity and inclusion amongst its workforce and service users.

Service user feedback: The service receives monthly friends and family test feedback, there was a small increase in service user response rates reported this February to 24%, from 22% in January. This is also an upward trajectory with positive feedback, which has increased to 90.65%, from January 89.08%. On the CW site, negative feedback continues to be raised about staff attitude, communication and delays in care. Conversely the position at WM saw a decline in positive rating to 90.36% from 94.79% in January. The response rate also declined to 19%. The negative scores on the WM site are impacted by staff communication, attitude and behaviour. The CQC national maternity survey published its results last month and whilst the Trust continues to hold its position in London for patient experience, there are some areas of focus that need addressing specifically in relation to labour and birth, where despite there being improvement to 31% of the scores, 56% have declined. The Patient Action Plan is being tracked by the service leadership on collaboration with the MNVP. A call to action has been commenced to raise awareness for all women birthing in February to increase our compliance and support an improved response rate from last year's 32% CQC patient survey. All women and birthing people that birth in February, will be invited to participate in the annual patient CQC survey. The survey will incorporate feedback from all elements of maternity care; from the point of booking through to discharge and evaluating our infant feeding support.

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. The maternity and neonatal team welcomes their new Non-executive Director Pat Gallan to the team. Pat has undertaken a walk-about and has been introduced to both maternity and neonatal sites. 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 incentive Scheme year 6: MIS year 6 was published on 2nd April 2024 and the reporting period for submission ended on the 30th November. The Trust has reported full compliance with 10 out of 10 safety actions and has submitted action plans in relation to safety action 3 (transitional care on the WMUH site) and safety action 4 (neonatal nursing on the CW site). The evidence is in the process of being reviewed by the LMNS, in readiness before the submission deadline of the 3rd March 2025.













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

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

Cancer Update

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months
Domain	Tumour site	Dec-24	Jan-25	Feb-25	2024-2025	YTD breaches	Dec-24	Jan-25	Feb-25	2024-2025	YTD breaches	Dec-24	Jan-25	Feb-25	2024-2025 Q4	2024-2025	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	87.5%	100%	95.7%	6	100%	87.5%	100%	87.5%	95.7%	6	
	Colorectal / Lower GI	72.7%	84.2%	92.3%	88.2%	12	80.0%	92.9%	62.5%	79.0%	29	76.9%	89.4%	81.0%	89.4%	83.0%	41	
	Gynaecological	57.1%	40.0%	45.5%	63.5%	17.5	92.9%	60.0%	33.3%	82.4%	10	81.0%	50.0%	42.9%	50.0%	74.7%	27.5	
	Haematological	100%	83.3%	100%	91.3%	4.5	100%	70.0%	90.9%	91.9%	10.5	100%	78.6%	92.3%	78.6%	91.7%	15	
	Head and neck	n/a	100%	n/a	95.2%	1	66.7%	33.3%	n/a	54.2%	5.5	66.7%	71.4%	n/a	71.4%	80.3%	6.5	
	Lung	78.9%	100%	100%	70.4%	18.5	100%	92.3%	66.7%	85.8%	17.5	88.9%	95.2%	75.8%	95.2%	78.4%	36	
	Sarcoma	100%	n/a	0.0%	71.4%	4	n/a	66.7%	0.0%	75.0%	6.5	100%	66.7%	0.0%	66.7%	74.0%	10.5	
	Skin	97.9%	84.8%	90.9%	94.6%	13	100%	86.1%	60.9%	94.1%	15.5	98.2%	85.5%	75.6%	85.5%	94.4%	28.5	
	Upper gastrointestinal	100%	100%	100%	98.5%	1.5	80.0%	100%	100%	65.7%	18.5	86.4%	100%	100%	100%	87.0%	20	
	Urological	66.7%	54.5%	62.5%	60.6%	60.5	82.4%	62.3%	62.8%	78.9%	78.5	79.8%	60.0%	62.7%	60.0%	73.5%	139	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	n/a	n/a	100%	0	n/a	n/a	n/a	n/a	100%	0	
	Site not stated	n/a	n/a	n/a	n/a		100%	100%	n/a	93.3%	1	100%	100%	n/a	100%	93.3%	1	

