



Trust Performance and Quality Report

February 2026



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Executive Summary



Chelsea and Westminster Hospital
NHS Foundation Trust



Patient Safety and Experience

Medication safety incident reporting increased in the month of February following actions by the medication safety group after January's decline. There were 6 cases of C.Difficile reported in-month, with a Trust year-to-date total of 55 against a threshold of 33. 2 cases were reported at the Chelsea site and 4 at the West Middlesex site. Cases are undergoing learning response review, and additional surveillance and cleaning procedures have been instigated. Samples have been sent for ribotyping to check for cross infection. E.Coli cases are 86 year to date against a threshold of 99.

The complaint response time within 25 working days declined in month to 82.9%, however there was no deterioration in the year to date performance which remains at 82.6%. compliance within 45 working days is reported a month in arrears but remains strong with January seeing 100% compliance.

VTE assessment rates remain above target. The differential between the 2 sites in terms of Hospital Acquired VTE cases has stabilised in month however improvement plans and the development of an electronic detection and reporting system from the patient record continue to be explored. Improvement work continues with completion rates of initial assessments for patients, focusing on digital tools to support this. Falls risk assessment rates are compliant across both sites with the West Middlesex site also being compliant for Purpose T assessment. Further targeted work at the Chelsea site with respect to purpose T is ongoing. There were 0 hospital acquired pressure ulcers at category 2 or above during February and 1 fall with severe harm. Improvement plans remain in place for both pressure ulcers and falls which have been produced based on learning responses and are monitored through the patient safety group.

The time spent on the stroke unit remains above the target of 80% at both sites. The time to theatre for fractured NOF patients is a combined position of 88.6%, with 90.5% compliance at WM and 85.7% at CW. An action plan is in place to support improvement which is monitored through the divisional performance meetings. The divisional teams are reviewing the Sepsis position and improvement plan which has demonstrated some positive achievement in month. This will continue to be monitored through divisional performance meetings and at EMB.

Patient Access and Operating Plan

The Trust reported performance of 78.43% for A&E 4-hour performance, meeting the 78% standard. The Emergency Care improvement plan remains in place and progress has been seen in month in reducing time to initial assessment.

Cancer standards were met in January 2026 for 28-Day Faster Diagnostics at 79.34% and the against the 31-Day standard at 100%. The 62-day standard was just below trajectory at 80.18%.

Elective Referral to Treatment (RTT) 18-week wait performance was 63.48% for February 2026, slightly below the Operating Plan trajectory but a marked improvement in performance. Overall PTL size has stabilised, and long waiters continue to reduce, with 1161 patients waiting over 52 weeks (-103) and 4 patients waiting over 65 weeks (-2). There were no patient waiting over 78 weeks.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 82.1% against the 95% standard although remains ahead of the 25/26 Operating Plan trajectory.

Workforce

The Trust's Month 11 position exceeded the operating plan target level for total staffing (158 WTE). Agency staffing was within the operating plan target however Bank staffing exceeded the plan by 312 WTE; substantive staffing was under the plan target for this month (114WTE / 1.5%).

Finance

The adjusted YTD financial position at month 11 is a £0.46m deficit which is £0.67 m favourable against plan.

Performance Summary

Trust level



Chelsea and Westminster Hospital
NHS Foundation Trust

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Safety and Experience			
Incidents per 1000 FCE bed days	TBC	45.03	
Patient safety incident investigations	n/a	2	
Never Events	0	0	
Dementia screening %	90%	92.55%	
ED sepsis screening %	90%	89.23%	!
Inpatient sepsis screening %	90%	84.95%	!
C. Difficile cases	n/a	6	
E. coli cases	n/a	9	
Complaints Received per 1000 Bed Days	n/a	3.2	
Best Practice			
NoF Time to Theatre <36hrs for Medically Fit Patients	n/a	88.6%	!



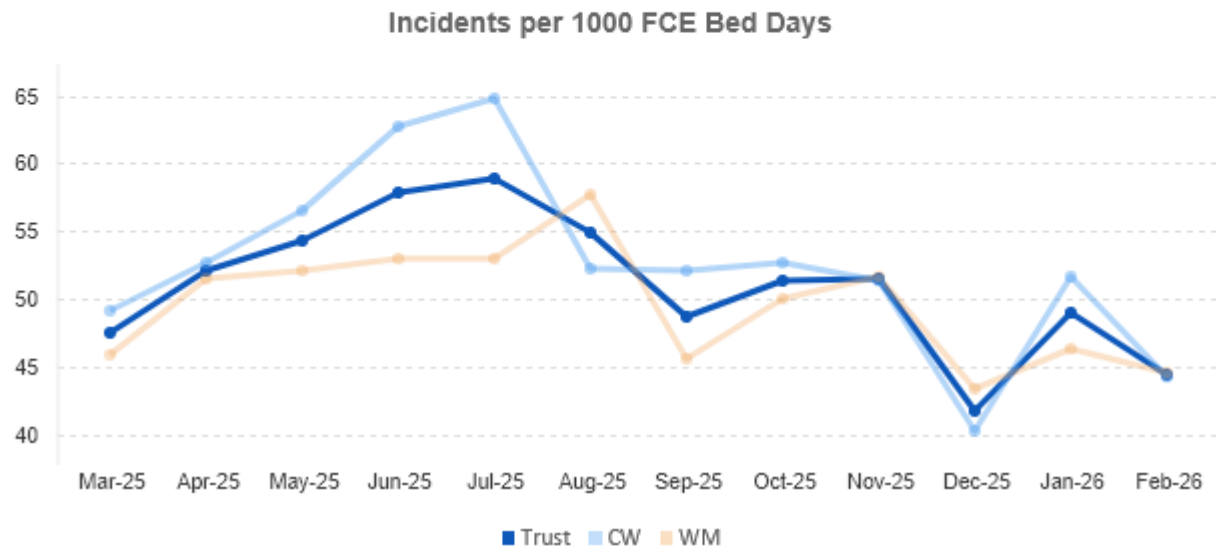
Either site or Trust overall performance red in each of the past three months

Section/KPI	Target	Actual	Prev. 3 Mth Trend
Patient Access			
A&E waiting times type 1&3 (4hrs)	78%	78.43%	
LAS handovers 30 mins	n/a	158	
18 week RTT incompletes	60%	63.48%	!
Diagnostic waiting times < 6 weeks	95%	82.09%	!
28 day Faster Diagnosis Standard	77%	79.11%	
31 day diagnosis to first or subsequent treatment	96%	100.00%	
62 day GP referral to first treatment combined	85%	79.76%	!
Mortality			
Summary Hospital-level Mortality Index	<100	75.78	
Hospital Standardised Mortality Ratio	<100	76.35	
Workforce			
Medical PDR compliance	90%	84.6%	
Non-medical PDR compliance	45%	93.7%	
Core skills compliance	90%	91.9%	



Patient Safety and Experience

Trend



Narrative

Performance: Incident reporting is a recognised indicator of an organisation’s safety culture, with higher reporting rates typically reflecting a positive environment in which staff feel empowered to speak up. Reporting rates have shown some variability over the rolling 12-month period. The Trust continues to proactively identify and address areas for improvement, informed by recurring themes and trends across patient safety events that impact patients both directly and indirectly, in line with the national Learning from Patient Safety Events (LFPSE) framework.

Recovery Plan: The Trust is committed to increasing incident reporting by fostering a culture of openness and psychological safety. Key initiatives include:

- Delivery of national and local training programmes aligned with PSIRF
- Enhanced identification and dissemination of learning from incidents
- Promotion of incident reporting through local team meetings, safety huddles, and divisional Quality & Safety Boards

Improvements: The implementation of a new incident management system, expected in the summer of 2026, will support the standardisation of processes across the APC and improve usability. Staff have consistently reported that the current system presents barriers to reporting, and this upgrade aims to address those concerns.

In-Month Performance

	Incidents per 1000 FCE Bed Days	Incidents Resulting in Severe Harm or Death	Incidents Resulting in Death	Incidents Resulting in Death per 1000 FCE Bed Days
CW	44.24	3	0	0.00
WM	44.52	3	0	0.00
Trust	44.37	6	0	0.00

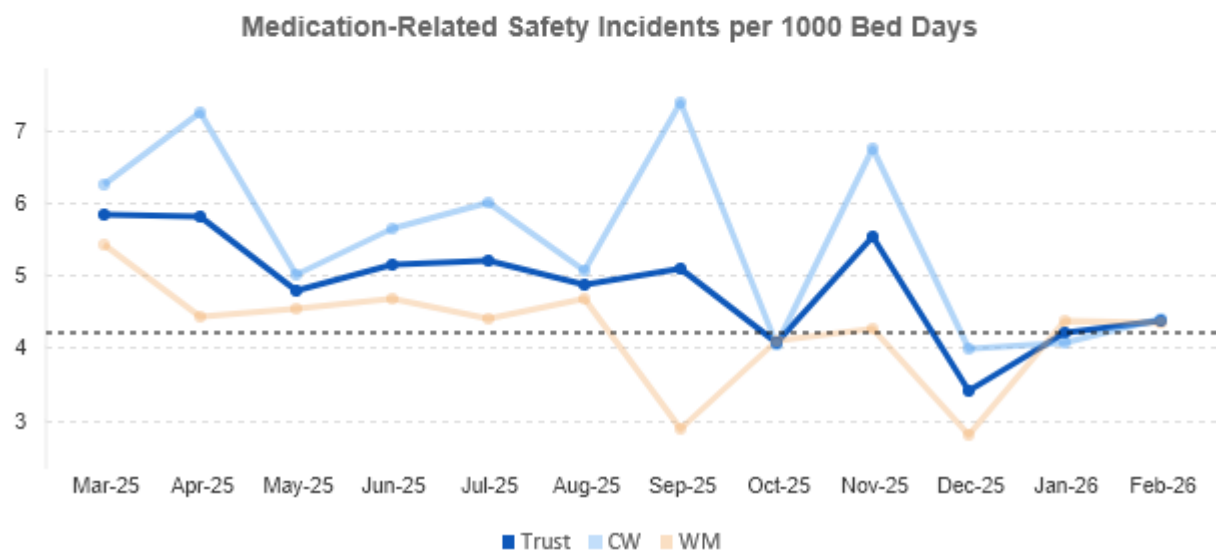
Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Incidents per 1000 FCE Bed Days (Target:)	CW	52.7	51.4	40.2	51.6	44.2	52.4
	WM	49.9	51.6	43.4	46.3	44.5	49.7
	Trust	51.3	51.5	41.7	49.0	44.4	51.1
Incidents Resulting in Severe Harm or Death (Target:)	CW	1	3	0	2	3	15
	WM	2	2	2	4	3	18
	Trust	3	5	2	6	6	33
Incidents Resulting in Death (Target:)	CW	0	0	0	1	0	3
	WM	0	1	0	1	0	2
	Trust	0	1	0	2	0	5
Incidents Resulting in Death per 1,000 FCE Bed Days (Target:)	CW	0.00	0.00	0.00	0.06	0.00	0.02
	WM	0.00	0.07	0.00	0.07	0.00	0.01
	Trust	0.00	0.04	0.00	0.07	0.00	0.02

Medication Safety Incidents

Safe

Trend



Narrative

- Reporting rates cross-site have met the Trust target
- There were no incidents of moderate harm or above reported in February – the Trust target has been met.

In-Month Performance

	Medication Related Safety Incidents per 1000 Bed Days	Medication Related Safety Incidents With Moderate or Above Harm
CW	4.41	0.0%
WM	4.34	0.0%
Trust	4.38	0.0%

Year-to-Date Performance

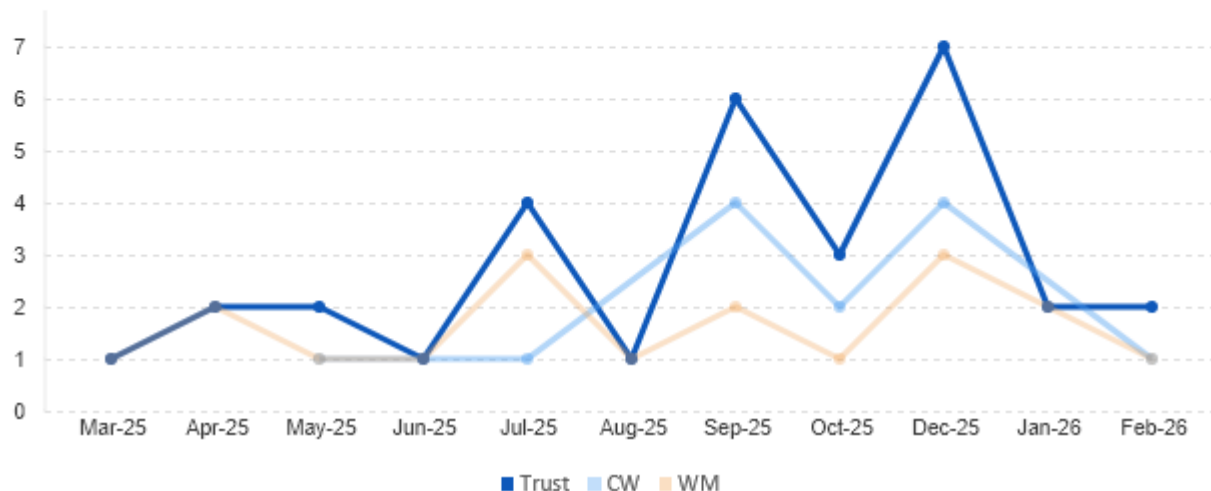
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Medication Related Safety Incidents per 1000 Bed Days (Target: >=4.2)	CW	4.03	6.75	3.97	4.07	4.41	5.36
	WM	4.10	4.26	2.78	4.36	4.34	4.10
	Trust	4.06	5.53	3.41	4.21	4.38	4.74
Medication Related Safety Incidents % Moderate or Above Harm (Target: <1%)	CW	1.6%	0.0%	0.0%	0.0%	0.0%	0.3%
	WM	0.0%	0.0%	0.0%	1.5%	0.0%	0.5%
	Trust	0.8%	0.0%	0.0%	0.8%	0.0%	0.4%

Incidents Reported on STEIS (Sis/PSIIs)

Safe

Trend

Patient Safety Incident Investigations



Narrative

Performance: Since the implementation of PSIRF, the number of incidents reported externally via StEIS has decreased. This is an expected outcome, reflecting PSIRF's emphasis on proportionate responses and a greater focus on identifying and addressing local learning opportunities.

Over the rolling 12-month period, PSII indications comprised 68% (21) locally defined incidents requiring local PSII and 32% (10) nationally defined priority incidents subject to MNSI.

Two PSIIs were declared in February, involving a paediatric patient who deteriorated following a handover omission and a mental health patient who absconded from the Emergency Department.

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plan (PSIRP). Safety Improvement Groups are aligned with PSIRF themes, supporting interventions in areas like falls, thrombosis, surgical safety, infection control, and medication harm. Thematic reviews have also provided insights into recurring issues.

Forecast Risks: The Trust has seen a reduction in the number of cases exceeding their completion deadlines; however, some incidents continue to experience delays in completing learning responses beyond the timeframes set out in the PSIRF Policy. Delays in incident review risk slowing the identification and implementation of learning and corrective actions, which may impact the Trust's ability to improve patient safety in a timely manner.

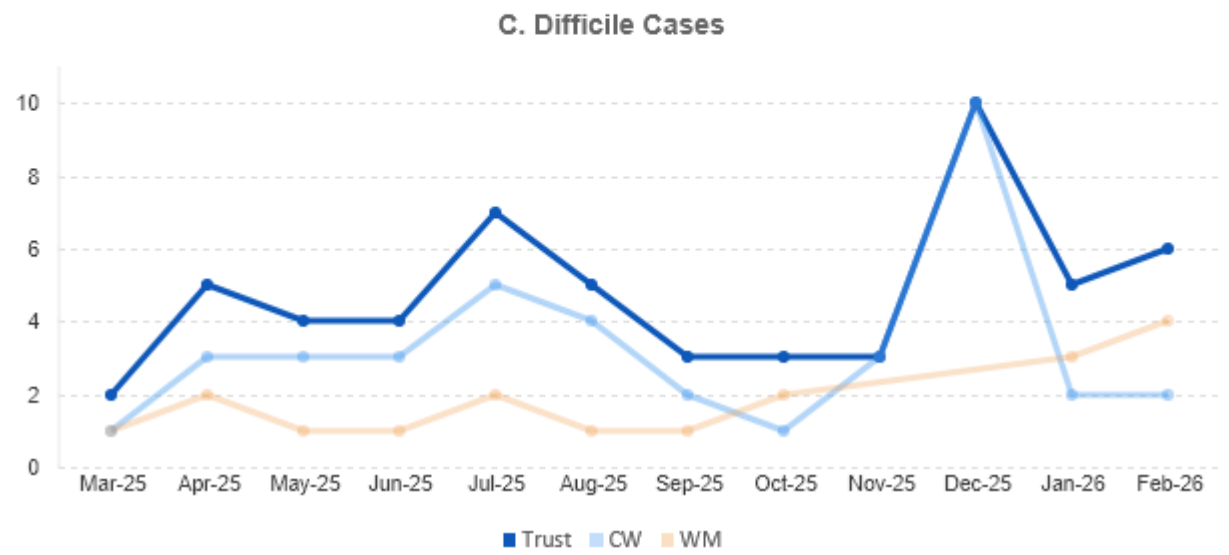
In-Month Performance

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

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Patient Safety Incident Investigations	CW	2	0	4	0	1	13
	WM	1	0	3	2	1	17
	Trust	3	0	7	2	2	30
Never Events (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Learning Responses Declared (AAR)	CW	0	0	2	1	2	19
	WM	2	5	3	0	0	19
	Trust	2	5	5	1	2	38
Learning Responses Declared (Thematic Review)	CW	0	2	0	0	0	2
	WM	0	2	0	0	0	3
	Trust	0	4	0	0	0	5
Learning Responses Declared (MDT)	CW	0	0	1	0	1	4
	WM	0	0	1	0	2	3
	Trust	0	0	2	0	3	7

Trend



In-Month Performance

	C. Difficile Cases	MRSA Bacteraemia
CW	2	0
WM	4	0
Trust	6	0

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
C. Difficile Cases (Target: <33)	CW	1	3	10	2	2	38
	WM	2	-	-	3	4	17
	Trust	3	3	10	5	6	55
MRSA Bacteraemia (Target: 0)	CW	0	0	0	0	0	3
	WM	0	-	-	1	0	2
	Trust	0	0	0	1	0	5

Narrative

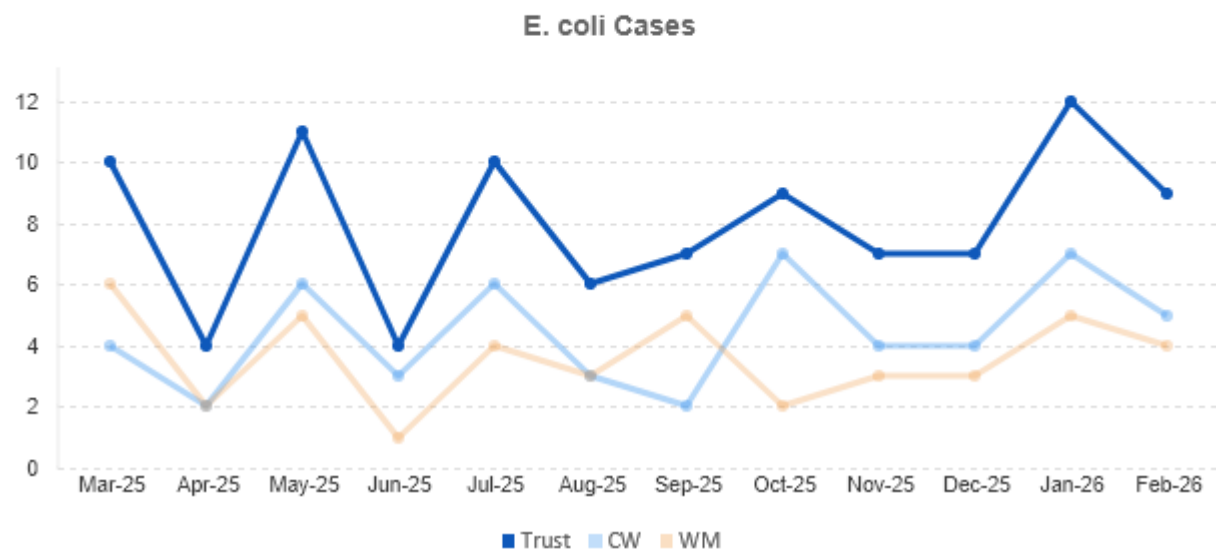
CDI

6 Healthcare associated CDI cases occurred in February 2026, 4 at CWH and 2 at WMH across the EIC and PC divisions. To date there has been a total of 55 cases this financial year, this is a 7% reduction in cases in comparison with the same 2024/25 financial year period and the Trust continues to rate below the national and London averages. Ribotyping results received on all cases to date suggests sporadic disease with no confirmed healthcare transmission. PSIRF meetings are held for all cases and learning disseminated.

Healthcare Associated E.Coli Infections

Safe

Trend



Narrative

E.coli
There were 9 healthcare associated E.coli bacteraemias in February 2026, 4 occurred at CWH and 5 at WMH and were spread across EIC, PC and SC divisions.
To date this financial year there have been a total of 86 cases, this is a 20% reduction in cases in comparison to the same 2024/25 year period.

Hand Hygiene Compliance
Hand hygiene compliance decreased in February 2026, this was largely due to an increase in non-submission of audit lowering compliance scores; both the CWH and WMH sites continue to trend above the local 95% compliance target.

In-Month Performance

	E. Coli Cases	Hand Hygiene Compliance
CW	5	94.3%
WM	4	94.6%
Trust	9	94.4%

Year-to-Date Performance

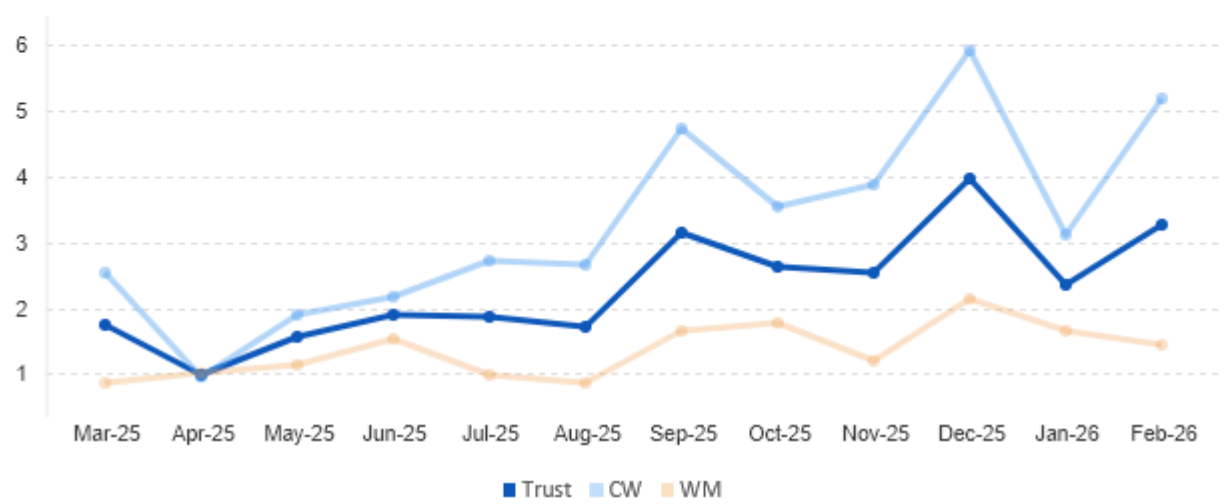
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
E. coli Cases	CW	7	4	4	7	5	49
	WM	2	3	3	5	4	37
	Trust	9	7	7	12	9	86
Hand Hygiene Compliance (Target: >95%)	CW	95.2%	95.8%	96.9%	94.2%	94.3%	96.0%
	WM	96.1%	97.6%	98.8%	98.8%	94.6%	97.6%
	Trust	95.6%	96.6%	97.9%	96.4%	94.4%	96.8%

Formal Complaints

Responsive

Trend

Complaints Received per 1000 Bed Days



Narrative

Formal Complaints - Formal complaints per 1,000 bed days increased in February, most notably at Chelsea & Westminster Hospital site. 65 formal complaints were opened in February (up from 58 in January). EIC remains the highest-reporting division; maternity continues to be the highest-reporting directorate. Totals - EIC: 19, SCD: 18, Planned Care: 17, WLCH: 4, CSD: 4, Corporate: 3. Themes remain consistent with previous months: concerns about A&E/acute care, inpatient experience, outpatient experience, birthing experience, and safety/quality of care. No significant new outliers identified.

PALS - 309 PALS concerns were opened in February, a slight reduction from 342 in January, but still the third highest month this year and above the monthly average of 264. Highest volumes in February were: Planned Care: 118, EIC: 88, Specialist: 53, CSD: 28, WLCH: 16, Corporate: 6. At the beginning of February, there were 39% PALS cases overdue with the oldest dating back to 17 November 2025, at the end of February 32% PALS cases were overdue with the oldest dating back to 27 November (**as of 16 March, there are no open PALS cases from 2025). 304 PALS cases were closed in February; 51% were closed within 5 working days. Capacity and demand pressures continue to impact timely resolution.

Formal Complaint Response Compliance - Compliance dipped from 92.6% in January to 84.8% in February. The majority of late responses were within the EIC division. Key contributing factors included:

- Delays in initial ownership and review when complaints are received.
- Long gaps before investigations begin.
- Variable quality of investigation responses.

Met with EIC leadership and agreed revised arrangements for March:

- Introducing split weekly complaint meetings (one for Emergency & Acute, one for General & Specialist Medicine) to allow more dedicated discussion time.
- Incorporating drop-in PALS closure meetings to support improved throughput.

In-Month Performance

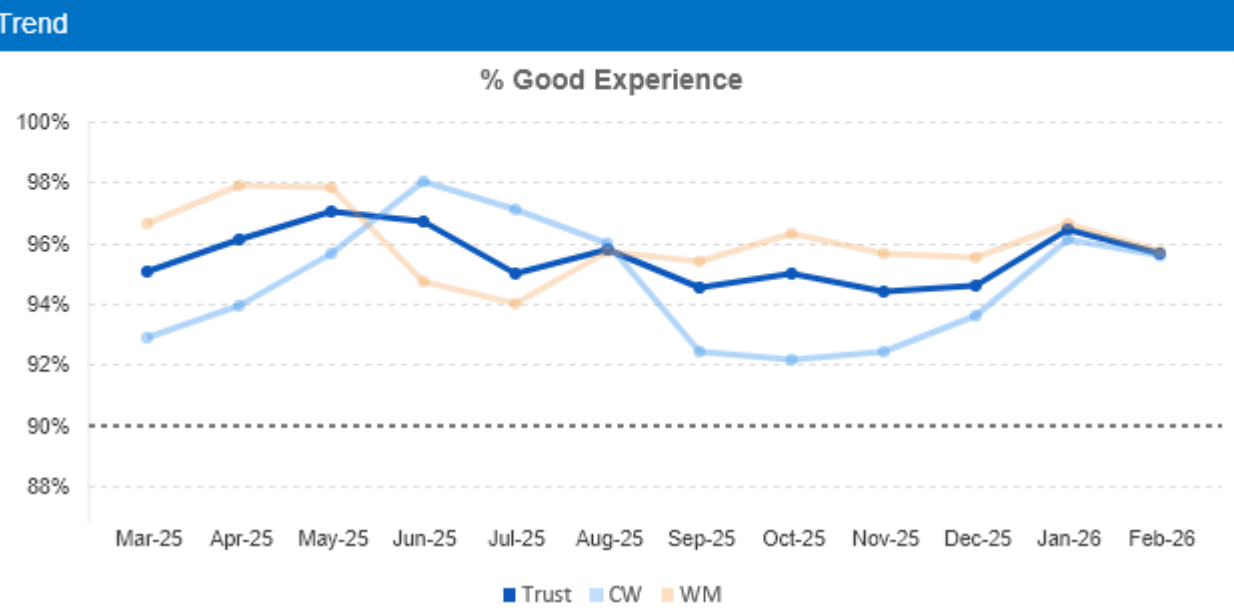
	Complaints Received per 1000 Bed Days	Complaints Responded to <25 Working Days	Complaints Upheld by PHSO	Complaints Open > 90 Days
CW	5.2	84.8%	0	4
WM	1.4	79.2%	0	0
Trust	3.3	82.9%	0	4

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Complaints Received per 1000 Bed Days	CW	3.5	3.9	5.9	3.1	5.2	3.2
	WM	1.8	1.2	2.1	1.6	1.4	1.4
	Trust	2.6	2.5	4.0	2.3	3.3	2.3
Complaints Responded to <25 Working Days (Target: >90%)	CW	90.9%	92.9%	98.1%	92.6%	84.8%	83.4%
	WM	85.0%	100.0%	95.5%	92.6%	79.2%	80.7%
	Trust	89.3%	95.0%	97.3%	92.6%	82.9%	82.6%
Complaints Responded to <45 Working Days (Target: >90%)	CW	100.0%	95.2%	98.1%	100.0%	Reports a month in arrears	96.7%
	WM	90.0%	100.0%	100.0%	100.0%		95.4%
	Trust	97.3%	96.7%	98.7%	100.0%		96.4%
Complaints Upheld by PHSO	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Complaints Open > 90 Days	CW	1	1	0	3	4	9
	WM	0	0	1	1	0	5
	Trust	1	1	1	4	4	14

Inpatient Friends & Family Test

Caring



In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	631	68.1%	95.6%	97.0%
WM	891	74.2%	95.7%	97.0%
Trust	1,522	71.6%	95.7%	97.0%

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	281	502	707	592	631	4,553
	WM	573	763	710	949	891	6,976
	Trust	854	1,265	1,417	1,541	1,522	11,529
Response Rate (Target: >10%)	CW	31.9%	52.4%	75.5%	64.1%	68.1%	40.7%
	WM	42.7%	58.1%	55.2%	83.5%	74.2%	51.6%
	Trust	38.4%	55.7%	63.8%	74.8%	71.6%	46.7%
% Good Experience (Target: >90%)	CW	92.2%	92.4%	93.6%	96.1%	95.6%	94.7%
	WM	96.3%	95.7%	95.5%	96.6%	95.7%	96.0%
	Trust	95.0%	94.4%	94.6%	96.4%	95.7%	95.5%
Treated With % Dignity and Respect (Target: >90%)	CW	97.0%	95.0%	97.0%	97.0%	97.0%	96.1%
	WM	100.0%	96.0%	96.0%	97.0%	97.0%	96.5%
	Trust	97.4%	95.6%	96.5%	97.0%	97.0%	96.3%

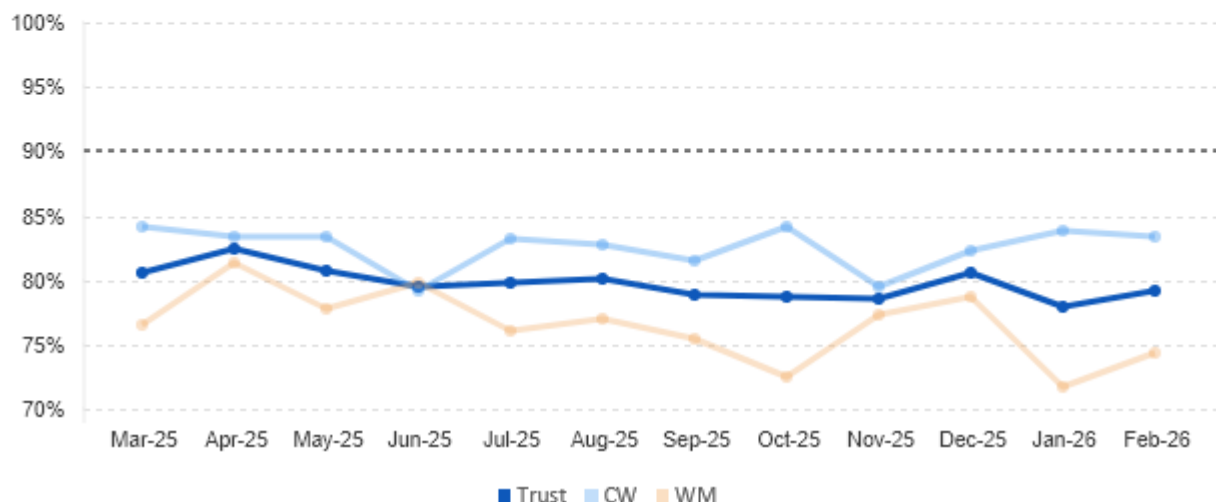
Narrative

- Small drop in FFT responses overall, but wards across both sites are still doing well in promoting it.
- Biggest progress continues at Chelsea & Westminster, especially in the EIC wards over the last few months.
- Work on reducing noise at night is underway, including using Noise-at-Night Champions and testing sleep charts in DRU areas to help tailor night-time care.
- Some patients still feel they're not fully involved in decisions or given information in a way that's easy to understand—this reflects themes seen in complaints too.
- Mealtime feedback continues to be taken through the Nutrition and Hydration Steering Group, alongside MUST screening, nutritional assessments and considering how volunteers can support.
- Very low FFT responses at Lord Wigram (only one in February) and Osterley 2 (three responses), and this has been followed up with teams.
- Lowest-scoring wards remain David Erskine and SMA at CW, and Marble Hill and Lampton at WM.
- A consistent theme across much of the feedback is communication, how we explain things to patients and how we involve families.

Caring

Trend

% Good Experience



Narrative

- No major changes in overall satisfaction or the main themes. Patients remain frustrated by waiting times, lack of updates, limited involvement in decisions, and the information they receive on discharge.
- There are still positives in the feedback, and the CW site continues to compare well nationally.
- Slight drop in response numbers, mainly due to fewer SMS reminders being sent out.
- Learning continues around how and when certain tests are carried out, and importantly how this is explained to patients and families.
- Two complaints have been escalated to incidents because of concerns regarding clinical care

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	892	9.4%	83.4%	88.0%
WM	794	7.6%	74.3%	80.0%
Trust	1,686	8.5%	79.1%	84.3%

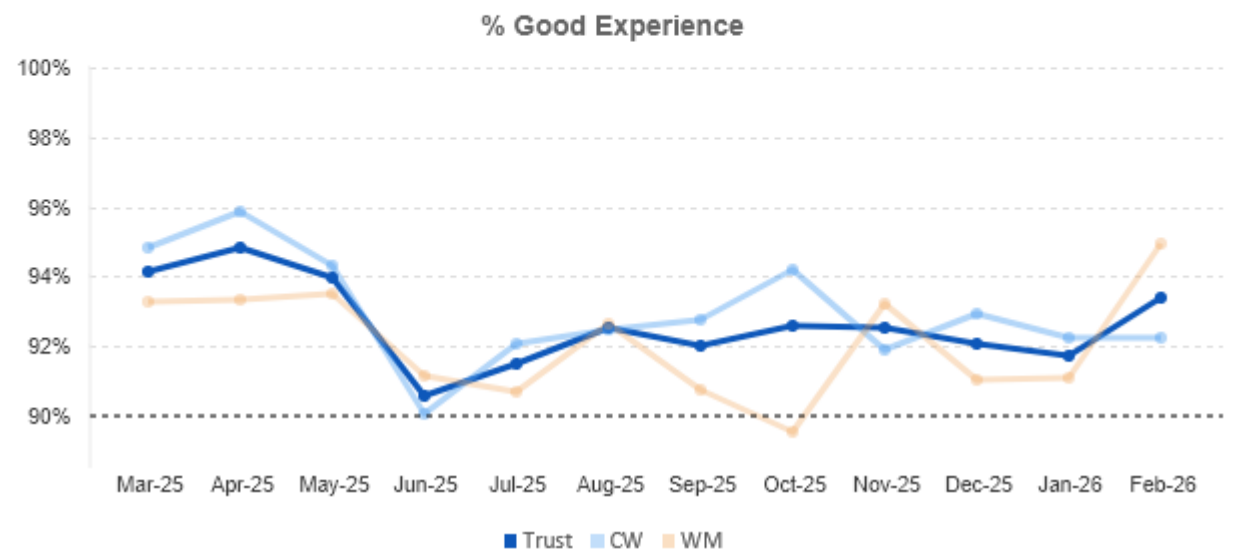
Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	1,008	954	935	1,041	892	10,601
	WM	882	804	820	991	794	9,113
	Trust	1,890	1,758	1,755	2,032	1,686	19,714
Response Rate (Target: >10%)	CW	9.3%	9.0%	9.2%	9.9%	9.4%	9.9%
	WM	8.3%	7.5%	7.1%	8.5%	7.6%	8.2%
	Trust	8.8%	8.2%	8.1%	9.2%	8.5%	9.0%
% Good Experience (Target: >90%)	CW	84.1%	79.6%	82.2%	83.8%	83.4%	82.4%
	WM	72.4%	77.2%	78.8%	71.7%	74.3%	76.4%
	Trust	78.7%	78.5%	80.6%	77.9%	79.1%	79.6%
% Treated With Dignity and Respect (Target: >90%)	CW	89.0%	85.0%	88.0%	88.0%	88.0%	86.6%
	WM	81.0%	82.0%	84.0%	82.0%	80.0%	81.3%
	Trust	85.3%	83.6%	86.1%	85.1%	84.3%	84.1%

Outpatient Friends & Family Test

Caring

Trend



Narrative

- Chelsea & Westminster Hospital site**
- Strong performance across many specialties, with particularly good feedback in Gynaecology and Endocrinology
 - Lower scores appear in places like Hepatology, Rheumatology, Urology and Neurology, mainly around involvement in decisions and clarity on what happens next.
 - A few services have very small response numbers, so some of the more extreme results may not be truly representative.
- West Middlesex Hospital site**
- Cardiology, Gynaecology and Diabetic Medicine continue to score well, with consistently positive feedback across most areas.
 - Some specialties, including General Surgery, Neurology and Breast Surgery, show dips in communication, timeliness and how well patients feel prepared.
 - A handful of services have only one or two responses, which, similar to Chelsea, can skew the percentages and make the picture less reliable.
- Overall Themes**
- Patients generally feel respected and well-treated, and most are happy with how their care and treatment are explained.
 - The recurring issues are waiting times, lack of updates during delays, and patients not always feeling involved in decisions or clear on next steps.
 - Communication, between teams, with patients, and with families, remains the biggest overarching theme across both sites.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	1,107	4.9%	92.2%	96.0%
WM	807	6.7%	94.9%	97.0%
Trust	1,914	5.5%	93.4%	96.4%

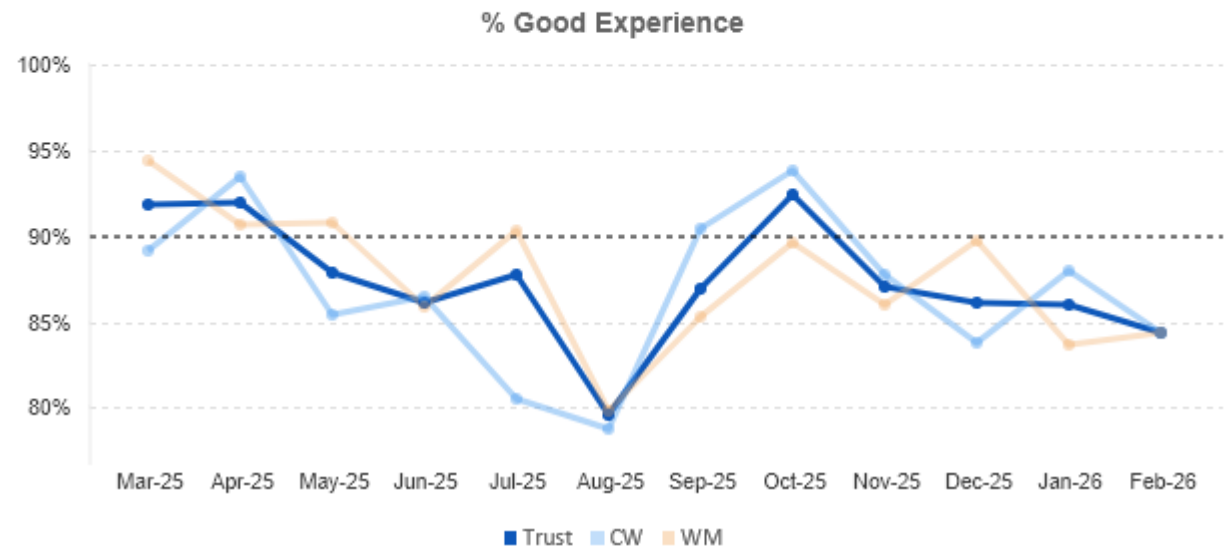
Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	1,496	1,075	1,149	980	1,107	13,223
	WM	804	970	935	853	807	9,460
	Trust	2,300	2,045	2,084	1,833	1,914	22,683
Response Rate (Target: >10%)	CW	15.5%	6.4%	11.9%	4.1%	4.9%	8.2%
	WM	11.9%	8.4%	10.3%	3.9%	6.7%	8.5%
	Trust	14.0%	7.2%	11.2%	4.0%	5.5%	8.3%
% Good Experience (Target: >90%)	CW	94.2%	91.9%	93.0%	92.2%	92.2%	92.7%
	WM	89.6%	93.2%	91.0%	91.1%	94.9%	91.8%
	Trust	92.6%	92.5%	92.1%	91.7%	93.4%	92.3%
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	96.0%	96.0%	96.0%	96.0%	96.3%
	WM	95.0%	96.0%	95.0%	96.0%	97.0%	95.8%
	Trust	96.3%	96.0%	95.6%	96.0%	96.4%	96.1%

Maternity Friends & Family Test

Caring

Trend



Narrative

- Survey responses continue to fall, and overall satisfaction at CW has also declined. Feedback reflects what we're seeing in complaints, which have risen sharply issues around complex births, feeling uninvolved, safety concerns, and not always feeling treated with dignity or kindness.
- We're still waiting for an update from maternity leads on the actions from the national patient survey and how these will be aligned with wider feedback. This will be followed up.
- February's learning focuses on improving how staff respond to reported pain, the timeliness of prescribing and giving antibiotics, and increasing companionship and attentiveness during labour (women not feeling alone). The common thread continues to be patients not feeling listened to, which has already been flagged in reflective work for each complaint.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	102	22.3%	84.3%	88.0%
WM	77	19.0%	84.4%	83.0%
Trust	179	20.7%	84.4%	86.0%

Year-to-Date Performance

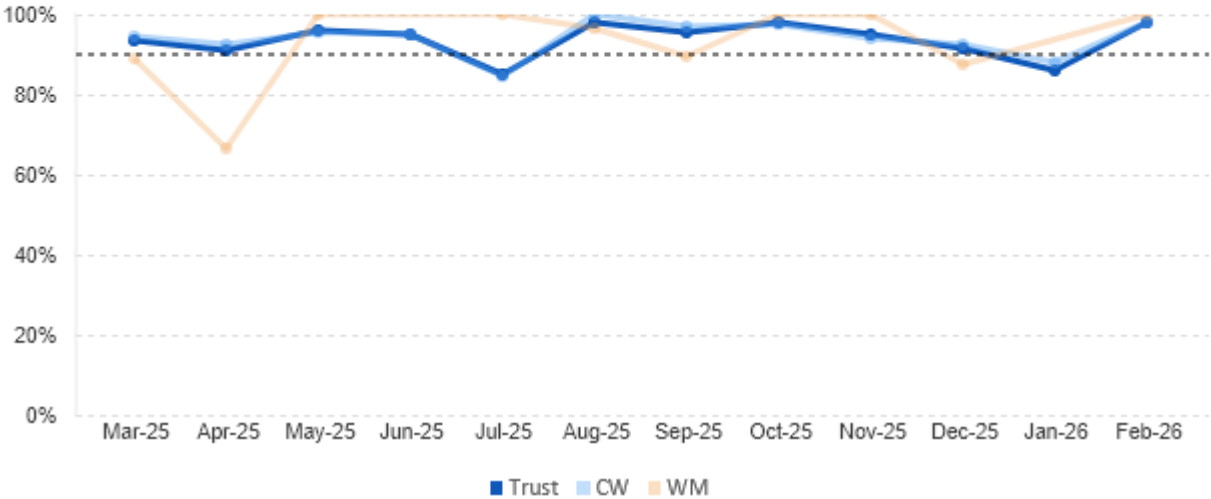
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	193	172	136	100	102	1,106
	WM	96	121	88	86	77	1,142
	Trust	289	293	224	186	179	2,248
Response Rate (Target: >10%)	CW	38.4%	31.4%	27.7%	18.0%	22.3%	20.8%
	WM	3.8%	28.5%	19.4%	18.9%	19.0%	8.8%
	Trust	9.6%	30.1%	23.7%	18.4%	20.7%	12.3%
% Good Experience (Target: >90%)	CW	93.8%	87.8%	83.8%	88.0%	84.3%	87.9%
	WM	89.6%	86.0%	89.8%	83.7%	84.4%	86.9%
	Trust	92.4%	87.0%	86.2%	86.0%	84.4%	87.4%
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	93.0%	89.0%	93.0%	88.0%	92.0%
	WM	87.0%	90.0%	90.0%	88.0%	83.0%	88.6%
	Trust	93.9%	91.8%	89.4%	90.9%	86.0%	90.3%

Children and Young People Friends & Family Test

Caring

Trend

% Good Experience



Narrative

- Response rates remain low across both sites, particularly at West Mid, which limits how representative the results are. However, teams continue to say they are actively promoting, and every response is still reviewed and used to inform local improvements.
- Despite the small numbers, satisfaction consistently scores above 90%, indicating broadly positive experiences among those who do respond but sample size so small.
- New CYP-specific survey questions are going through testing on CIVICA with aim to launch in April
- These updates aim to deliver more meaningful insights and larger, more reliable sample sizes in the new financial year, supporting clearer priorities and stronger improvement planning.