Improving personalised cancer care at diagnosis

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

Improving personalised cancer care at diagnosis

Note that this is currently a place-holder whilst the reporting methodology of the metrics are under review

Trust Commentary

The 62-Day combined target of 85% standard was not met in January 2025, with the final validated position being 77.16%. The Trust continues to see a more challenged position in February, with the continued knock-on effect of Christmas, with a lower treatment upload at present giving a 74.69% unvalidated performance. The backlog does continue to remain to be reported within a trajectory of 100, which is a strong position despite the continued challenges in-month.

Tumour Site	Chelsea & Westminster		West Middlesex	
	Breaches	Treatments	Breaches	Treatments
Breast			1	8
Gynaecology	5	5		5
Haematology	1.5	9	1.5	5
Head and Neck		2	1	1.5
Colorectal	1.5	9.5	1	14
Lung		4	0.5	6.5
Other				2
Sarcoma			0.5	1.5
Skin	2.5	16.5	2.5	18
Upper GI		10		7
Urology	7.5	16.5	14.5	38.5
Brain				
Total:	18	72.5	22.5	107

Safer Staffing

Chelsea and Westminster February 2025

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	101%	83%	104%	85%	7.1	2.3	9.4	12.79		-10.18%	7.89%	11.42%		2					7	85	92.0%
Annie Zunz	93%	116%	100%	107%	6.3	2.7	9	8.73		-4.98%	23.57%	0.00%		13						11	97.4%
Apollo	102%	-	104%	-	17.1	0	17.1	N/A		-1.77%	8.46%	0.00%		1					2	19	
Mercury	101%	-	103%	-	8.2	0	8.2	9.94		4.24%	10.61%	26.59%	1	2					9	64	95.0%
Neptune	119%	-	123%	-	9.8	0	9.8	13.06		5.83%	20.74%	0.00%							5	34	97.1%
NICU	99%	-	97%	-	13	0	13	26.91		-6.09%	17.51%	0.00%							4		90.9%
AAU	109%	79%	107%	124%	6.8	1.5	8.3	8.4		8.00%	10.55%	25.68%	13	108		4			4	72	87.1%
Nell Gwynne	103%	72%	133%	94%	4.1	3.4	7.5	7.82		-3.96%	13.32%	11.10%	4	48					1	17	93.3%
David Erskine	104%	66%	75%	123%	3.4	2.8	6.2	7.14		0.63%	0.00%	17.33%									91.7%
Edgar Horne	124%	84%	102%	126%	3.5	3.1	6.6	6.78		7.46%	5.26%	6.06%	3	56	1	3				28	93.8%
Lord Wigram	83%	74%	100%	121%	3.9	2.6	6.5	7.81		5.83%	4.99%	19.84%	5	33		1			2	35	96.0%
St Mary Abbots	92%	115%	99%	115%	4	3.2	7.2	7.55		14.04%	0.00%	32.78%	4	27		1		1	5	36	100.0%
David Evans	90%	86%	100%	100%	5.3	3.2	8.5	7.55		-3.45%	6.85%	4.88%		21					3	25	98.0%
Chelsea Wing	144%	118%	102%	109%	9	5.2	14.2	7.55		16.61%	20.26%	12.68%		9					4	18	
Burns Unit	119%	109%	218%	114%	21.2	3	24.2	N/A		11.08%	11.32%	0.00%	1	9						10	
Ron Johnson	99%	125%	102%	143%	4.7	3.3	8	5.51		7.92%	23.86%	12.50%	2	31		1			3	38	100.0%
ICU	100%	-	102%	-	22.1	0	22.1	26.91		1.23%	6.50%	0.00%		7					5	47	
Rainsford Mowlem	107%	106%	120%	122%	3.4	3.3	6.7	7.5		-2.89%	11.50%	3.99%	11	68		2			5	61	66.7%
Nightingale	76%	57%	101%	92%	3.8	3	6.8	7.5		25.59%	0.00%	21.43%	10	73						26	100.0%