In-Month Performance

	Responses	Response Rate	% Good Experience	% Treated With Dignity and Respect
CW	45	7.8%	97.8%	99.0%
WM	11	4.2%	100.0%	100.0%
Trust	56	6.7%	98.1%	99.1%

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Responses	CW	39	57	39	42	45	460
	WM	9	8	8	1	11	89
	Trust	48	65	47	43	56	549
Response Rate (Target: >10%)	CW	13.8%	9.5%	7.0%	6.9%	7.8%	10.8%
	WM	2.7%	2.4%	3.3%	1.0%	4.2%	4.0%
	Trust	7.9%	7.0%	5.8%	6.1%	6.7%	8.5%
% Good Experience (Target: >90%)	CW	97.4%	93.9%	92.3%	88.1%	97.8%	94.3%
	WM	100.0%	100.0%	87.5%	0.0%	100.0%	92.9%
	Trust	97.9%	95.1%	91.5%	86.0%	98.1%	94.0%
% Treated With Dignity and Respect (Target: >90%)	CW	97.0%	96.0%	99.0%	95.0%	99.0%	94.5%
	WM	100.0%	100.0%	86.0%	89.0%	100.0%	77.8%
	Trust	97.4%	96.7%	98.0%	94.5%	99.1%	91.8%

VTE Risk Assessments Completed

Safe

Chelsea and Westminster Hospital

NHS Foundation Trust

Trend

VTE Assessments Completed

Month	Trust	CW	WM
Mar-25	95.0%	94.8%	95.2%
Apr-25	95.5%	94.8%	96.2%
May-25	95.5%	95.5%	95.5%
Jun-25	96.2%	96.2%	96.2%
Jul-25	95.8%	95.8%	95.8%
Aug-25	95.5%	95.5%	95.5%
Sep-25	95.5%	95.5%	95.5%
Oct-25	95.5%	95.5%	95.5%
Nov-25	95.5%	95.0%	96.0%
Dec-25	96.2%	95.8%	96.5%
Jan-26	95.8%	95.5%	96.2%
Feb-26	95.5%	95.5%	95.5%

Narrative

VTE Risk Assessment:

Target achieved. Monthly VTE risk assessment performance by site, division, speciality and ward disseminated for leads to review and action as appropriate. Divisions requiring improvement: Planned Care (92.3%) and West London Childrens Hospital (91%). Specialities requiring improvement: Burns care, urology, trauma & orthopaedics, general surgery, colorectal surgery, elderly medicine and A&E (admissions).

Hospital Associated VTE (HAT) Events:

- Cross-Site: 'VTE alert' included in positive VTE imaging reports for identification of VTE diagnosis.
- CW Site: HATs under-reported due to identification. Awaiting Business Analyst resource to develop and implement digital identification with auto-reporting of HATs from Cerner patient admission records.
- Cross-Site: All reported HATs on Datix undergo investigation with VTE lead clinical review, shared learning and any actions to prevent recurrence. **Timely completion of HAT investigation form is required by clinical teams.**
- Quarterly review of HATs shared at Thrombosis and Thromboprophylaxis Group meeting, with appropriate action/wider dissemination and shared learning.
- Shared learning from potentially preventable HATs disseminated to specialities and departments, with action plan in progress to address contributory factors.

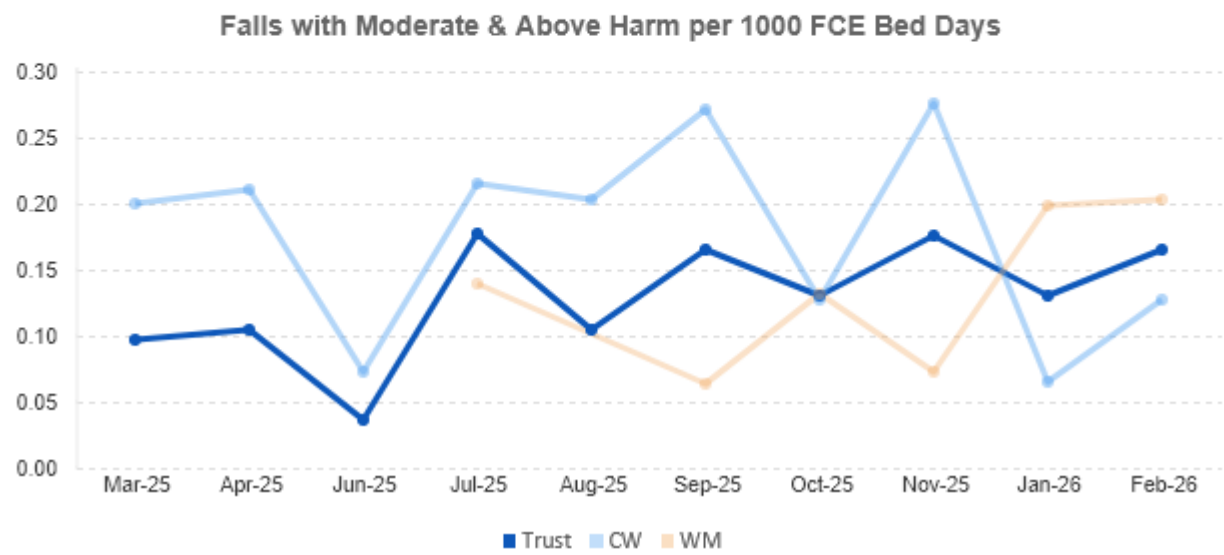
In-Month Performance

	VTE Assessments Completed	Hospital Aquired VTE Cases	Hospital Aquired VTE per 1000 FCE Bed Days
CW	95.7%	3	0.2
WM	95.6%	2	0.1
Trust	95.7%	5	0.2

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
VTE Assessments Completed (Target: >=95%)	CW	95.7%	95.0%	95.8%	95.4%	95.7%	95.6%
	WM	95.4%	96.1%	96.6%	96.5%	95.6%	95.9%
	Trust	95.6%	95.6%	96.3%	95.9%	95.7%	95.8%
Hospital Aquired VTE Cases	CW	0	0	0	1	3	7
	WM	6	10	5	3	2	51
	Trust	6	10	5	4	5	58
Hospital Aquired VTE per 1000 FCE Bed Days	CW	0.0	0.0	0.0	0.1	0.2	0.0
	WM	0.4	0.7	0.3	0.2	0.1	0.3
	Trust	0.2	0.4	0.1	0.1	0.2	0.2

Trend



Narrative

Patient falls per 1000 bed days with moderate and severe harm have risen in the year. All falls moderate or severe harm are investigated by the falls leads at the time of the fall. This is then assessed at IIR/AAR reviews as deemed to be events where learning can be identified or there was a missed opportunity to be able to reduce to low harm.

All learning from incidents are discussed at the falls steering group and further reported in to the Patient Safety Group. All learning from the ward team is discussed at the group. Education regarding falls and bed rails assessments has increased from learning and a bed rail audit has been completed. All patients who fall are screened by the falls leads and patients are physically assessed as well as all notes and assessment checked.

Compliance with falls risk assessment reflected in the report currently includes all areas in the hospital and all divisions. When considering just inpatient areas compliance is above 90%.

Our pilots of new falls alarms in 3 areas, are ongoing, each area has seen a reduction in falls with moderate and severe harm. EIC and Planned Care are preparing business proposals to expand the alarms through their wards.

A thematic review will be undertaken, from 1st April 2025-31st March 2026. The thematic review will include the time of the fall, location, pre fall interventions, staffing and frailty scores into account, this will help us to identify common themes and develop a plan for improvement.

In-Month Performance

	Inpatient Falls with Moderate & Above Harm	Inpatient Falls Resulting in Severe Harm or Death	Falls with Moderate & Above Harm per 1000 FCE Bed Days	Falls per 1000 FCE Bed Days	Compliance with Falls Risk Assessment
CW	2	0	0.13	3.32	90.7%
WM	3	1	0.20	3.60	93.3%
Trust	5	1	0.16	3.46	92.1%

Year-to-Date Performance

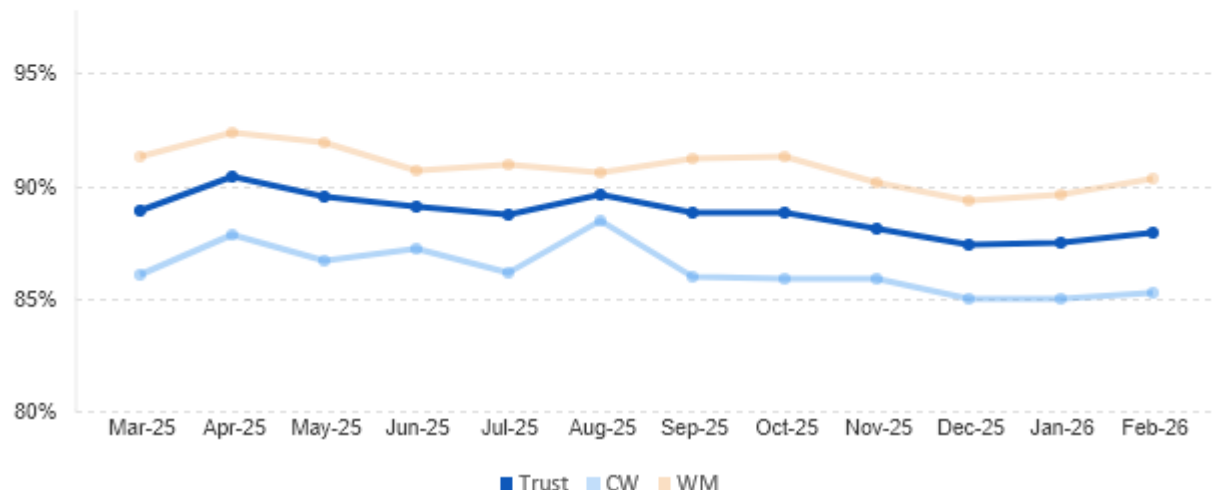
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Inpatient Falls with Moderate & Above Harm	CW	2	4	0	1	2	23
	WM	2	1	0	3	3	12
	Trust	4	5	0	4	5	35
Inpatient Falls Resulting in Severe Harm or Death (Target: 0)	CW	1	2	0	0	0	8
	WM	1	0	0	2	1	5
	Trust	2	2	0	2	1	13
Falls with Moderate & Above Harm per 1000 FCE Bed Days	CW	0.13	0.28	0.00	0.06	0.13	0.14
	WM	0.13	0.07	0.00	0.20	0.20	0.07
	Trust	0.13	0.18	0.00	0.13	0.16	0.11
Falls per 1000 FCE Bed Days	CW	4.41	4.82	3.92	4.78	3.32	3.99
	WM	3.77	4.91	3.86	3.96	3.60	4.12
	Trust	4.10	4.87	3.89	4.37	3.46	4.06
Compliance with Falls Risk Assessment (Target: >=90%)	CW	90.8%	91.0%	90.7%	90.8%	90.7%	91.4%
	WM	93.8%	93.6%	93.2%	92.9%	93.3%	94.0%
	Trust	92.5%	92.4%	92.1%	91.9%	92.1%	92.8%

Pressure Ulcers

Safe/Effective

Trend

% Compliance with Purpose T Risk Assessment



Narrative

In month the Trust has had zero category 4, category 3 and category 2 hospital-acquired pressure ulcers. All previous hospital-acquired category 3 pressure ulcers have been reviewed, with key findings disseminated across divisions and through the monthly Pressure Ulcer Steering Group.

Actions

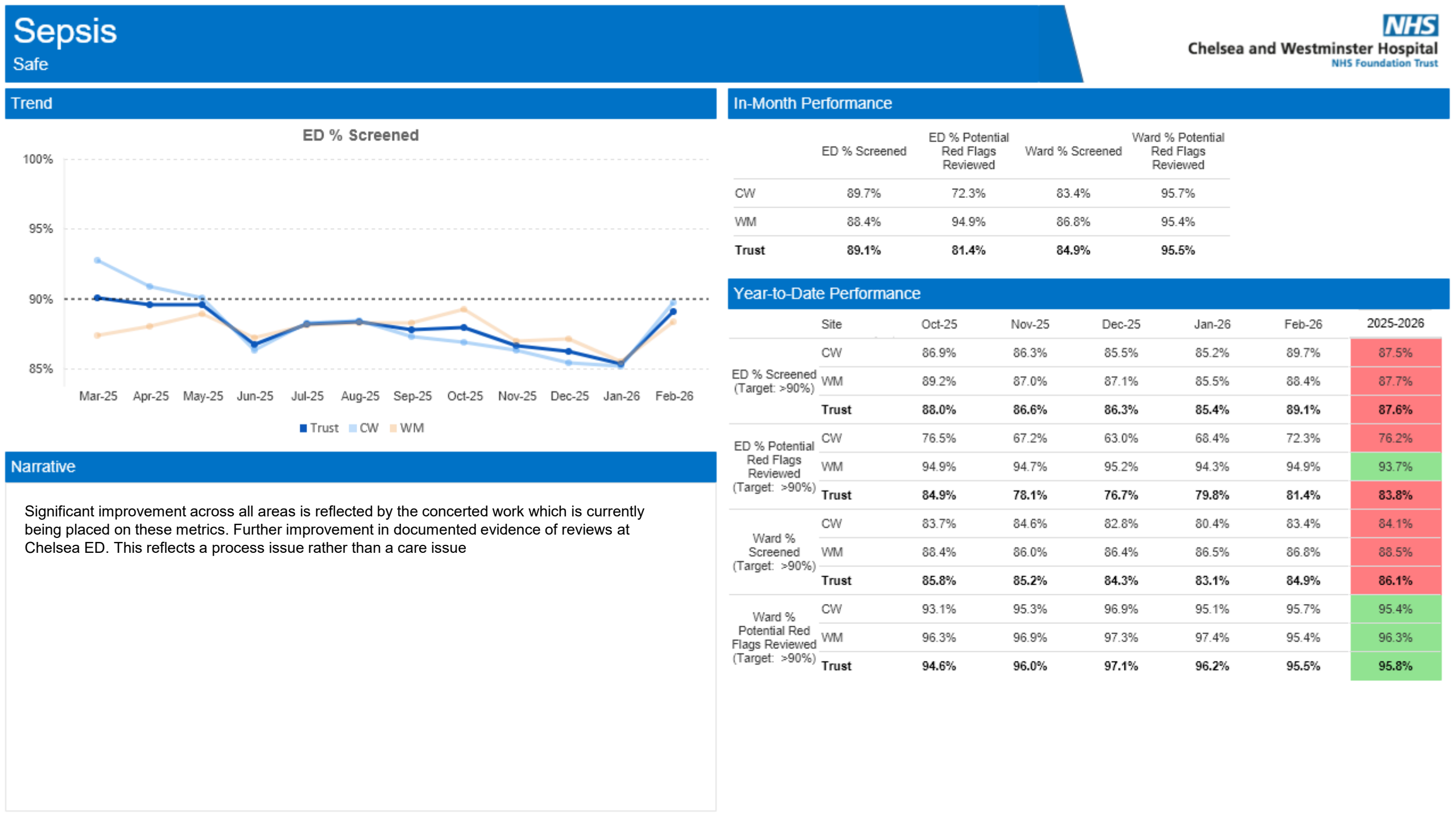
- A Trust-wide action plan to reduce hospital-acquired pressure damage continues to be implemented, supported by local action plans in areas with higher incidence.
- Targeted training and focused support is being provided to the clinical teams at WMH involved in the recent category 3 cases.
- Learning from these incidents will be shared Trust-wide to strengthen prevention, assessment and early intervention.

In-Month Performance

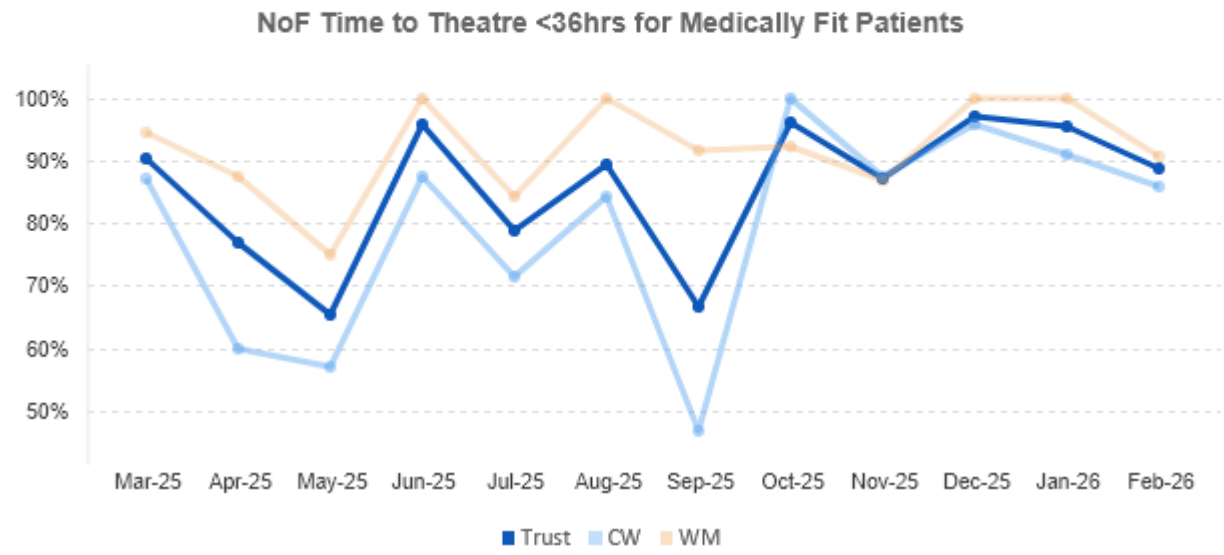
	Compliance with Purpose T Risk Assessment	Category 2 Pressure Ulcers	Category 3 Pressure Ulcers	Category 4 Pressure Ulcers	Category 3/4 Pressure Ulcers per 1000 FCE Bed Days
CW	85.2%	0	0	0	-
WM	90.3%	0	0	0	-
Trust	87.9%	0	0	0	-

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Compliance with Purpose T Risk Assessment (Target: >=90%)	CW	85.9%	85.8%	85.0%	84.9%	85.2%	86.3%
	WM	91.3%	90.1%	89.4%	89.6%	90.3%	90.8%
	Trust	88.8%	88.1%	87.4%	87.5%	87.9%	88.7%
Category 2 Pressure Ulcers	CW	0	2	0	1	0	11
	WM	1	0	1	1	0	15
	Trust	1	2	1	2	0	26
Category 3 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	2
	WM	0	4	1	1	0	10
	Trust	0	4	1	1	0	12
Category 4 Pressure Ulcers (Target: 0)	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0
Medical Device Related Pressure Ulcers	CW	0	1	0	0	0	4
	WM	0	0	1	0	0	5
	Trust	0	1	1	0	0	9



Trend



Narrative

NoF Time to Theatre: Compliance across both sites has remained positive for five consecutive months.
• At WM, 19 out of 21 medically fit patients received surgery within 36 hours.
• At CW, 12 out of 14 medically fit patients were operated on within the 36-hour standard. The two delays occurred on the same day due to a complex case that occupied the full theatre list.
The improvement action plan continues to be implemented, and this sustained focus is reflected in the ongoing strong performance.
Breach of Same Sex Accommodation: breaches in month were at the West Middlesex Site all due to delayed discharges from ICU. The team continue to work with the site team for timely discharges
Time Spent on a Stroke Unit: compliance with time on a stroke unit remains stable
Dementia Screening: We continue to meet our target of 90% and above for dementia screening. The Dementia lead is engaging with the wider MDT as part of QI project. The focus is the completion of the 4AT within the first 24 hours of admission, this will ensure we are capturing patients with both a delirium or a possible cognitive impairment.

In-Month Performance

Table with 5 columns: Metric, CW, WM, Trust. Rows include NoF Time to Theatre <36hrs for Medically Fit Patients, Breach of Same Sex Accommodation, Time Spent on Dedicated Stroke Unit, and Dementia Screening Case Finding.

Year-to-Date Performance

Table with 8 columns: Metric, Site, Oct-25, Nov-25, Dec-25, Jan-26, Feb-26, 2025-2026. Rows include NoF Time to Theatre <36hrs for Medically Fit Patients, Breach of Same Sex Accommodation, Time Spent on Dedicated Stroke Unit, and Dementia Screening Case Finding.



Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months
		Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026 Q3	2025-2026	Trend charts
Workforce	Midwife to birth ratio (Target: 1:30)	1:21	1:22	1:24	1:24	1:31	1:26	1:25	1:25	1:26	1:24	1:25	1:24.5	1:24.5	
	Hours dedicated consultant presence on labour ward (Target 1:98)	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	1:98	
Birth indicators	Total number of NHS births (Target:> CW 439 WM 392)	487	404	410	3866	363	339	382	3318	850	743	792	2385	7164	
	Total number of bookings (Target:> CW 580 WM 478)	622	532	488	5100	441	401	397	3947	1063	933	885	2881	9047	
	Maternity 1:1 care in established labour (Target: >95%)	97.0%	95.0%	98.0%	97.9%	99.0%	99.0%	98.0%	97.9%	98.0%	97.0%	98.0%	97.7%	97.9%	
Safety	Admissions >37/40 to NICU/SCBU	22	0	0	93	15	15	9	197	37	15	9	22	93	
	Number of reported Serious Incidents	2	4	1	29	2	1	4	20	4	5	5	14	49	
	Cases of hypoxic-ischemic encephalopathy (HIE)	0	1	0	1	0	0	0	1	0	1	0	1	2	
	Pre-term (gestation <37 weeks) as % of mothers delivered	5.0%	10.0%	6.0%	5.4%	8.0%	7.1%	8.0%	5.1%	6.5%	8.5%	7.0%	7.3%	6.4%	
	Number of stillbirths	2	2	0	12	2	1	3	13	4	3	3	10	23	
	Number of Infant deaths	1	0	3	8	1	1	0	13	2	1	3	6	21	
	Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	
Outcomes	% of women on a continuity of care pathway	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	Spontaneous unassisted vaginal births	26.0%	24.0%	24.0%	23.9%	27.0%	31.0%	28.0%	28.7%	26.5%	27.5%	26.0%	26.7%	26.3%	
	Vaginal Births - spontaneous & induced	40.0%	39.0%	35.0%	37.9%	42.0%	47.0%	42.0%	42.3%	41.0%	43.0%	38.5%	40.8%	40.1%	
	Instrumental deliveries	71	58	58	529	40	37	42	381	111	95	100	306	910	
	Pre-labour elective caesarean sections	92	84	89	775	56	46	65	504	148	130	154	432	1279	
	Emergency caesarean sections in labour	120	96	116	1051	114	97	109	1017	234	193	225	652	2068	

Pending



Please note that some of the metrics require full validation and will be updated in the following months report. The above dashboard metrics covers workforce, birth indicators, safety and clinical outcomes.

Workforce: In February, the midwifery staffing ratios were reported as 1:22 at the Chelsea site and 1:20 at West Middlesex due to a reduction in birth numbers. The latest *Birthrate Plus* (2024) recommendations advise revised staffing ratios of 1:23 at Chelsea (previously 1:26) and 1:21 at West Middlesex (previously 1:22), reflecting current levels of acuity and activity. While the national birth rate continues to decline, local data indicates an increase in acuity particularly among women categorised as levels 4 and 5 (high risk) with a corresponding reduction in low-risk (category 1) cases. This evolving case mix has important implications for workforce planning and the delivery of safe maternity care. Despite significant investment a staffing shortfall of 33 WTE remains. In response, the Executive Management Board has approved demand management measures to maintain safety across both sites. These include reducing births at the Chelsea site by 509 (from 700 annual bookings) and at the West Middlesex site by 336 (from 400 annual bookings), enabling alignment with the revised staffing ratios. The service implemented the demand management initiative from 6th October 2025, with a reduction in AN activity starting from December 2025 and births in late Spring 2026. Bookings on both sites have seen a decrease as expected which will create capacity for upcoming work to bring all antenatal care back to maternity (as opposed to being shared with GP services).

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

Red flags and Birthrate+ Compliance: All red flag events are monitored by the senior team to ensure appropriate escalation are followed and where there are delays to patient care, these are followed through with matron input. _

West Middlesex Site

- **Labour Ward:** Compliance increased to 87% from 81% in January, with 0 red flags reported (an decrease – 15 in January)
- **Birth Centre:** Compliance increased to 79% from 55% in January with 1 red flag reported (an decrease – 3 in January)
 - No additional support MW available (No second MW for birth) (n=1)
- **Antenatal Ward:** Compliance increased to 85% from 82% in January with 22 red flags reported (a decrease – 30 in January)
 - Delayed or cancelled time critical activity (n=1)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Missed medication during an admission to hospital or midwifery-led unit (n=1)
 - Delay in providing pain relief (n=4)
 - Delay between presentation and triage (n=3)
 - Full clinical examination not carried out when presenting in labour (n=1)
 - Delay between admission for induction and start of process (n=6)
 - Delayed recognition of and action on abnormal vital signs (n=4)
 - Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a women during established labour (n=1)
- **Postnatal Ward:** Compliance increased to 90% from 85% in January with 0 red flags reported (a decrease - 6 in January)

Chelsea and Westminster Site

- **Labour Ward:** Compliance increased to 85% from 78% in January, with 0 red flags reported (a decrease – 5 in January)
- **Birth Centre:** Compliance decreased to 45% from 65% in January with 2 red flags reported (an decrease - 12 in January)
 - Delay in providing pain relief (n=1)
 - Delay between presentation and triage (n=1)
- **Simpson Unit (Recovery & HDU):** Compliance remained stable at 74% from 74% in January, with 1 red flag reported (a decrease - 2 in January)
 - Delayed or cancelled time critical activity (n=1)
- **Antenatal Ward:** Compliance decreased to 63% from 65% in January, with 7 red flags reported (an increase - 3 in January)
 - Delayed or cancelled time critical activity (n=1)
 - Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing) (n=1)
 - Delay between presentation and triage (n=2)
 - Delay between admission for induction and beginning of process (n=3)
- **Postnatal Ward:** Compliance increased to 91% from 85% in January, with 9 red flags reported (an increase – 6 in January)
 - Delayed or cancelled time critical activity (n=3)
 - Delay in providing pain relief (n=6)

Summary: Compliance increased in all clinical areas on the WMUH site, meeting the minimum targets to provide data confidence. Red flag incidents decreased across all clinical areas in February, with the highest numbers consistently being reported from the Antenatal Ward. Datix incidents have not been found to match the red flags raised via Birthrate Plus.

Compliance on the CW site showed variation across the clinical areas, with the lowest rates of compliance consistently being seen on the Birth Centre and Antenatal Ward. Red flags also varied but were overall stable. As compliance is not yet seen to regularly meet upper thresholds in all clinical areas, confidence in accuracy of data is impacted. Trajectories across both sites show positive improvements are being made towards the accurate completion of the acuity tool with the goal of consistently meeting the 80% minimum recommended compliance. An annual overview of Birthrate+ activity was at the monthly cross site Quality & Safety meeting with a plan for the year ahead discussed amongst teams.



Neonatal Staffing: The neonatal leadership team continue to strengthen the local QIS programme to optimise skill mix. At the Chelsea site, QIS compliance remained stable at 56% in February from 57% in January. Further improvements are expected in Spring 2026, when 7 nurses complete their consolidation of practice in ITU. Recruitment under Phase 1 and 2 of the neonatal business case has been completed, increasing establishment by 16 WTE above budgeted levels, reinforcing the Trust's commitment to achieving BAPM compliance. WMUH rates decreased slightly to 53% from 56% in January, which is mainly due to QIS dilution secondary to increase in total number of staff for the LNU re-designation, alongside a QIS staff member leaving the Trust. There is a plan in place to send a large cohort to QIS program in February 2026, which will boost QIS rate just in time for the expansion.

Both sites remain compliant with 98 hours of dedicated consultant labour ward presence and twice-daily ward rounds. As part of MIS Year 7, Safety Action 4, the service continues to demonstrate an effective clinical workforce in line with the RCOG 'Roles and Responsibilities of the Consultant' framework. Since February 2023, all short-term locums (<2 weeks) have been required to meet RCOG and GMC certification compliance, with details reported in the Quarterly Maternity and Neonatal Staffing Report.

At WMUH, additional paediatric locum cover is being utilised to maintain BAPM standards for a Level 2 unit. The Trust has now received ICB approval to progress with re-designating the SCBU to a Level 2 Local Neonatal Unit (LNU). Task-and-finish groups have been established to oversee project delivery, supported by guidance from a neighbouring Trust that has recently completed a successful SCBU-to-LNU transition. In October 2025, the BAPM guidance changed requiring more dedicated Tier 2 cover and Consultant cover than what is planned for in the Level 2 business case. We have a separate work stream to work towards the updated BAPM guidance.

Safety:

WM site: There was 1 patient safety incident:

1. IIR – Shoulder dystocia & NICU admission – MNSI accepted – under review

Datix reporting system: There were 101 Datix incidents reported (a decrease – 113 in January)

- 17 Maternal readmission
- 8 Access to care/admissions
- 8 Medication

Incidents not yet closed over 3 months old x181 (a decrease from January) – the majority assigned to Obstetric Consultants. An action plan to address is in place.

CWH site: There were 6 patient safety incidents:

1. IIR – Uterine rupture – under review
2. IIR – Uterine rupture – under review
3. IIR – Return to theatre (wound issues) – under review
4. IIR – Maternal ICU admission – under review
5. IIR – Return to theatre (AKI/hyperkalaemia) – under review
6. IIR – unexpected birth in ED – for local investigation only

Datix reporting system: There were 85 Datix incidents reported (a decrease – 130 in January)

- Delay/failure in access to care/hospital
- MOH
- 3rd degree tear

Incidents not yet closed over 3 months old x12 (a decrease from January)



Neonatal Service:

Number of Datix: 72 (51 CW + 23 WM) – up from 48 in January

1. **PMRT (Cross site):** CW site reported 2 cases (IUD@ 29/40 and IUD @ 29+4 in Egypt). WMUH reported 2 cases (IUD @ 23+5 and miscarriage @ 23+4).
2. **ATAIN (Cross site):** WMUH site reported 12 term admissions, with a term admission rate of 3.19%. CW site reported 10 term admissions, however the adjusted term admission rate was not available at the time of reporting.
3. **Audit program:** All national and local audits have been registered and a cycle of audit and leads have been identified. An interactive audit database has been developed that provides all staff members with access to live audit data on all current programmes of work. Previous audit results/presentations will also be available in the archive.
4. **Saving Babies Lives Care Bundle v.3.2:** At the close of Q3, the service self-assessed as compliant with 96% of interventions within the care bundle. The ICB has assessed the service as compliant with 100% of interventions, and this assessment has formed part of the evidence submission for MIS SA6. The service awaits an update from the ICB on the expectations going into 2026-2027. Ongoing action plans are in place to address the areas of challenge within element 1 (smoking cessation) and element 5 (preterm birth prevention and optimisation).

Perinatal Quality Surveillance Model



Chelsea and Westminster Hospital
NHS Foundation Trust

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance				
		Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026	Oct-25	Nov-25	Dec-25	2025-2026 Q3	2025-2026
Perinatal Quality	Training compliance for all staff groups in maternity related to the core competency framework (Target: >90%)	94.0%	97.0%	93.0%	91.4%	96.0%	97.0%	94.0%	92.5%	95.0%	97.0%	93.5%	95.2%	92.0%
	Training compliance for all staff groups in maternity related to fetal monitoring (Target: >90%)	91.0%	98.0%	95.0%	94.0%	95.0%	95.0%	93.0%	93.9%	93.0%	96.5%	94.0%	94.5%	93.9%
	Service User Feedback FFT	93.8%	87.8%	83.8%	88.3%	89.6%	86.0%	89.8%	87.3%	92.4%	87.0%	86.2%	88.7%	87.8%
	Staff Feedback from board safety champion	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	9	0	0	0	0	9
	Progress in achievements of NHSR MIS (10 safety actions) Green									9	9	9	27	64
	Progress in achievements of NHSR MIS (10 safety actions) Amber									1	1	1	3	11.5
	Progress in achievements of NHSR MIS (10 safety actions) Red									0	0	0	0	10
	Ockenden compliance against 7 IEA's (49 compliance questions) (Total of 49 being 100%)									100.0%	100.0%	100.0%	100.0%	100.0%

Pending

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

Perinatal Quality Surveillance Model



Chelsea and Westminster Hospital
NHS Foundation Trust

Perinatal Quality Surveillance Model

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

Multi-professional mandatory training and fetal monitoring training: In February, overall multi-disciplinary training compliance increased slightly to 92% (WM) and 95% (CW). Fetal monitoring training continues to exceed the 90% compliance target, at 92% (WM) and 95% (CW). All newly appointed staff have been scheduled to attend mandatory training within the next three months. While training compliance naturally varies depending on individual staff training cycles, the Practice Development and Fetal Monitoring teams have a clear, structured plan to ensure all staff complete both training components within a rolling 12-month period.

The training needs analysis is aligned with the Core Competency Framework, and the new training year has commenced with revised content. This includes the introduction of 'Trauma-Informed Care' as a key component. Cultural safety training, which formed part of last year's curriculum, remains embedded within the current programme, reflecting the department's ongoing commitment to fostering diversity, inclusion, and culturally responsive care for both staff and service users.

Service user feedback: The maternity service collects monthly feedback via the Friends and Family Test (FFT). At the Chelsea site, positive feedback decreased from 88% in January to 83% in February. Respondents were predominantly White British (34%), White Other (30%), and Asian-Asian British (8%), with most aged 35–44 years (50%) and 84% English-speaking. The lowest-scoring area remained whether concerns were taken seriously (71%) which is slightly lower than January (73%). In contrast 98% reported positively that they were spoken to in a way they could understand.

At the West Middlesex site, positive feedback decreased slightly from 83% in January to 80% in February. Respondents were predominantly Asian/Asian British (51%), White British (15%), and White Other (15%), with most aged 25–34 years (49%). Lowest scores remained consistently related to concerns being taken seriously (73%). In contrast 93% reported positively that they were spoken to in a way they could understand.

Across both sites, recurring negative themes focus on communication, discharge processes and delays in care (pain relief, induction of labour and caesarean section). At Chelsea, bed capacity was highlighted as an issue alongside various concerns related to postnatal care. At West Middlesex the facilities and environment were highlighted as needing improvement. These findings identify clear priorities for service improvement which are captured in the services patient experience action plan.

Board safety Champion feedback: The Deputy Chief Nurse, Chief Nurse and Non-executive Director as our board safety champions undertake rotating a monthly walkabout on both sites in the maternity and neonatal services. This feedback is captured on a survey and feedback to the maternity service safety champions. Site safety visits enable opportunity for the safety champions to meet the wider team and talk to our women and birthing people as they use our maternity and neonatal services. This feedback and improvements in the service are discussed at the 6 weekly board and maternity safety champion meetings. All maternity updates and reports are shared specifically reviewing quality, outcomes and patient experience. On-going scrutiny continues in relation to addressing health inequalities that we know are specific to patient demographic and those living in the lowest indices of deprivation.

Maternity (Perinatal) incentive Scheme year 7: MIS Year 7, Version 1.0, published on 2 April 2025 has now concluded its reporting period. The service has submitted a broad portfolio of evidence to the ICB for verification and is reporting 100% compliance with all 10 safety actions. Actions plans remain in place regarding neonatal staffing. The service awaits publication of MIS Year 8, which is expected to launch on the 20th April 2026.

Interim Ockenden report (7 IEAs): The interim Ockenden was published in December 2020, and the service is fully compliant with all of the recommendations within the report.

Single Delivery Plan: The Single Delivery Plan (SDP) for maternity and neonates guides safer, more personalised, and equitable care. It aligns national priorities such as *Ockenden*, *Better Births*, and *Saving Babies' Lives* with local improvements in safety, digital innovation, workforce resilience, and health inequalities. The service has submitted its final position to the ICB and has declared full compliance with the 43 associated actions and awaits verification on the matter.

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

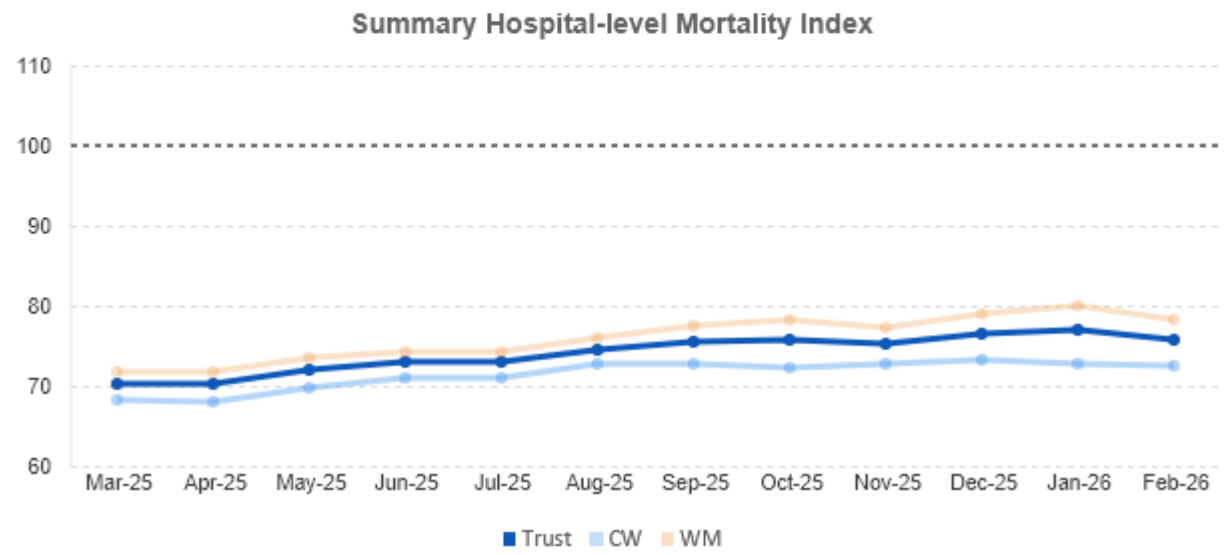


Mortality

Summary Hospital-level Mortality Index

Effective

Trend



Narrative

All mortality indices remain stable and show positive performance both regionally and nationally.
Further deep dive into crude mortality per site through MSG also stable.

In-Month Performance

	Summary Hospital-level Mortality Index	Hospital Standardised Mortality Ratio
CW	72.4	66.9
WM	78.3	83.2
Trust	75.8	76.4

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
SHMI (Target: <100)	CW	72.3	72.8	73.3	72.8	72.4	71.7
	WM	78.2	77.1	78.9	80.1	78.3	76.3
	Trust	75.7	75.3	76.5	77.0	75.8	74.4
HSMR (Target: <100)	CW	68.2	69.5	69.1	67.0	66.9	73.2
	WM	83.7	82.3	83.9	85.0	83.2	84.0
	Trust	77.3	76.9	77.6	77.4	76.4	78.7



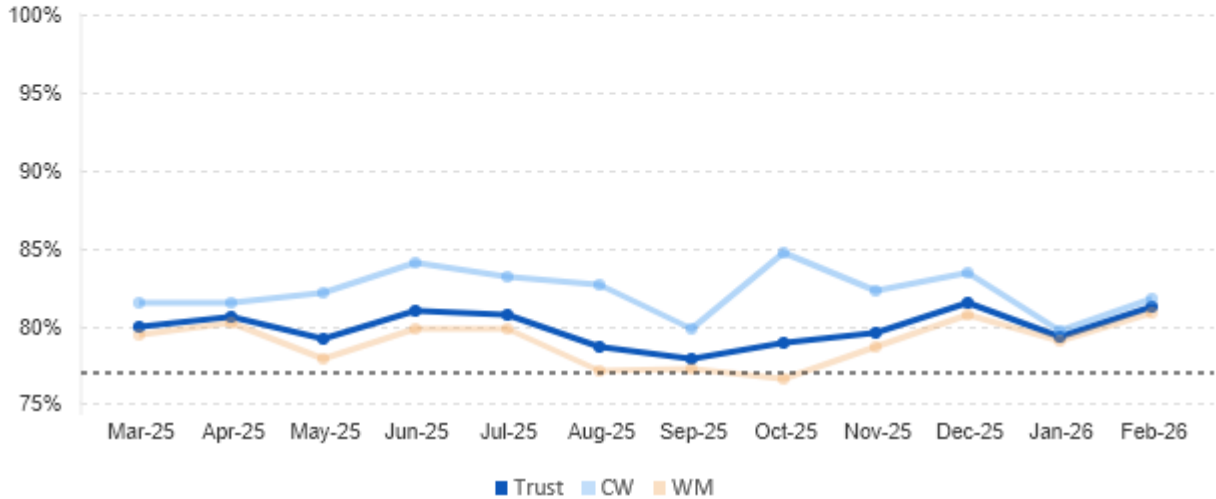
Patient Access

Access to Cancer Care (Diagnosis)

Responsive – Operating Plan

Trend

28 Day Faster Diagnosis Standard



Narrative

The Trust continues to meet the National KPI for 28 Day FDS (77%) in January 2026, albeit with a slight reduction on our December performance, but still strong with 79.7% (validated). We are seeing a strong February FDS performance which stands at present at 81.8% (unvalidated) with both sites performing well against the metric.

The Sarcoma service is particularly challenged and non-compliance in FDS due to continued demand from wider London sectors as well as the home counties, alongside some diagnostic changes to the pathway, making this service a particular concern at present and has temporarily ceased receiving referrals to work through managing the current patients on their pathway in a timely manner.