West Middlesex February 2025

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	124%	101%	134%	98%	3.5	2.9	6.4	7.5		38.58%	0.00%	20.80%	3	38			1	5			94%
Richmond	109%	64%	102%	91%	3.9	2.3	6.2	7.55		11.25%	5.58%	0.00%	2	25		1					75%
Syon 1 cardiology	99%	117%	100%	146%	4	2.3	6.3	7.93		-1.39%	0.00%	14.41%	2	31				1			98%
Syon 2	105%	90%	97%	90%	3.6	2.9	6.5	7.14		4.95%	4.84%	5.15%	2	40		1		2		1	89%
Starlight	144%	-	144%	-	10.9	0	10.9	13.06		17.14%	17.77%	76.92%		2					1		100%
Kew	100%	106%	99%	160%	3.3	3.6	6.9	7.5		1.08%	9.65%	0.00%	2	39				1			93%
Crane	101%	81%	100%	75%	3.1	3.3	6.4	7.5		-6.52%	4.97%	19.08%									97%
Osterley 1	104%	69%	109%	135%	4.2	2.3	6.5	7.81		6.20%	16.59%	20.66%	3	54		1					92%
Osterley 2	105%	70%	101%	116%	3.5	2.4	5.9	7.55		-3.98%	21.84%	4.98%	2	30		1					100%
MAU	104%	86%	108%	106%	6	2.3	8.3	8.4		5.94%	3.14%	0.00%	5	76			1	1			97%
Maternity	96%	89%	103%	95%	7.5	2.1	9.6	12.79		-4.16%	3.51%	12.58%									83%
Special Care Baby Unit	91%	-	94%	-	7.8	0	7.8	13.06		16.66%	4.37%	0.00%									100%
Marble Hill 1	152%	92%	130%	180%	4.8	2.9	7.7	6.8		-5.20%	8.76%	0.00%	6	74							100%
Marble Hill 2	114%	104%	135%	132%	3.9	3.3	7.2	6.78		-4.34%	12.81%	17.33%	4	54				2			91%
ICU	94%	-	97%	-	22.4	0	22.4	26.91		4.08%	12.87%	0.00%		1							
Redlees (Kew)	99%	97%	100%	114%	3.6	3.5	7.1	7.82		-7.95%	4.81%	4.95%	6	41		1					100%

Safer Staffing & Patient Quality Indicator Report

February 2025

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

West Middlesex site:

Kew ward experienced increased HCA fill rates at night due to an increased number of confused patients and those at high risk of harm. Marble Hill 1 reported increased RN fill rates day and night for 1:1 observation of a patient. They had additional increased HCA fill rate at night due to bay tagging for several patients at risk of harm. On Marble Hill 2 the increased RN and HCA fill rate at night reflects the need for staffing additional escalation beds. DRU ward had reduced HCA fill rates at night, adjusted in response to patient needs and acuity levels. CHPPD was not compromised. Lampton FU had additional RN LD fill rates to support opened escalation beds. Syon 1 had an increased HCA fill rate at night due to escalation beds. Osterley 1, Osterley 2, and Richmond experienced low HCA fill rates during the day due to the bank's inability to cover sickness; however, CHPPD was maintained with support from the ward managers and supernumerary staff. Osterley 1 saw increased HCA fill rate at night to accommodate a higher number of confused patients and those at high risk of harm. Starlight had high fill RMN rate at night due to provide 1:1 supervision for patients requiring enhanced observation.

Chelsea and Westminster site:

Ron Johnson ward required high HCA fill rates both day and night to support several patients needing 1:1 supervision. Chelsea Wing had high RN fill rates during the day due to increased acuity and admissions. AAU had low HCA fill rates during the day due to staff sickness and unfilled bank shifts. Additional HCA cover was required at night to support patients with confusion, high risk of falls, and to provide GDU cover. Edgar Horne's RN fill rate increased during February due to RMN coverage for a patient. They also had increased HCA fill rates at night to provide 1:1 supervision for confused patients. Nell Gwynne and David Erskine had low HCA fill rates during the day due to sickness and unfilled by bank. Staff were redeployed to other areas to support staffing and CHPPD. David Erskine had low RN fill rate at night due to change in establishment however, CHPPD was not compromised. Nell Gwynne ward increased RN fill rates at night to care for patients with tracheostomies. Nightingale ward had low RN and HCA fill rates during the day due bed closures. Staff were redeployed to other areas. Rainsford Mowlem had increased RN and HCAs fill rate at night due to additional escalation beds. Lord Wigram had a low HCA fill rate during the day due to staff sickness and unfilled bank shifts however, they had increased HCA fill rate at night due to escalation beds being open. The Burns ward required extra RN coverage at night to provide 1:1 care for a patient and address staff sickness. Similarly, Neptune had a high RN fill rate at night to meet the needs of patients requiring 1:1 supervision.