Our 2ww pathways continue to remain above the national compliance metrics with performance continuing to remain high against the national target of 93%.

In-Month Performance

	28 Days Faster Diagnosis Standard	2 Weeks from Referral to First Seen (All Urgent Referrals)
CW	81.8%	94.6%
WM	80.9%	97.3%
Trust	81.2%	96.2%

Year-to-Date Performance

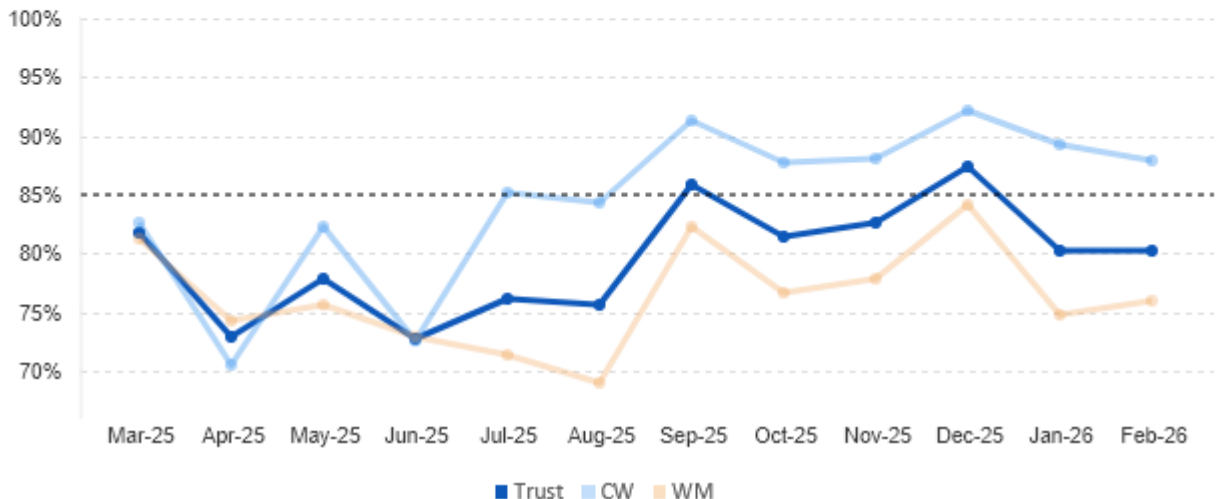
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
28 Day Faster Diagnosis Standard (Target: >=77%)	CW	84.7%	82.3%	83.4%	79.7%	81.8%	82.2%
	WM	76.6%	78.6%	80.7%	79.1%	80.9%	78.9%
	Trust	78.9%	79.6%	81.4%	79.3%	81.2%	79.9%
2 Weeks from Referral to First Seen (All Urgent Referrals) (Target: >=96%)	CW	95.1%	93.4%	93.4%	96.3%	94.6%	94.6%
	WM	94.3%	96.0%	96.5%	95.2%	97.3%	96.1%
	Trust	94.7%	94.9%	95.1%	95.6%	96.2%	95.5%

Access to Cancer Care (Treatment)

Responsive – Operating Plan

Trend

62 Day GP Referral to First Treatment Combined



Narrative

The Trust retains to see an overall strong 62-Day Combined performance, with the validated performance for December 2025 and whilst we have seen a slight dip on this in January 2026, we have still held above 80%, with 80.3% uploaded.

The West Middlesex site continues to be more challenged within several services in January 2026 with Head and Neck and Colorectal have a more challenged month. This is a mix of complexity and ITR transfers. Breast Performance is strongly improved in February, and Urology, whilst not within compliance, is retaining a higher level of performance, sitting at a collective 77% cross site.

The Trusts 31D position remains strong and above the National KPIs of 96% with a validated January 2025 position being at 98.7% and continuing strong compliance in February 2026. The Trust has held its reported backlog after seeing a rise in late 2025, to below 100, and continues to work on reducing to 80.

In-Month Performance

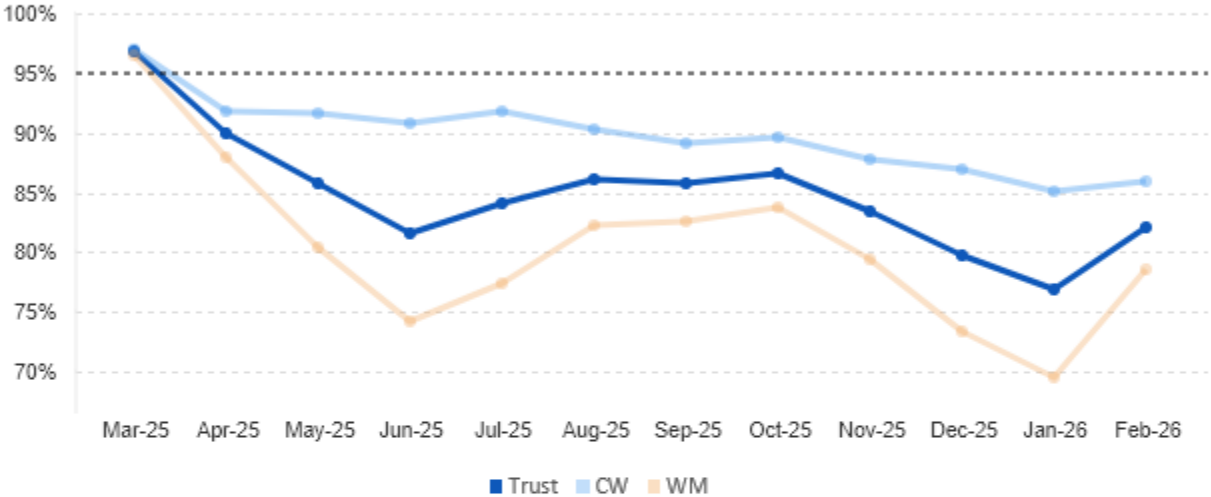
	62 Day GP Referral to First Treatment Combined	31 Day Diagnosis to First or Subsequent Treatment	62+ Day Backlog (Target: 100)
CW	87.9%	98.0%	
WM	76.0%	100.0%	
Trust	80.2%	99.2%	98

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
62 Day GP Referral to First Treatment Combined (Target: >=85%)	CW	87.8%	88.1%	92.2%	89.3%	87.9%	85.1%
	WM	76.7%	77.8%	84.2%	74.8%	76.0%	75.9%
	Trust	81.4%	82.5%	87.4%	80.2%	80.2%	79.6%
31 Day Diagnosis to First or Subsequent Treatment (Target: >=96%)	CW	97.4%	98.7%	100.0%	100.0%	98.0%	98.4%
	WM	97.2%	98.9%	99.0%	100.0%	100.0%	99.0%
	Trust	97.3%	98.8%	99.4%	100.0%	99.2%	98.7%
62+ Day Backlog (Target: 100)	CW						
	Trust	110	75	107	98	98	98

Trend

Diagnostic Waiting Times < 6 Weeks



Narrative

February represents an improved position from January in the Trust's DM01 performance. Although structural challenges remain—particularly in Echo, non-obstetric US and CT (driven by current works at WM)—the month end position demonstrates that targeted capacity deployment - CDC utilisation, insourcing of endoscopy additional weekend US lists- has delivered the expected performance gains. Nonetheless, the increase of the Trust overall diagnostics PTL is being closely monitored and where possible additional capacity is being explored to further reduce the demand and capacity mismatch largely driven by additional elective activity.

In-Month Performance

	Diagnostic Waiting Times < 6 Weeks	Diagnostic Waiting Times > 6 Weeks: Actuals	Diagnostic Waiters 13+ Weeks
CW	85.9%	1,124	0
WM	78.5%	1,857	0
Trust	82.1%	2,981	0

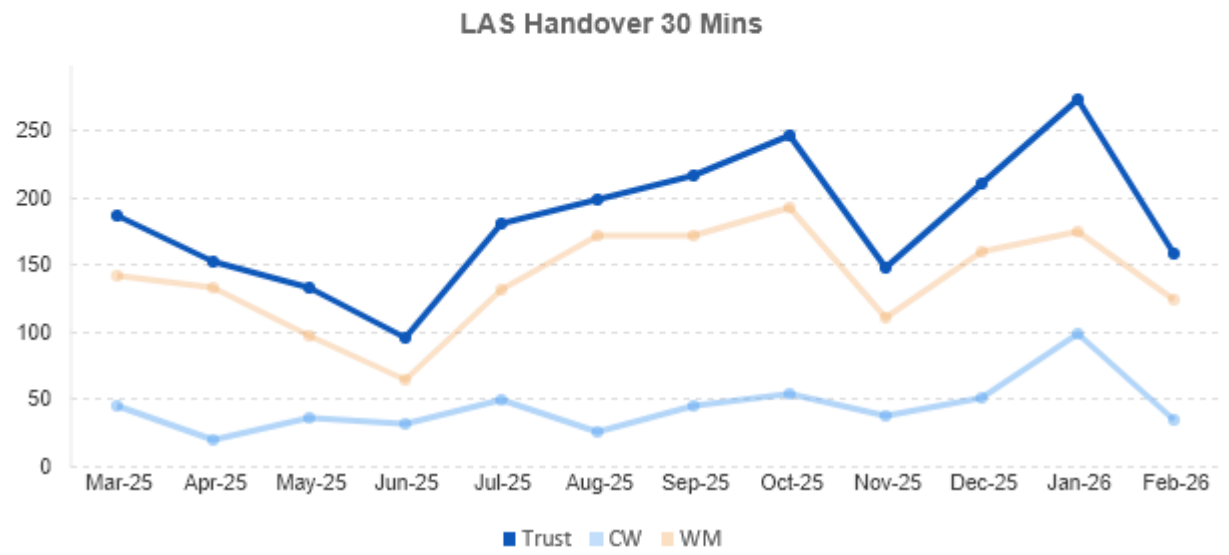
Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Diagnostic Waiting Times < 6 Weeks (Target: >95%)	CW	89.7%	87.7%	86.9%	85.1%	85.9%	88.9%
	WM	83.7%	79.4%	73.3%	69.5%	78.5%	78.5%
	Trust	86.6%	83.4%	79.8%	76.8%	82.1%	83.5%
Diagnostic Waiting Times > 6 Weeks: Actuals	CW	658	757	811	1,091	1,124	1,124
	WM	1,072	1,329	1,807	2,545	1,857	1,857
	Trust	1,730	2,086	2,618	3,636	2,981	2,981
Diagnostic Waiters 13+ Weeks	CW	0	0	0	0	0	0
	WM	0	0	0	0	0	0
	Trust	0	0	0	0	0	0

Ambulance Handover Waits

Safe

Trend



Narrative

Performance
The Trust's overall performance for ambulance handovers remains strong. In the month of February 2026, the Trust reported two 60-minute LAS handover delays. This is a decrease from the previous month of three 60-minute breaches. The 15-minute handover was non-compliant across both sites but there has been an improvement from last month Chelsea site 16:17 and the West Middlesex site 16:52. The Trust is working towards reducing the number of breaches against this target.

Improvement
The focus is on reducing the length of stay through the departments for all patients on arrival. There are a number of schemes being managed through the ED Improvement program.

Risk
Cubicle capacity in the department.

In-Month Performance

	LAS 15 Min Breach Performance	LAS Time Lost (Hours)	LAS Handovers 30 Mins	LAS Handovers 60 Mins
CW	780	86.0	34	0
WM	970	125.7	124	2
Trust	1,750	211.7	158	2

Year-to-Date Performance

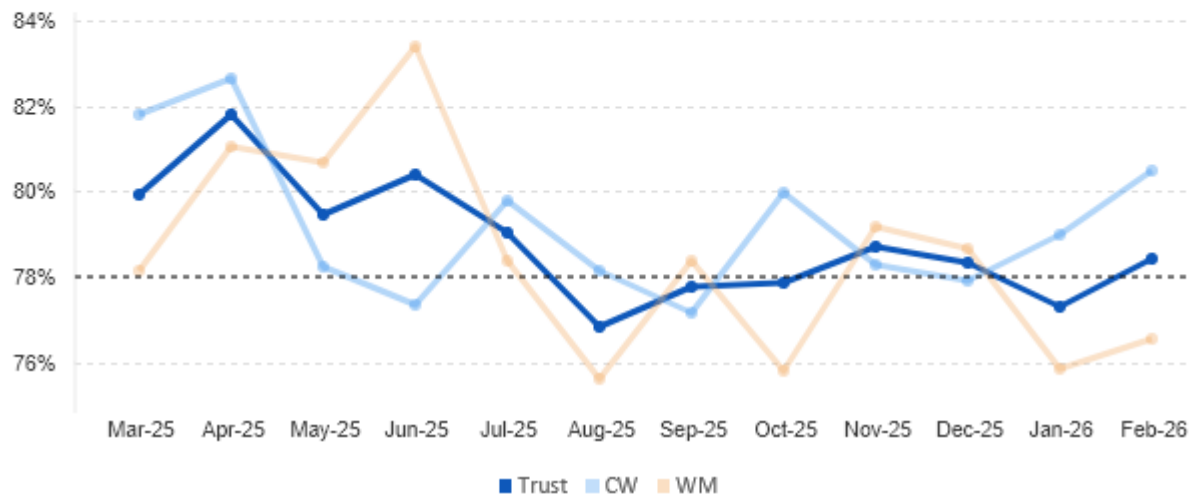
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
LAS 15 Min Breach Performance	CW	758	704	793	886	780	8,386
	WM	1,078	969	1,055	1,141	970	10,640
	Trust	1,836	1,673	1,848	2,027	1,750	19,026
LAS Time Lost (Hrs)	CW	80.4	73.2	96.9	116.6	86.0	895.0
	WM	165.3	124.2	152.9	166.1	125.7	1,487.5
	Trust	245.7	197.4	249.8	282.7	211.7	2,382.5
LAS Handovers 30 Mins	CW	53	37	51	99	34	480
	WM	193	111	160	174	124	1,531
	Trust	246	148	211	273	158	2,011
LAS Handovers 60 Mins	CW	0	0	6	1	0	8
	WM	3	2	1	2	2	20
	Trust	3	2	7	3	2	28

Urgent & Emergency Department Waits

Safe/Responsive – Operating Plan

Trend

A&E Waiting Times - Type 1&3 (4 Hours)



Narrative

Performance

Performance against the 4-hour standard in February 2026 was 78.4%. West Middlesex achieved 76.6% with 12,830 attendances and the Chelsea site 80.5% with 11,760 attendances.

The 12-hour performance is 2.5% against our operating plan trajectory target of 2.8%.

Improvement

There has been an ongoing focus on A&E time to triage in February West Middlesex achieved an average time to triage of 6 minutes and at the Chelsea site 16 minutes.

Risk

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

In-Month Performance

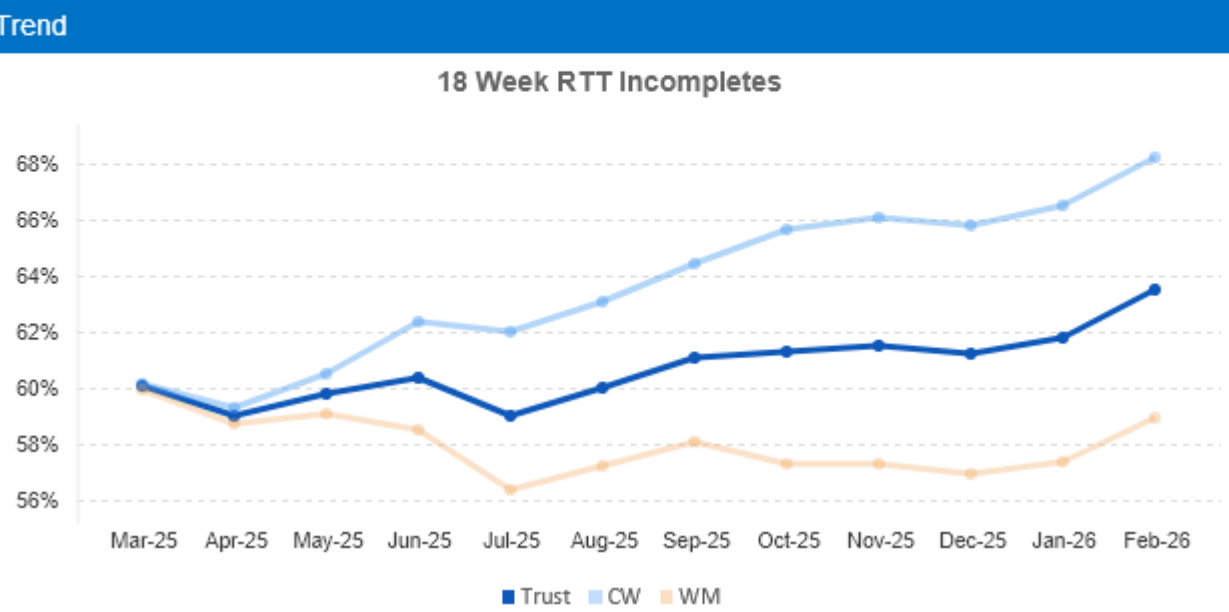
	A&E Waiting Times Type 1&3 (4 Hrs)	A&E Waiting Times Type 1&3 (12 Hrs)	A&E Time to Triage	Total Attendances Type 1&3	Referrals to SDEC	12hr Trolley Waits
CW	80.5%	2.0%	00:14	11,760	684	29
WM	76.6%	2.9%	00:06	12,830	708	14
Trust	78.4%	2.5%	00:10	24,590	1,392	43

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
A&E Waiting Times Type 1&3 (4 Hrs) Target: >78%)	CW	80.0%	78.3%	77.9%	79.0%	80.5%	79.0%
	WM	75.8%	79.2%	78.7%	75.8%	76.6%	78.5%
	Trust	77.8%	78.7%	78.3%	77.3%	78.4%	78.7%
A&E Waiting Times Type 1&3 (12 Hrs) (Target: <2.8%)	CW	2.3%	1.9%	2.0%	3.2%	2.0%	2.0%
	WM	3.2%	1.7%	2.7%	3.8%	2.9%	2.5%
	Trust	2.8%	1.8%	2.4%	3.5%	2.5%	2.3%
A&E Time to Triage (Target: 15mins)	CW	00:16	00:16	00:15	00:15	00:14	00:15
	WM	00:07	00:06	00:06	00:06	00:06	00:07
	Trust	00:11	00:11	00:10	00:10	00:10	00:11
Total Attendances Type 1&3	CW	13,347	13,440	12,674	13,092	11,760	140,452
	WM	14,077	14,064	14,645	14,525	12,830	151,132
	Trust	27,424	27,504	27,319	27,617	24,590	291,584
Referrals to SDEC (Target as Per Op Plan)	CW	827	703	770	817	684	8,104
	WM	892	767	839	896	708	9,631
	Trust	1,719	1,470	1,609	1,713	1,392	17,735

Referral to Treatment Waits

Responsive – Operating Plan



Narrative

Performance: Elective Referral to Treatment (RTT) 18-Week Wait performance was reported at 63.4% showing significant improvement from the previous month. Whilst remaining behind our trajectory of 63.9% we have seen a marked improvement in performance.

The month ended with 4 65-week breaches and 1,184 52-week waits. Our February target was 1,150 52-week breaches so behind trajectory with T&O and Oral Surgery in particular seeing a deteriorated position.

Improvement : In/Outsourcing has increased since December and is now in place for 5 of the most pressured specialties. Over 200 additional clinic/theatre lists are being undertaken each month and plans for a full month of activity drives are being scaled up for March 2026.

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

In-Month Performance

	18 Week RTT Incompletes	18 Week RTT Incompletes Paeds	52 Week RTT Incompletes	52 Week Waiters	65 Week Waiters
CW	68.2%	74.5%	1.2%	441	3
WM	59.0%	53.8%	1.9%	720	1
Trust	63.5%	64.4%	1.6%	1,161	4

Year-to-Date Performance

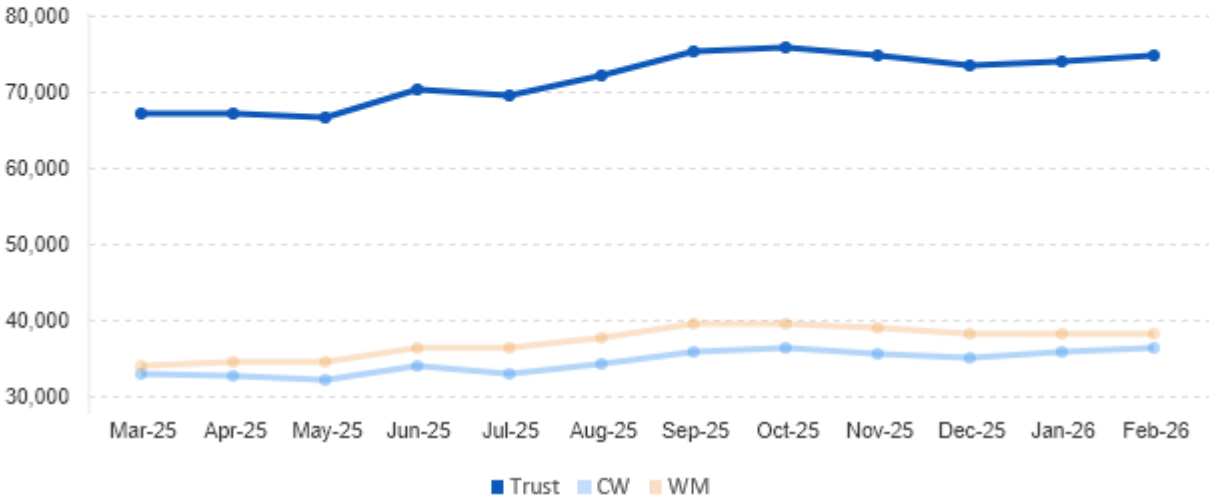
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
18 Week RTT Incompletes (Target: >60%)	CW	65.7%	66.1%	65.8%	66.5%	68.2%	68.2%
	WM	57.3%	57.3%	57.0%	57.4%	59.0%	59.0%
	Trust	61.3%	61.5%	61.2%	61.8%	63.5%	63.5%
18 Week RTT Incompletes Paeds	CW	69.4%	71.0%	71.6%	74.4%	74.5%	74.5%
	WM	43.7%	45.6%	48.4%	51.3%	53.8%	53.8%
	Trust	56.0%	57.8%	59.5%	62.8%	64.4%	64.4%
52 Week RTT Incompletes (Target: <1%)	CW	1.8%	1.8%	1.5%	1.4%	1.2%	1.2%
	WM	2.5%	2.4%	2.1%	2.0%	1.9%	1.9%
	Trust	2.2%	2.1%	1.8%	1.7%	1.6%	1.6%
52 Week Waiters	CW	666	637	524	495	441	441
	WM	1,003	928	797	769	720	720
	Trust	1,669	1,565	1,321	1,264	1,161	1,161
65 Week Waiters	CW	34	29	9	3	3	3
	WM	47	31	11	3	1	1
	Trust	81	60	20	6	4	4

Referral to Treatment Waits

Responsive – Operating Plan

Trend

Total Waiting List (PTL)



Narrative

Performance: In Month 11 the total RTT Patient Treatment List (PTL) was reported as 75,081. The focus remains on ensuring fewer patients are awaiting first appointments and continually addressing chronological booking for the backlog cohorts as enhanced oversight and targeted interventions continue for at-risk specialities. Operating lists are booked on clinical urgency and in chronological order.

Improvement : The Trust continues to contact patients via routine administrative validation leveraging digital technologies to engage with patients and confirm the identification of those requiring treatment. Capacity drive across surgical and outpatient areas is underway in Q4, focused on prioritising patients in the backlog cohorts. Specialty level monitoring in place with set trajectories to address recovery. These are highlighted in weekly meetings focusing on at-risk specialities.

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

In-Month Performance

	Total Waiting List (PTL)	Total Waiting List (PTL) Paeds	Patients Waiting < 18 Weeks for First Appointment	RTT Clearance Time: Size of Waiting List
CW	36,495	5,745	66.5%	6.5
WM	38,254	5,480	58.0%	6.5
Trust	74,749	11,225	61.8%	6.5

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Total Waiting List (PTL)	CW	36,369	35,663	35,156	35,845	36,495	36,495
	WM	39,597	39,058	38,243	38,300	38,254	38,254
	Trust	75,966	74,721	73,399	74,145	74,749	74,749
Total Waiting List (PTL) Paeds	CW	5,479	5,430	5,191	5,465	5,745	5,745
	WM	5,966	5,868	5,688	5,494	5,480	5,480
	Trust	11,445	11,298	10,879	10,959	11,225	11,225
Patients Waiting < 18 Weeks for First Appointment	CW	66.2%	65.1%	63.6%	65.2%	66.5%	66.5%
	WM	57.2%	57.7%	56.0%	57.4%	58.0%	58.0%
	Trust	61.3%	61.0%	59.4%	60.9%	61.8%	61.8%
RTT Clearance Time: Size of Waiting List	CW	5.6	5.8	6.2	5.9	6.5	6.5
	WM	6.5	6.9	6.6	6.6	6.5	6.5
	Trust	6.1	6.3	6.4	6.2	6.5	6.5



Operating Plan and Capacity

Flow & Discharge – Admitted Care

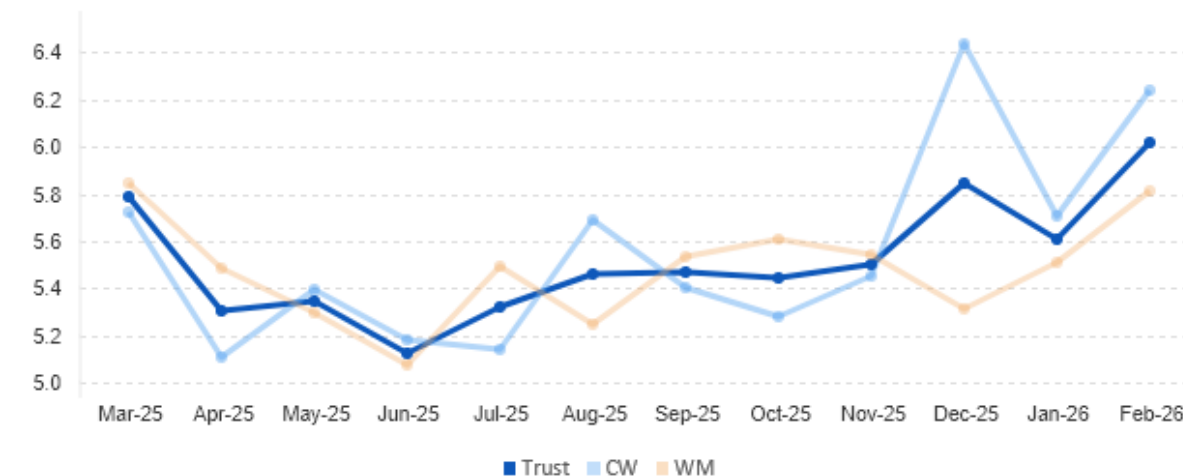
Responsive/Effective



Chelsea and Westminster Hospital
NHS Foundation Trust

Trend

Non-Elective LoS



Narrative

Elective LoS is compliant with the standard year to date.

Non-Elective LOS is non-compliant across both sites. In February there was an overall increase in LoS compared to January. The CW site saw an increase in average discharge ready to discharge date, several areas of improvement have been identified through the discharge performance meeting with daily oversight. There is continued weekly focus on long length of stay patients, no criteria to reside and escalation meetings with community partners all with Trust flow board oversight.

In February 2026, the Trust's Critical Care Occupancy reached 107.9%, which is significantly above the target threshold of <85%. Both constituent sites contributed to this high level: CW site: 113.6% ; WM site: 102.1%

This indicates a sustained period during which demand has exceeded the nominal capacity for critical care beds. Flexing staffing and use of uncommissioned bed have been used to meet demand. The month-on-month data shows a broad pattern of persistently elevated critical care occupancy, with fluctuations but repeated overshooting of target capacity. Focus continues with the site team to ensure an admitting bed is available at all times through timely step-downs of patients to ward level care.

In-Month Performance

	Elective LoS	Non-Elective LoS	Non-Elective Long Stays (>=7 days)	Non-Elective Long Stays (>=21 Days)	Critical Care Occupancy	Average days between the DRD and DD
CW	3.8	6.2	470	147	113.6%	8.2
WM	4.3	5.8	552	163	102.1%	5.6
Trust	3.9	6.0	1,022	310	107.9%	6.7

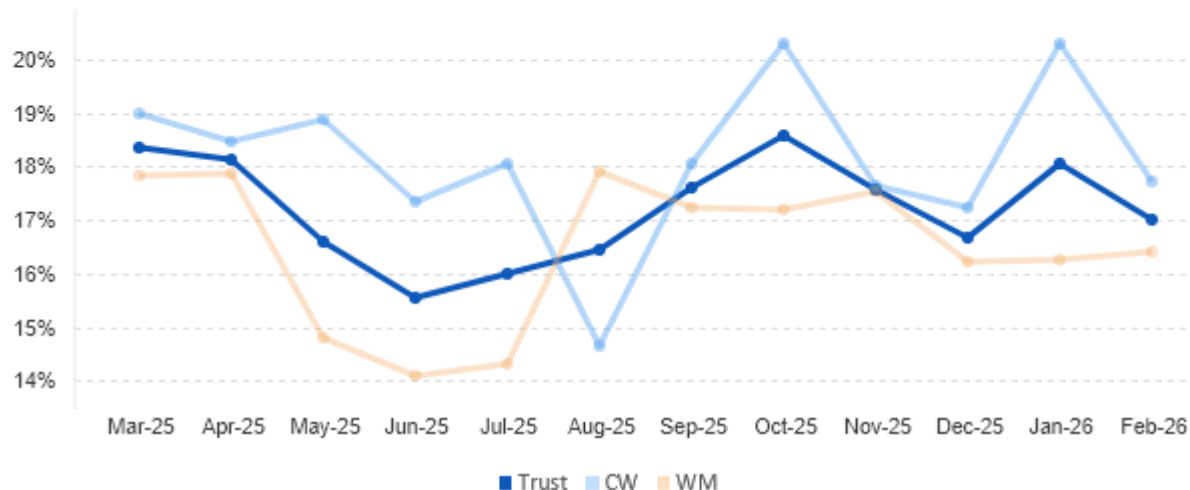
Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Elective LoS (Target: <2.9)	CW	2.9	2.1	2.8	2.7	3.8	2.9
	WM	2.7	2.9	2.1	1.8	4.3	2.6
	Trust	2.9	2.4	2.6	2.4	3.9	2.8
Non-Elective LoS (Target: <3.95)	CW	5.3	5.4	6.4	5.7	6.2	5.5
	WM	5.6	5.5	5.3	5.5	5.8	5.4
	Trust	5.4	5.5	5.8	5.6	6.0	5.5
Non-Elective Long Stays (>=7 days)	CW	508	417	514	472	470	5,001
	WM	591	500	570	568	552	5,920
	Trust	1,099	917	1,084	1,040	1,022	10,921
Non-Elective Long Stays (>=21 Days)	CW	129	126	148	158	147	1,394
	WM	144	150	150	149	163	1,553
	Trust	273	276	298	307	310	2,947
Critical Care Occupancy (Target: <85%)	CW	88.7%	96.0%	84.2%	99.0%	113.6%	87.3%
	WM	119.4%	102.3%	89.7%	107.7%	102.1%	101.6%
	Trust	103.2%	99.2%	86.9%	103.4%	107.9%	94.2%
Average days between the DRD and DD	CW	8.0	6.5	6.3	5.9	8.2	6.7
	WM	6.8	6.9	7.5	7.0	5.6	6.4
	Trust	7.3	6.7	7.0	6.5	6.7	6.5

Responsive

Trend

Patient Not Meeting CTR by Trust of Pathway



Narrative

The Trust remains an outlier for the number of patients in hospital who do not meet the criteria to reside in an acute hospital bed. This is predominantly driven by patients requiring discharge with a package of care (P1 discharge) or to a nursing home (P3 discharge) and timescales. Metrics for discharge ready date and readmissions remain consistent.

Three times a week escalation meetings are in place with system partners as well as a NWL weekly system GOLD call.

In-Month Performance

	Patients Not Meeting CTR Daily Average	Discharges Before 12	Discharge Date Same as Discharge Ready Date	Discharge Date After Discharge Ready Date	Emergency Re-admissions < 30 Days of Discharge
CW	17.7%	15.8%	88.1%	11.9%	4.7%
WM	16.4%	15.7%	85.6%	14.4%	5.0%
Trust	17.0%	15.8%	86.8%	13.2%	4.9%

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Patient Not Meeting CTR Daily Average	CW	20.3%	17.6%	17.2%	20.3%	17.7%	18.1%
	WM	17.2%	17.5%	16.2%	16.2%	16.4%	16.3%
	Trust	18.6%	17.6%	16.7%	18.1%	17.0%	17.1%
Discharges Before 12	CW	16%	15%	14%	16%	16%	14%
	WM	15%	15%	14%	13%	16%	14%
	Trust	15%	15%	14%	14%	16%	14%
Discharge Date Same as Discharge Ready Date	CW	88.5%	89.9%	88.1%	87.2%	88.1%	88.9%
	WM	86.1%	85.1%	86.8%	86.5%	85.6%	86.2%
	Trust	87.2%	87.6%	87.4%	86.8%	86.8%	87.5%
Discharge Date After Discharge Ready Date	CW	11.5%	10.1%	11.9%	12.8%	11.9%	n/a
	WM	13.9%	14.9%	13.2%	13.5%	14.4%	n/a
	Trust	12.8%	12.4%	12.6%	13.2%	13.2%	n/a
Emergency Re-Admissions < 30 Days of Discharge (Target: <7.6%)	CW	4.1%	5.4%	5.4%	4.6%	4.7%	4.9%
	WM	6.5%	6.6%	6.0%	4.9%	5.0%	5.9%
	Trust	5.3%	5.9%	5.7%	4.7%	4.9%	5.4%

Operating Plan Performance

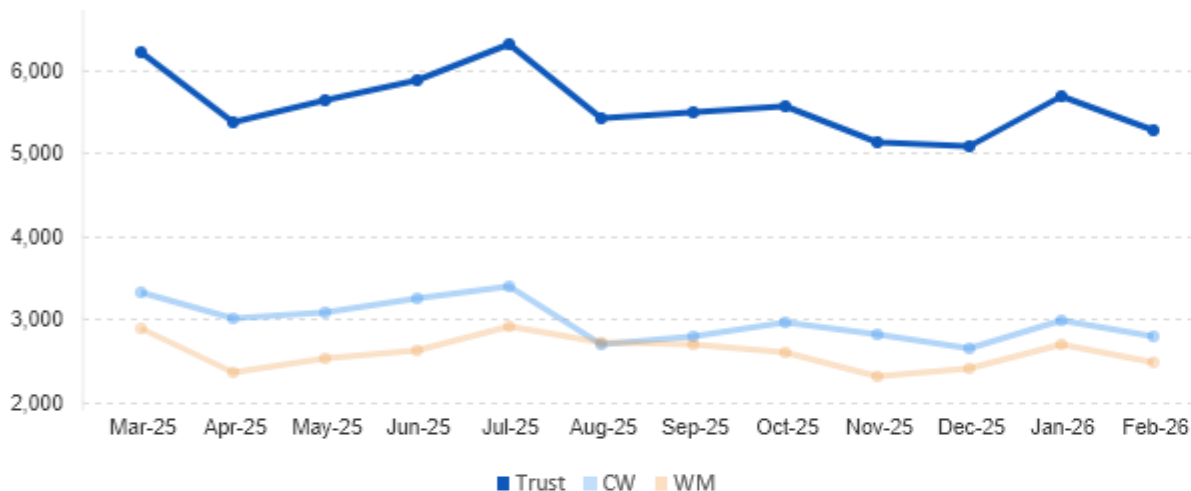
Responsive – Operating Plan



Chelsea and Westminster Hospital
NHS Foundation Trust

Trend

Elective Day Case



Narrative

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

For outpatients, further work has been undertaken to reduce the level of follow up activity in order to increase capacity for new patients. This includes a review of clinic templates to address this balance. Additional activity has also been undertaken to support elective recovery.

Risk to achieving plans include Industrial action.

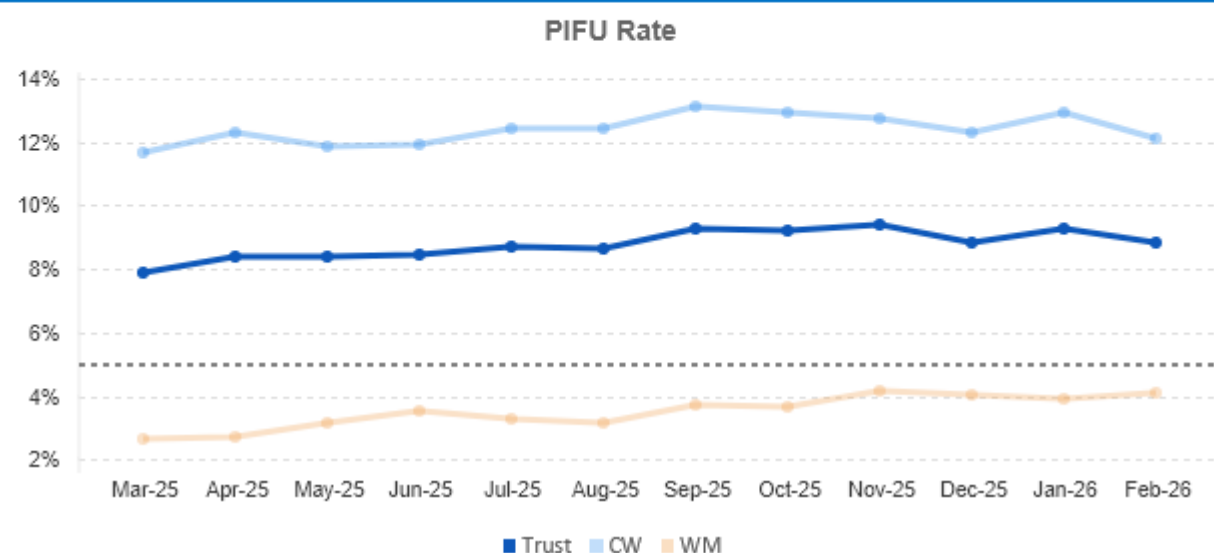
In-Month Performance

	Elective Day Cases	Elective Ordinary Admissions	OP Procedures	OP First Attendance Without Procedure	OP FUp Attendance Without Procedure
CW	2,798	451	5,193	10,332	17,693
WM	2,473	186	3,081	9,464	9,576
Trust	5,271	637	8,274	19,796	27,269

Year-to-Date Performance

	Site	Nov-25	Dec-25	Jan-26	Feb-26	Plan YTD	2025-2026
Elective Day Cases	CW	2,827	2,655	2,988	2,798	31,389	32,470
	WM	2,304	2,417	2,701	2,473	28,432	28,313
	Trust	5,131	5,072	5,689	5,271	59,822	60,783
Elective Ordinary Admissions	CW	510	437	434	451	4,029	4,729
	WM	189	192	200	186	1,584	2,149
	Trust	699	629	634	637	5,614	6,878
OP Procedures	CW	5,423	4,807	5,286	5,193	50,266	57,935
	WM	3,314	3,261	3,399	3,081	32,353	35,687
	Trust	8,737	8,068	8,685	8,274	82,619	93,622
OP First Attendance Without Procedure	CW	10,245	9,566	11,005	10,332	114,851	111,508
	WM	7,641	8,316	9,162	9,464	89,713	93,245
	Trust	17,886	17,882	20,167	19,796	204,563	204,753
OP FUp Attendance Without Procedure	CW	18,989	17,053	18,738	17,693	185,413	200,363
	WM	9,686	9,523	9,749	9,576	130,572	111,651
	Trust	28,675	26,576	28,487	27,269	315,985	312,014

Trend



Narrative

DNA rate improved again across both sites for both new and follow up patients in February. We continue to focus on ways to improve DNA rates, including Patient Led Validation, and our volunteers are kindly helping with phone calls in some areas.

Percentage of **PIFU** was static in February at 8.9%, although this is a competitive performance compared with our peer Trusts and against the central NHS target, but slightly below the Trust's November peak.

In-Month Performance

	PIFU Rate	DNA Rates - First Appointment	DNA Rates - Follow Up Appointment	Virtual Contacts
CW	12.1%	10.2%	7.8%	4,784
WM	4.1%	9.6%	7.5%	3,917
Trust	8.8%	9.9%	7.7%	8,701

Year-to-Date Performance

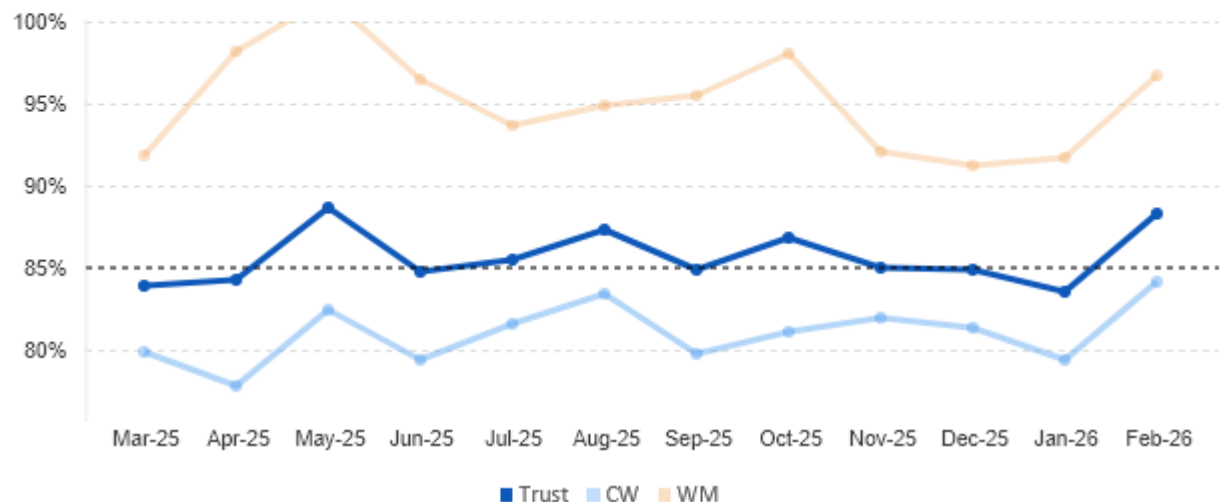
	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
PIFU Rate (Target: 5%)	CW	12.9%	12.8%	12.3%	12.9%	12.1%	12.5%
	WM	3.6%	4.1%	4.0%	3.9%	4.1%	3.6%
	Trust	9.2%	9.4%	8.9%	9.3%	8.8%	8.9%
DNA Rates - First Appointment	CW	10.9%	10.8%	11.8%	11.3%	10.2%	10.8%
	WM	11.6%	12.5%	11.1%	10.2%	9.6%	10.6%
	Trust	11.2%	11.5%	11.5%	10.8%	9.9%	10.7%
DNA Rates - Follow Up Appointment	CW	8.2%	8.1%	8.4%	8.1%	7.8%	8.4%
	WM	7.4%	7.3%	7.7%	7.5%	7.5%	7.3%
	Trust	7.9%	7.8%	8.1%	7.9%	7.7%	8.0%
Virtual Contacts	CW	4,727	4,213	4,325	4,186	4,784	47,140
	WM	4,231	3,631	3,640	3,711	3,917	41,706
	Trust	8,958	7,844	7,965	7,897	8,701	88,846

Theatre Utilisation

Responsive

Trend

Theatre Utilisation (Uncapped)



Narrative

Trust-Wide utilisation significantly increased in February at 88.2%, meaning we are now compliant for 25/26 at 85.75. There was an increase in utilisation on both sites. The WM site remains above the 85% target, with the CW just slightly non-compliant at 84.1%. Lower utilisation at the CW site continues to be driven by the Day Surgery Unit, and Paediatric theatres. Focused work is being done through the Theatres Improvement Programme, with a focus on consultant productivity data to drive improvement.