Incidents:

In February, two incidents of harm resulting from pressure ulcer damage were reported, along with one incident of moderate harm caused by a fall.

The patient on MAU was admitted from home with existing pressure damage. They received input from the tissue viability team during their hospital stay. An investigation was conducted regarding the pressure damage, and appropriate treatment was provided in hospital along with recommendations for ongoing care. The pressure damage on Lampton Frailty Unit remains under IIR investigation. The patient on Edgar Horne had an unwitnessed fall, resulting in a fractured arm, and a bleed to the brain was noted. The fracture is being treated conservatively. Discharge is planned for next week. Friends and Family test showed that five wards at WM and three in CW scored 100%. Rainsford Mowlem reported a 66.67 % satisfaction rate; noise at night had previously been identified as the main cause of dissatisfaction. The matron and ward manager are addressing these concerns during morning huddles, ward meetings, and Feedback Fridays. Richmond had a 75% FFT satisfaction rate, with feedback highlighting concerns about the quality and variety of food. The ward manager has met with the ISS team to discuss improving food presentation and selection options.

Please note all incident figures are correct at time of extraction from DATIX. There were five red flags raised in February, two at WMUH and three at CW. They are all related to staffing shortfalls. The vacancy rate and turnover are from January 2025.

Safe Staffing Analysis | Registered Nurse and Care Staff February 2025

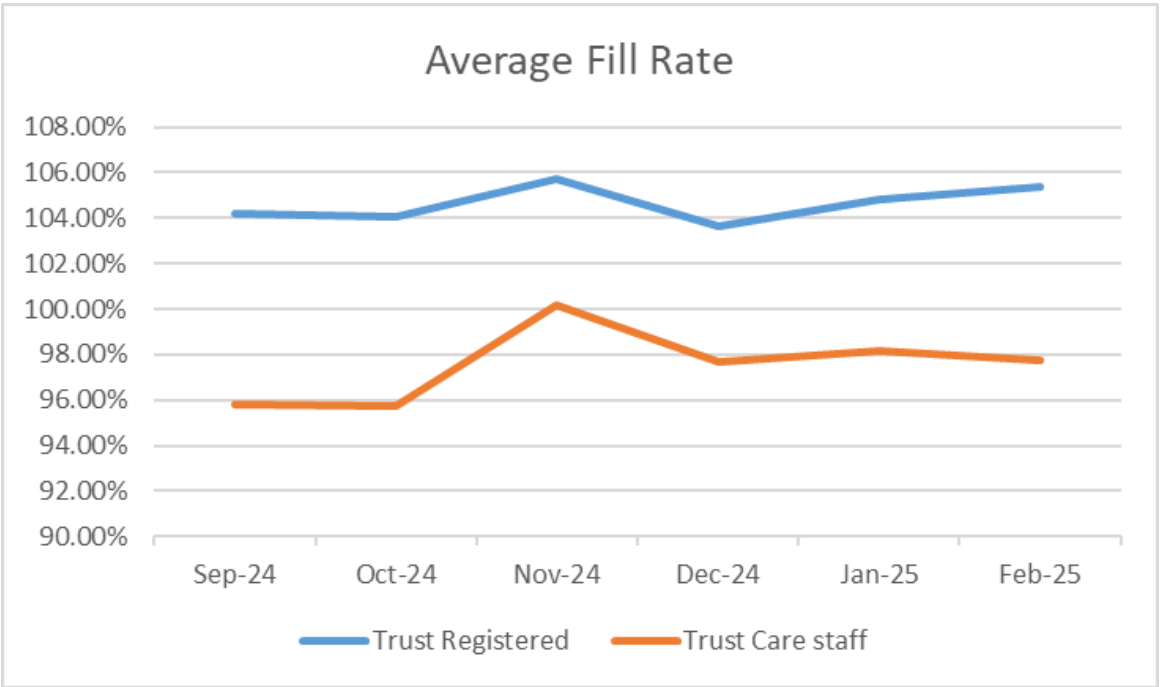
RN Fill Rates (ward areas) increased from 104.84% in January 2025 to 105.36% in February 2025. The RN vacancy rate (whole trust) in January 2025 was 1.32%