Day case rates significantly improved further in February at 99.1%. The increase was seen at both sites, with WM reaching 100% compliance.

OTD cancellations were fairly static for February, with 3 28 day breaches. The on the day cancellation rate remains a focus on improvement work streams and working closely with operational teams to identify capacity to rebook.

In-Month Performance

	Basket Procedures Carried Out as Daycases	OTD Non-Clinical Cancellations as % Elective Admissions	OTD Cancellations Not Re-booked < 28 Days	Theatre Utilisation (Uncapped)
CW	89.0%	1.0%	3	84.1%
WM	94.6%	0.7%	0	96.7%
Trust	90.5%	0.8%	3	88.2%

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Basket Procedures Carried Out as Daycases (Target: >85%)	CW	84.2%	85.5%	79.8%	87.5%	89.0%	85.8%
	WM	88.2%	90.1%	91.1%	86.4%	94.6%	87.5%
	Trust	85.6%	86.7%	83.6%	87.1%	90.5%	86.4%
OTD Non-Clinical Cancellations as % Elective Admissions (Target: <0.8%)	CW	0.4%	1.0%	0.7%	1.3%	1.0%	0.8%
	WM	0.6%	0.2%	0.4%	0.9%	0.7%	0.5%
	Trust	0.5%	0.6%	0.5%	1.1%	0.8%	0.6%
OTD Cancellations Not Re-booked < 28 Days (Target: 0)	CW	0	0	5	5	3	22
	WM	1	0	0	0	0	6
	Trust	1	0	5	5	3	28
Theatre Utilisation (Uncapped) (Target: >85%)	CW	81.1%	81.9%	81.2%	79.3%	84.1%	81.1%
	WM	98.0%	92.0%	91.2%	91.6%	96.7%	95.3%
	Trust	86.8%	84.9%	84.8%	83.5%	88.2%	85.7%

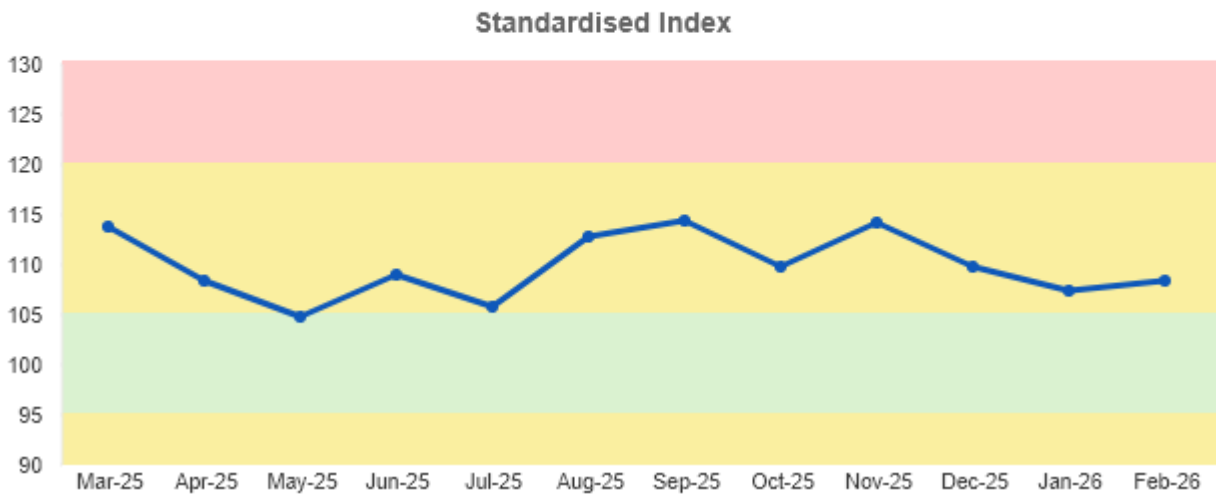


Equality, Diversity and Inclusion

Inequity-RTT Waiting Times

Equality, Diversity and Inclusion

Trend



Narrative

- Following introduction of this metric, data quality has been reviewed and local monitoring and reporting arrangement agreed
- Improvement trajectories are being developed at a specialty level, recognising that there is significant variation in waiting times between specialties impacting on this metric
- Improvement plans to be monitored through Trust Outpatient Productivity Board and the APC Outpatient Group

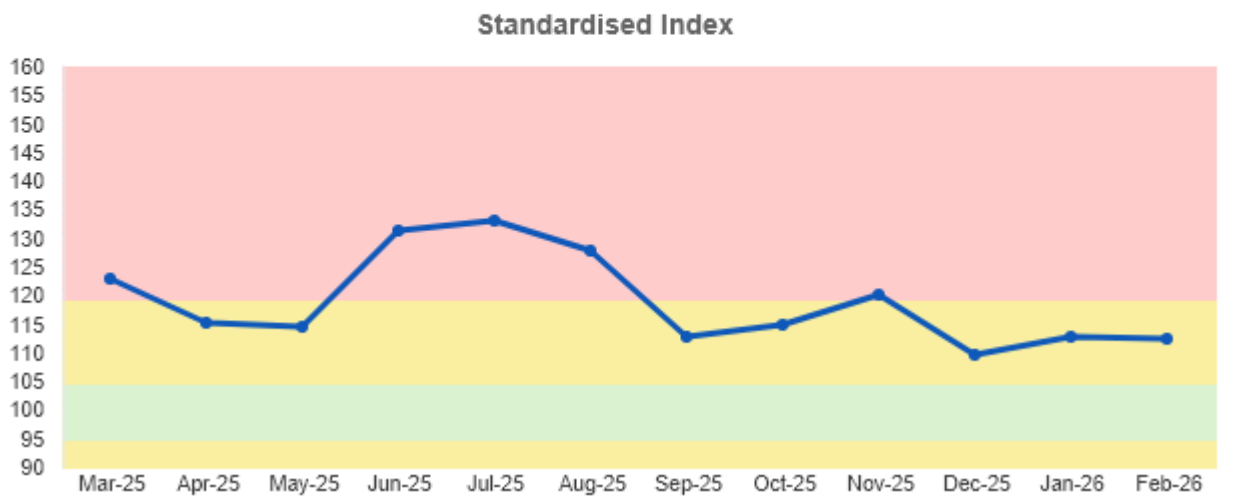
In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	108	8.2%	7.6%	682	4,924

Year-to-Date Performance

Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Standardised Index	110	114	110	107	108	110
Proportion IMDQ1	9.4%	9.7%	9.0%	8.1%	8.2%	9.3%
Proportion IMDQ2-5	8.6%	8.5%	8.2%	7.5%	7.6%	8.5%
IMDQ1 >40wk	799	814	747	675	682	8,348
IMDQ2 - 5 > 40wk	5,672	5,527	5,259	4,872	4,924	58,724

Trend



Narrative

- Actions are in place to reduce overall DNA rates, including digital initiatives
- To reduce variation in IMDQ1, the Trust is focusing administrative resource, including volunteers, to give reminder telephone calls to IMDQ1 patients in advance of appointments
- Further work will be undertaken to understand reasons for DNAs in the IMDQ1 group and actions that can be taken to mitigate this

In-Month Performance

	Standardised Index	Proportion IMDQ1	Proportion IMDQ2-5	IMDQ1 >40wk	IMDQ2 - 5 >40wk
Trust	112	10.6%	9.4%	322	2,278

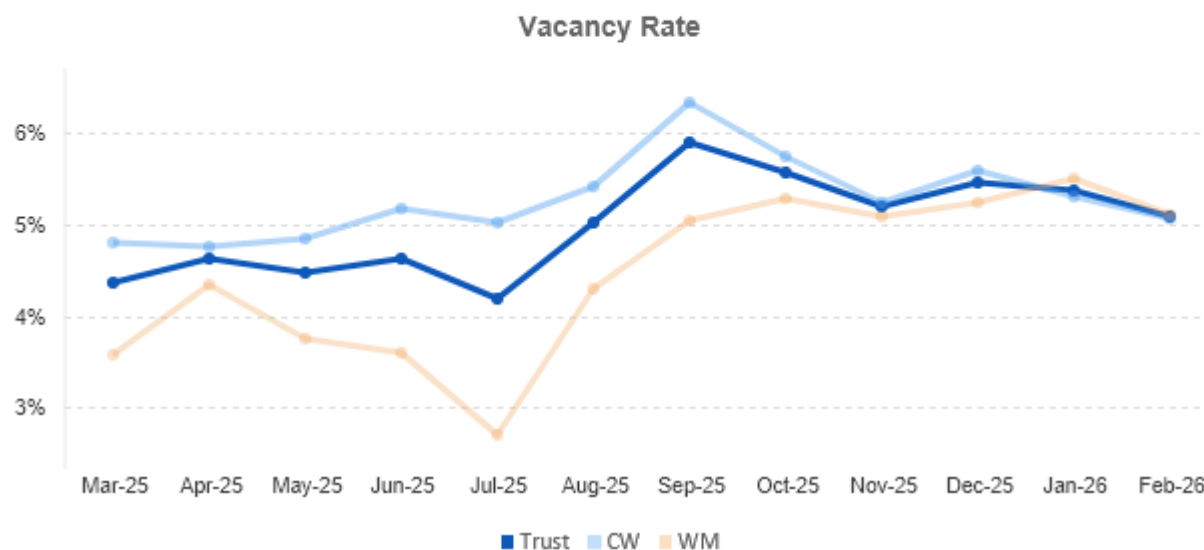
Year-to-Date Performance

Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Standardised Index	115	120	109	113	112	117
Proportion IMDQ1	15.1%	12.6%	12.0%	11.5%	10.6%	12.8%
Proportion IMDQ2-5	13.2%	10.5%	11.0%	10.2%	9.4%	10.9%
IMDQ1 >40wk	389	377	329	381	322	3,928
IMDQ2 - 5 >40wk	3,299	2,363	2,413	2,543	2,278	27,378



Workforce

Trend



Narrative

The Trust's Month 11 position exceeded the operating plan target level for total staffing (158 WTE). Agency staffing was within the operating plan target however Bank staffing exceeded the plan by 312 WTE; substantive staffing was under the plan target for this month (114WTE / 1.5%).

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

The vacancy (5.1%) and voluntary turnover rates (8.2%) are within the target level. The key marker for concern regarding pressure remains the sickness levels which increased marginally on last month with pressure in CSD, PCD and SCD which are above 4% for in-month sickness. CSD, PCD and SCD both exceeding the 4% threshold for rolling sickness rates. The Divisions supported by Business Partners and the ER Team are proactively intervening and providing managers support but we need to continue to acknowledge that the team is stretched with current holds on A&C posts.

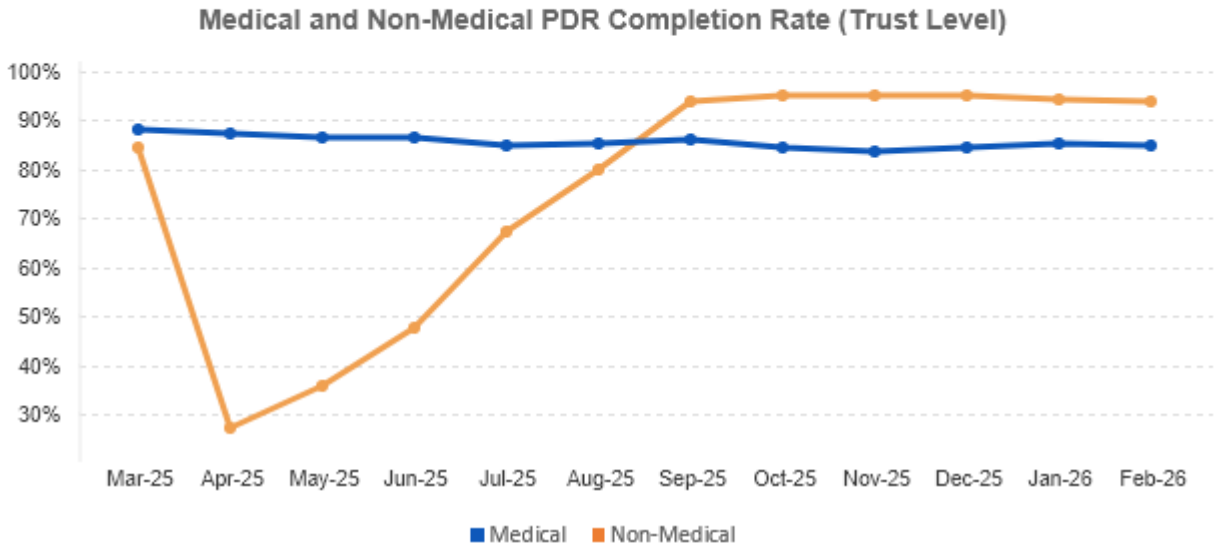
In-Month Performance

	Vacancy Rate	Voluntary Turnover	Sickness Absence	Agency Usage	Bank Usage
CW	5.06%	8.7%	4.2%	0.3%	8.9%
WM	5.10%	7.2%	4.8%	0.3%	11.2%
Trust	5.08%	8.2%	4.4%	0.3%	9.7%

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Vacancy Rate	CW	5.7%	5.2%	5.6%	5.3%	5.1%	5.1%
	WM	5.3%	5.1%	5.2%	5.5%	5.1%	5.1%
	Trust	5.6%	5.2%	5.5%	5.4%	5.1%	5.1%
Voluntary Turnover	CW	8.9%	8.6%	8.5%	8.8%	8.7%	8.7%
	WM	7.1%	6.8%	7.0%	7.3%	7.2%	7.2%
	Trust	8.3%	8.0%	8.0%	8.2%	8.2%	8.2%
Sickness Absence	CW	4.4%	4.3%	4.7%	4.3%	4.2%	4.2%
	WM	4.5%	4.1%	4.6%	5.0%	4.8%	4.8%
	Trust	4.5%	4.2%	4.6%	4.6%	4.4%	4.4%
% Agency Usage	CW	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%
	WM	0.1%	0.1%	0.1%	0.1%	0.3%	0.3%
	Trust	0.2%	0.2%	0.2%	0.2%	0.3%	0.3%
% Bank Usage	CW	7.5%	7.8%	7.9%	8.2%	8.9%	8.9%
	WM	10.6%	10.8%	9.6%	10.6%	11.2%	11.2%
	Trust	8.6%	8.9%	8.5%	9.1%	9.7%	9.7%

Trend



Narrative

The introduction of a PDR window has been a success with the PDR rate for Month 11 being 93.7%.

EIC (94.68%) and CSD (94.78%) have the highest rates across the divisions. In addition, the staff groups with the highest PDR rates are Qualified Nursing (94.79%) and AHPs(94.56%).

In-Month Performance

	Medical PDR Completion Rate (Trust Only)	Non-Medical PDR Completion Rate	Core Skills Completion Rate
CW	-	92.9%	91.3%
WM	-	95.0%	92.8%
Trust	84.6%	93.7%	91.9%

Year-to-Date Performance

	Site	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	2025-2026
Medical PDR Completion Rate (Trust Only)	CW						
	WM						
	Trust	84.3%	83.5%	84.3%	85.1%	84.6%	84.6%
Non-Medical PDR Completion Rate	CW	94.6%	94.6%	94.3%	93.7%	92.9%	92.9%
	WM	95.9%	95.8%	95.7%	95.2%	95.0%	95.0%
	Trust	95.1%	95.0%	94.8%	94.2%	93.7%	93.7%
Core Skills Completion Rate	CW	90.8%	91.1%	91.1%	91.3%	91.3%	91.3%
	WM	92.4%	93.0%	93.0%	92.8%	92.8%	92.8%
	Trust	91.4%	91.8%	91.8%	91.9%	91.9%	91.9%

Safe Staffing & Patient Quality Indicators – Chelsea & Westminster Site



Chelsea and Westminster Hospital
NHS Foundation Trust



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Maternity	88%	96%	94%	102%	7.1	2.5	0.0	0.0	9.60	12.79	9.32%	6.43%	7.41%	1	3	0	0	0	0	0	0	4	81	0	0	8	78	88.25%	
Annie Zunz	93%	102%	100%	100%	6.3	2.5	0.0	0.0	8.71	8.73	2.18%	15.62%	0.00%	1	12	0	0	0	0	0	0	1	5	0	0	0	3	98.78%	
Apollo	86%	-	89%	-	19.2	0.0	0.0	0.0	19.24	N/A	-3.53%	5.46%	32.97%	0	1	0	0	0	1	0	0	2	20	0	0	0	0		
Mercury	96%	-	101%	-	7.0	0.0	0.0	0.0	6.98	9.94	-4.48%	6.37%	0.00%	0	3	0	0	0	0	0	0	4	78	0	0	0	2	100.00%	
Neptune	113%	-	116%	-	7.8	0.0	0.0	0.1	7.82	13.06	11.77%	5.84%	0.00%	0	3	0	0	0	0	0	0	3	40	0	0	0	3	88.89%	
NICU	107%	-	108%	-	14.5	0.0	0.2	0.0	14.71	26.91	3.44%	5.09%	0.00%	0	0	0	0	0	0	0	0	5	99	0	0	0	7		
AAU	111%	100%	108%	164%	7.1	2.1	0.0	0.1	9.23	8.4	1.49%	5.48%	5.92%	10	114	2	2	0	5	0	0	8	91	0	0	1	15	97.44%	
Nell Gwynne	97%	69%	106%	88%	3.6	3.0	0.0	0.1	6.79	7.82	-2.15%	4.75%	16.29%	2	48	0	3	0	0	0	1	0	12	0	0	0	2	96.43%	
David Erskine	100%	88%	81%	131%	3.3	3.1	0.1	0.0	6.58	7.14	5.46%	8.65%	11.69%	6	73	0	2	0	0	0	0	1	30	0	0	0	7	90.48%	
Edgar Horne	106%	102%	102%	118%	3.3	3.2	0.2	0.0	6.65	6.78	4.88%	0.00%	5.56%	3	56	0	2	0	1	0	0	5	29	0	0	1	10	94.68%	
Lord Wigram	99%	89%	96%	95%	3.6	3.0	0.2	0.1	6.93	7.81	2.10%	4.48%	14.86%	0	29	0	1	0	3	0	1	4	26	0	0	0	3	100.00%	3
St Mary Abbots	95%	99%	99%	99%	3.6	3.4	0.0	0.0	6.96	7.55	7.49%	15.19%	27.14%	3	25	0	0	0	0	0	0	0	39	0	0	2	11	93.94%	1
David Evans	94%	90%	93%	108%	4.7	3.1	0.0	0.4	8.08	7.55	-0.97%	0.00%	0.00%	1	20	0	2	0	0	0	0	3	21	0	1	0	9	96.30%	
Chelsea Wing	130%	113%	100%	95%	8.0	4.6	0.0	0.0	12.66	7.55	33.91%	19.85%	22.50%	1	0	0	1	0	0	0	0	6	16	0	0	1	8		
Burns Unit	105%	170%	169%	169%	20.4	4.2	0.0	0.4	25.04	N/A	6.95%	4.71%	0.00%	2	5	0	0	0	0	0	0	0	8	0	0	0	3		
Ron Johnson	94%	107%	100%	113%	4.3	2.6	0.0	0.0	6.84	5.51	4.33%	0.00%	11.11%	3	44	0	0	0	0	0	0	2	32	0	0	1	4	100.00%	
ICU	102%	-	102%	-	22.3	0.0	0.5	0.0	22.85	26.91	1.89%	9.15%	20.92%	0	9	0	0	1	3	0	1	2	40	0	0	0	2		
Rainsford Mowlem	109%	96%	99%	121%	3.1	3.0	0.2	0.1	6.37	7.5	4.08%	6.59%	8.19%	2	62	0	2	0	2	0	0	0	29	0	0	0	6	93.75%	
Nightingale	106%	91%	102%	133%	3.3	3.1	0.0	0.1	6.61	7.5	13.78%	0.00%	0.00%	7	82	0	1	1	3	0	0	3	34	0	0	0	4	95.24%	
Emergency Department	103%	83%	111%	100%	-	-	-	-	-	N/A	6.47%	8.63%	0.00%	1	52	0	1	0	0	0	0	9	88	0	0	7	76	87.26%	
DSU	83%	72%	102%	84%	-	-	-	-	-	N/A	11.76%	4.60%	0.00%	0	3	0	0	0	0	0	0	5	12	0	0	1	5	92.68%	
Theatres	96%	76%	99%	100%	-	-	-	-	-	N/A	2.63%	9.02%	15.63%	0	0	0	0	0	0	0	0	0	6	0	0	1	7		
OPD	63%	95%	-	-	-	-	-	-	-	N/A	-5.26%	9.26%	10.64%	0	4	0	1	0	0	0	0	2	12	0	0	5	84	91.88%	
Averages /Totals	99%	97%	104%	113%	8.0	2.3	0.1	0.1	10.5		5.11%	6.75%	9.17%	43	648	2	18	2	18	0	3	69	848	0	1	28	349	94.47%	4