Care Staff Fill Rates (ward areas) decreased from 98.16% in January 2025 to 97.75% in February 2025 There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) was 8.25% in January 2025.

The Trust overall fill rate (ward areas) (RN and Care Staff combined) stayed the same from 101.50% in January 2025 to 101.55% in February 2025.

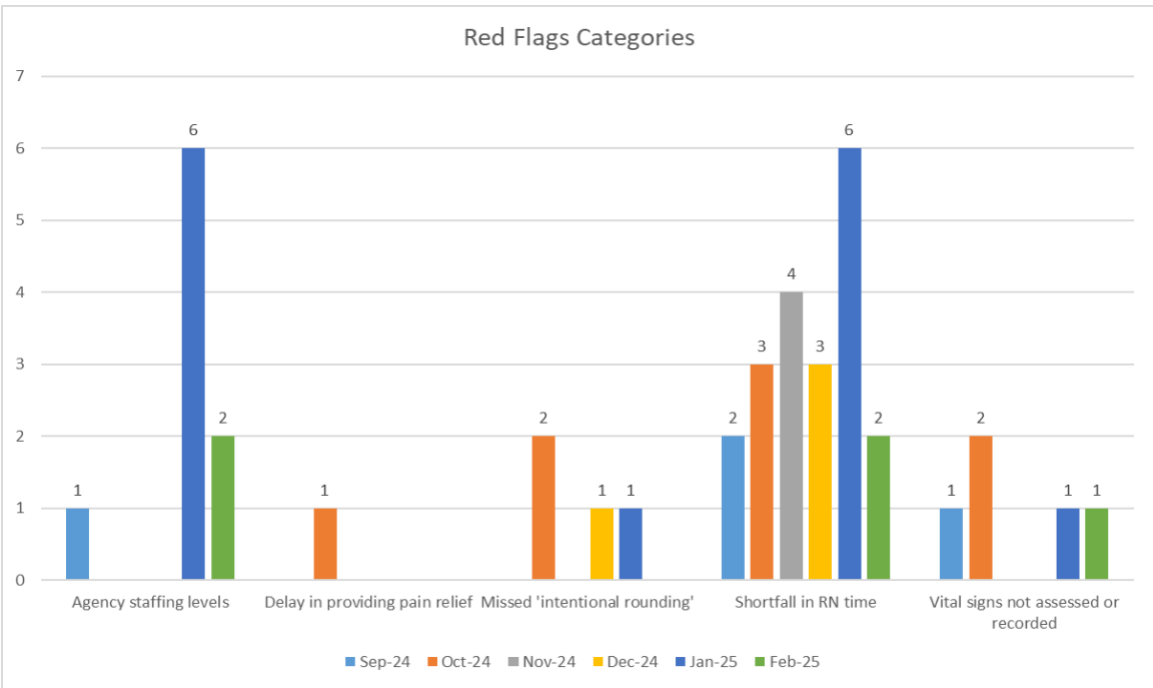
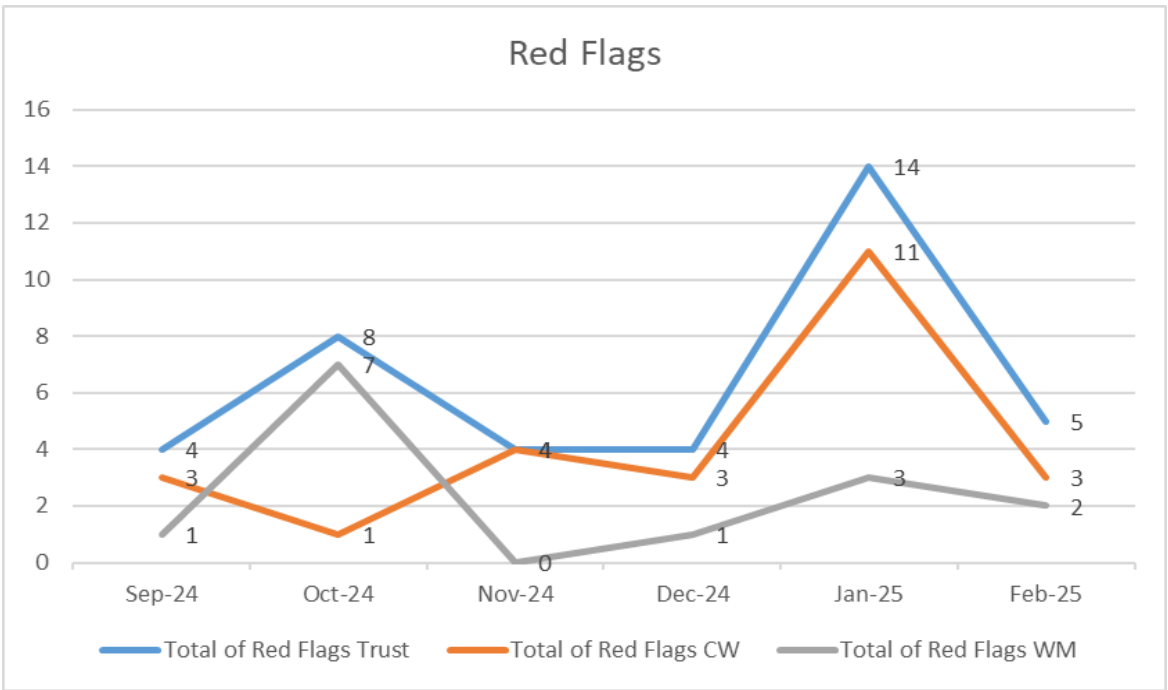
Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (December 2024) was 8.4. Trust workforce data confirms the CHPPD was 8.6 in February 2025, up from 8.3 in January 2025 .