Safe Staffing & Patient Quality Indicators – West Middlesex



Chelsea and Westminster Hospital
NHS Foundation Trust



	Average fill rate				CHPPD					National Benchmark	Vacancy rate	Turnover		Inpatient fall with harm				Trust acquired presure ulcer				Medication incidents				Complaints		FFT	Red Flags
	Day		Night		RN	HCA	RNA	ANA	Total			Qualified	Unqualified	No Harm & Mild		Moderate & Severe		Stage				No Harm & Mild		Moderate & Severe					
																		1 & 2		3, 4 & nonstage									
	RN	HCA	RN	HCA										M	12M	M	12M	M	12M	M	12M	M	12M	M	12M	M	12M		
Lampton FU	111%	93%	133%	97%	3.2	2.6	0.0	0.0	5.85	7.5	8.30%	0.00%	5.64%	3	51	0	0	0	8	0	1	2	48	0	0	1	2	95.74%	
Richmond	97%	82%	101%	98%	4.0	2.6	0.2	0.0	6.78	7.55	-2.41%	0.00%	16.78%	4	18	0	0	0	0	0	0	1	11	0	0	0	5	100.00%	
Syon 1 cardiology	100%	97%	99%	112%	4.3	1.9	0.0	0.2	6.45	7.93	9.29%	5.83%	47.67%	2	39	0	1	0	0	0	0	4	16	0	0	0	0	98.67%	
Syon 2	102%	91%	98%	100%	3.4	3.0	0.1	0.0	6.43	7.14	4.07%	0.00%	0.00%	4	50	0	0	0	3	0	1	2	38	0	0	0	7	94.44%	
Starlight	134%	-	114%	-	8.5	0.0	0.0	0.0	8.46	13.06	7.09%	10.21%	100.00%	1	2	0	0	0	1	0	0	9	30	0	0	0	7	100.00%	
Kew (Lampton)	100%	108%	100%	158%	3.3	3.5	0.2	0.2	7.23	7.5	8.43%	5.23%	3.54%	5	34	0	0	0	2	0	1	6	24	0	0	0	1	90.48%	
DRU (Crane)	101%	85%	99%	68%	3.1	3.2	0.2	0.0	6.43	7.5	3.11%	0.00%	11.70%	6	51	0	1	0	0	0	0	0	31	0	0	2	3	100.00%	
Osterley 1	80%	90%	86%	82%	3.8	2.5	0.2	0.1	6.58	7.81	10.94%	3.82%	11.09%	3	51	0	0	0	12	0	1	2	46	0	0	0	8	95.00%	
Osterley 2	92%	95%	98%	98%	3.6	3.4	0.2	0.0	7.19	7.55	4.06%	0.00%	4.84%	3	24	1	0	0	1	0	0	2	23	0	0	1	5	66.67%	1
MAU	101%	93%	110%	107%	6.4	2.6	0.0	0.0	8.96	8.4	8.68%	1.52%	0.00%	2	99	0	1	1	5	0	0	8	78	0	1	2	15	95.92%	
Maternity	100%	86%	104%	93%	7.5	2.1	0.0	0.0	9.55	12.79	-3.99%	5.13%	3.27%	0	1	0	0	0	0	0	0	4	47	0	0	0	11	78.26%	
Special Care Baby Unit	100%	-	107%	-	10.7	0.0	0.0	0.0	10.72	13.06	16.77%	6.90%	9.28%	0	0	0	0	0	0	0	0	1	20	0	0	0	2		
Marble Hill 1	104%	108%	105%	125%	3.8	3.0	0.0	0.0	6.89	6.8	2.95%	3.76%	11.95%	6	91	0	2	0	4	0	0	3	87	0	0	0	4	95.16%	3
Marble Hill 2	116%	115%	144%	127%	4.0	3.4	0.1	0.0	7.60	6.78	8.47%	4.77%	0.00%	5	64	1	1	0	0	0	1	3	58	0	0	1	8	100.00%	
ITU	90%	-	91%	-	21.9	0.0	0.0	0.0	21.95	26.91	6.03%	11.86%	40.00%	0	4	0	0	0	4	0	0	2	54	0	0	0	0		
Redlees (Kew)	100%	93%	100%	105%	3.6	3.3	0.2	0.4	7.44	7.82	-0.15%	0.00%	0.00%	2	45	0	0	0	0	0	0	1	19	0	0	0	1	100.00%	
Emergency Department	101%	95%	107%	71%	-	-	-	-	N/A	28.78%	13.99%	0.00%	0.00%	2	41	0	1	0	1	0	0	3	55	1	1	1	33	78.42%	
DSU	107%	152%	-	-	-	-	-	-	N/A	-3.31%	0.00%	0.00%	0.00%	0	7	0	0	0	0	0	0	0	4	0	0	0	5	88.89%	
Theatres	96%	63%	104%	100%	-	-	-	-	N/A	2.95%	3.20%	11.38%	0.00%	0	0	0	0	0	0	0	0	0	9	0	0	0	6		
OPD	72%	80%	-	-	-	-	-	-	N/A	-8.38%	14.59%	6.16%	0.00%	0	4	0	0	0	0	0	0	2	12	0	0	7	33	93.27%	
Averages /Totals	100%	96%	106%	103%	5.9	2.3	0.1	0.1	8.4		5.58%	4.54%	14.16%	48	676	2	7	1	41	0	5	55	710	1	2	15	156	92.41%	4



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

West Middlesex site:

Kew, Marble Hill 1, and Marble Hill 2 reported increased HCA fill rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. DRU ward had lower HCA fill rates at night attributed to changes to the staffing template. CHPPD was not compromised. Marble Hill 2 and Lampton Frailty Unit had increased RN fill rate at night shifts, due to the opening of escalation beds. Osterley 1 had reduced RN fill rate during the day due to sickness and inability to fill with bank cover. Ward manager supported. CHPPD was not compromised. Starlight had increased day RN fill rates due to increased bed utilisation. ED and Theatres reported low HCA fill rates due to sickness and lack of bank cover for the specialised areas. The Day Surgery Unit (DSU) had increased HCA fill rates due to additional lists. The Out-patient Department (OPD) experienced low RN and HCA fill rates during the day due to reduced acuity and changes attributed to staffing template.

Chelsea and Westminster site:

Chelsea Wing saw increased RN fill rates on days due to additional private clinic demands. AAU had increased fill rates at night rates to support enhanced observation for patients requiring mental health supervision and for those who were confused and at risk of falls. Nightingale and Rainsford Mowlem had increased fill rate at night due to staffing escalation areas. Nell Gwynne had low HCA fill rate day and night due to sickness and inability to fill with bank cover. Ward manager supported. Patient CHPPD was not compromised. David Erskine had increased HCA night-time fill rates to provide enhanced observations for patients requiring mental health supervision. The Burns Unit had increased RN and HCA fill rates to support enhanced observation for patients requiring mental health supervision. In OPD RN fill rates were low due to staff sickness and limited bank cover. The Orthopaedic practitioners and matron provided support, patient safety was maintained throughout. Theatres reported low HCA fill rates due to sickness and lack of bank cover for the specialised areas. The DSU experienced low HCA fill rates during the day due to reduced acuity and activity. Patient care and safety was maintained throughout.

Incidents:

In February five incidents involving patient harm were reported: four related to falls and one related to medication. Across AAU, Osterley 2 and Marble Hill 2, four patient falls were reported. On AAU, an unwitnessed fall resulted in a fractured ulna, and a separate witnessed fall led to a right clavicle fracture; in both cases an Immediate Incident Review (IIR), post-fall policy and Duty of Candour were completed. On Osterley 2, an unwitnessed fall resulted in a scalp laceration and the incident remains under review. On Marble Hill 2, an unwitnessed fall occurred, the post-fall protocol was implemented, and the incident also remains under review.

The medication incident in the Emergency Department WM involving an incorrect intravenous dosage, administered based on patient weight, remains under review and is currently undergoing investigation

The Friends and Family Test showed 100% scores in five wards at WM and three wards at CW. Three areas received FFT feedback scores below 80%. In the Emergency Department WM, feedback highlighted concerns regarding waiting times and overall patient experience. On Osterley 2, feedback identified issues with poor communication between family members and clinical staff. The Ward Manager is aware of the findings and is actively addressing the issues identified. Maternity WM FFT did not identify a single dominant theme but highlighted several areas of concern, including night-time noise, limited partner space, temperature and environmental comfort, and the lack of recliner chairs for partners staying overnight. Staff are actively implementing measures to address the recurring themes identified. Please note all incident figures are correct at time of extraction from DATIX. There were 8 red flags raised in January: 5 for planned care and 3 for the EIC. All were related to staffing shortfalls and care. The vacancy rate and turnover are from January 2026.



Nursing, Midwifery and care staff average fill rate February 2026				
Day and Night average fill rate		Monthly trust workforce data: Care hours per patient day (CHPPD)		
Registered (%)	Care staff (%)	Registered	Care staff	Total CHPPD
101.64% ↓	100.33% ↑	5.9 ↔	2.5 ↑	8.5 ↑

RN Fill Rates (ward areas) decreased from 104.17% in January 2026 to 101.64% in February 2026. The RN vacancy rate (whole trust) in January 2026 was 4.34%

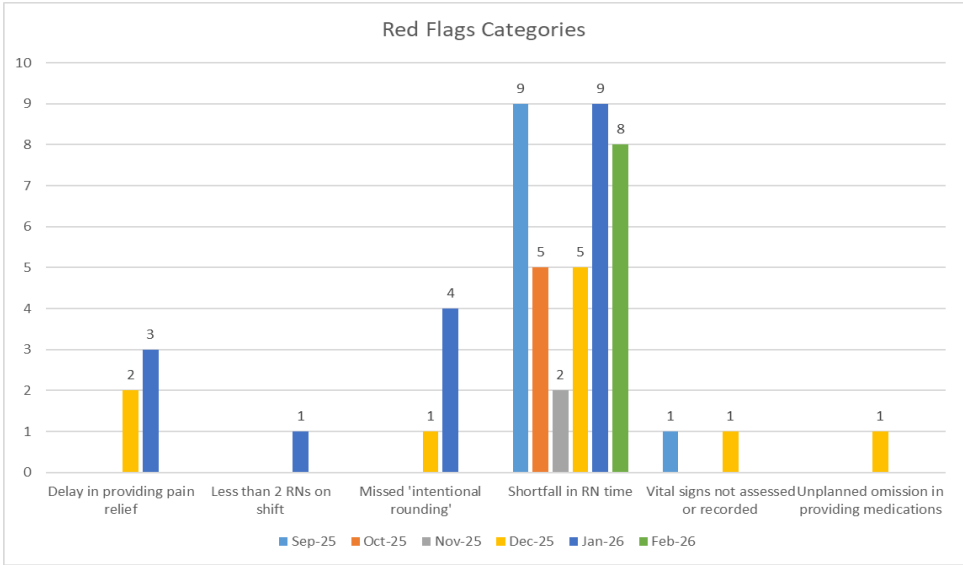
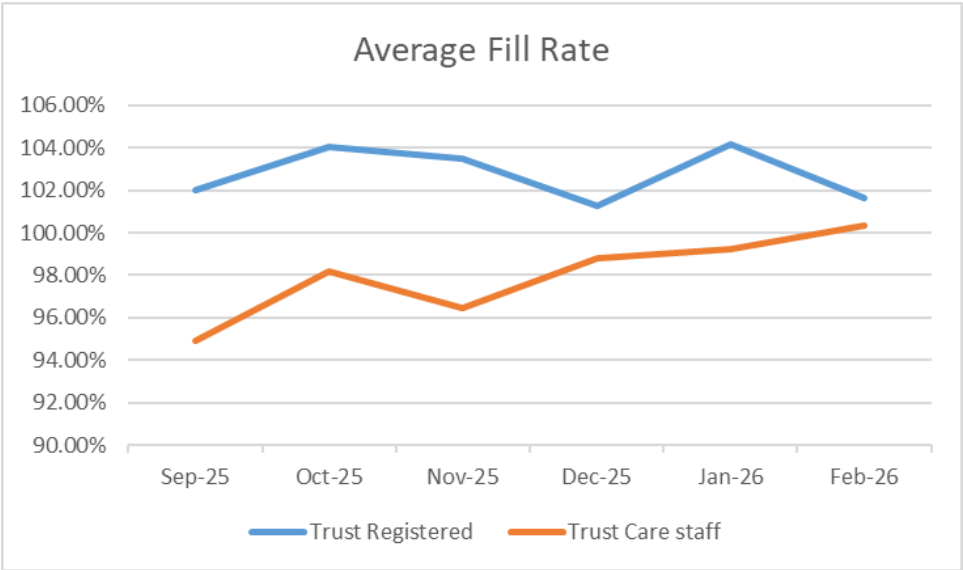
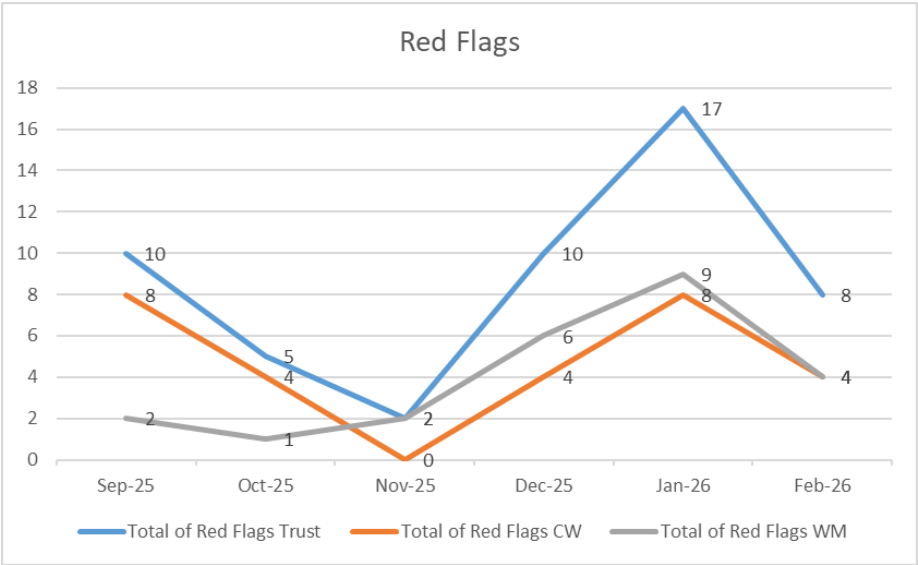
Care Staff Fill Rates (ward areas) increased from 99.20% in January 2026 to 100.33% in February 2026. There has been an extensive HCA recruitment campaign maintained. The HCA vacancy rate (whole trust) in January 2026 was 9.12%

The Trust overall fill rate (ward areas) (RN and Care Staff combined) decreased from 101.69% in January 2026 to 100.99% in February 2026.

Care Hours per Patient Day (CHPPD) continues to be collated on a monthly basis. The most current Trust measure from the Model Hospital* (September 2025) was 8.3. Trust workforce data confirms the CHPPD was 8.5 in February 2026, slightly up from January 2026. – 8.4.

Safe Staffing Red Flags – 8 red flags from the 5 categories (tables below) were reported during February 2026 where majority were Shortfall in RN time.

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





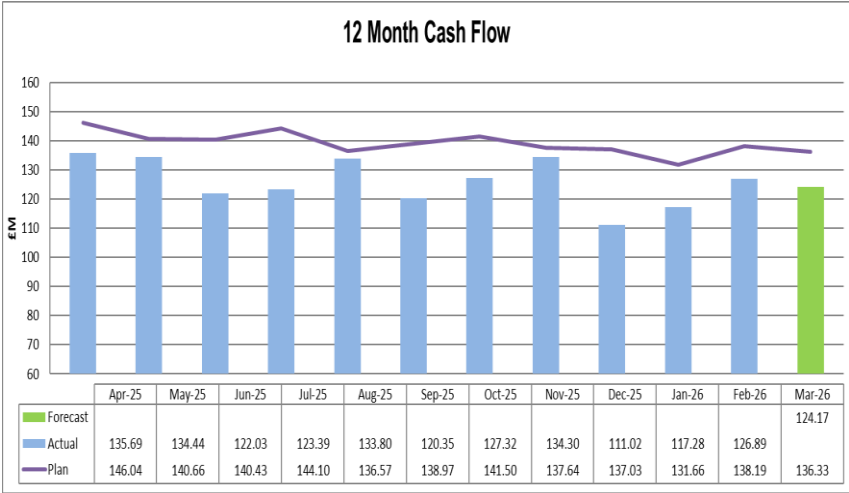
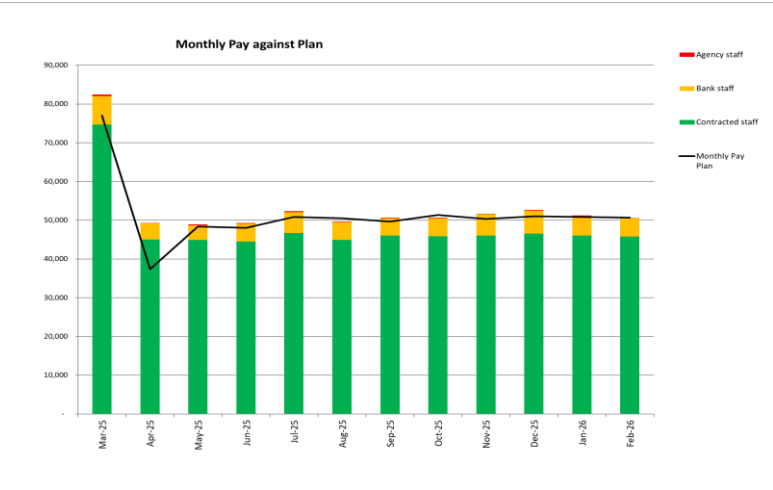
Finance

Type of Spend	Plan to Date £'000	Actual to Date £'000	Variance to Date £'000
Income	947,680	950,690	3,010
Expenditure			
Pay	(548,450)	(556,757)	(8,307)
Non-Pay	(336,185)	(339,785)	(3,599)
EBITDA	63,045	54,149	(8,896)
EBITDA %	7%	5.70%	-1.0%
Depreciation	(32,107)	(32,382)	(275)
Non-Operational Exp-Inc	(14,175)	(29,099)	(14,924)
Surplus/Deficit	16,762	(7,333)	(24,095)
Control total Adj - Donated asset, Impairment & Other	(16,971)	7,272	24,243
PFI Model recalculation		523	523
Adjusted financial performance surplus/(deficit)	(209)	462	671

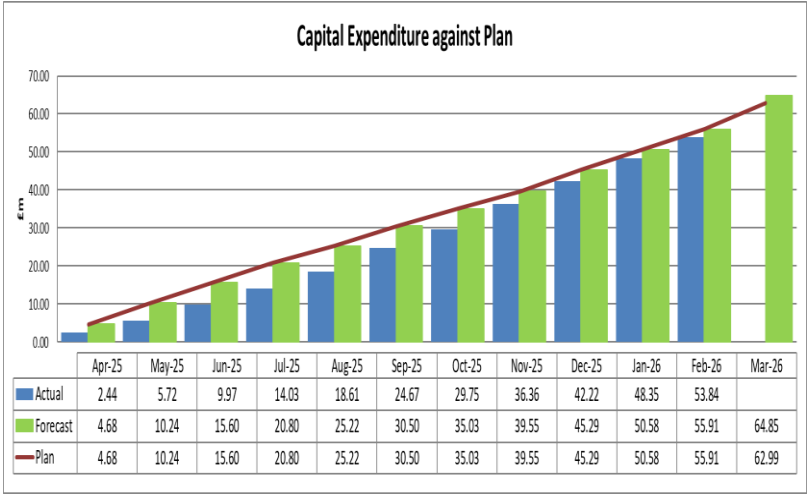
The adjusted YTD financial position at month 11 is a £0.46m surplus which is £0.67 m favourable against plan.

Pay: £8.31m adverse against plan. The adverse variance at Month 11 includes spend on additional clinics, WLI, cover for vacancies, sickness, rota gaps, and other forms of leave. Also included is spend on Industrial Action.

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



Comment: The negative cash variance to plan in M11 of £11.30m is negative cash variance b/fwd from M10 of £14.38m, higher receipts to plan of £5.50m (ICB & NHS England & FTs £4.32m higher, local authority & AR £0.26m higher, other income £0.16m higher, PP income £0.87m higher, interest £0.11m lower) offset by higher cash outflows to plan £2.42m (higher creditor payments and payroll)



Comment: The original capital programme for 2025/26 was £62.99m, which has been adjusted to £64.85m following the carry forward of the additional grant for the IECCP project from 2024/25, a new grant donation of £0.25m for the CW Paeds ED waiting room project, the allocation of £7.19m from the ICS reserves/contingency and the deferral of the Human Challenge Scheme £6.3m and CW+ donation of £2.76m to 2026/27. The capital budget has been allocated to the various departments, with £45.91m for the ADC Project, £0.68m for the Treatment Centre, £2.11m for the PFI, £1.39m for Medical Equipment, £1.26m for IT equipment, £3.87m for Estates schemes, £0.53m Central Contingency, £1.10m for IFRS16, £3.50m for IECCP, £0.13m for WM site development and £8.05m for PDC funded projects which are allocated to support some of the above listed items and other estates works. Individual budgets have been allocated from the available capital budgets and business cases for these projects have been submitted to CPB for approval throughout the year. The P11 YTD underspend of £2.07m which mainly relates to the PDC funded schemes and will be spent in March 2026.

Comment: Mar 25 12 payroll figures include additional spend for 9.4% Pension contribution - £30.79 m a notional figure). In October 24 AFC staff, consultants and SAS doctor recieved YTD pay awards resulting in the in month spike.



AAR = After Action Review
CW = Chelsea and Westminster Hospital
CTR = Criteria to Reside
DNA = Did not Attend
CQC = Care Quality Commission
ED = Emergency Department
FFT = Friends and Family Test
FCE = Finished Consultant Episode
HSMR = Hospital Standardised Mortality Ratio
LOS = Length of Stay
KPI = Key Performance Indicator
MDT = Multiple Discipline Team
MRSA = Methicillin-Resistant Staphylococcus Aureus
OPFU = Outpatient Follow-up

OPFA = Outpatient First Attendance
OP = Outpatient
PHSO = Parliamentary and Health Service Ombudsman
PDR = Performance Development Review
PIFU = Patient Initiated Follow-up
PSII = Patient Safety Incident Investigations
PTL = Patient Tracking List
PU = Pressure Ulcer
RTT = Referral to Treatment Time
SDEC = Same Day Emergency Care
SHMI = Summary Hospital-level Mortality Index
STEIS = Strategic Executive Information System
VTE = Venous Thromboembolism
WM = West Middlesex Hospital