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



CHPPD - Taken from the Model Hospital*	Care Hours per Patient Per Day (CHPPD) – December 2024
Trust	8.4
Hillingdon Hospital	9.4
London NW	9.2
Imperial	10.7
National Median	8.5

Nursing, Midwifery and care staff average fill rate February 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
105.36% ↑	97.75% ↓	6.1 ↑	2.4 ↑	8.6 ↑



Finance M11 2024/2025

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	889,374	916,898	27,524
Expenditure			
Pay	(510,923)	(530,572)	(19,650)
Non-Pay	(327,791)	(344,734)	(16,942)
EBITDA	50,660	41,592	(9,068)
EBITDA %	6%	4.54%	-1.2%
Depreciation	(30,996)	(31,492)	(496)
Non-Operational Exp-Inc	(11,359)	(15,617)	(4,258)
Surplus/Deficit	8,305	(5,517)	(13,822)
Control total Adj - Donated asset, Impairment & Other	(8,602)	3,581	12,183
PFI Model recalculation		886	886
Adjusted financial performance surplus/(deficit)	(297)	(1,050)	(753)

The adjusted financial position at month 11 is a £1.05m deficit which is £0.75m deficit against plan.

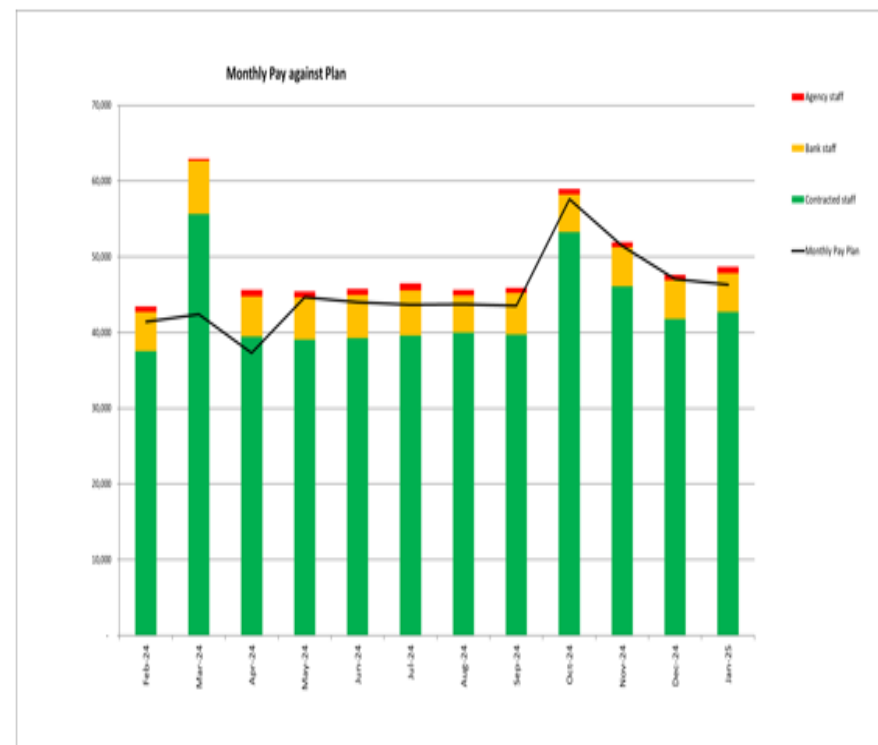
Expenditure

Pay: £19.65m adverse against plan. The YTD adverse variance at Month 11 includes spend to cover Industrial action, additional clinics, WLI as well as cover or vacancies, sickness, gaps in rota and other forms of leave.

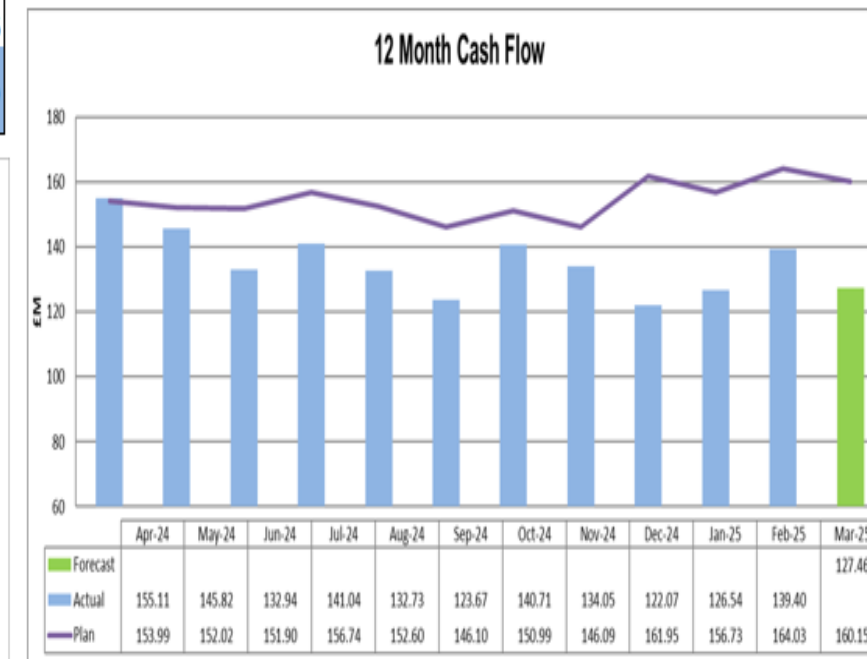
Non-Pay: There is a £16.94m adverse variance which includes adjustment to budget to match NHSi return in addition to inflationary pressure above funded levels and activity related spend.

Income

M11 Income performance and run rate remains strong. Performance continues to be driven by the variable elements of the API (Aligned Payment and Incentive) contract, which are: drugs, devices, Chemotherapy, unbundled imaging and ERF. The YTD position includes uplifts to planned income, such as Pay award, Sexual health tariff inflation and 2023/24 ERF final position benefit (proportional 10/12ths). Local authority income includes an accrual for the last two periods based on historic trend and adjusted for marginal rate penalties. Over and under performance income has been devolved to services.

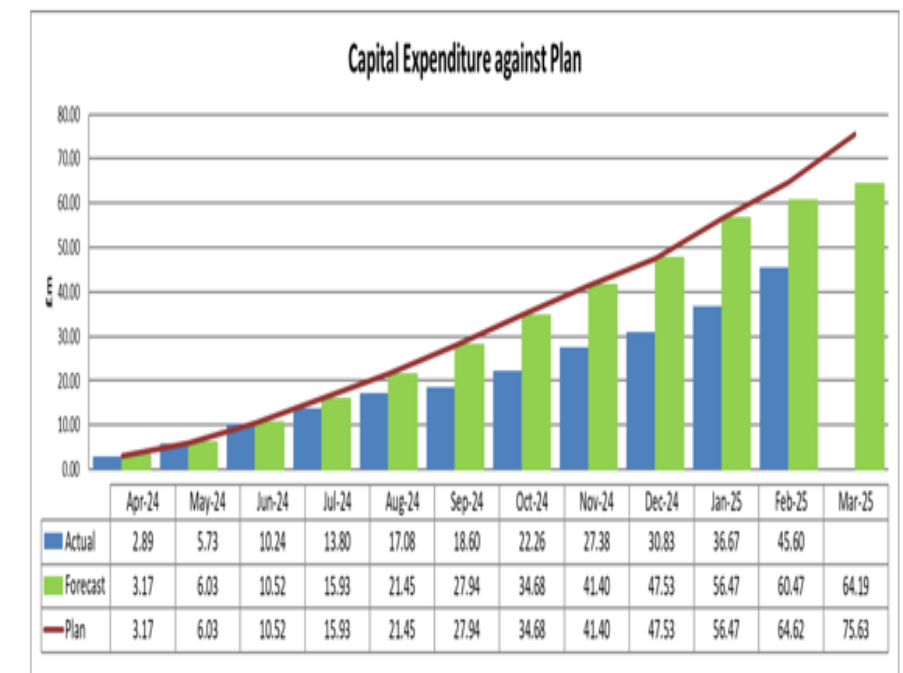


Comment: Month 12 payroll figures include additional spend for 6.3% Pension contribution-£18.45m (a notional figure). In October 24 AFC staff, consultants and SAS doctor received YTD pay awards resulting in the in month spike.



Comment

The Negative cash variance to plan in M11 of £24.64M is negative cash variance b/fwd from M10 of £30.2m, Higher receipts to plan of £12.55m (ICB & NHS England & FT's £5.33m Higher, Local Authority & AR £0.92m Higher, Other Income £1.61m Higher, PP Income £0.45m Higher, Donations £0.03m Lower, PDC Drawdown £4.36m Higher, Interest Income £0.086m Lower) offset by Higher cash outflows to plan £6.99m (Higher Creditor payments & Higher Payroll)



Comment

The original capital programme for 2024/25 was £65.05m, which has been adjusted to £64.19m following the award of additional funding from the 23/24 UEC Winter Incentive, the inclusion of the additional IECPP project of £0.50m, new CW+ donations of £1.20m and grant funding for a microscope of £0.28m, with £8.38m and £0.85m being deferred to 2025/26 re the ADC and Treatment Centre projects respectively. The capital budget has been allocated to the various departments, with £16.01m for the ADC Project, £20.45m for the Treatment Centre, £5.04m for Medical Equipment, £6.40m for IT equipment, Estates schemes £16.23m, IFRS16 £0.34m.

The YTD P11 position is an under spend of £18.54m against the P11 YTD planned budget of £64.14m, actual spend £45.60m. The majority of this underspend relates to the Treatment Centre £5.44m and the ADC project £7.26m, where there is a large difference in the original phasing of capital spend and the latest building programme phased spend. It is currently expected that the revised forecast of £64.47m will be spent by 31st March 2025.